

LAUNCH Young Child Wellness Council

April 10, 2013

MEETING NOTES

YCWC Attendees: Leslee Barnes (child care), Beth Gebstadt (Oregon LAUNCH), Amanda Peden (OPHI), Bruce Spilde (Mult MH), Jean Rystrom (Kaiser), Elizabeth Carroll (Mult Health), Pam Greenough Corrie (Mt. Hood Head Start), Jeanne Lemieux (CCRR), Mary Geelan (CCFC), Cheyenne Montgomery (parent)

Working Group (staff & contractors): Cate Drinan, Bill Baney, & Callie Lambarth (PSU), Joan Marquis (Parent Group Facilitator), Kathy Wai & Roberto Rivera (211info), Elana Emlen (Young Child Wellness Coordinator)

Guests: Mark Holloway, Inger McDowell, Lauren Johnson from Social Venture Partners

Announcements

- Leslee Barnes is leaving YMCA but will remain on the Young Child Wellness Council.
- Elizabeth said that the Healthy Start contracts are extended another year. There will be a MICHV site visit to our county.
- Kathy Wai is the new staff at 211 Family Info hired with LAUNCH and OCF funds to promote 211 Family Info in the tri-county metro area by meeting with organizations, participating at fairs, using social media and other methods of outreach.
- Jeanne said they have the contract to continue as Child Care Resource and Referral of Multnomah County.
- Jean announced Screen Free Week April 29-May 5, thanks to the Campaign for a Commercial Free Childhood. She had materials. She also announced that the Autism Commission has materials (information about autism) for people who work with children, like bus drivers and others.
- Amanda shared that OPHI got a Nike Employee Fund grant to continue the screentime reduction training for child care providers (pilot funded by LAUNCH) and they will enhance the training with fitness components. Also, OPHI/Right From The Start has completed its first training on how to support breastfeeding in child care.

Multnomah Project LAUNCH and Ready For Kindergarten (early childhood collaborative of Cradle to Career)

Elana gave a refresher/overview of LAUNCH, included here in italics:

Multnomah Project LAUNCH is a five-year grant of the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to promote the wellness of young children birth to age eight.

Using a public health approach, Project LAUNCH focuses on improving the systems that serve young children and address their physical, emotional, social, cognitive and behavioral growth. The goal: for all children to reach physical, social, emotional, behavioral, and cognitive milestones. Project LAUNCH aims to have all young children reach their developmental potential, enter school ready to learn, and experience success in the early grades.

Project LAUNCH grantees use five types of prevention and promotion strategies, and also increase knowledge about healthy child development through public education campaigns and cross-disciplinary workforce development activities.

The prevention and promotions strategies are:

- *Developmental Assessments in a range of child-serving settings*
- *Integration of behavioral health into primary care settings*
- *Mental health consultation*
- *Home visiting*
- *Family strengthening and parent skills training*

MESD contracts with partners to implement the strategies, workforce development, and public education/promotion. Multnomah Project LAUNCH contracts with Portland State University Center for Improvement of Child & Family Services, Parenting Now!, 211info, Morrison Child & Family Services, Oregon Pediatric Society, and MESD provides the Positive Behavior Intervention & Supports.

The Young Child Wellness Council brings together people from across the child-serving system to enhance the grant project and create sustainable improvements.

Mark Holloway gave an overview of R4K. The idea of collective impact is to bring together the organizations and resources. We all have something to offer. Align expertise, resources, and long term system building. R4K has two identified strategies: Registration & Transition to Kindergarten and Peer Supported Parent-Child Learning (*see their 2-pager attached at the end of these minutes.*) He described how R4K was interested in adding collective impact to the Linkages Project to get kids registered for kindergarten by June.

The YCWC divided into smaller table groups to talk about how each LAUNCH strategy can enhance and/or support each of the two R4K strategies. They wrote their ideas on worksheets, which are compiled as follows. The intent is to reconvene with R4K again in June, look at the opportunities, and make plans to align and support each other's efforts.

