

**Early Learning Hub Learning Collaborative  
Resources and Summary Information  
February 23, 2016**

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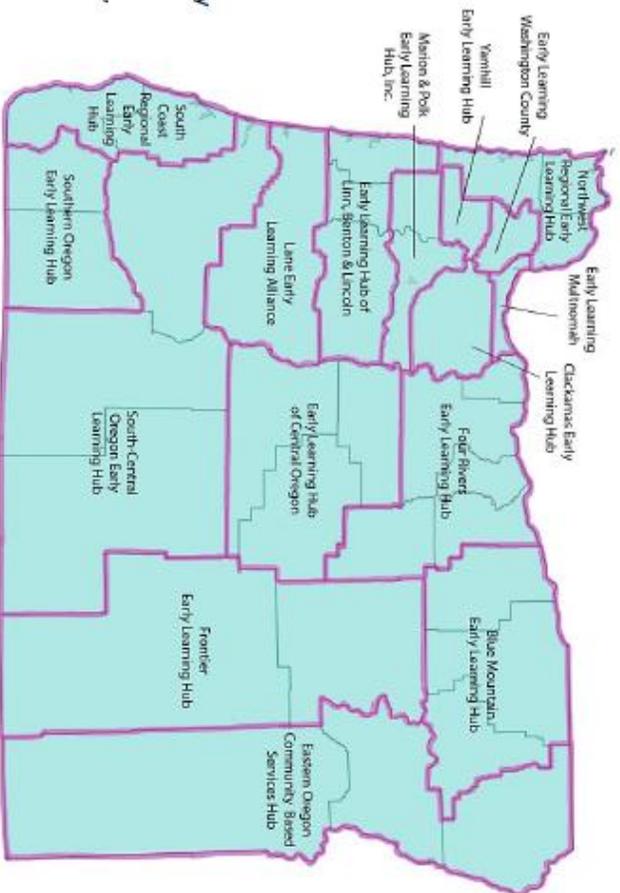
**Note: Equity Session Notes and Follow Up will coincide with webinars on March 15<sup>th</sup> and April 4<sup>th</sup>**



## Early Learning Hubs

In 2013, the Oregon Legislature passed House Bill 2013 creating 16 regional and community-based Early Learning Hubs. The intended result is to make quality early learning services more available, accessible and effective for children and families, particularly those who are historically underserved.

The Early Learning Hubs have three specific goals: (1) Create an early childhood system that is aligned, coordinated, and family-centered; (2) Ensure that children arrive at school ready to succeed; and (3) Ensure that Oregon's young children live in families that are healthy, stable, and attached.



**Goals**  
Create aligned, coordinated and family-centered early learning system

### Outcomes

- There is a common vision and agenda for focus population of children across five sectors (health, human services, K-3 education, early learning programs, business)
- Catalytic and transformative leadership is demonstrated
- All five sectors can demonstrate alignment of agendas, strategies and resources
- Partners share data and information
- All five sectors demonstrate coordination of activities
- The voice of families and communities served by the Hub guides the work of the Hub
- Family Resource Management function has been developed
- Disparities in access to services and supports are reduced and services and supports are culturally responsive
- Children arrive at Kindergarten with the social-emotional, language and cognitive skills that will support their success in school
- Families are supported as their child's first and most important teachers
- Early care and education programs and providers are equipped to promote positive child development
- Children and families experience aligned, culturally responsive instructional practices and seamless transitions from early learning programs to kindergarten
- Disparities in outcomes for children of color and from low-income families are reduced
- Families have positive physical and mental health, supported by access to high-quality health services
- Parents and families have the confidence, knowledge and skills to support healthy attachment and the positive development of the children in their care
- Families have adequate resources to meet their needs, such as housing and transportation, access to healthy communities, and supports to strengthen their resilience to stress
- Working families have access to safe and affordable child care that promotes positive child development

Ensure healthy, stable and attached families

Ensure school readiness

- Families have positive physical and mental health, supported by access to high-quality health services
- Parents and families have the confidence, knowledge and skills to support healthy attachment and the positive development of the children in their care
- Families have adequate resources to meet their needs, such as housing and transportation, access to healthy communities, and supports to strengthen their resilience to stress
- Working families have access to safe and affordable child care that promotes positive child development

## Early Learning Hubs Contacts

Below is a list of all 16 Early Learning Hub contact information.

Hub Name	Coverage Area	Hub Contact
Marion & Polk Early Learning Hub, Inc.	Marion and Polk counties	Lisa Harnisch 503-967-1185   lharnisch@earlylearninghub.org
Early Learning Multnomah	Multnomah County	Molly Day 503-226-9364   mollyd@unitedway-pdx.org
Lane Early Learning Alliance	Lane County	Holly Mar Conte 541-741-6000 x109   hmar@unitedwaylane.org
South-Central Oregon Early Learning Hub	Douglas, Lake and Klamath counties	Gillian Wesenberg 541-440-4771   gillian.wesenberg@douglasesd.k12.or.us
Yamhill Early Learning Hub	Yamhill County	Jenn Richter 503-376-7421   jrictcher@yamhillcco.org
Frontier Early Learning Hub	Grant and Harney counties	Donna Schnitker 541-573-6461   schnitkd@hearneyesd.k12.or.us
Blue Mountain Early Learning Hub	Umatilla, Morrow and Union counties	Cade Burnette 541-564-6878   cburnette@umchs.org
Early Learning Hub of Central Oregon	Deschutes, Jefferson and Crook counties	Hilary Saraceno 541-317-3178   hilary.saraceno@deschutes.org
Southern Oregon Early Learning Hub	Jackson and Josephine counties	Mary-Curtis Granley 541-858-6731   mary-curtis_granley@soesd.k12.or.us
Eastern Oregon Community Based Services Hub	Malheur, Baker and Wallowa counties	Kelly Poe 208-230-0648   kelly.poe@malesd.k12.or.us
Early Learning Washington County	Washington County	Bill Thomas 503-380-1665   william_thomas@co.washington.or.us
Northwest Early Learning Hub	Tillamook, Columbia and Clatsop counties	Paula Mills 503-338-3344   pmills@nwresd.k12.or.us
Early Learning of Linn, Benton & Lincoln Counties	Linn, Benton and Lincoln counties	Kristi May 541-917-4908   mayk@linnbenton.edu
Clackamas Early Learning Hub	Clackamas County	Rod Cook 503-650-5677   rodcoc@co.clackamas.or.us
South Coast Regional Early Learning Hub	Coos and Curry counties	Gerry Livingston 541-435-7751   glivingston@orcca.us
Four Rivers Early Learning Hub	Hood River, Wasco, Sherman, Gilliam and Wheeler counties	Christa Rude 541-340-0438   christa.rude@cgesd.k12.or.us

Updated: 2/25/16

View this online at:

To update your information, please email [annie.manning@state.or.us](mailto:annie.manning@state.or.us) and cc your facilitator.

## ***Session One: Engaging and Energizing Your Partners in Collecting Data***

**Learning Objective:** Participants understand systems and processes that need to be in place to effectively utilize data, and can identify 3-4 innovative strategies for collecting, analyzing and adapting strategies based on their data.

**Performance Outcomes:** Hub staff apply new approaches to their data as they go about their work as a hub.

### **CHART NOTES:**

- It is helpful to:
  - Create a regular committee of data specialists and identify a methodology before using the data
  - Look at multiple data sets using a 3-D lens
  - Hire a data analyst to look at census track data, school catchment area data, etc.
  - develop relationships and having some consistent guidance on use (but not required uniformity)
- Collecting, interpreting and marketing data results is a challenge. Question is: how do we get data at the community level? How can we present data so it's easily digestible and usable by non-experts? Data needs to be visually appealing and accessible to folks, and acting on the data has to be within the scope of what the hub has the capacity to do
- Saw beneficial aspects to building CCO to obtain some solid data; CCOs can break data by zip code
- Other places to get data from include ELD, DOE, ESDs
- How is membership determined in a data group? How is momentum sustained?
- In South Central can look at kindergarten assessment data and identify where kids didn't do so well. Then they worked with CCR&R to see what the professional development needs of the providers are

### **1. *What have you tried or heard about that worked really well?***

- Ask about the methodology for data collection before implementing a practice
- Data can be collected at kindergarten enrollment, such as asking about a child's preschool experience

