



RHIP SDOH Workgroup – Kindergarten Readiness

Deschutes County Training Room

1340 NW Wall St, Bend

NORTHSIDE ENTRANCE

Agenda: October 21st, from 10:00am – 11:30am

- 10:00 - 10:15 - Welcome, Introductions, Review – Desiree/Paul
- 10:15 – 10:20 – Proposal presentation – Family Resource Network – Dee Ann Lewis
- 10:20 – 10:35 – Let’s Talk Diversity Coalition - Courtney Snead
- 10:35 – 11:05 - Three focus areas discussed at last meeting (DHS, TRACEs, Data driven– KRA)
 - 10:35– 10:45 – Update from TRACEs/United Way committee – Ken Wilhelm
 - 10:45– 10:55 – School Data – Brenda & Kat
 - 10:55 – 11:05 – DHS – relationship – Donna
- 11:05 – 11:20 – Work plan – is it complete for now? Need edit?
 - Presented this morning at ops
- 11:20 – 11:30 – Debrief and review next steps

Next Meeting: No meeting in November – Next meeting Dec 16th – Deschutes County Training Room

NO DIAL IN OPTION

2016-2019 Central Oregon Regional Health Improvement Plan Work Plan

Kindergarten Readiness Work Group (This group's focus is ages 0-6)

Kindergarten Readiness Work Group Vision Statement: *The Central Oregon region supports families to ensure all children enter school ready to learn*

- Meet families where they are
- No wrong door (access)
- Connected, integrated, and aligned (CIA)- “Feel/Think/Do”

*****Overarching metric- Triple Aim: Better Health, Better Care, Lower Cost**

Kindergarten Readiness Work Plan Goals

- Regional incoming annual Kindergarten Assessment data will show an annual growth of 10% (Once a baseline is established) as measured by the statewide Kindergarten Assessment.
- Regional Well Child Checks will increase annually using Medicaid as proxy
- Regional Access to quality and affordable PreKindergarten will increase by 12% as measured by Oregon Kindergarten Readiness Assessment data
- Regional ACEs (Adverse Childhood Experiences) data will decrease by 10% as measured by ACE Survey

RHIP WorkTeam Priority: Kindergarten Readiness (ages 0-6)

RHIP Target /Outcome #1 Reduce barriers and increase access to community agency supports for young families with children ages 0-6 by providing the supports where young families and their children, “live, play, learn and work,” in order to improve student learning, support stronger families, and healthier communities.

Strategy : Develop a Full Service Community School Model at the Redmond School District Redmond Early Learning Center to support both young families in the Redmond community ages 0-6 as well as support young families regionally through the Tri-County 211.

Health Indicator(s) addressed	RHIP Strategy	Activities addressing strategy	Timeline
<ul style="list-style-type: none"> ● Behavioral Health ● Cardiovascular Disease ● Diabetes (childhood) ● Oral Health ● Reproductive and Maternal/Child Health ● Social Determinants of Health 	<p>Develop a Full Service Community School Model supporting young families in the Redmond community ages 0-6</p> <p>***The RHIP(Social Determinants of Health Part I, page 36) spotlights this strategy and its success at M.A. Lynch Elementary School. Desiree Margo led a team to develop this strategy at M.A. Lynch and will now develop this strategy in an early learning environment***</p> <p>A Full Service Community School is a strategy for organizing the resources of the school and community around student success. It is both a place and a set of partnerships between the school , families, and community resources. It leverages partnerships and adds value far above the cost of the programming, creating a “win/win,” for students, their families, the school, and community partners. It’s integrated, collective impact focus on academics, services, supports, and opportunities reduces barriers and increases access. Outcomes include improved student learning, stronger families, and healthier communities. Schools become centers of the community and support ALL families.</p>	<p>1.Develop a Full Service Community School Model- The Full Service Community School Model is a “Collective Impact,” approach. This strategy “wraps,” education, health, and social supports around families to impact children and families- it is “multi sector,” work. The Redmond Early Learning Center, and both its on site and off site partners bring their expertise and resources directly to parents by providing their expertise and resources at the center, or “Community Hub.”</p> <p><u>Partners include:</u> Family Access Network (FAN Advocate) Community Liaison, Women, Infants, and Children (WIC), Deschutes County Health Services , St. Charles Women’s Health,Family Resource Center (FRC), COCC Neighborimpact Head Start (Early Head Start),Mountain Star Relief Nursery, Deschutes County Library, Healthy Beginnings, SMART- Start Making a Readers Today,Early Childhood Special Education (ECSE),Title IA- PreKindergarten ,Parent Engagement Coordinator-collaborates with families , partners school staff to develop programs and services to support young families,Regional Pre-K Initiative (HDESD)- Support Social Emotional Learning and Growth Mindset, Advantage Dental, Kemple Children’s Clinic (Dental Care)- on site screening,Redmond Area Parks and</p>	<p><u>2016-2017-</u> Redmond Early Learning Center Opens September 2016</p> <p><u>2017 Summer-</u> Remodel Wing #4 (Home Economics, Art, and Industrial Arts Room) in order to increase PreK classes and support WIC, St. Charles Women’s Health, DCHS - PCIT (Parent Child Interactive Therapy), Early Head Start, and Mountain Star Relief Nursery to have the space needed for on site programming</p> <p><u>2017-2018-</u> Expand on site supports and services:increase PreK classes and support WIC, St. Charles Women’s Health, DCHS - PCIT (Parent Child Interactive Therapy), Early Head Start, and</p>