LAUNCH Strategy #1
Screening and assessment in a range of child serving settings
START is an initiative of the Oregon Pediatric Society to train primary care in how to use screening tools and make referrals.



Ready For Kindergarten
Peer supported Parent-Child Learning

Registration & Transition to Kindergarten

- Peer strategy – connection to screening and primary care.
- Many families are in informal child care settings with no connection to formal systems – peers may be able to help with this. It will help us find these families and build trust to access resources when needed.
- Could help with EI/ECSE *Child Find*
- Connecting families with schools – how are schools ready for families
- Feedback loop – screening/assessment and cultural competence and trust
- Parents feel disconnected from the assessment. Professionals give parents ownership of developmental information – empowered to share with their communities.
- ASQ only in small subset of languages – peers become more critical.
- School resources – in translation/interpretation?
- Oregon Pediatric Society (with LAUNCH funds) distributed Register for Kindergarten material to pediatric offices, connect, liaison roles
- CB-PCL Screening and how will assessment be shared and how referral will be shared, and what next?
- Kindergarten Readiness Assessment and ASQ will be linked – START training for providers, there is a connection with effort; should be ___ connecting peer-support systems and empower parents and providers.
- Meaning of questionnaire [ASQ?] and what does it mean when it's done – interpreting and accessing services and are they available. Both informal and formal.
- What is the doctor's office able to do to help parents? The emotional challenge that exists, giving people support, peer-support model to get resources and help get through process.
- Prevention model very helpful.
- Support providing training, looking at peer-support models.
- BPI, YWCA, CCRR – email blast of link to ASQ on-line to all types of providers (peers and others). Home visitors and medical providers already do ASQ and Ounce assessments.
- Refer ASQ follow up to 211 Family Info.
- Train “peers” about ASQ: how to do it, what to do if the score is low, MESD – build understanding of what they do, smoothing the path to MESD services, normalizing and de-mystifying.
- Collect information about assessments – somewhere it can be tracked with kindergarten readiness.

LAUNCH Strategy #2
**Integration of behavioral health
into primary care settings**

START (Oregon Pediatric Society) is developing and about to roll out a new training module about social-emotional development



Ready For Kindergarten
**Peer supported Parent-
Child Learning**

**Registration & Transition
to Kindergarten**

- Parents may be able to inform us what their experiences are like accessing primary care – if you have a developmental delay and have language and cultural barriers to understanding and communicating.
- Being behaviorally ready for kindergarten – many parents don't know this.
- Medical community doesn't have a lot to offer regarding behavior
- Groups that support parent (e.g. FACT) haven't expanded to include culturally specific parents – Peers could help you.
- There is a lot of pressure on this module.
- Pediatric support model have info about social-emotional development
- Modify the START module to support and identify peer support needed
- Use system navigators
- ASQ-SE
- What happens at the local level of LAUNCH and communicate back to R4K – they will fund peer-support and Medicaid community should be brought in? NAMI, OFSN
- PCP understanding red flags for behavior, development, attachment
- PCP, 211 Family Info, Peer mentors (arrows connecting all)
- Strategies 1+2 – PCP and home visiting or other early childhood provider communicate about developmental screening.
- Primary care provider – giving kindergarten registration information, refer family into transitional programs if child appears to be needing help.
- Peer advocacy by community connect to medical care community

LAUNCH Strategy #3

Mental Health Consultation

Morrison Child & Family Services provides mental health consultation to 3 child care centers, and MESD provides Positive Behavior Interventions & Supports consultation