- An early learning data committee for a hub is a good idea, to analyze data in the context of the community
- Have workgroups that present the data in a way that showcases the best of a hub's work (visually appealing, data can be used for different purposes)
- Demographic form with questions about who families are, their primary care physicians, etc.
- A program similar to Xerox that would allow hubs to create data forms and collect information
- Use existing data rather than reinventing data
- Emphatic listening to hear about an individual's experience and follow up within 6 – 8 weeks so that the person sharing can be impacted
- Informing parents about child development
- Linking with doctors, CCOs
- Public health and screening
- Because we are such a small region we have long term personal relationships with partners and know who to go to for specific data. We simply ask and they work with us to gather what we need. We also have the right five sector representation on our board.
- Roseburg School District gathers data and cross walks it with Kindergarten Assessment data with Roseburg Preschool Ready for Kindergarten.
- Once identify children arriving with low KA scores and where attended, CCR&R will contact and or follow up about QRIS, and learn more about what the center is doing and or could do (to improve program quality)
- We get disaggregated data from ESDs in Clackamas, Multnomah
- One of our CCOs does disaggregate data like for well child check in the the tri-county area
- Health Department in Clackamas and behavioral health give out data

**2. *What challenges about data have you overcome, and which ones still hold a lot of curiosity or perplex you?***

- How can ASQ data help?
- How can we get KPI data?
- 3<sup>rd</sup> year of kindergarten assessment (KA) data will help a great deal. How do these data compare with 3<sup>rd</sup> grade scores? Kindergarten score prove/confirm any kind of trajectory?
- We need to continue data from KA to 3<sup>rd</sup> grade and 6<sup>th</sup> and 9<sup>th</sup> and graduation. Is there a connection?
- Getting data from the ELD (3<sup>rd</sup> grade reading scores)

- Being able to interpret the data
- Difference in scores between charter and public schools
- Our EOCCC data is not representative of actual local outcomes
- We have made connections within key sectors to obtain data points, but there are continued challenges involving collecting data points at local levels
- Having data and not having enough time or resources to analyze it
- Have having universal support and statewide data systems
- Duplication with the amount of data flows
- Lack of knowledge of what resources are out there
- Scarce resources, balancing the desire to serve more, serving all the community
- Balancing qualitative and quantitative data
- Breaking down data for smaller counties; there's a tendency to lump two smaller counties within other counties; it would help to get data by race and ethnicity and that's difficult to get
- Strongest voices/power at the table tend to direct funds toward their individual agenda and/or agency
- Develop collaborative relationships with public health to share and/or hire part of an epidemiologist's time
- Public health pulled out of county (Douglas County) and privatized to create non-profit
- The ELD Quarterly Report keeps changing without notice which makes it impossible to ask subcontractors to collect information during the quarter
- We need to have a way to capture stories and to point out – and we need feedback
- Some districts don't want to share detailed data because it's like airing "dirty laundry"
- Getting real data from DHS about family providers doing ERDC. Challenge is at the direct source level.
- There is no way to connect/scale local sectors to region or state level – how can we move beyond the places where personalities and relationships make it work

**3. *What did you hear today that would help you move those challenges?***

- 3rd year of kindergarten assessment (KA) data will help a great deal. How do these data compare with 3rd grade scores? Do kindergarten assessment scores prove/confirm any kind of trajectory?

- We need to continue data from KA to 3rd grade and 6th and 9th and graduation. Is there a connection?
- Building relationships with CCO to share data is critical
- Data is harder to demonstrate measurable outcomes
- Using graduate students to help analyze data (Americorp volunteers)
- Forming a panel for the board to share about the challenges, successes
- Data used consistently across hubs – we need a definition
- Could we get every district to ask the preschool question? Can we clarify the process for using the question? Can we trust that the information we get from asking the same question? Can the state help us think how to implement the solution on a wider scale? With a place to dialogue about.

**4. *What would help you move those challenges or curiosities into action?***

- Every hub could use an epidemiologist (maybe there's one at George Fox?)
- Uniform data reporting across all sectors in a consistent format at the community level
- Hubs connecting with school boards and administrator groups, not state folks; use the hub local specificity to connect with local boards and administrators on their role with early learning and how a connection to the hub can make their jobs easier.
- So hubs present at COSA to tell the stories of hubs in their language. And we know we need to contact our schools as well.
- Formalized role for hubs with Early Learning Council as well. Create a climate with ELC and districts on inquiry so that there is room to see what's working and not working without fear of punishment.

**5. *What follow up and support do you need from the ELD around this topic?***

- Support with data points
- Tom's expertise in helping us understand data
- Establishing statewide data points that are relevant to all hubs, e.g. early childhood experiences before kindergarten

**For ELD Follow Up:**

1. Can ELD obtain DHS data that lists family child care providers who are receiving ERDC?

2. How can ELD more closely align the data they are providing us with the data we are asked to report on, and the data we are supposed to use within our hubs?
3. We need quicker feedback from the division about what we report on in the quarterly report.
4. Megan spoke to the need for hubs to report qualitative as well as quantitative data. How do we go about reporting qualitative data?
5. How can the ELD create definitions for certain terms that are used in the realm of data, so we all know what we are saying and what it means?
6. What universal “data points are relevant to all hubs?
7. See comments regarding quarterly report. Recognize that the report is composed of data collected over the previous quarter from providers
8. Give us feedback so we can share with our governing councils
9. Allow us to print a report with ELD statements about how we are on track
10. Make sure the reports allows us room for qualitative information that Megan asks for
11. Create an environment where data is used as a way to improve; less “compliance” and more of an opportunity to think about the work differently. This is subtle but powerful. Apply “appreciative inquiry” to the compliance metrics reporting.

## ***Session Two: Peer to Peer Hub Highlights***

### **Summary of Session Discussions**

#### **1. Reflecting over your hub's lifespan, what's your favorite project/initiative/achievement in your hub so far?**

- Website as a resource for partners
- Home visitor network
- Family CORE team
- Development of a 3 county cross-sector board
- Getting K-12 in alignment
- Methodology for defining hotspots within hub using elementary schools as zones.
- Hired contractor to speak with school administrators and preschool providers. Data collected about what was problematic. Did interviews and questions with 17 schools. Data is published.
- Opportunity to work with other hub partners and how we can work together as a region (with Preschool Promise and collaboration and forward thinking)
- ASQ screening work with CCO (a system for inputting ASQs from both Early Learning and Health
- Hub partner goes to the well-child visit to fill out ASQ with parents before visits
- Preschool Promise application (good regional work on this)
- StORytime
- The people and community partners and cross sector folks have been pretty amazing. Want to make sure that more people, who have important voices, feel included and valued. I have become more of a "we"/building up more understanding
- Coming to contract and building relationships in the community that came about through the early learning hub
- Moving the work forward with workgroups and innovation teams
- Creating early learning teams within each school district, comprised of community partners

#### **2. Reflecting over your hub's lifespan, what's your favorite challenge/achievement in your hub so far?**

- Getting K-12 to be involved with and see value in the hub
- Technology issues for a traveling meeting

- QRIS materials not available in Spanish difficult to enroll
- Developed a QRIS recognition system
- Child Development Associate Degree through local community college (good relationship)
- The Bus is Us-bus children and providers 2 days per week to preschool (60 children)
- Hubs are very diverse, large geographically. Both South Central and Marion-Polk are still working through that.
- Its' been a challenge to regionalize services, specifically culturally specific services
- Mobility of families and making sure there's continuity between services

**3. Reflecting over your hub's lifespan, which metrics have moved the furthest?**

- ASQs (developmental screening)
- Conversation and strengthening partnerships between public school and early learning systems personnel
- QRIS providers moving forward. Spanish speaking provider becoming a champion and spokesperson for other providers.
- QRIS and ASQ-started really low. Now over 50% in Central OR
- Shared metrics with DHS and CCOs have moved the more

**4. Reflecting over your hub's lifespan, which metrics have been static and almost frozen?**

- Hard to answer since the metrics just changed
- DHS-related metrics
- In Central OR: well-child visits
- KA data: how do you touch enough families to make a difference? Need promising strategies from elsewhere
- Data from the state that makes it difficult to accurately tell the story of the work that we're doing
- Creating a system that allows for measureable data

**5. What's your favorite project/initiative/achievement from your current workplan?**

- Hiring a Parent Engagement Coordinator
- Family Connections Project
- ASQ training for medical providers
- DHS and library project

- Newborn toolkit
- KPI projects in Marion-Polk
- Central OR-partners in practice innovation in QRIS
- Work driven by very engaged/driven people

**6. What's your favorite challenge/achievement from your current workplan?**

- The contracting project
- Identifying culturally-based organizations
- Passion vs pragmatism
- How do we involve orgs, such as CCOs, in partner work and in metrics with incentives attached?