		<p>Recreation District (RAPRD)- Kinderquest and Redmond Learning Center- Before and After school programming, Childcare Resources- provide on site support for professional development for childcare providers within the region</p> <p>2. Increase the reach, success, and accessibility of the 211 community support program by taking on a Community Agency Role.</p>	<p>Mountain Star Relief Nursery to have the space needed for on site programming</p>
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status	
<ul style="list-style-type: none"> Redmond School District and on site and off site partners listed Early Learning Council (HUB) for collaboration 	<ul style="list-style-type: none"> Regional incoming annual Kindergarten Assessment data will show an annual growth of 10% (Once a baseline is established) as measured by the statewide Kindergarten Assessment. Regional Well Child Checks will increase annually by 10% using Medicaid as proxy. Regional Access to quality and affordable PreKindergarten will increase by 12% as measured by Oregon Kindergarten Readiness Assessment Data Regional ACEs (Adverse Childhood Experiences) data will decrease by 10% as measured by ACE Survey 	<ul style="list-style-type: none"> Redmond Early Learning Center to open fall 2016 COHC Proposal being developed with partners to increase access and reduce barriers for young families by locating services at the center 	

RHIP Target /Outcome #2

Increase Kindergarten Readiness Through improved parenting skills

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
<ul style="list-style-type: none"> • Social Determinants of Health 	Kindergarten Readiness Through improved parenting skills Which improve Protective Factors that are associated with reducing the risk of child abuse and neglect, such as parental resilience, social connections, knowledge of parenting and child development and the social and emotional competence of children.	<ul style="list-style-type: none"> • Evidence based Parenting Education classes in English and Spanish • Research informed parenting education workshops in both English and Spanish • Promote the use of Vroom brain building app • Common Messaging in both English and Spanish 	Ongoing Increase services in 2017
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status	
Family Resource Center, Pre K-3, Mountain Star Relief Nursery, Healthy Families of the High Desert, HDESD (ECSE), Central Oregon Parenting Education Hub (collaboration)	Increase in positive parenting skills as reported by participants on the PSL (Parenting Skills Ladder), metrics from each agency	ACES	

Identify and fund projects that fill gaps in existing services for populations experiencing high ACEs

Health Indicator(s) addressed	RHIP Strategy	Activities addressing strategy	Timeline
Adverse Childhood Experiences (ACEs)	Identify and fund projects that fill gaps in existing services for populations experiencing high ACEs- (Link to TRACES group)	<ul style="list-style-type: none"> ● Promote more mental health providers in schools ● Map existing resources and identify gaps ● Increase # of mental health professionals in region who accept children ● Develop specialized therapeutic preschool program ● Develop system to easily and effectively share information among service providers ● Execute universal screening of ACEs by pediatricians ● Create or replicate effective public awareness campaign ● Develop materials and train and support service providers in ACEs identification and intervention and trauma informed care. ● Develop "best practices" where all children are assessed for ACEs by pediatricians ● Adopt a common definition for child and family well-being. ● Develop "best practices" to integrate physical and behavioral health in primary clinics 	Link to TRACES group
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status	

	# of service providers that have list of resources available		
--	--	--	--

RHIP Target /Outcome #4

Increase Well Child Checks (WCCs) by 50% over 3 years

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
Social Determinants of Health	Increase Well Child Checks (WCCs) by 50% over 3 years	<ul style="list-style-type: none"> • Create or replicate public awareness campaign in English and Spanish • Collaborate with Pediatricians and Health Care Providers to increase number of children receiving a WCC • Identify “wait time” for WCC and work with Peds and PCPs to increase the number of families participating in WCC • Increase the number of children on OHP • Reduce the number of children who lose OHP coverage due to renewal process 	2017-2020
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status	
Community Based Organizations (CBOs) Health Care Providers	<ul style="list-style-type: none"> • Media-based awareness campaign is developed in English and Spanish and executed to include PSA, parenting kits, growth charts • 75% of service providers are trained in the importance of Well Child Checks • 75% of CBOs gather information about client' are trained in understanding the importance of Well Child Checks. • # of children receiving at least 5 WCC prior to Kindergarten • # of children with continued Health Insurance Coverage (OHP) 	Steering Committee formed to include representatives from the following: CBO's, St, Charles, VIM, Mosaic Medical, COPA and BMC Pediatrics	

