



# Annual Work Plan for Early Learning Multnomah

Plan Period: January 1, 2016 – December 31, 2016

## Early Learning Multnomah

**Strategic Plan Goal:** The early childhood system is aligned, coordinated and family-centered

**Objective:** Activate leadership from all five sectors to eliminate barriers for children and families in the priority population

**Key Metrics This Will Move:**

- (1-1. A) Hub has a strategic plan in place that details the role of all five sectors (business, EL, health, K-12, education and human services) in achieving shared outcomes for children and families
- (1-1.B) Hub has active participation of leaders from all five sectors within their governance structure
- (1-1. C) MOUs/DOCs are in place with partners from all five sectors and specify shared outcomes and activities
- (1-1.D) MOUs/DOCs specify that each sector partner will share data regarding budgets, services provided, and the number of children served within their hub coverage area
- (1-4.A) Program participation data demonstrates increase in services to children and families from identified priority populations

Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
1.A.1	Build membership of Sector Council that includes adequate representation from all sectors and has consistent, quality participation and with MOUs in place for new partners	12/1/15	Molly	Business, DHS, Housing (HomeForward), Early Learning (CCR&R), Districts, Health (CCOs)	ELM staffing through Coordination funds	10/15: Currently adding additional members



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1.A.2	Create meeting structures that facilitate alignment, including creating work groups as needed to inform and drive ELM's work plan	1/1/16	Molly	Business, DHS, Housing (HomeForward), Early Learning (CCR&R), Districts, Health (CCOs)	ELM staffing, facilitation	10/15: In progress
1.A.3	Identify shared projects to address systems navigation/access issues that emerge in work detailed under ready for school and family stability goals	3/1/16	Molly	Business, DHS, Housing (HomeForward), Early Learning (CCR&R), Districts, Health (CCOs)	ELM staffing through Coordination funds	10/15: In progress
1.A.4	Create data sharing agreements to facilitate work identified in 1.A.3 above	3/1/16	Pooja	Business, DHS, Housing (HomeForward), Early Learning (CCR&R), Districts, Health (CCOs) and other partners as needed per issue	ELM staffing through Coordination funds and partner resources	Dependent on above
1.A.5	Coordinate with regional hubs and CCOs to align work on 1) increasing rates of developmental screenings and 2) well-child visits, and 3) improve early kindergarten registration rates ( <i>activities detailed further in work plan</i> )	Ongoing	Molly	HealthShare, Family Care, Clackamas and Washington County hubs, Register for Kindergarten by June campaign partners	ELM staffing/coordination funds and partner resources	10/15: in progress
1.A.6	Develop and use continuous quality	Ongoing	Pooja	Business, DHS,	ELM staffing through	Informal feedback



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	improvement methods to ensure that sector partnerships and meeting structures efficiently facilitate the work needed to expand and enhance service delivery for priority population			Housing (HomeForward), Early Learning (CCR&R), Districts, Health (CCOs)	Coordination funds	mechanisms used
1.A.7	Use the Tool for Organizational Self Assessment (see note below)	TBD	TBD	TBD	TBD	TBD
<p><u>Notes/Explanations:</u> As hubs are trained on the ELD's expectations around the Tool for Organizational Self-Assessment and on what timeframe, we will make a more detailed plan and execute it.</p>						



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<b>Strategic Plan Goal: The early childhood system is aligned, coordinated and family-centered</b>						
<b>Objective: Expand and deepen Parent Accountability Council reach to parent leadership councils throughout county and ensure that PAC Guiding Principles are operationalized in ELM investments</b>						
<b>Key Metrics This Will Move:</b>						
<p>(1-2.A) Demonstrated meaningful engagement with children and families from all communities served by the hub</p> <p>(1-3.A) Demonstrated engagement with culturally-specific community-based organizations as partners in delivery of services to children and families</p>						
Key Activities	Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date	
2.A.1	Develop leadership among PAC members to engage other parent leadership groups around early childhood issues, and build a bridge between these groups and ELM to expand family engagement	6/30/2015 initial test of protocol completed	Molly Sanj	PAC members and supporting organizations, other parent leadership groups in community (such as the 5 Head Start policy councils, Healthy Birth Initiative's family council, and parent leaders with Northwest Down Syndrome Association, Multnomah Early Childhood Project and FACT Oregon)	ELM staffing, hub coordination funds, leveraged resources through culturally-specific orgs we contract with who contribute match	10/15: idea introduced to PAC for consideration after strategic planning.