**7. What supports do you need from the ELD around this topic?**

- Having the Hub Quarterly reports before the start of a quarter instead of when the quarter ends
- Organization structure outlines for each of the hubs
- Share file to open up dialogue and communication between all 16 hubs
- Identified data points so that our case for 2017 is strong or some work around fleshing thing through the data to show the growth of each hub from inception to now, rather than comparing as a whole.

## ***Session Three: Round Table Discussions***

### **Working with DHS Partners**

*Rod Cook, Clackamas Early Learning Hub & Maurita Johnson, DHS  
Rod also scribed*

**Learning Objective:** To share elements of productive regional partnerships with DHS, and identify particular supports from ELD that would support success in building these kinds of partnerships statewide.

#### **Key Components of Roundtable Discussion:**

1. **Importance of the Approach to Collaboration:** Lots of conversation regarding the importance of not coming to the collaborative table with an agenda or desired outcome. Mary-Curtis Gramley used the comparison of how one treats “a guest in your home” your first priority is to make them feel welcome and meet their needs.
2. **Identification of Shared Paradigms & Goals:** Both DHS and the Early Learning Hubs and partners had staff performing similar roles in providing support and referral services to families to encourage linkages and self-sufficiency. The move to differential response by DHS aligned with the ELD in the importance of prevention (support that would prevent children and families from entering the Child Welfare System)
3. **Identification and Implementation of a system that shares resources and people:** Alignment of inputs to achieve shared outcomes that benefit children families and communities. Elimination of duplication lead to efficiencies in services to families and in building capacity through shared professional development and planning across all agencies with positions that had different names but truly parallel functions.

#### **See also (below):**

Clackamas DHS\_EL Collaboration

DHS Child Welfare\_Self-Sufficiency Interdependence\_Description and Diagram

## Statement of Work

### 1. Services to be Performed-a. Strategic Plan

#### **(1) Response D. Identification of family resource coordination strategy for each of the five Early Learning Local Regional Collaboratives.**

The Clackamas Early Learning Hub (CEL) is developing a comprehensive Family Resource Management system that is reflective and inclusive of its community partners and providers from all five sectors. CEL will develop a system that is easily accessible to CEL's target population families with integrated services that avoids redundancy and duplication of services. Therefore, acknowledging the complexities and the diversity of resources and "pathways" for families to access resources and services currently, the initial focus for CEL will be to create family resource management strategies that further develop two primary aspects of the Family Resource Management system: 1) Implementation of the Regional Collaborative Family Resource Coordinators (FRC) model; and 2) Integration of Family Resource Coordinator Support to BabyLink and other Family Navigation/Manager Programs (DHS-SPRF, ISRS, etc) . (Please refer to the attached Clackamas Early Learning Hub Family Resource Coordinators Diagram.)

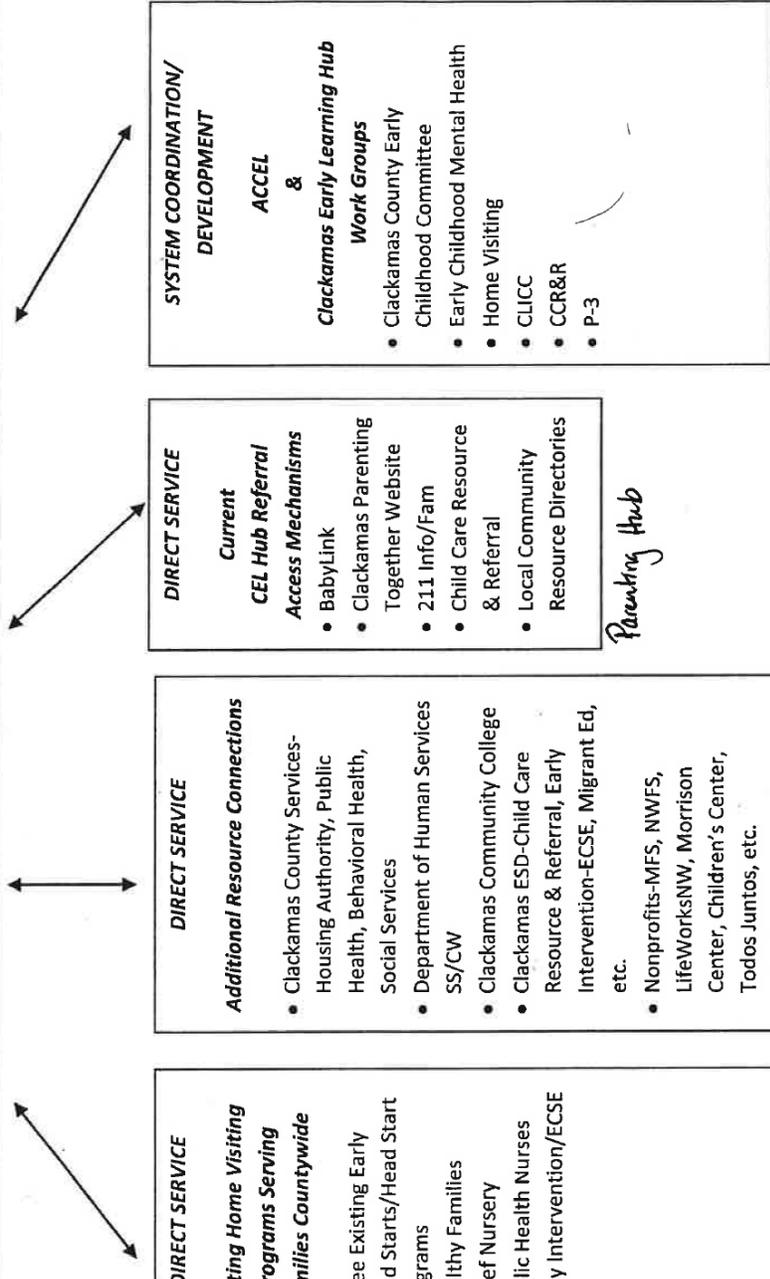
#### Family Resource Coordinator Implementation & Integration of Services with BabyLink & CEL Hub Screener

The Clackamas Early Learning Hub Family Resource Coordinators model provides the following supports to CEL Hub strategies within each of the Regional Collaboratives dependent upon the amount of staffing allotted to the specific Regional Collaborative service area. It has been determined that each local Region will receive some level of family resource coordination based on the analysis of the Regional Collaborative/School District Catchment Area Data Matrix. The designation of FRC staffing level (FTE) by Region is as follows: 1.75 FTE in North Clackamas, 1 FTE in Canby-Molalla-Colton Region, Estacada-Sandy (Oregon Trail) Region, and Gladstone-Oregon City Region and .25 FTE in Lake Oswego-West Linn/Wilsonville. As a result, the greater level of FRC staffing, the greater amount of FRC services provided within the local Region for the targeted population, low income and Latino families. The FRCs within each Region will serve a two-fold level of support to the CEL Hub: Direct Services to targeted population families and System Coordination between other Family Navigation/Manager programs, BabyLink and the local Regional Collaboratives.

Working with the Clackamas Early Learning Hub Coordinator, each Regional Collaborative Family Resource Coordinator dependent upon the staffing level within their respective (school district catchment areas) will:

- Identify, screen and refer CEL target population families (low income and/or Latino families) based on family needs to the Clackamas Early Learning Hub Resource linkages identified in the Family Resource Management Strategy Diagram. FRCs will maintain a caseload of up to 25-30 family cases. Referrals for services may come directly from the CEL Hub Screener, BabyLink staff or other Regional Collaborative partners (e.g., elementary schools, medical providers, child care programs, etc.). FRCs may provide services for time-limited needs and/or refer long term case management needs to an appropriate case management program such as Healthy Families, Public Health Community Nurses, and the Oregon Department of Human Services-Child Welfare.
- Conduct regular Service Initiation and Integration Team (SIIT) meetings with FRCs, CEL Hub Coordinator, Hub Screener and pertinent CEL Hub partners to address specific families' needs and avoid duplication of services. Initial steps to be taken will include:
  - Establish shared protocols and policies such as common Release of Information and Intake forms.
  - Establish common data point collection information and a centralized method of tracking family information and services.
  - Provide orientation and/or training on how to use the Community Centralized Referral Access Services such as BabyLink, Clackamas Parenting Together Website (OPEC Parent Education), 211 Info/Fam and Child Care Resource & Referral to avoid duplication of these state and/or county efforts.
- Assist in the development of a communication mechanism with ACCEL, CCECC and its work groups, and their respective local Regional Collaborative partners that will provide ongoing feedback and a status report on gaps in services, greater coordination of resources, etc.