--	--	--

RHIP Target /Outcome #5

Increase Developmental Screenings by 50% over 3 years

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
Social Determinants of Health	Increase Developmental Screenings by 50% over 3 years	<ul style="list-style-type: none"> • Create or replicate public awareness campaign in English and Spanish focusing on what a developmental screening is and why it is important. (growth charts) • Identify/update CBOs who are providing Developmental Screenings • Increase collaborate with Pediatricians and Primary Health Care Providers with CBO providing improved understanding of each entity's roles and efforts. • Increase referrals from CBO who do not provide Developmental Screenings to entities (CBOs and/or PHCPs) that do • Improve the sharing of screening results between CBOs and PHCPs • Standardize the referral process for children receiving a referral • Increase and improve follow-up for children identified with concerns providing a case manager approach with potential home visits for families with 6 or more risk factors • Provide training to CBO's regarding Developmental Screenings and why they are important • Survey parents on developmental screening and understanding of the difference between a DS and a WCC. 	2017 -2020
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status	

<p>CBOs</p> <p>HC Providers</p>	<ul style="list-style-type: none"> ● Media-based awareness campaign is developed and executed. ● 75% of service providers are trained in the importance of Developmental Screening as well as other screening areas including hearing, vision and dental ● 75% of CBOs gather information about client' are trained in understanding the importance of Well Child Checks. ● Increase the number of referral from CBO's for Developmental screenings ● # of children receiving at least 3 developmental screenings prior to entering Kindergarten ● # of children receiving at least one hearing, vision and dental screening prior to the age of 3 ● Develop best practice and standardize community referral process - a defined referral process to provide set referral agencies for each screening domain and concern ● Educate CBOs and PHCPs on standardized community referral list and monitor use 	<p>Developmental Screening Steering Committee formed to include representatives from the following: CBO's, St, Charles, VIM, Mosaic Medical, COPA and BMC Pediatrics</p> <p>Secure stable funding for CBO's providing developmental screenings in community settings</p>
---------------------------------	--	--

TRHIP Target /Outcome #6

Increase the number of regional early care and education providers participating in the Quality Rating and Improvement System at a 3, 4 or 5 star rating by 20% in the next 3 years.

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
Social Determinants of Health Support for Developmental Screening Well Child Visits Oral Health Screening/Services	<ul style="list-style-type: none"> All families will have access to affordable quality early childhood care and early education 	(Activities target birth to 6) <ul style="list-style-type: none"> Identify regional gaps: professional development, disparities, identify catchment areas Use an equity lens and prioritize catchment areas Recruit current exempt providers to be licensed and participating in the QRIS and Oregon Professional Development Registry. Develop annual professional development offerings that address training needs of current early care and education workforce and offer in times and places that assure accessibility across the region. Identify and provide access to tuition, books and other incentives to facilitate equitable access to providers from diverse backgrounds and cultures (sustainability plan for current grant funded activities). Professional development for early care and education providers will include knowledge of and skill acquisition to identify and refer parents to indicated Services Development of tools and protocols to support parent referral to indicated services and medical/vision/dental needs Advocate for state-supported professional development funding and resources for early care and education providers across the region. 	2016-2019
Parties Responsible/ Responsibility	Target Metric	Implementation Progress and Status	
NeighborImpact, Child Care Resources Central Oregon Community College –	<ul style="list-style-type: none"> Reduce abuse and reduce placement to Foster Care. % of 3, 4, 5 star providers participating in QRIS by local community 	QRIS and Professional Development Assessment – NeighborImpact Child Care Resource and Referral and COCC Early Childhood Education – annually	

<p>Early Childhood Education Early Learning Hub of CO</p>	<ul style="list-style-type: none"> • # of children served in 3,4,5 star providers by local community • # of providers participating in training related to developmental milestones, screening and referral • # of providers from underserved populations participating in higher education opportunities • Development and implementation of tools to facilitate early care and education 	
---	--	--

RHIP Target /Outcome #7

Increase the number of children within the region participating in literacy building activities in primary care and oral health providers by 50% in 3 years

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
<p>Social Determinants of Health Well Child Visits Oral Health Screening/Services</p>	<p>Families will be supported through health and community services to develop early literacy, health literacy and social and emotional development through established routines.</p>	<ul style="list-style-type: none"> • Identify current and recruit new providers to participate in Reach Out and Read program across the region and utilize as incentive/pathway to increased well child visits • Work with oral health providers to implement Brush, Book, Bed across the region and utilize as incentive/pathway to increased early oral health visits • Establish communication tools to disseminate developmental milestone and health/vision/dental needs to parents through health care providers and community based organizations • Develop a system to share/collect data to monitor progress toward increased literacy services through primary care, oral health and community based providers. 	<p>2016-2019</p>
<p>Parties Responsible/Responsibility</p>	<p>Target Metric</p>	<p>Implementation Progress and Status</p>	

Primary Medical Care Providers	1)# of children participating in Reach out and Read program	United Way of Deschutes County and Early Learning Hub of CO are working with provider and agency partners to develop a coordinated literacy initiative
Oral Health Providers	through primary care providers	Application to COHC in process.
United Way of Deschutes County	2)# of children participating in Brush, Book, Bed program	
Early Learning Hub of CO	through oral health providers.	
Central Oregon Libraries	3) # of children accessing services through local libraries 4)# of children reporting at higher than state averages on Kindergarten Assessment data for letter names, sounds. 5)# of children reporting higher than state average scores on approaches to learning	