Ready For Kindergarten
Peer supported Parent-Child Learning

Registration & Transition to Kindergarten

- Could look at programs with fully implemented mental health consultation – this could inform R4K strategies.
- Peer strategy and transition – kept overlapping home visitors into school (for at least 6 months).
- Peer connection to social supports – (faith communities, already doing this) move into a support group, develop relationships beyond the program (usually only a year) in traditional model should be ongoing.
- Mental Health Consultation for Peers would be great and training in PBIS – explore how they are working with our home visiting programs.
- Mental Health Consultation – offer access to evidence based practices (e.g. attentive parenting) workforce development.
- Could train community health workers of models? And could they train us on how to make the models more culturally responsive?
- Like the focus on the family, not just the children – many are very isolated, majority are not in programs. Need to learn more about how the community coalesces.
- Linkage – PBIS provide system support ad different sites, expanding to 8 schools to bridge early childhood to primary schools.
- PBIS bridges early childhood to school?
- Is there someone to work with at the schools?
- Challenges are that families are mobile, transitions of kids
- PBIS is built for setting and can be used anywhere with groups of kids – applied in universal settings. Doesn't have to be qualified professionals.
- Train Peer Support people in PBIS.
- Incredible Years is 14 week parenting class (needs a credentialed presenter) but is intended to create a peer group. And we think they are developing a peer-led version.
- Parents Anonymous – evidence based and peer-led.
- Mental Health Consultation – transition programs, help assess kids who may need help, have developmental issues.

LAUNCH Strategy #4

Home Visiting

Morrison Child & Family Services provides mental health consultation to the Impact NW Healthy Start home visiting team, and MESD provides Positive Behavior Interventions & Supports consultation



Ready For Kindergarten
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Registration & Transition to Kindergarten

- Case finding in either direction – they need home visiting – need transition support (bi-directionality important)
- Peer could go with families to other services, make physical transition. IRCO does this in their PCDS program, particularly important for English language learners.
- Adapting ECPBIS to 0-3 year old modules could be for peers. Again, bidirectional learning.
- How do PBIS and PAT crosswalk? Looking at which curriculum can be more culturally competent.
- Incredible Years parenting classes – family strengthening.
- Home Visiting – R4K strategy integration of PBIS
- The challenges that exist and big transitions for families.
- Too many kids for home visiting.
- Address continuum and, along the way, transition.
- How to use mental health transition model to address change for kids.
- Connecting 1:1 home visiting to more peer-led community based contacts. Train home visitors in community organizing.

LAUNCH Strategy #5

Family strengthening and parent skills training

211 Family Info provides a robust database of early childhood resources and provides support and information via a master's level professional with experience in early childhood development.



Ready For Kindergarten
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Registration & Transition to Kindergarten

Morrison Child & Family Services provides Incredible Years trainings.

- Make sure PCL know resources.
- 211 Family Info – use promotion dollars to help with messaging. Collaborative can help get word out about 211 Family Info
- 211 cultural competence
- How do we support parents who work a lot and can't connect with communities?
- Partner with the Employment Department and large low wage employers.
- Add a WIC resource packet training on parenting, child development, or on where to find peer support in your community – Link to screening.

Ready for Kindergarten

A Cradle to Career Collaborative

Charter

Mission

The mission of the Ready for Kindergarten collaborative is to ensure families, schools and communities are effectively working together to provide children with the foundation for learning and life success.

Description

The Ready for Kindergarten collaborative works to ensure that every child in Multnomah County enters kindergarten with the foundation for learning and life success. We utilize the wisdom and resources of committed individuals and organizations to eliminate racial and ethnic disparities, address economic barriers, and align quality supports for young children and their families.

Problem Statement

Our community does not prepare all children for kindergarten. If children start kindergarten behind, they are likely to remain behind.¹ Oregon is in the process of implementing a standard kindergarten readiness assessment to provide reliable data on who is unprepared and in what ways. In the meantime, what is known is that:

- Families living in poverty are three times more likely to face hardships impacting school readiness.² The poverty rate for children under six in Multnomah County is 41% (over 22,000 children).³
- Hunger is particularly detrimental for children birth to age 3. Because chronic under-nutrition harms cognitive development during this critical period of rapid brain growth, children cannot learn as much, as fast, or as well.⁴ In Oregon, 29% of children are at risk of hunger, which is the highest rate in the nation.⁵ Multnomah County's rate is 26% (or 37,570 children age 0 to age 17).⁶
- Quality early care and education is important to the healthy development of young children and later success in school.⁷ We currently lack comprehensive data on access & quality in our community. The closest proxy is from Head Start/Oregon Pre-K, where 54% of eligible children receive services.⁸

