



**EARLY LEARNING WASHINGTON COUNTY (ELWC)
STEERING COMMITTEE MEETING**

**Wednesday, May 22, 2019
2:00 - 4:00 pm**

Northwest Regional Education Service District
5825 NE Ray Circle, Hillsboro

AGENDA

- 2:00 Welcome and Meeting Overview**
- 2:05 Approval of Minutes and Conflict of Interest Declaration – Marilyn**
- 2:10 Director’s Briefing – Adam**
- 2:20 Committee & Workgroup Reports - see meeting summaries attached to email**
- Prenatal-3 Subcommittee: May 14, 2019
- 2:30 Headlines and Highlights**
- VAN - Moving Ideas into Action (4/30/19) – *Adam (and others?)*
 - Video training for Preschool Promise backpacks - *Brittany*
 - 2nd Annual Child Care Symposium (5/4/19) – *Begoña*
 - Parenting education and youth substance abuse prevention RFP – *Genevieve and Leslie*
 - Family Connects Letter of Interest – *Rebecca*
 - Priority Populations Research update (Attachment A) – *Evan*
 - Help Me Grow Washington County (Attachment B) – *Rebecca and Evan*
- 2:50 Validate Executive Committee – Adam**
- 2:55 Vote on new member: Washington County Behavioral Health (Maureen Seferovich)**
- 3:00 Raise Up Oregon Next Steps (see Attachment C)**
- 3:40 Charter Update**
- Approval: Backbone roles in decision-making policy (Attachment D)
 - Introduction: Advocacy alignment policy (Attachment E)
 - Update on mission statement, equity policy and guiding principles
- 3:55 Partner Announcements**
- 4:00 Adjourn**

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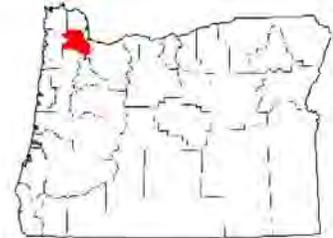
ATTACHMENT A – PRIORITY POPULATIONS RESEARCH UPDATE

Priority Populations Research Project
Washington County Department of Health and Human Services
Children, Youth and Families

Progress Report

May 10, 2019

The ELWC Priority Populations research project focuses on (1) understanding where multiple risk factors overlap or are concentrated and (2) understanding which populations are most impacted by multiple risk factors. This project places an emphasis on priority populations which are defined as children from families of color; children with disabilities; children who are English-language learners; children from low-income families; children experiencing housing instability or homelessness; children from migrant farmworker, immigrant and refugee families; children from LGBTQ families; and children who have experienced abuse, trauma or other adverse childhood experiences.



This progress report summarizes some of the data we have gathered to date and highlights next steps.

Characteristics of Children in Washington County Oregon

136,877 Children under 18 living in households throughout Washington County¹.



Of children live in households that received public assistance (e.g., SSI, cash public assistance income, SNAP benefits) in the past 12 months.



Of children live in households with an income below poverty level.