Clackamas Early Learning Hub Family Resource Coordinators			
Family Resource Coordinator Staffing by Regional Collaboratives Service District Areas***			
Canby-Molalla-Colton (1FTE) (RFA)	Estacada-Sandy (Oregon Trails) (1FTE) (Existing)	Gladstone-Oregon City (1FTE) (Existing)	West Linn/Wilsonville-LO (.25FT) (RFA)
N Clackamas (1.75FTE) (Existing)			
Linkages to Direct Services and System Coordination/Development Support			



**DIRECT SERVICE**  
**Existing Family Coordination/Navigation Programs**

- DHS/SS-Family Support & Connections
- DHS/CW-Strengthening, Preserving, and Reunifying Families Navigators (SPRF)
- DHS-In Home Safety & Reunification Services (ISRS)
- Kindergarten Innovative Family Resource Coordinator
- Homeless Liaisons
- Other FRC/Family Navigator programs as identified

**DIRECT SERVICE**  
**Existing Home Visiting Programs Serving Families Countywide**

- Three Existing Early Head Starts/Head Start programs
- Healthy Families
- Relief Nursery
- Public Health Nurses
- Early Intervention/ECSE

**DIRECT SERVICE**  
**Additional Resource Connections**

- Clackamas County Services- Housing Authority, Public Health, Behavioral Health, Social Services
- Department of Human Services SS/CW
- Clackamas Community College
- Clackamas ESD-Child Care Resource & Referral, Early Intervention-ECSE, Migrant Ed, etc.
- Nonprofits-MFS, NWFS, LifeWorksNW, Morrison Center, Children's Center, Todos Juntos, etc.
- School Districts within each of the Regional Collaboratives

**DIRECT SERVICE**  
**Current CEL Hub Referral Access Mechanisms**

- BabyLink
- Clackamas Parenting Together Website
- 211 Info/Fam
- Child Care Resource & Referral
- Local Community Resource Directories

*Parenting Hub*

**SYSTEM COORDINATION/ DEVELOPMENT**  
**ACCEL & Clackamas Early Learning Hub Work Groups**

- Clackamas County Early Childhood Committee
- Early Childhood Mental Health Home Visiting
- CLICC
- CCR&R
- P-3

\*\*\*Staffing (FTE) was determined based on the Target Population/Service Matrix

## **DHS Child Welfare and Self Sufficiency Interdependent Model**

DHS has two program areas that are administered in each of the 16 District offices in Oregon; Child Welfare and Self Sufficiency. Both programs are federally mandated and were separated by the Oregon Legislature in the mid 1970's, with the mandate to be managed as two distinct and separate programs. The focus of Child Welfare is child safety; the focus of Self Sufficiency is family stability and self-sufficiency. While each program has their own state and federal eligibility criteria, both have overlapping missions. This allows DHS to provide opportunity for both programs to work interdependently to meet the needs of families in Oregon.

### **Program Overview:**

Child Welfare program eligibility stems from an accepted allegation of child abuse and or neglect. The victim of the abuse must be not be an emancipated child or youth, under the age of 18. The perpetrator must be familial or have a familial relationship, and have access to the child. Child Welfare does not typically open a Child Welfare investigation in a situation where a third party has abused a child and there is a protective parent. The services offered to families involved with Child Welfare include Child Protective Services (CPS), services to prevent foster care or reunite children who are returning from a foster care episode, foster care and adoption services, and independent living services for teens who do not return home prior to exiting foster care. All services are designed with child safety, permanency, and well-being as a goal.

Self Sufficiency program eligibility is based on family economic deprivation. Families are served through assistance programs aimed at stabilizing and strengthening their situation, helping families and individuals become self-sufficient, reducing barriers to employment and improving the health and welfare of the children in the home. Services offered to families include Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) formally known as food stamps, Family Support and Connections, and employment and training services. All services are designed with family economic stability and independence as a goal.

### **Program Interdependence:**

If both programs are applied on a liner continuum, an overall interdependent service array can be implemented to meet both the safety needs of children and the family stability and independent needs of families. Early intervention with the family stability and support services of the Self Sufficiency programs can act as a child abuse prevention strategy when a family is in crisis or becomes unstable. If the family's instability leads to child abuse or neglect, further intervention may be needed to ensure child safety through the Child Welfare program. Once child safety has been achieved, ongoing services to the family may act as a recovery effort to ensure the family achieves economic stability and independence. (see attached diagram)

### **Program Strategies:**

Both Child Welfare and Self Sufficiency programs have distinct, and a times, overlapping strategies to achieve program respective goals of child safety, family stability and independence. Strategies include but are not limited to efforts focused on In Home Safety and Reunification Services (ISRS); Strengthening, Preserving, and Reunifying Families (SPRF) services; Permanency Round Tables (PRT);

Differential Response (DR) Employability Assessments (EA); Family Case Management; Home Visiting; and program Reengagement efforts.

**Goals and Measurements:**

Both program areas have separate goals and measurements. Each programs goals and measurements may be federally mandated or driven by the Oregon state legislature. Goals and measurements help to inform client progress, and along with other qualitative data, provides information to evaluate the effectiveness of the provision of services to children and families. Goals and measurements include but are not limited to lowering the child rate children are re-abused; increasing the number of children served in home; decreasing the number of children in foster care; increasing the number of job placements for adults; lowering the number of children who enter foster care as a result of domestic violence; and increasing the number of adults who complete the National Career Readiness Certificate (NCRC).

In conclusion, while a family may only need the services of Child Welfare or Self Sufficiency, both Child Welfare and Self Sufficiency programs exist as interdependent programs. Both programs are designed to individually and collectively meet the needs of eligible families to address issues of child safety, family economic stability, and support independence.

## **Working with Business Partners**

*Melissa Leoni, Oregon Workforce Investment Board (OWIB)*

*Kyle Ritchie-Noll, Oregon Business Council*

*Lindsey Hayward, Lane Early Learning Alliance*

*Scribe: Sue Parrish*

### **Tips sector experts shared about developing partnerships with business:**

1. Speak their language – ex - talk about their Return on Investment.
2. Have a response to “Why do I want to participate” before you go to talk to them. Think about what they’re going to get out of what you’re proposing.
3. Have concrete, easy ways for them to participate – VROOM in their newsletter (Lane EL), child care resources for their employees, etc.
4. Look for businesses with a vested interest in the community – banks, grocery stores, utilities.
5. Consider not asking for money at the beginning, focusing instead on the value of early learning to business, and building relationship.
6. Partner with your Workforce Investment Board (WIB):
  - Regional WIBs have businesses on their boards who’re invested in the community
  - They may partner around providing workforce supports for parents with young children, ensuring businesses are aware of ERDC, seeking EC services for young parents (16-24) in job training programs, etc. They are focused on building a strong workforce in your region!

### **Lane County Early Learning Alliance** is building strong business partnerships:

1. Identified some early champions – the mayor, a couple of CEOs – to help build these relationships locally.
2. Articulated why business people would want to participate, and concrete ways to do so (see attached presentation), and presented to the Rotary, Chamber of Commerce, other business groups.
3. Offered concrete activities – getting VROOM in business newsletters, having ready-to-go volunteer projects for employees – that enabled businesses to participate easily and meaningfully.
4. Utilized Leadership programs within the local community to develop a “Business Leaders Task Force” (see attached description) that offers business people an easy way to support EL projects thru volunteering, philanthropy and technical expertise.

### **Blue Mountain EL Hub** is developing “Blue Mountain Building Blocks”, a star rating system for family-friendly businesses:

1. Identified 10 different elements of a family-friendly business, focused on practices that become systematic rather than one-time activities
2. Asking businesses to implement at least one practice, and then get free PR/advertising as a “family-friendly business”
3. Stay tuned – they’re about to go into implementation mode!