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2.A.2	Create and implement a consistent mechanism that will hold ELM accountable to the PAC in its resource allocation and strategy development (i.e. feedback loop)	6/30/2015 initial test of protocol completed	Molly Sanj	PAC members and supporting organizations, entities and efforts funded by ELM	ELM staffing, hub coordination funds, partner resources	10/15: idea introduced to Parent Planning Team & PAC for consideration after strategic planning
2.A.3	Continue to share PAC Guiding Principles with partners throughout the community and state to elevate the level of parent and family voice in policy-making decisions and reduce institutional barriers for priority population	On-going	Molly ELM staff	ELM staff, PAC members and supporting organizations, Sector Council members	ELM staffing, PAC and Sector Council time, partner resources	10/15: in progress

**Notes/Explanations:**

Family members who participate in the PAC represent the county's largest cultural, racial and ethnic communities: African American, African Immigrant. Asian/Pacific Islander, Latino, Native American and Slavic. As PAC and ELM we recognize that there is great diversity among these larger communities and that a council of 12 individuals cannot represent them all. The PAC members are each a part of a larger team convened for PAC support and voice at the supporting agencies: IRCO, SEI, NAYA and Latino Network. This year IRCO, who supports the Slavic, African Immigrant and Asian/Pacific Islander PAC members is convening several additional culturally-specific community teams in order to diversify the voices represented on the PAC. Several family members on the PAC have children with disabilities and speak from that aspect of their lived experience as well as from their racial or ethnic community identification as they weigh in on ELM business. We do not depict the PAC as having representatives from the disability community on the same par as the cultural, racial and ethnic representation because the PAC members identify first with their larger community. They are at the PAC speaking for families with disabilities within their community.

**Strategic Plan Goal: The early childhood system is aligned, coordinated and family-centered**

**Objective: Support Home Visiting Community of Practice's Referral Coordination Work Group to improve priority population's access to culturally-responsive, family-centered home visiting services**



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Key Metrics This Will Move:

(2-2. A) Increase the number of children from EHS, HS, OPK, Relief Nurseries, Health Families Oregon and/or other waiting lists served by hub partner program

Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
3.A.1	Create an Early Childhood Home Visiting program eligibility decision-tree that illustrates current navigation to EC HV programs.	4/1/16	Consultant contracted via ELM funding in consultation with small ad-hoc advisory of representatives from HV CoP and ELM	EC Home Visiting Program Funders/ Administrators	Funding for consultant to create decision tree through Ready for School funds  ELM staff time  Leveraged resources through Mult Co Health Dept and Portland Children's Levy who contribute staff time toward project (this applies to 3.A.1-3)	To be started by 1/1/16
3.A.2	Analyze and draft report of what the completed EC HV eligibility decision-tree suggests for: equity in service access for families; simplifying access by families to the system of EC HV programs; identifying service gaps for access to EC HV programming	4/30/16	Consultant contracted via ELM funding in consultation with ad-hoc advisory of representatives from HV CoP and ELM		Funding for consultant to analyze decision tree through Ready for School funds  ELM staffing to convene small ad-hoc advisory to project.	To be started by 4/1/16
3.A.3	Consult stakeholders on the analysis of the tree, specifically around: options for covering service/eligibility gaps; and modifying eligibility criteria to improve access and cover gaps.  Generate final report with	6/30/16	Consultant contracted via ELM funding in consultation with ad-hoc advisory of representatives from HV CoP and ELM	Members of HV CoP: home visitors, home visiting supervisors, members of Referral Coordination	Funding for consultant to meet with HV CoP members and facilitate their reflection on decision tree and analysis, gather their feedback/input to refine analysis for implications for policy changes in program and the EC HV System.	To be started by 5/1/16