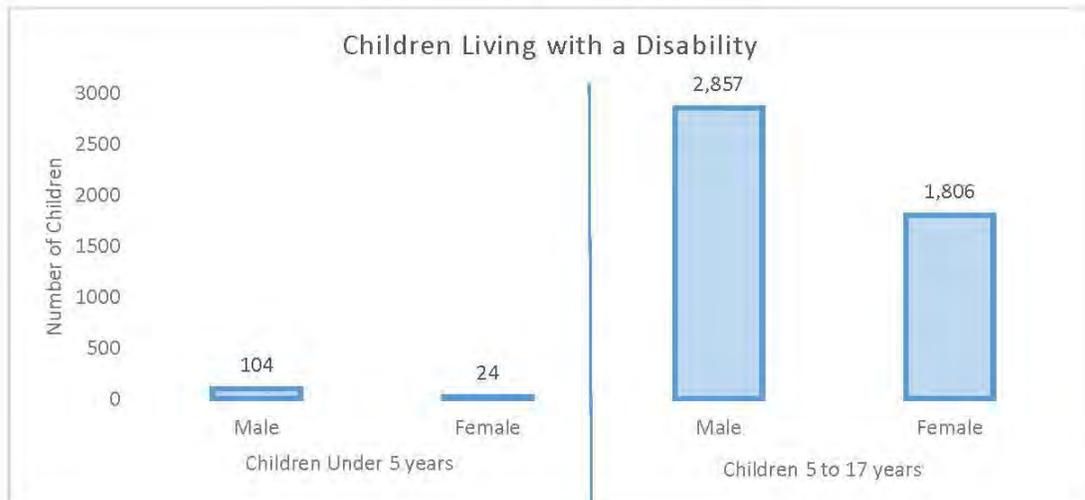
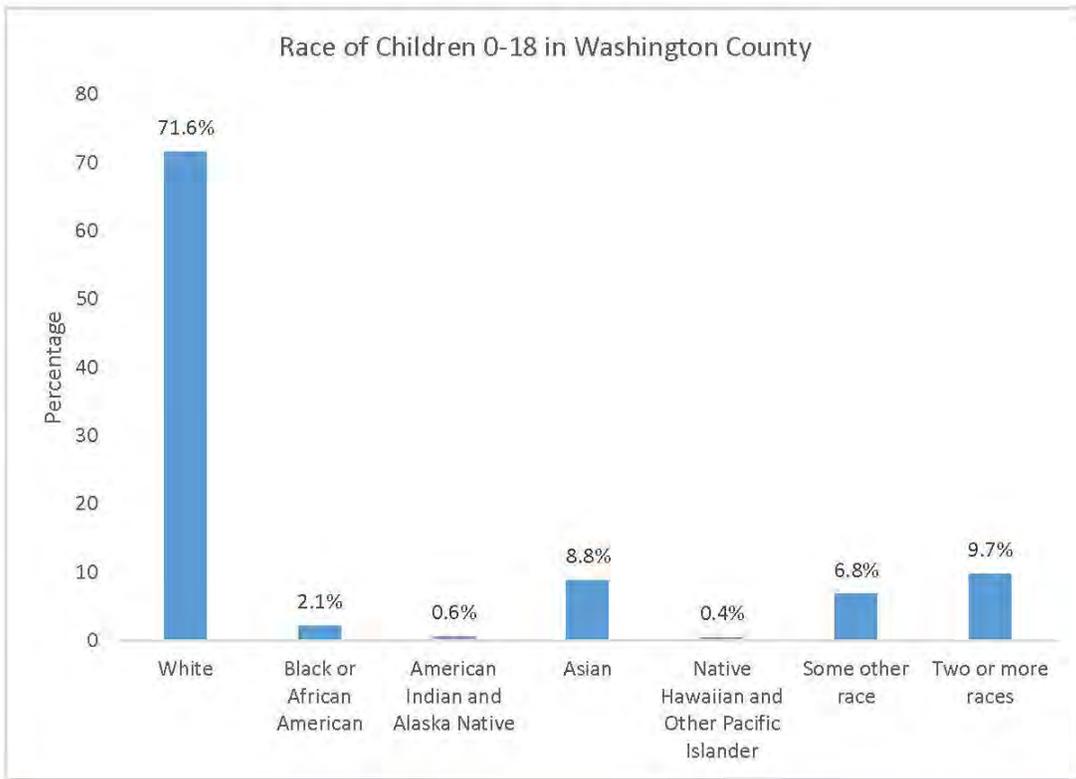
Of children live with their grandparents.



Homeless households with children.

¹ Data from 2013-2017 American Community Survey 5- Year Estimates

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List of Data Indicators and Sources for Mapping

The following table lists the data indicators that will be included in the interactive map. The table also lists data sources as well as the smallest geographic unit that will be used for mapping.