**Online resources:**

- Learn about the work of your region's [Workforce Investment Board \(WIB\)](#) . They could be a key partner in building a relationship with business in your community.
- [Qualityinfo.org](#) is managed by the Oregon Employment Department and has county-level data related to the economy,, jobs and the workforce.
  - In the bottom right-hand side of their homepage you can click on your region. On the right side of the region's page, you will find a workforce analyst to contact. This person can help you find whatever economic data you're looking for .
- [Oregon Learns](#), a statewide CEO-led initiative supporting P-24 education pipeline

**Following these notes:**

- List of regional Workforce Investment Boards (WIBs) in Oregon
- Visual (pdf) capturing potential outcomes resulting from early learning/business partnerships; ELD strategies that support business and the workforce; and emerging regional strategies.

**See attached:**

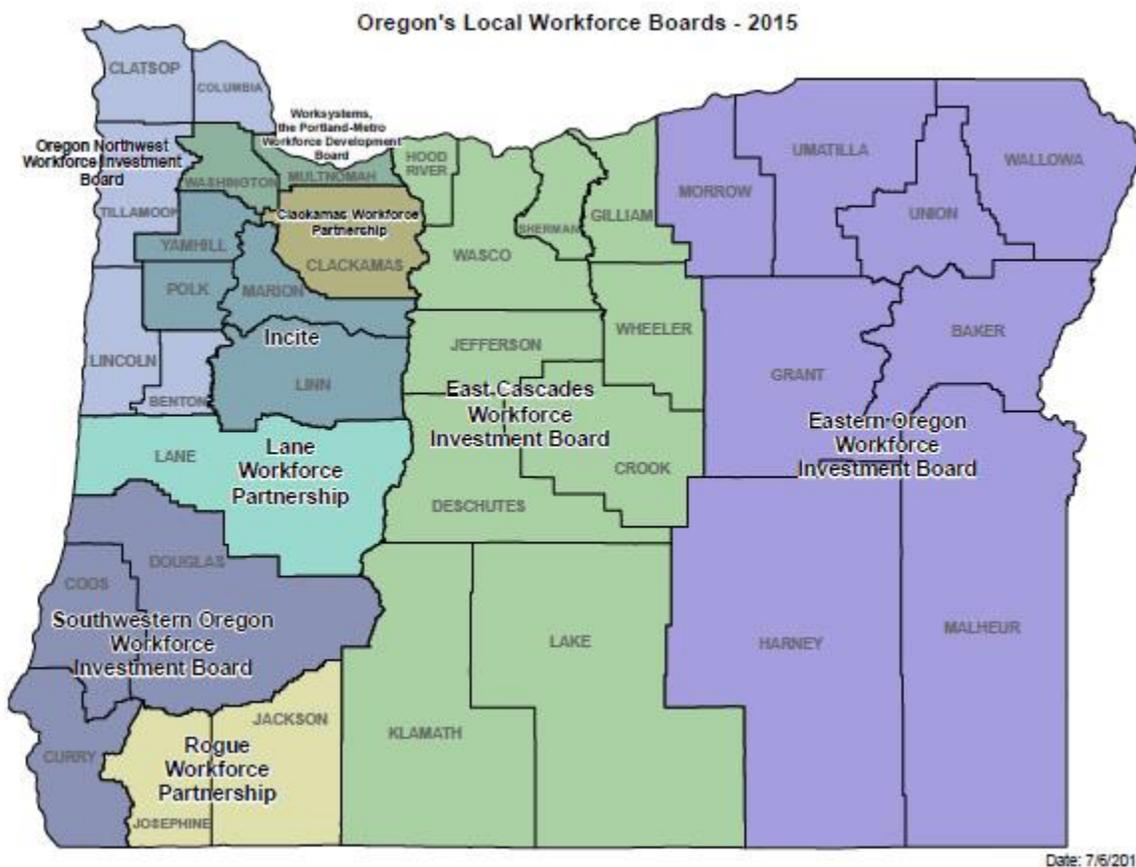
Lane Early Learning Alliance: Presentation for Business Stakeholders

**Note:** Business Connections were also discussed at the CCO table. See page 22.

## Find Workforce Experts

Oregon is part of the workforce investment system that is funded by the Workforce Innovation & Opportunity Act (WIOA) which authorizes more than 550 local business-led workforce development boards (WDBs) that serve all fifty states, Puerto Rico and the U.S. Territories to oversee workforce development services through a network of approximately 3,000 American Job Centers (also called One-Stop Career Centers). Through WIOA, local civic, business and workforce development leaders develop strategies that leverage funding and resources within their local communities to prepare and match the skills of workers with the workforce demands of businesses.

Below is a list of Oregon's Workforce Boards. [Click here for a list of the One-Stop Career Centers.](#)



### Clackamas Workforce Partnership:

Bridget Dazey, Executive Director

[Bridget.Dazey@clackamasworkforce.org](mailto:Bridget.Dazey@clackamasworkforce.org) | 503-657-1729

365 Warner Milne Rd.  
Oregon City, OR 97045

### East Cascades Workforce Investment Board:

Heather Ficht, Executive Director

[heather@eastcascadesworks.org](mailto:heather@eastcascadesworks.org) | 541-385-WORK

404 SW Columbia St., Ste. 200  
Bend, OR 97702

**Eastern Oregon Workforce Investment Board:**

Bill Rosholt, Executive Director  
[bill@easternoregonworkforce.org](mailto:bill@easternoregonworkforce.org) | 541-963-3693  
1901 Adams Avenue  
La Grande, OR 97850

**Incite Incorporated:**

Tony Frazier, CEO  
[tfrazier@inciteworks.org](mailto:tfrazier@inciteworks.org) | 503-581-1002  
626 High Street NE, Ste. 305  
Salem, OR 97301

**Lane Workforce Partnership:**

Kristina Payne, Executive Director  
[KristinaP@laneworkforce.org](mailto:KristinaP@laneworkforce.org) | 541-285-6001  
1401 Willamette Street, Second Floor  
Eugene, OR 97401

**Oregon Northwest Workforce Investment Board:**

Heather DeSart, Executive Director  
[heather@onwib.org](mailto:heather@onwib.org) | 702-371-1874  
3788 SE High School Drive  
(mailing: PO Box 140)  
Lincoln City, 97367

**Rogue Workforce Partnership:**

Jim Fong; Executive Director  
[Jimf@jobcouncil.org](mailto:Jimf@jobcouncil.org) | 541-842-2515  
100 East Main St., Ste. A  
Medford, OR 97540

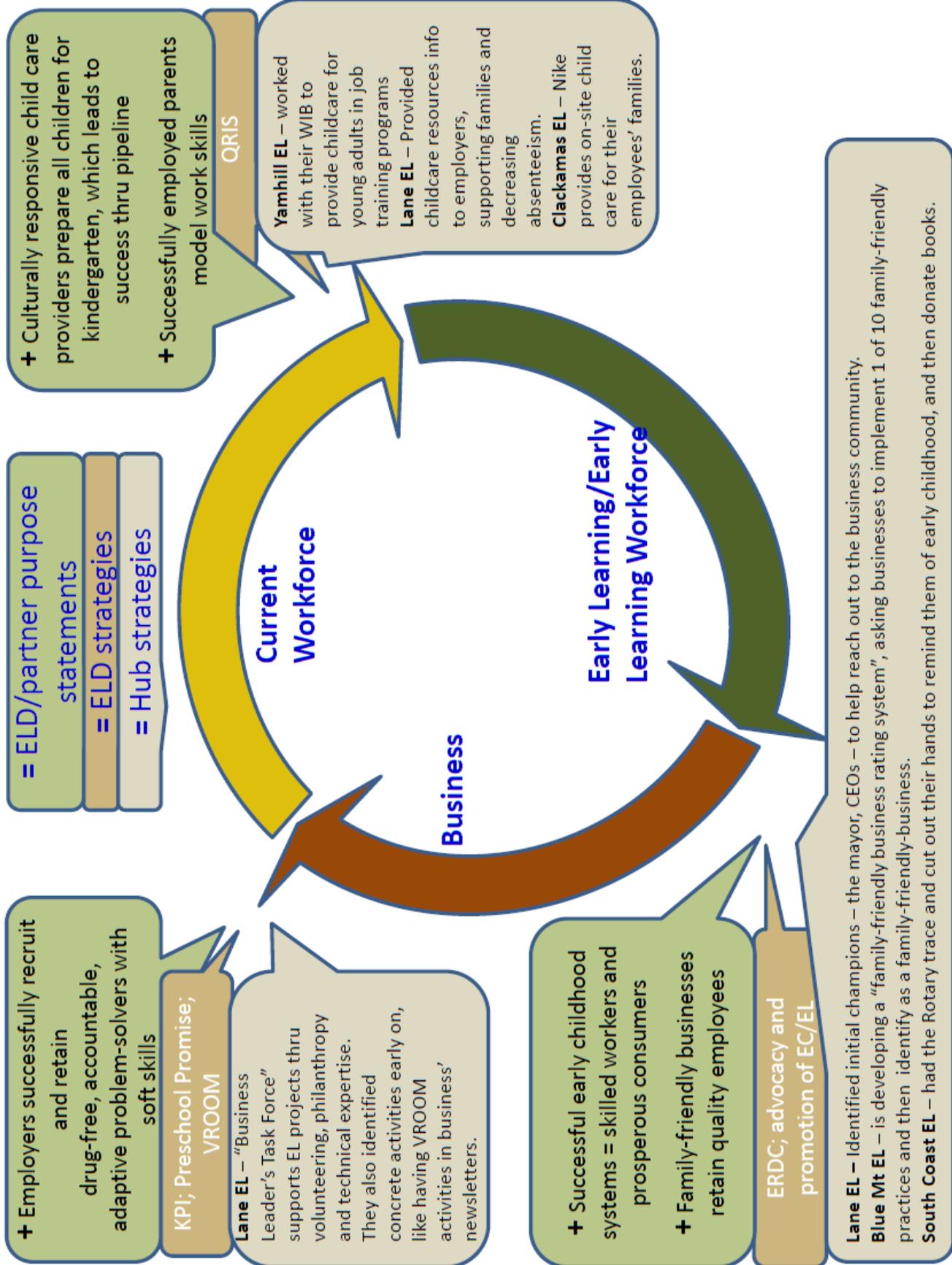
**Southwestern Oregon Workforce Investment Board:**