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	analysis and implications.			Workgroup, EC HV program funders and administrators	Prepare final report that includes tree, analysis, and policy implications from analysis.  ELM staffing to convene small ad-hoc advisory to project.  Advisory members donate time toward project.	
<u>Notes/Explanations:</u>						

<b><u>Strategic Plan Goal:</u> Children are supported to enter school ready to succeed</b>						
<b><u>Objective:</u> Leverage infrastructure at SUN Community Schools to expand and deepen the focus on P-3 alignment. Build capacity at schools for family engagement that is parent-centered, and provides opportunities for parents to use the skills they have as leaders and experts in their children’s lives.</b>						
<b><u>Key Metrics This Will Move</u></b>						
(2-1.A) The hub has demonstrated shared activities among early learning providers, families, and K-3 partners						
(2-5.A) Increase in percentage of children enrolled in kindergarten before start of school year						
Key Activities	Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date	
4.B.1	Strengthen connections between 8	Positions start July	Brooke /ELM	School district administrators,	Funding for SUN Lead Agencies for staffing	10/15: Engaging stakeholders and



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	<p>SUN Schools, families, and early learning providers by adding staff capacity to cultivate culturally diverse parent leadership, coordinate kindergarten transition efforts and build support for the school as a hub for early learning.</p> <p>The P-3 Systems Work Group will finalize a readiness criteria and application for school selection. This will allow the project to benefit from the expertise of our partners and to build buy-in from our districts.</p> <p>The timeline for this work was designed to align with the SUN RFP process, which will result in changes in many of the SUN Lead Agencies.</p> <p>Other key activities to prepare for the work at the school level between March and May are: to create training plan for the new staff members (including input from key partners doing similar work), creating job description template, and meeting with SUN Lead Agencies to prepare them to hire staff.</p>	<p>2016</p> <p>Planning meeting for identified schools May 2016</p> <p>Schools identified April 2016</p> <p>Application released March of 2016</p> <p>Readiness Criteria and Application finalized by P-3 Systems Work Group Feb 2016</p>	<p>Staff</p>	<p>principals, kindergarten teachers, SUN Lead Agencies, Head Start and other early learning providers</p>	<p>and supplies, KPI funds</p> <p>ELM staffing to support and coordinate training for cohort of parent leadership staff</p> <p>Leveraged resources through schools, Mult. Co. Dept. of Co. Human Services and community-based organizations (this applies for all activities in section)</p>	<p>building support for plan</p>
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4.B.2	Continue Register for Kindergarten by June Campaign in all SUN Community Schools and explore campaign expansion with other partners including Coordinated Care Organizations (CCOs). Disaggregate data to identify opportunities for culturally specific outreach.	Sept 2016 & Sept 2017	Brooke	School districts, Home Forward, DHS, CCOs, Culturally Specific Agencies, SUN Lead Agencies	ELM staffing to coordinate campaign incl KPI  Funding for communications materials with translations (posters, website blurbs, info sheets, flyers, etc)  Partner support and campaign participation	10/15: Waiting for data from MESD to analyze 2015 campaign and start planning for 2016
4.B.3	Expand opportunities for incoming kindergarteners who have not had access to preschool experiences to participate in summer transition activities with their families at SUN Community Schools (Early Kindergarten Transition Program – EKT). Expand EKT to 5 additional SUN schools and make the program more parent-centered and culturally-responsive.	July-August 2016	Brooke	School districts, SUN Lead Agencies	Additional ELM funds (to supplement other County funds) incl KPI funds  Funding for curriculum development	10/15: Compiling data from summer of 2015 to share with schools and stakeholders