Data indicators	Sources	Geographic unit
✓ Household income	2017 ACS; US Census	Census tract
✓ Race/ ethnicity		
✓ Disability (includes: visual, hearing, ambulatory, self-care, cognitive and independent living disability)		
✓ Home/primary language (includes: language spoken at home; limited English speaking households)		
✓ Age categories- prenatal; birth to 3; 3 to 6		
✓ Household status (includes: single parent; divorced (with children); separated (with children); primary caregiver other than birth parent; number of children in home; grandparents raising grandchildren)		
Immigrant population		
Homelessness	2017 ACS; US Census and 2017 Washington County Homeless Assessment Report, Point in Time Estimates	County level
Medical complexity (includes: children with complex chronic diseases; children with non-complex chronic disease; children without chronic disease/healthy)	Integrated Client Services by DHS; OCHIN	CCO level data; possibly zip code level
Prenatal risk factors	2017 PRAMS Data	CCO level data; possibly zip code level
Adverse childhood experience (includes: abuse and household challenges)	BRFSS data	Census tract
Department of Human Services (DHS) involvement (includes child welfare and self-sufficiency)	Integrated Client Services data by DHS	Zip code
Early intervention special education services	Oregon Department of Education	School District
Individualized Family Service Plan (IFSP)		
Cost per child per year: Pre-K through 12 th grade		
Class size by elementary school and district (focus on Pre-K to 3 RD)		
3 rd grade language arts score below state average		

*Note: ACS = American Community Survey; BRFSS = Behavioral Risk Factor Surveillance System; CDC = Centers for Disease Control and Prevention; CCO= Coordinated Care Organization

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Non-Accessible Data Sources:

The following table lists data indicators that Washington County CYF is interested in mapping, but for which we were not able to identify data sources that capture this information.

• Sexual orientation – specific to LGBTQ communities
• Gender – related to transition/non-binary
• Refugee population
• Adverse Childhood Experiences – Neglect (emotional or physical)
• Number of children evaluated for IFSPs that did not qualify for services

Next Steps:

1. **Data Retrieval:** We have submitted data requests to various organizations to gain access to their data used for the mapping. Once we receive the data will we clean it and prep it for mapping.
2. **Mapping:** Once we receive additional data from our submitted data requests we will start the mapping portion of the project which will allow us to see the distribution of these indicators by geographic location.
3. **Compose final report and develop interactive map for distribution.**

Progress report prepared by:

Tanisha Tate Woodson, PhD; Kristi Manseth, PhD; Steven Rider, PhD

Pacific Research and Evaluation, LLC

www.pacific-research.org

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ATTACHMENT B – HELP ME GROW WASHINGTON COUNTY DRAFT CHARTER



Early Learning Washington County

Help Me Grow Washington County
Project Charter [5/13/19] [1.0]

VISION: A coordinated entry system for Prenatal and Early Childhood services that is responsive to the needs of families and provides for social determinants of health and education while improving programmatic placement and decision-making efficacy.

Describe the problem to be addressed and why realizing the future vision creates value.

1. WHY

Strategic Alignment	Aligns with ELD Strategic Plan (Raise Up Oregon), Aligns with OHA CCO 2.0 Strategic Intent, Aligns with Community Assessment from Early Learning Washington County.
Project Background	Foundational work by Washington County CYF/EL Hub work in coordinated home visiting (Early Connections). Expansion of scope and size with inclusion of Help Me Grow, a pilot project introduced to the Metropolitan area by Health Share. Initial introduction of Help Me Grow necessitated extensive conversation and work on how Early Connections and Help Me Grow would merge and deliver the desired vision.
Problem Statement	Those who are a part of or significantly impacted by the Prenatal to Early Childhood Sector lack a coordinating system to aid families in navigation or to support organizations shared referral and outreach objectives. The sector is marked by wide programmatic and actor variability with a complex set of needs and desires. The state of Oregon has chosen to cede this ground to local authority with little support or funding.

2. WHAT

Specific business objectives to be pursued to achieve the desired future state.