Jake McClelland, Executive Director  
[Jmcclelland@sowib.org](mailto:Jmcclelland@sowib.org) | 702-376-3892  
Southwestern Oregon Workforce Investment Board  
Southwestern Oregon Community College  
1988 Newmark Ave.  
Coos Bay, Oregon 97420

**Worksystems, Inc.:**

Andrew McGough, Executive Director  
[amcgough@worksystems.org](mailto:amcgough@worksystems.org) | 503-478-7371  
1618 SW First Ave, Ste. 450  
Portland, OR 97201

***This document can be found online at:***  
[http://workforceinvestmentworks.com/oregon/workforce\\_experts.asp](http://workforceinvestmentworks.com/oregon/workforce_experts.asp)



## Working with CCOs

*Liz Stuart, Oregon Health Authority  
Lauren Branch and Theya Harvey, University of Oregon  
Scribe: Tab Dansby*

### Round 1

Liz reflected on progress since 1 year ago when she and Dana Hargunani came to a learning collaborative and heard hub plans

Health and Early Learning Forum (November 2015) takeaway: hubs and CCOs need tangible ways to collaborate and share info

Presentation from Theya Harvey

- She outlined her research questions, the project (with a hub-CCO collaboration toolkit as an outcome)
- She wants to have further conversation with hubs to develop this toolkit.

#### **Q1. What are some recent (past 6-12 months) challenges in hub-CCO partnership?**

- o Finding ways to partner well with local CCOs, especially around data sharing (Lisa Harnisch)
- o “Language gap” between CCOs and early learning hubs (field-specific jargon) (Lisa Harnisch)
- o Correct level of engagement/info, especially with governance bodies (Lisa Harnisch)
- o Connection to respective Innovator Agent (additional suggestion: it could be powerful to have CCO request Bill [Innovator Agent] take on building connection with the hub). (Lisa Harnisch)
- o Multiple CCOs in one area (Christa Rude)
- o Management/coordination of multiple regional transformation efforts (example: CCOs + hubs + RACS): no one person has the job of overseeing how these things knit together or have an impact on the region. Especially difficult regarding data pulling, and when the “footprints” of each entity don’t overlap. (Christa Rude)
- o Early Learning system follow up once kids get an ASQ, though this is an ongoing system issue. HIPAA is becoming less of an issue, but still there a little (Paula Mills)
- o Big system issue with multiple layers to solve: technologies that talk to each other, in terms of ASQ sharing and follow up for services connection. Data systems were built in sector silos and likely can’t talk to each) (several people around table mentioned this)

Question from the group: Why not mimic a system like the Immunization Alert System for datasharing?

-Liz’s answer: Wasn’t a viable model 10 years ago; currently exploring possibility for a feasibility study

#### **Q2 from Liz: What challenges have you overcome recently (in past 6-12 months)?**

Community Health Needs Assessment (CHNA) was a great rallying point for local hub and CCO:

Kindergarten readiness and affordable housing arose as top community priorities. Local CCO and OHA will be investing up to \$6 million in those priorities in her region (from Hillary Saraceno)  
Community health workers and other health people/entities should be onboard to support kids up to 3<sup>rd</sup> grade:

- Needs to be people who move across K-12, health, and early learning realms (can't just be CCO-focused)

- These people could be concerned with cross-sector initiatives/metrics like ASQs, childhood immunizations, well-child visits

Group agreement that there's a complex environment at the state agency level as well, in terms of collaboration

Business sector is important to engage (workforce development and labor people especially)

- Business partners have bluntly asked "what's in it for us [meaning partnering in early childhood efforts]?"

- Regional Achievement Collaboratives have been good business connectors

- Local Workforce Investment Boards would be great connections

- Health partners may be more connected to the business sector than early learning hubs

- Community Development arm of Federal Reserve Bank may also be a potential link to business.

Here's a connection the LBL hub has made to this work: <http://www.frbsf.org/community-development/events/2016/january/building-a-healthier-community-a-strategic-alignment-forum/>

- More info on Federal Reserve of San Francisco's community development:

- <http://www.frbsf.org/community-development/initiatives/healthy-communities/>

CCOs may not have known what to do with early learning hubs initially

Important: Education is an important (but undersung) piece of the social determinants of health

It would be very helpful to continue to hear about hub-CCO collaborations, and the community health needs assessment process can be a great place to put education concern/work.

CHNAs and Community Health Improvement Plans (CHIPs) may also yield good learning/collaboration opportunities (especially CHIP grant applications)

Liz and her team are trying to put together a webpage to display hub-CCO collaborations

## **Round 2**

They described her project

- Ultimately, in addition to the hub-CCO collaboration toolkit, she also wants to develop case studies of diverse hub-CCO partnerships.

- she will follow up with specific people as she gets to know hubs

### **Q1 from Liz. What are some recent (past 6-12 months) challenges in hub-CCO partnership?**

- Well-child visits may be a rallying point of partnership, as well as ASQs and adolescent screens

Question from group: why is oral health only for CCOs rather than also early learning hubs? Question from Lynn Hall at LBL (FYI: LBL has or is involved with an oral health grant from HRSA)

-Answer from Liz: could be a future shared measurement (example: tooth pain is a barrier to learning, which could be addressed jointly by hubs and CCOs); ELC's Measuring Success Committee may take this up

**Q2 from Liz: What challenges have you overcome recently (in past 6-12 months)?**

- ELM, ELW, Clackamas partnering with their CCOs for kindergarten enrollment
  - CCOs are leading, hubs are supporting
  - Healthshare has an Early Childhood Coordination person now
  - Big benefit to partnering is that the CCOs have child-level contact info, and have been able to reach out about kindergarten registration
- Hearing a local doctor casually describe the local early learning hub (from Gillian Wesenberg)
- Trust-building was key for collaboration to even get started (Rebecca Collett)
- Key to step back and ask CCO what they needed, rather than asking for help first.
  - Example: hub offering K-12/ESD/Kindergarten Assessment data connection
  - Example: hub being very clear in data requests to CCOs
- Innovator agents are critical connection to CCOs
  - Key to know the right language to make framing better (Gillian)
  - Correct contextual pieces are critical
- Liz can help spread other CCO-Hub projects/learning for replication
  - Example: Kristi May of the Linn-Benton-Lincoln hub helping the Central Oregon hub connect to their local CCO by sharing her own experience
- Finding common ground is just the beginning. YCCO doesn't see early learning hub and CCO metrics as separate; hub and CCO are one in the same
  - YCCO has a community health worker hub that takes care of social determinant types of concerns.
    - CHW hub was then made available to local elementary schools to meet needs for healthcare and social services
- Important to begin thinking of CCO, hub, and other transformation efforts as part of workforce investment/development (social services too)
- Aging population will also increasingly rely on the current and developing workforce, directly (as in caregivers and medical staff) and as taxpayers

**Q3 from Liz: What's needed in order to push forward hub-CCO work?**

- Community Advisory Councils of CCOs, governance boards, staff at CCOs and hubs
  - OHA is doing CAC-specific TA for the CCOs right now
- Washington County hub is exploring an early childhood council across the metro region
  - The existence of the Council will depend on how unique a value the body could add, but need to be watchful of duplicated purpose/role/work

## **Summary and Resource Guide from OHA**

### **Connecting with CCOs and Other Health Partners**

Hub In-Person Learning Collaborative

February 23, 2016

*(Please note: This document is not intended to be a comprehensive list of resources or representative of all CCOs and health partners in Oregon)*

Some current areas of focus for CCOs:

1. **Behavioral health integration** (CCOs are required to implement activities to integrate mental/behavioral health, addiction treatment and physical health into the coordinated care model).
2. **Oral health integration** (CCOs are required to integrate oral health into the coordinated care model)
3. **New childhood immunization incentive metric for 2016** (Note: Childhood immunization schedules are closely tied to well-child visits)
4. **New tobacco use prevalence metric for 2016** (Provides another opportunity for CCOs, public health and community partners to focus on tobacco prevention and cessation efforts. This includes both interventions in community settings as well as individual behavior change).