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4.B.4	Facilitate relationship-building between families of kindergartners and kindergarten teachers by expanding Kindergarten Teacher Family Visits to 7 additional schools.	July-Oct 16	Brooke	School districts, Social Venture Partners	ELM staffing to coordinate project  ELM funding incl KPI  PSU Evaluation Support	10/15: Compiling data from summer of 2015 for program improvement, ELM staff participated in national PTHVP conference
4.B.5	Develop and implement an evaluation plan for this strategy as a whole that incorporates existing evaluations of EKT and defines the scope of evaluation for other components/activities (i.e. what elements do we want to prioritize, what data to collect, from whom and how)	3/31/16	Pooja/Brooke /Other ELM staff/SUN Evaluators	District, EL partners	Evaluation funds through KPI	10/16: Began early conversations about evaluation with partner
4.B.6	Develop P-3 Learning Community to strengthen leadership and understanding of family leadership focused on culturally-centered, trauma-informed, and developmentally-appropriate practices.	8/31/16	ELM Staff	School district administrators, principals, SUN Lead Agencies, Culturally Specific Organizations, Head Start and other early learning providers	ELM staffing to coordinate Learning Community	10/15: Engaging stakeholders and building support for plan
4.B.7	Develop P-3 Systems Group to provide coordination, troubleshooting and guidance for the ELM P-3 Alignment Strategy. Includes other ELM-funded strategies that connect	Jan 2016	Brooke	School districts, Home Forward, DHS, Culturally Specific Agencies, SUN Lead Agencies, Head Start	ELM staffing  Partner participation	10/15: Engaging stakeholders and extending invitations to join the group



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	with P-3 (e.g. CEW)			and other early learning providers		
4.B.8	Develop partnership with NW Health Foundation Healthy Beginnings + Healthy Communities grantee to build community leadership and advocacy among communities who have children in our early learning system and K-12 system, but who are under-represented in family engagement and leadership efforts. Find meaningful ways to include leaders from under-represented communities in P-3 work, including Systems Group and in the 8 SUN Community Schools chosen for 4.B.1.	Jan 2016	ELM Staff	NW Health Foundation, IRCO, APANO, NAYA	ELM funding, including KPI  ELM staffing to establish strong links between Healthy Beginnings + Healthy Communities work and P-3 Alignment work of ELM	12/15: Planning meeting with NW Health Foundation
4.B.9	Coordinate process to create culturally specific inquiry-based STEM and literacy materials for 4-5 year olds and their families. Bring together preschool and school staff, culturally specific organizations and parents to develop the materials together.	Dec 2016	ELM Staff	School districts, Culturally Specific Agencies, early learning providers, parents	ELM funding, including KPI  ELM staffing to recruit partners, coordinate process and support distribution plans	To be started by 2/16

Notes/Explanations:

Regarding ELD Comment on 4.B.3: There is currently no standard curriculum across the 6 districts for EKT. The lack of curricular supports has resulted in some EKT parent groups being much stronger than others and extremely dependent on the skill-level of the facilitator. Schools have also defaulted to an EKT structure that relies heavily on parent groups that meet during the day for up to 18 hours across three weeks. This is a burden on families and limits connections with families who may not feel comfortable in the school building. We are proposing to use approximately \$8,000 to hire an experienced



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parent facilitator to help us rework the model (including providing examples of alternate schedules and family engagement activities) and the curriculum of EKT parent groups to better meet the needs of diverse families.

**Strategic Plan Goal: Children are supported to enter school ready to succeed**

**Objective: Collaborate with early learning providers, culturally specific organizations and school districts to ensure that children in priority population have access to quality pre-K experiences**

Key Metrics This Will Move:

(2-2. A) Increase the number of children from EHS, HS, OPK, Relief Nurseries, Health Families Oregon and/or other waiting lists served by hub partner program

(2-3. A) Increase in number of 3, 4, and 5-star providers serving children from "hot spots" and an increase in the number of children served in hot spots and communities of color