Project Purpose	To incubate a referral network and coordinated entry system for prenatal to early childhood services in Washington county serving primary stakeholders including: families, clinicians and early childhood service providers
Project Objectives	<p>Goal 1: Increase family access to and community awareness of developmentally appropriate and culturally responsive prenatal and early childhood services, resources, and supports in Washington County.</p> <p>Objective 1a: Increase awareness and utilization rates of Help Me Grow (HMG)-Metro by providers and families in Washington County</p> <ul style="list-style-type: none"> i. Increase HMG-Metro’s capacity to serve as the “single-point of entry” beginning in Washington County. This will include focusing efforts on strengthening local community support and engagement with prenatal and early childhood providers ii. Developing and implementing a trauma-informed, culturally responsive and family friendly HMG awareness campaign, targeting geographic area of Washington County.

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Objective 1b: Increase community and family knowledge of existing prenatal and early childhood services in the Metro area by

- i. Integrating existing or procure shared electronic resource directory and referral platform (HMG Utah).
- ii. Engage with emergent initiatives and technology platforms related to Health or Social Information Exchanges and assess plausibility for integration and alignment.

Goal 2: Increase coordination and alignment of the prenatal and early childhood service array in Washington County through the adoption of the “No Wrong Door” model

Objective 2a: Community Action and Washington County will revise and strengthen local infrastructure to align with Help Me Grow-Metro and operationalize Help Me Grow-Washington County by:

- i. Providing ongoing engagement and networking opportunities among local prenatal and early childhood service array providers;
- ii. Developing a triage team to review high need referrals and support family’s engagement in local services;
- iii. Developing Early Childhood Service Array MOU and HIPPA/FERPA information exchange agreements;
- iv. Building out Service Point and/or identifying client data tracking system that is interoperable with local technology and service directory.

Goal 3: Increase system navigation supports for expecting families and families with young children that face multiple barriers in accessing and engaging in prenatal and early childhood services, supports and resources.

Objective 3a: Increase trauma-informed efficacy and cultural responsiveness of HMG-Metro and HMG Washington County by:

- i. Developing trauma-informed, culturally responsive, and family-centered communications plan to include culturally and linguistically diverse outreach, messaging and materials.

Objective 3b: Increase local capacity and coordination to support and empower families to navigate and engage in the prenatal and early childhood service array by their preferred method—phone, electronically or in person.

Goal 4: Regionalize HMG-Washington County pilot implementation, with adjustments to fit each county’s local structure.

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Objective 4a: Develop a HMG Toolkit for Multnomah and Clackamas County

Those with an interest in the success of the project, or otherwise impacted by the outcome.

3. WHO

Project Sponsor	Early Learning Washington County, Public Health, and Health Share
Business Owner	Rebecca Collett (Public Health/CYF), Evan Weaver (CYF/EL Hub)
Project Manager	TBD – Program Manager Positions @ Community Action and Providence Swindells Center
Key Stakeholders	Community Action, Providence Swindells, Washington County Early Learning Hub Governance, Washington County Public Health – Maternal Child Health Division, Early Learning Clackamas and Early Learning Multnomah

4. HOW

Project approach (e.g. predictive, agile or hybrid) tailored to best achieve a successful outcome.

Project Approach	Iterative
Scope of Work	Work will be ongoing. Priority is to begin with stakeholders decided by business owners and project sponsors. Primarily, starting from providers serving youngest and most children and building out in terms of age and risk factors. Inclusion of other high priority and aligned initiatives (Family Connects, Coordinated Entry for Preschool) will be added as plausible and capacity allows.
Governance	Operational decisions will be made between HMG Program Manager (Providence), Coordinated Systems Manager (CAO) and Business Owners (Rebecca and Evan). Significant shifts in approach will be made by consensus by Metro Early Learning Hub – CCO meeting partners.
Communications	Stakeholders will be updated and engaged in a variety of standing meetings through the Washington County Early Learning Hub as well as the creation of project specific working groups. Additionally, key reports will be issued as they pilot resolves technical issues such as information sharing, electronic platform adoption, funding replicability, etc.
Project Risks	Parallel development of electronic referral platforms outside of key stakeholders, inability to integrate HMG Washington County model with other state directives (preschool coordinated entry, Family Connects), Lack of sustained and substantial funding

Timeline of milestones expected to culminate in successful completion of the project’s mission.