#### **How to identify the right contacts at CCOs or their Community Advisory Councils**

CCOs are large and complicated organizations, so it can be difficult to determine who the appropriate contact is for a particular topic. If you don't already have a good contact to reach out to, you can:

- 1) Ask your Hub Facilitator if they can work with the CCO Innovator Agent to help you find the right person;
- 2) Contact Liz Stuart to help navigate the connection: [elizabeth.m.stuart@state.or.us](mailto:elizabeth.m.stuart@state.or.us)  
or 503-891-9335

#### **How to identify the right contacts at other health organizations**

Local connections and relationships are often the best way to go. However, if you're stuck, contact Liz Stuart for help. The Oregon Health Authority has staff that are liaisons to local Public Health Departments, state leads for the home visiting programs, and many others who have expertise in communities across the state. Liz can work with these liaisons to help you find the right folks to talk to in your community.

### **Early Childhood Development Initiatives**

One area for connection and collaboration is partnering on an existing initiative that crosses health and early learning. In Oregon, **Vroom** and **Reach Out and Read** are two that have already been successful in bringing together health and early learning partners in multiple communities (see separate handouts).

### **Technical Assistance Resources for CCOs**

Through the OHA Transformation Center's Technical Assistance Bank, CCOs may choose to receive *technical assistance focused on early learning systems and strategies*.

Participants in this consultation may receive assistance with:

- Building collaboration between local early learning Hubs and CCOs
- Adverse childhood experiences (ACEs)
- Data sharing (for example, sharing between health and early learning entities)
- Family engagement in preventive healthcare
- Developmental screening strategies
- Oral health in early childhood
- Parenting education
- Social emotional development/behavior

### **Online Resources**

- Health & Early Learning System Transformation overview: [https://aix-xweb1p.state.or.us/es\\_xweb/DHSforms/Served/le8102.pdf](https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/le8102.pdf)
- CCO incentive measures & background information: <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>
- Childhood Immunizations Resource Guide: <http://www.oregon.gov/oha/analytics/CCOData/Childhood%20Immunizations%20Resource%20Guide.pdf>
- Developmental Screening Guidance Document: <http://www.oregon.gov/oha/analytics/CCOData/Developmental%20Screening%20Guidance%20Document%20-%20Nov%202015.pdf>
- Tobacco Use Reduction Resource Guide: <http://www.oregon.gov/oha/analytics/CCOData/Strategies%20for%20Reducing%20Tobacco%20Use%20%28revised%20Dec%202015%29.pdf>
- CCO metrics reports (Statewide and CCO-level data): <http://www.oregon.gov/oha/Metrics/Pages/HST-Reports.aspx>

**For more information**, please contact Liz Stuart, OHA Child Systems Collaboration Coordinator at [elizabeth.m.stuart@state.or.us](mailto:elizabeth.m.stuart@state.or.us), or 503-891-9335.

## **Hub and CCO Collaboration Research Project**

**To:** Early Learning Hub Statewide Learning Collaborative

**From:** Lauren Branch and Theya Harvey, University of Oregon Department of Planning, Public Policy, and Management

**Re:** Oregon Coordinated Care Organizations and Early Learning Hub Collaboration

### **Research Team**

Marian Blankenship, PacificSource, Vice President Government and Community Relations

Lauren Branch, Graduate Researcher, University of Oregon

Theya Harvey, Graduate Researcher, University of Oregon

Lindsey Hayward, Associate Director of Education, United Way of Lane County

Liz Stuart, Child Systems Collaboration Coordinator, Oregon Health Authority

### **Project Deliverables**

1. Provide tangible recommendations for collaboration at the individual organization level based on the different issues faced in rural or urban communities and
2. Produce a document or “toolkit” of resources for collaboration that can serve the diverse potential partnerships throughout the state of Oregon.

### **Research Questions**

1. How will collaboration between Oregon CCOs and Early Learning Hubs improve service delivery and long-term outcomes for children in Oregon?
2. What are the barriers to collaboration?
3. How can collaboration be improved?

### **Methodology**

Understanding that the structure and organization of Early Learning Hubs, Coordinated Care Organizations, and their interactions vary widely across the state, we have committed to identifying three unique communities in Oregon to participate in case studies, which will include in-depth interviews with several representatives from each ELH and CCO.

In addition to the case studies, we are designing a web-based survey to facilitate inclusion and accessibility for all interested ELH and CCO representatives in Oregon.

### **Contact Us**

Lauren Branch

(503)510-7349

[lbranch@uoregon.edu](mailto:lbranch@uoregon.edu)

Theya Harvey

(541)221-6774

[tmccown@uoregon.edu](mailto:tmccown@uoregon.edu)

## Focused Child Care Network and QRIS

Hanna Anonson, WOU/TRI & Meredith Russell, ELD

Meredith also scribed

### Key Discussion Points

General questions about how FCN works, meeting frequency, group size, etc.; challenges working across counties or SDAs; how to collaborate across Hub staff and CCRR staff; and how have language specific FFCN worked. Notes include:

- ✓ Different pace of English speaking provider journey vs Spanish speaking provider journey. Marion Polk brought together the English and Spanish speaking providers for a session
- ✓ Need for Spanish language Set 2 trainings, working closely with community college.
- ✓ Need to reframe the QRIS academic language to any non-dominant culture.
- ✓ Concern that there are not enough Russian trainings for providers. "They know they can't do it."
- ✓ They get the intrinsic quality and reward.
- ✓ Seeing each other as professionals.
- ✓ Recruitment by word of mouth for culturally specific networks.
- ✓ Russian speaking "Shadow" networks: Providers are not officially signed up but participate without the specific financial supports.
- ✓ Relationship based recruiting.
- ✓ Engaging FN QIS on other hub workgroups
- ✓ Importance of QIS: relational skills, relate to the community
- ✓ Outside of FCN, QRIS feels really mechanical, detached
- ✓ Providers may not see CCRR as part of their QRIS, but have relationships
- ✓ Discussed CLASS observation for 5 star (as needed)
- ✓ How to know without seeing the program in action: around adult child interaction
- ✓ How do programs prove they are doing what they say they are doing?
- ✓ How do partners feel accountable or put their stamp of approval
- ✓ Change to TA logs for QIS
- ✓ Discussed timeline and revision document are on QRIS website
- ✓ Changes to CCRRs: Discussion of changes with 211, equity focus, license exempt receiving subsidy: RFA
- ✓ Concerns about losing relationship with CCRR and parents with 211
- ✓ What is timeline for RFP...discussed from power point slide
- ✓ Will it be more professional development for more providers?
- ✓ April 19<sup>th</sup>: New QIS training
- ✓ In other Hubs, the CCRR and Hubs are both involved and are connected to providers
  - E.g. the CCRR staff comes to trainings and meetings facilitated by Hub QIS.
- ✓ Tension around QRIS *and* All eastern Oregon Spanish speaking providers are in college. (Megan's talking points from this morning). Tension moves us forward.