Key Activities	Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
5.B.1 Through Focused Child Care Network, build capacity of providers in Russian, Latino and African American communities to improve QRIS rating. Capacity building includes maintaining 3 Quality Improvement Specialists who provide technical assistance and support to providers in 3 separate culturally-specific networks. The networks have already recruited	12/31/16	Molly	CCR&R	Focused Child Care Network grant provides for Quality Improvement Specialists	Ongoing



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	<p>providers and range from a size of 13 providers to 16 providers. Trainings and work sessions occur each month for each network with additional 1:1 support by the QRIS to providers in between trainings and work sessions. Work is focused on increasing written documentation like policies and handbooks in place in addition to ensuring that providers have access to trainings that help them move up on the Oregon Registry. Topics are selected for 3 month periods and allow for topics that come up to adapt and respond to what the providers need and want.</p>					
5.B.2	Identify potential partners for mixed-delivery preschool and to apply for/plan for Mixed Delivery Preschool (MDPS) funds	By State deadline	Molly	School districts, Head Starts, culturally-specific orgs, CCR&R	ELM staffing	Currently participating in state MDPS work group to define application parameters which will inform outreach
5.B.3	Implement Mixed Delivery Preschool plan based on application decision	Upon contract	ELM staff TBD	TBD based on application	TBD based on application	Unknown timeline
<p><b>Notes/Explanations:</b> We will explore using waitlist data from preschool programs to enroll those children from priority population into additional slots created by potential mixed delivery preschool funds</p>						



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<b>Strategic Plan Goal: Children are supported to enter school ready to succeed</b>						
<b>Objective: Increase capacity to address developmental delays and disabilities by coordinating with regional hubs, CCOs and other community-based organizations to align work; increase rates of developmental screening; and improve the referral and follow-up process by medical and early learning providers</b>						
<u>Key Metrics This Will Move:</u>						
(2-4. A) Increase in percent of children who receive a developmental screen before age 3						
Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
6.B.1	<p>Regularly convene regional hubs and CCOs to address this metric by shared knowledge and action</p> <p>The regional group has met four times (6/30/15, 7/30/15, 9/4/15, and 11/2/15) and is scheduled to continue meeting monthly. The regional hub facilitator and the CCO innovator agents are involved.</p>	On-going	Molly	Regional hubs, CCOs	Staffing through coordination funds, leveraged resources through CCO staff time	10/15: in progress
6.B.2	<p>Assess and analyze how developmental screening is done within CCOs and community based organizations (CBOs) across the region in order to identify where investment will increase screening rate.</p>	March, 2016	Molly  Regional Hubs/CCO committee	Regional hubs, CCOs	Staffing through coordination funds, partner resources, local knowledge	10/15: in progress



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	<p>This work draws on what each hub knows of the screening rates of CBOs in their counties. CCO rates are given to the hubs through state reports. Each hub has some knowledge or estimate of the CBO rate but none of the hubs have a reporting mechanism to collect that data and connect it with CCO reporting. Group has considered and discarded idea of creating a database for CBO reporting on ASQs. Group is considering if the focus of regional work should be on figuring out how to count CBO screens or on improving access to EI/ECSE services for families who are screened through CCOs and CBOs.</p>					
6.B.3	<p>Identify action to match the knowledge gained in 6.B.2. Currently considering increasing rate of families reporting CBO screening to CCOs in clinic visits. Also examining research findings from Multnomah's EI/ECSE database to determine factors that affect why some families connect with referred services following a screening and others do not. This may not directly increase screening rates but will increase connections to services and as successful referrals increase we anticipate we would see an increase</p>	By May 2016	Molly Regional Hubs/CCO committee	Regional hubs, CCOs	Staffing through coordination funds, partner resources, local knowledge	