5. WHEN

Targets	July 1, 2019 – Project Commencement. June 30, 2020 – Midpoint Report. June 30, 2021– Final Report & Evaluation
Project Timeline	June 2019 – August 2019 Project Implementation Planning with internal stakeholders.

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	<p>August 2019– May 2020 Initial Roll Out.</p> <p>June 2020 – July 2020 Mid-Point Evaluation and Year 2 planning.</p> <p>August 2020 – April 2021 Year 2 Roll Out (Partner Expansion, Model Adjustment)</p> <p>May 2021 – June 2021 Final Project Documentation and Planning for future expansion</p>
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6. Funding

<p>Funding Contract(s)</p>	<p>Washington County General Fund – \$112,000. Health Share - \$240,000</p> <p>Health Share – Washington County CYF Scope: HMG Washington County Pilot (Program Coordinator, Resource Directory Support, Community Outreach and Referral Partner Development)</p> <p>CYF – Community Action: Scope: HMG Program Coordinator and Early Connections Collaborative</p> <p>Health Share – Providence Swindells Resource Center: Scope: HMG Utah Resource Directory Development, Outreach and Awareness Campaign</p>
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ATTACHMENT C – RAISE UP OREGON – POTENTIAL NEW HUB ROLES IN 2019-21

Objective	Strategy	Activity (This is what we will discuss)
Goal 1: Children Arrive Ready for Kindergarten		
OBJECTIVE 1: Families are supported and engaged as their child’s first teachers.	Strategy 1.1 Expand parenting education and family supports.	Expand access to Oregon’s current array of evidenced-based and evidence-informed targeted home visiting programs so that more families have access to these supports, prioritizing those families in historically underserved communities.
OBJECTIVE 1: Families are supported and engaged as their child’s first teachers.	Strategy 1.2 Scale culturally responsive home visiting.	Create, scale, and sustain a statewide, high-quality infant and toddler child care program with a focus on children in historically underserved communities.
		Create shared service networks within rural and urban communities to better scale infant and toddler care.
OBJECTIVE 2: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) affordable early care and education that meets their needs.	Strategy 2.2 Expand access to, and build the supply of, high-quality (culturally responsive, inclusive, developmentally appropriate) affordable preschool that meets the needs of families.	Support Early Learning Hubs to create coordinated preschool enrollment processes.
OBJECTIVE 2: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) affordable early care and education that meets their needs.	Strategy 2.5 Improve the essential infrastructure for high-quality early care and education.	Identify how to open high-quality family child care and child care centers within affordable housing units and housing developments.
OBJECTIVE 2: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) affordable early care and education that meets their needs.	Strategy 2.5 Improve the essential infrastructure for high-quality early care and education.	Create a regional plan for expanding access to and supply of high-quality infant, toddler, and preschool early care and education, available at times that meet the needs of families, especially to infants, toddlers, and preschoolers in historically underserved communities, under the leadership of the Early Learning Hubs.