- ✓ Greater participation in PD
- ✓ Working to find harder to connect with providers: Grandmas, uncles
- ✓ Funding for enhanced supports through FN for exempt providers
- ✓ Linking with centralized supports through TRI
- ✓ Challenges of Rural providers, hard to show growth of adding numbers
- ✓ Challenges of scheduling and QIS availability only Mon through Friday
- ✓ How do we use QRIS to get community-wide support to get parents/community to want higher quality and to pay for it? use QRIS to talk about quality. Desire to educate parents, need for consumer education
- ✓ Provider buy in to QRIS and quality; cost of quality
- ✓ Challenges around Odd hour care
- ✓ Not much space to grow in urban/suburban areas and not enough openings, not enough capacity: creating one's own workforce: PD Plan. "Growing teachers"
- ✓ Tiered reimbursement: will it change the conversation? Is bonus enough? Gaps of ERDC payments
- ✓ Where do individual hubs and state supports intersect/balance
- ✓ Connecting to STEM hubs; Regional Achievement Collaborative
- ✓ QRIS helping monolingual Spanish speaking providers get more full
- ✓ What are some creative ways to provide information to providers:
  - Distance learning opportunities
  - How to incentivize if the provider is only one in town and they are always full?
  - Stipend for substitutes so providers can attend training so all of child care doesn't shut down for only local provider to attend training (using Hub dollars)
  - Substitute into family providers home be present while provider takes an online class?
  - Creative curriculum training: got materials for free (\$2000 value) also helped build relationships
  - Mentoring programs for QRIS providers? Varies by CCRR; E.g. Kate Eastman: See below webinar where a peer to peer program is described:  
<http://qrisnetwork.org/member/calendar/event/160127/a-multi-level-cqi-approach-using-qris-participation-data-inform-system->
  - Refugee vs Intel/Nike in Washington County. Need for Somali and Arabic trainings and master trainers, working with IRCO. Challenges of time, interpretation
  - Trying to find rural providers: implementing a questionnaire upon entering Kindergarten: Where did you get early learning?
  - Creating a learning community/community of practice: Peer learning; adult engagement
  - Networks: Weekends, retreat, every 2 or 3 months: Friday, Saturday; activities take back to their environment: Funded through network

### **For ELD Follow Up:**

1. Need to reframe the QRIS academic language to any non-dominant culture.

2. How do we use QRIS to get community-wide support to get parents/community to want higher quality and to pay for it? use QRIS to talk about quality. Desire to educate parents, need for consumer education
3. Substitute into family providers home be present while provider takes an online class?
4. Need for Somali and Arabic trainings and master trainers, working with IRCO.
5. Tiered reimbursement: will it change the conversation? Is bonus enough? Gaps of ERDC payments

## Strengthening Kindergarten Partnership and Innovation (KPI)

*Brett Walker, P-3 Alignment Specialist, ELD*

*Scribe: Zenaida Lyles*

- KPI –new-structure
- Structure= function
- Regional Linkages
  - Structures- valuable and challenging
  - Hub Structure
    - Early Learning Team- How the structure initiate sitting down in the same table
- Role of structure
  - Collaborative structure area a de-segmented continuum
  - Language interpretation
  - What questions:
    - Role of students
    - Theresa- talk with teachers
      - Aligning standards
- Challenges
  - Different communities
    - How to emphasize what they do successfully
  - School districts as fiscal agent-
    - Alignment
    - How to make them true partners
    - School teaching families strategies
  - Parent engagement
    - Contract with Early Learning
    - Do something collaborative
  - Early learning incentive
  - Kaleidoscope-
    - Social emotional child, family, friends and neighbors
    - Reading for K
    - Reader from care giver and parents who stay home
    - School- center of the community
    - Community will build up the school
      - 90 minute play station every week, twice a week
      - Teacher- play group
      - Mother as the care giver- ideas every day, us of items at home
    - Spanish speakers
  - Home Visits
  - Teacher home visit – go to training group – playgroup
    - Teacher partners with community
    - Support Ready for K
  - Early Learning and K-12 connections – Superintendents role-

<b>Topic</b>	<b>Issue(s)</b>	<b>Action needed</b>	<b>Result</b>	<b>Owner(s)</b>	<b>Timeline</b>	<b>Locus of control</b>	<b>Progress</b>
<b>Contracts</b>	Insurance requirements and subcontracting	Explore/get clarity on possibility of waivers	Clarification on what is possible for waiving insurance requirements	Kim/Sonja	Apr-16	DAS	Started
	Procurement process is confusing and complicated	Simply where possible; communicate process steps from start to end.	Hubs understand process.	Kim/Sonja	Apr-16	ELD on communication; DAS/DOJ/ODE control process steps	Started
	Administrative overhead and indirect rate guidelines are confusing and inconsistent	Develop clear guidelines on admin and indirect. Make consistent where possible; communicate statutory/rule constraints on state and federal level.	Hubs understand admin/indirect definitions and are clear about what is allowable and why.	Kim/Sonja	Jun-16	ELD/ELC for (most) general funds; federal government for federal funds.	Started
	Consistency in contract language	Discuss with DOJ what is/isn't possible re: contract language; develop boiler plates where possible; provide hubs a chart of each type of contract or grant we administer and the DOJ requirements for each.	Increased consistency; increased local understanding of limitations of state contract language and barriers.	Kim/Sonja	Sept. 2016	DOJ	Not started

<b>Funding</b>	Unclear how to use allocation spreadsheet and timeframes for draw downs and reporting	Provide written guidance in policy and procedure handbook and conduct a training for Hubs that need one.	Hubs know how to use the spreadsheet and how to draw down and report on funds.	Denise/Lois	16-Apr	ELD	In progress
	Determine whether or not to revise funding formula to allow for a capacity building funding stream.	Give hubs a clear answer on this question and reasons why/why not.	Clarity on whether this is allowed.	David	Jul-17	ELC	Not started.
	Competition for funds	Competing for funding is a burden locally and hard on hub-to-hub relationships	Where possible funds will not be competitive; when required Hubs will know why	David	ongoing	ELC; Legislature (language often set up in way that requires a competition.)	Ongoing
Communication	Methods of communication have too much information	Streamline Hub update email; separate updates from contract information; Have facilitators take time each week to touch base briefly with executive director to ensure	Hubs receive information in a more clear and easily digested way	Denise/facilitators	Mar-16	ELD	Not started

		important updates have not been missed.					
	Hubs are unclear/unsure what projects are underway and what is coming next.	Map known projects that impact hubs to a timeline and share. Have facilitators follow up with each Hub to discuss.	Hubs increase awareness of projects/state work that could impact them - understand what is happening, why, and on what timeline.	Denise/facilitators	Apr-16	ELD	Global Calendar -Done and ongoing
	Pace is too quick	Decrease number of short term deliverables where possible.	Work and outcomes are more evenly distributed throughout the year	Denise/David	Apr-16	ELD	In progress
	Requests are made by separate ELD teams without coordination	Require requests made to Hubs to be vetted by Denise (e.g. - child care team cannot send focus child care network application without vetting and agreeing on timeline with Denise).	Requests/requirements to access funds are paced out	David/Nakeshia/Denise	Apr-16	ELD	Not started
	Hubs want and need to know how they can weigh in on decisions and what kinds of decisions they	Determine what decision areas are appropriate for Hubs to offer input and how that input will be	Increased opportunity to impact decisions that affect local communities; increased understanding of why the	David/Kim	Jul-16	ELD/ELC	Not started

	can impact on.	received.	agency needs to just make some decisions itself.				
<b>Operations</b>	Need a clearing house for relevant documents for hubs to share	Develop drop box or other resource	No reinventing the wheel and hubs can utilize best practices	Denise	April	ELD	In progress
	Need to give input and get answers to operational questions	Set up monthly operations call with hubs	Hubs more effective	Denise/ Kim	April	ELD	In progress

**Attendees:**

Gerry Livingston-South Coast  
 Mary Curtis Gramley-Southern Oregon  
 Kristi May-Linn Benton Lincoln  
 Rod Cook-Clackamas County  
 Bill Thompson-Washington County  
 Kelly Poe-Eastern Oregon  
 Megan Phillips-Multnomah and Washington County  
 Molly day –Multnomah  
 Zeke Smith-Multnomah and Washington County

Lindsey Hayward-Lane County  
 Lisa Hascquet-Blue Mountain  
 Paula Mills-Northwest  
 Dorothy Spence-Northwest  
 Brenda Comini-Central Oregon  
 Gillian Weissenberg-South Central  
 Christa Rude-Four Rivers  
 Seamus McCarthy-Yamhill  
 Karen Gorton-Clackamas County  
 Lisa Harnisch-Marion Polk

**Note: Equity Session Notes and Follow up will coincide with webinars on March 15<sup>th</sup> and April 4<sup>th</sup>**