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	in screening. This is a hypothesis to test.					
6.B.4	<p>Implement pilot and evaluate progress</p> <p>We don't know the details of the pilot as the group has not completed their analysis in order to identify the action but we plan to get there by May 2016 per 6.B.3. We will keep our Hub Facilitator involved as the work progresses.</p>	December 2016	Molly, Regional Hubs/CCO committee	Regional hubs, CCOs	Staffing, partner resources, local knowledge	
6.B.5.	Sponsor All Born In Conference for 2016 and 2017 organized by Northwest Down Syndrome Assn (NWDSA) – supports empowerment of families of children who have disabilities	April 2016 and 2017	Molly	Northwest Down Syndrome Assn	<p>Family Stability funds</p> <p>Leveraged funding with NWDSA and other many sponsor orgs including districts and foundations</p>	
6.B.6	Support the Local Interagency Coordinating Council's (LICC) project to address borderline developmental screening results (more specific plan is being co-created with the partner)	TBD	TBD	LICC	<p>Family Stability funds</p> <p>Leveraged with other resources partners contribute toward LICC work – more details pending</p>	

**Notes:** ELD: The activity 6.2.B will help us understand the extent to which developmental screenings are taking place in other early learning settings.

Any collaborative or strategic partnership as complex as this one is wise to lay a strong foundation for action. This partnership includes three hubs in the midst of start-up, three county-contexts and two CCOs who are a few years into start-up but still evolving, and all partners trying to understand how to work together as a region and improve an indicator based on the data reported by only the CCO partners in the group. So with four meetings under our belt we



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are just getting started. We agreed on two indicators: increase ASQ screening and increase early kindergarten registration. As complex as a regional and cross-sector K registration campaign will be it is significantly simpler than figuring out how to increase the ASQ screening rates that are reported by the CCOs. We are being deliberate in this complex strategic partnership and will learn a great deal about how best to work together and communicate across sectors through the K registration campaign. It is a mutually-reinforcing activity to the developmental screening work as both activities will engage clinics, community based organizations, the three hubs and the two CCOs in new work.

During the 17 months ELM has been under contract, we have focused on building collaborative and strategic partnerships among sectors and creating strong family engagement to support school readiness and success. We are set to build upon this foundation to tackle the complexities of increasing developmental screening rates with our partners and the CCOs in the region. We will build upon the existing research for Multnomah County that has analyzed referrals to EI/ECSE (Early Intervention/Early Childhood Special Education) from clinics and CBOs and disaggregated the data by race and ethnicity. We are primarily interested in ensuring that all children, and our priority population in particular, arrive at kindergarten having had at least one developmental screening and having received any recommended interventions or enhancements in their early childhood care and education setting or home to support optimal development. We know that there are multiple venues within the county where developmental screenings occur (several hundred venues including Head Starts, child care, home visitors, on-line, clinics, preschools, parenting support groups, etc). We know that increasing screening rates is a somewhat measurable piece of this intention however the effort involved to collect screening information from the wide range of providers, get permission, connect it to a medical record and report it to a clinician for uploading into the database that reports the numbers back out to the state would require more time and staff support than we have available. Therefore it makes sense to us to consider the second half of the equation—"having received any recommended interventions or enhancements in their early childhood care and education setting or home to support optimal development"-- and look at the outcome of the screenings when a referral is made to EI/ECSE. Some referrals go to developmental pediatricians so there are other data sources to consider, but the majority go to EI/ECSE through Multnomah Early Childhood Project.



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<b>Strategic Plan Goal: Children are supported to enter school ready to succeed</b>					
<b>Objective: Sustain Community Education Worker (CEW) program to connect families of priority population with services to improve child development and family stability.</b>					
<b>Key Metrics This Will Move:</b>					
(1-3.A) Demonstrated engagement with culturally-specific community-based organizations as partners in delivery of services to children and families					
(2-4. A) Increase in percent of children who receive a developmental screen before age 3					
(3-3.A) Increase in percentage of children on OHP who make it to 6 or more well-child visits by 15 months of age					
Key Activities	Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
7.B.1 Renew contract with Community Capacitation Center (CCC) to lead program implementation in N/NE Portland and East County (Reynolds and Centennial areas) in partnership with culturally-specific organizations. The contract specifies the outputs that the CCC is responsible for subcontracting with the culturally specific CBOs on a variety of activities the CEWs do with families including developmental screenings (metric 2-4a) and connecting families with medical providers for well child checks (metric 3-3A)	January	Sanj/ELM Staff	Multnomah Co. Community Capacitation Center, Latino Network, NAYA, Urban League	Finalized contract from the state & funding from ELM through Ready for School funds	Complete after state contract finalized
7.B.2 Integrate CEW leadership with P-3 Systems Work Group to foster coordination within early childhood system. Staff from the Community Capacitation Center will be required	January	Brooke	Multnomah Co. Community Capacitation Center	Staffing to support Work Group through KPI and Ready for School	Not yet started