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OBJECTIVE 3: The early care and education workforce is diverse, culturally responsive, high quality and well compensated.	Strategy 3.3 Compensate and recognize early childhood educators as professionals.	In collaboration with Early Learning Hubs and other partners, create understanding of the role and impact of early childhood educators among policymakers and the public.
Goal 2: Children are Raised in Healthy, Stable and Attached Families		
OBJECTIVE 8: All families with infants have opportunities for connection.	Strategy 8.1: Create a universal connection point for families and newborns.	Build, in partnership with local communities, Early Learning Hubs, Coordinated Care Organizations, and public health agencies, a system to deliver home visits for all families with newborn children that provides parenting information and helps families with deeper needs connect to additional services.
OBJECTIVE 9: Families with young children who are experiencing adversity have access to coordinated and comprehensive services.	Strategy 9.1 Expand and focus access to housing assistance and supports for families with young children.	Strengthen relationships between Early Learning Hubs, Community Action Agencies, Department of Human Services (DHS) field offices, and local housing authorities to focus on families with infants and toddlers.
Goal 3: The Early Learning System is Aligned, Coordinated, and family centered		
OBJECTIVE 10: State-community connections and regional systems are strengthened.	Strategy 10.1 Ensure family voice in system design and implementation.	Work with Early Learning Hubs and their partners in developing local capacity to facilitate culturally responsive family engagement activities across their communities, prioritizing communities that have not yet been engaged requirements of each sector, supporting coordinated and aligned community planning and shared problem solving.
	Strategy 10.2 Ensure family-friendly referrals.	Develop centralized systems locally to coordinate eligibility and enrollment of services across sectors, starting with early care and education (ECE).
		Develop shared principles for building a community level, family-friendly, respectful, and easy-to navigate referral system so that families can easily access services and supports.
Strategy 10.3 Further develop the local Early Learning Hub system.	Strengthen the Early Learning Hub role in informing community needs assessments that meet the requirements of each sector, supporting coordinated and aligned community planning and shared problem solving.	
OBJECTIVE 11: Investments are prioritized in support of equitable outcomes for children and families.	Strategy 11.1 Ensure resources are used to reduce disparities in access and outcomes.	Collect, analyze, and consolidate data, across agencies and committees, on disparities in access and outcomes related to the goals of this plan.

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<p>OBJECTIVE 13: The business and philanthropic communities champion the early learning system.</p>	<p>Strategy 13.1 Educate business leaders on the economic value of early care and education to the Oregon economy.</p>	<p>Share information on the return on investment of ECE in contributing to Oregon’s economy.</p>
<p>OBJECTIVE 13: The business and philanthropic communities champion the early learning system.</p>	<p>Strategy 13.2 Introduce business leaders to the science of early childhood development and the impact of public investment.</p>	<p>Share information on early childhood brain development and the impact of adverse childhood experiences.</p>
<p>OBJECTIVE 13: The business and philanthropic communities champion the early learning system.</p>	<p>Strategy 13.2 Introduce business leaders to the science of early childhood development and the impact of public investment.</p>	<p>Include business leaders as members of the Early Learning Council.</p>
<p>OBJECTIVE 14: The data infrastructure is developed to enhance service delivery, systems building, and outcome reporting.</p>	<p>Strategy 14.1 Strengthen data-driven community planning</p>	<p>Increase access to state and local data, and resources, to improve Hub capacity to use data in its planning to ensure the highest needs are met and that the greatest impact for children and families is achieved.</p>
<p>OBJECTIVE 14: The data infrastructure is developed to enhance service delivery, systems building, and outcome reporting.</p>	<p>Strategy 14.1 Strengthen data-driven community planning</p>	<p>Address data sharing and data governance barriers, while protecting family privacy, that limit community access to data needed for decision-making.</p>
<p>OBJECTIVE 14: The data infrastructure is developed to enhance service delivery, systems building, and outcome reporting.</p>	<p>Strategy 14.2 Integrate early learning data into the Statewide Longitudinal Data System.</p>	<p>Build state and program capacity to collect, monitor, and analyze data from early care and education programs in order to support quality improvements in the delivery of early care and education services and programs for children prenatal to kindergarten entry and their families.</p>

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ATTACHMENT D – FOR APPROVAL: BACKBONE ROLES IN DECISION-MAKING POLICY



Recommendation

Recommendation from:	Governance Workgroup
Date introduced and where:	Apr. 24, 2019 Steering Committee
Date to be voted on:	May. 22, 2019 Steering Committee
Decision Process (Governance, informal, advice):	Governance

Recommendation contents:

- Policy regarding the backbone organizations in relation to decision making

Recommendation

Add the following language to ELWC Charter *Section IV: Decision Making* under a new heading:

“Role of Backbone Organizations in Decision Making

The ELWC is supported by two backbone organizations: United Way of the Columbia-Willamette, and Washington County Health and Human Services. The role of the backbone organizations is to support the collaborative work of the Hub. They do not vote and are therefore and not intended to influence Hub decisions. However, there are limits to what they are able to support.