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	to attend the P-3 Systems Work Group meetings in order to build stronger connections with K-3 administrators and early learning providers. The CEW project does not currently have a way to consistently connect with these groups. This regular contact will strengthen relationships and provide cross-project and cross-sector learning.					
7.B.3	Continue to participate in CEW steering committee which is comprised of culturally specific CBOs who regularly review program and actively participate in decisions about service delivery. Committee led by Capacitation Center as part of their role as program implementer (metric 1-3A)	Ongoing	Brooke	Steering Committee	ELM Staffing thru coordination funds	ongoing
<u>Notes/Explanations:</u>						



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**Strategic Plan Goal: Families are healthy, stable and attached**

**Objective: Leverage existing support for Parent Child Development Services to promote healthy child development, positive parenting and school readiness.** Multnomah County's Parent Child Development Services (PCDS) is a home visiting program that serves parents and children from birth through age five using the Parents As Teachers model. The goals of the PCDS program are to promote healthy development, positive parenting and school readiness. Services are delivered by regional and culturally-specific community-based providers and home visitors work with families to do developmental screenings.

**Key Metrics This Will Move:** (2-4. A) Increase in percent of children who receive a developmental screen before the age of 3

Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
8.C.1	Contract with culturally-specific and culturally responsive organizations to provide home visiting services using Parents as Teachers model for children in priority population. Home Visitors work with families to do developmental screenings.	By 6/30/16	Sanj	DCHS SUN Contract Liaisons, DCHS Contracts Unit, Contractors	Finalized contract from State and ELM funding for PCDS thru Ready for School and FSS	
8.C.2	Provide program support and technical assistance for providers including regular convenings, site visits and ongoing monitoring	Ongoing	Sanj	n/a	ELM staffing	
8.C.3	Participate in Home Visit Community of Practice to strengthen and better coordinate the home visiting system	Quarterly	Sanj	HV Community of Practice Leadership Group, Workgroups	ELM staffing	
8.C.4	Provide reporting on PCDS outcomes and outputs, including developmental screenings	Quarterly	DCHS ServicePoint	PCDS Contractors, PCDS Coordinator, DCHS SUN	ELM staffing	



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	conducted		data team	Service Point		
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**Strategic Plan Goal: Families are healthy, stable and attached**

**Objective: Improve efficiency of connections to services for families with first-birth newborns via collaboration with Healthy Families Oregon (HFO) and Health Department. This strategy will embed screening for WIC and other County Health Department services into HFO screening which is done within a few days of birth so that new mothers better understand the resources available to them.**

**Key Metrics This Will Move:**

(2-2. A) Increase the number of children from EHS, HS, OPK, Relief Nurseries, Health Families Oregon and/or other waiting lists served by hub partner program

Key Activities	Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
9.C.1 Contract with the Mult Co. Health Department to fund  1) Adapt lessons from Clackamas County's Baby Link to create multi-program referral system for HFO screeners to use in hospital visits.  2) Lead coordination with WIC and other Health Dept services to create new tool which encompasses New Baby Questionnaire and other	January 2016	Molly for ELM  Rachael Banks for County Health Dept	Multnomah County Health Department	ELM Family Stability funding to Health Department for screeners and coordination work  Health Department expertise and leveraged services and resources	



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	<p>eligibility questions and will serve as the revised, streamlined screening tool for the multi-program referral system</p> <p>3) Identify system-level impacts of the use of the new screening tool and referral system</p> <p>4) Leverage existing capacity of the Welcome Baby Screening team and increase capacity of the team to use the new screening tool and referral system with priority population families</p>					
9.C.2	<p>Adapt lessons from Clackamas County's Baby Link to create multi-program referral system for HFO screeners to use in hospital visits</p>	<p>March 2016 (learn from Clack. Co)</p> <p>Dec 2016  (referral system in use)</p>	<p>Molly for ELM</p> <p>Rachael Banks for Health Dept</p>	<p>Multnomah Co. Health Department</p> <p>Clackamas Early Learning and Clackamas Health Dept</p>	<p>ELM Family Stability funding to Health Department for screeners and coordination work</p> <p>Health Department expertise and leveraged services and resources</p>	
9.C.3	<p>Lead coordination with WIC and other Health Dept services to create new tool which encompasses New Baby Questionnaire and other eligibility questions and will serve as the</p>	<p>June 2016</p>	<p>Molly for ELM</p> <p>Rachael Banks for Health Dept</p>	<p>Multnomah Co. Health Department</p>	<p>ELM Fam. Stab. funding to Health Department for screeners and coordination work</p> <p>Health Department</p>	



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	revised, streamlined screening tool for the multi-program referral system				expertise and leveraged services and resources	
9.C.3	Increase capacity to monitor referral types and outcomes, support the system technology aspects of the new referral piece and project increased demand on services and system (i.e. how many more slots are needed in which programs to accommodate additional screening and referrals)	June 2016	Molly for ELM  Rachael Banks for Health Dept	Multnomah County Health Department	ELM Fam Stab funding to Health Department for screeners and coordination work  Health Department expertise and leveraged services and resources	
9.C.4	Leverage existing capacity of the Welcome Baby Screening team and increase capacity of the team to use the new screening tool and referral system with priority population families	Dec 2016	Molly for ELM  Rachael Banks for Health Dept	Multnomah County Health Department	ELM Fam Stab funding to Health Department for screeners and coordination work  Health Department expertise and leveraged services and resources	
<p><b>Notes/Explanations:</b> This strategy will help set the framework for the waitlist metric. Activity 9.C.3 will be especially critical to analyzing the assumption that there are available slots to serve children on the waitlists identified in the metric. Additional work may be done to unpack the assumption that families on preschool waitlists need and want the services for which there are open slots. Components of this strategy were submitted at the state's request as part of the county's HFO application. We are awaiting news of the award and will adapt and update this strategy based on that information.</p>						



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<b>Strategic Plan Goal: Families are healthy, stable and attached</b>						
<b>Objective: Identify and implement strategies that improve and increase connection between DHS families to quality early learning, parent education and/or family support services.</b>						
<b>Key Metrics This Will Move:</b>						
(3-1.A) Increase in percentage of children in ERDC in a 3, 4, or 5-star QRIS program						
(3-2.A) Increase in number of children and families served by DHS (e.g., through TANF, or child welfare) who are receiving early learning, parent ed, or family support services						
Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
10.C.1	Identify targeted strategies that support DHS families ability to access early learning services such as parent education, family support services, and QRIS star-rated programs (i.e. improve metrics 3-1A and 3-2A)	12/15/15	Molly	DHS, CCR&R, potentially others	TBD –Family Stability  Staffing – Coordination funds	Discussions have started
10.C.2	Execute contract with appropriate parties (including DHS) to begin implementation of strategies that improve metrics 3-1A and 3-2A.	1/30/15	Molly & Megan	DHS	TBD –Family Stability  Staffing – Coordination funds	Would need 10.C.1 to be done first and need contract from State
10.C.3	Implement strategies that improve metrics 3-1A and 3-2A.	1/30/15-6/30/17	Molly	DHS	TBD –Family Stability  Staffing –	Would need 10.C.1 to be done first and need contract from



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					Coordination funds	State
<u>Notes/Explanations:</u> We have meetings scheduled with DHS and are working with staff there to create a plan.						