Because the backbone organizations assume legal and financial responsibility for the work of the Hub, they retain the right to review and, if necessary, overrule or veto ELWC steering committee decisions that create unacceptable risk. In practice, it is expected the representatives of the organizations will offer guidance and assistance to the Steering Committee to avoid its approval of proposals containing unacceptable risk before they are adopted. The backbone organizations would provide a clear explanation if this were to occur.

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ORIGINAL VERSION FROM 4/24/19

Recommendation

Recommendation from:	Governance Workgroup
Date introduced and where:	Apr. 24, 2019 Steering Committee
Date to be voted on:	May. 22, 2019 Steering Committee
Decision Process (Governance, informal, advice):	Governance

Recommendation contents:

- Policy regarding the backbone organizations in relation to decision making
- ~~Risk Management~~
- ~~Legislative Advocacy Alignment~~

Recommendation

Add the following language to ELWC Charter *Section IV: Decision Making* under a new heading. ~~The form would be included as an attachment to the Charter:~~

“Role of Backbone Organizations in Decision Making

The ELWC is supported by two backbone organizations: United Way of the Columbia-Willamette, and Washington County Health and Human Services. The role of the backbone organizations is to support the collaborative work of the Hub. They do not vote and are therefore and not intended to influence Hub decisions. However, there are limits to what they are able to support. ~~The policies below clarify these limits.~~

~~Risk Management~~

Because the backbone organizations assume legal and financial responsibility for the work of the Hub, they retain the right to review and, if necessary, overrule or veto ELWC steering committee decisions that create unacceptable risk. In practice, it is expected the representatives of the organizations will offer guidance and assistance to the Steering Committee to avoid its approval of proposals containing unacceptable risk before they are adopted. The backbone organizations would provide a clear explanation if this were to occur.

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ATTACHMENT E – INTRODUCTION: ADVOCACY ALIGNMENT POLICY



Recommendation

Recommendation from:	Governance Workgroup
Date introduced and where:	May 22, 2019 Steering Committee
Date to be voted on:	June 26, 2019 Steering Committee
Decision Process (Governance, informal, advice):	Governance

Recommendation contents:

- Policy on Hub advocacy alignment

Recommendation

Add the following language to a NEW ELWC Charter *Section V: Communication and Advocacy*:

“Advocacy Alignment

Advocacy activities conducted in the name of the ELWC Hub are highly encouraged. However, any positions communicated must not conflict with positions taken by the Hub or the two backbone organizations. To ensure alignment, if individuals or groups wish to represent the ELWC hub, policy positions and/or advocacy activities need to be approved by both the Executive Committee and the backbone organizations prior to taking action. This can be done by sending the proposed position and/or advocacy activities to the hub director by email. Please also express any support needed for the activities.”

ORIGINAL LANGUAGE FROM 4/24/19:

~~Legislative~~ Advocacy Alignment

~~ELWC~~ **Advocacy** activities related to public policy or legislation conducted in the name of the ELWC Hub are highly encouraged. However, any positions communicated must not conflict with positions taken by the Hub or the two backbone organizations. To ensure alignment, if individuals or groups wish to represent the ELWC hub, policy positions and/or advocacy activities need to be reviewed and approved by both the Executive Committee and the backbone organizations prior to taking action. This can be done by sending the proposed position and/or advocacy activities to the hub director by email. Please also express any support needed for the activities.”