In addition, once children enter school, data shows the following outcomes:

- Attendance in kindergarten is connected to academic success in later grades. In Multnomah County, 28% of kindergarten students are chronically absent from school (i.e., miss 10% or more school days). Black & Native American students, and students in poverty, are most affected.⁹

¹ J. J. Heckman, Schools, Skills and Synapses, Economic Inquiry, Vol. 46, No. 3, July 2008, 298-299.

² *School Readiness: Closing the Racial and Ethnic Gaps*. 2005. The Future of Children. Vol.15, No.1.

³ Data Report: Disparities in Multnomah County Kindergarten Readiness, 2012. Citing 2010 census data.

⁴ *Child Food Insecurity: The Economic Impact on our Nation*. 2009. Feeding America.

⁵ *State of Hunger Broadsheet*. 2011. Oregon Food Bank.

⁶ *Map the Meal Gap*. 2012. Feeding America.

⁷ *Effects of Quality Early Care on School Readiness Skills of Children At Risk*. 2006. Early Childhood Development & Care. Vol. 176. No. 1.

⁸ *ODE Annual Performance Progress Report 2010, statistic does not include Early Head Start*

⁹ National Center for Community Schools report: "Chronic Absence in the Early Grades". Data updated to 2010-2011 school year, from Multnomah County Linkage Project.

- 29% of students of color and 17% of white students in our largest school district do not meet first grade literacy benchmarks.¹⁰
- 42% of local children who are English language learners do not meet 3rd grade reading standards, compared to 12% of non-English language learners.¹¹

Scope

With a commitment to eliminating racial and ethnic disparities in kindergarten readiness, the collaborative will focus on families with children from birth to kindergarten entry, and their schools. We will begin our work in communities¹² with higher numbers of children and families of color¹³, living in poverty¹⁴, or whose primary language is not English.

¹⁰ Portland Public Schools. 2009-2010 Milestones Update.

¹¹ Oregon Department of Education. 2010-2011 Multnomah County School Districts.

¹² Defined as 'school catchment areas', the geographic area from which students are eligible to attend a local school.

¹³ Definition by Dr. Curry-Stevens & the Coalition of Communities of Color's 2010 Report: *An Unsettling Profile*. P. 139. Portland State University. Includes immigrant and refugee families.

¹⁴ Below 185% of the Federal Poverty Guideline (also eligibility for Free/Reduced Lunch, Head Start, and Food Stamps)

Ready for Kindergarten

Co-Convened with Social Venture Partners and the Multnomah County Commission on Children, Families & Community

Action Plan Overview

Goal

By fall 2017, X% more children in our priority populations¹⁵ and living in our focus communities will enter school ready for kindergarten.

Strategies

Peer Supported Parent-Child Learning

By 2016, engage X# parents or caregivers of children, birth to five, in order to improve readiness to enter Kindergarten by Y%, with Z% of participating adults demonstrating skills & knowledge that support early learning. We will accomplish this by supporting alignment of existing programs that utilize culturally-specific and/or culturally-competent¹⁶ peers¹⁷, honoring the significance and cultural, spiritual and social dynamics of families.

Registration & Transition to Kindergarten

By 2015, register X% of entering kindergarteners before September 1st. In addition, Y% of registering children and their parents or caregivers participate in a culturally-competent² transition program that includes a school-based experience, resulting in a Z% improvement by participants in readiness to enter kindergarten.

Participating Organizations

"I Have a Dream" Oregon, 211info, Adelante Mujeres, Africa House, Albertina Kerr, Bradley Angle House, Camp Fire Columbia, CASA for Children, Centennial School District, Center for Family Success, Chess for Success, Child Care Resource and Referral of Multnomah County, Children First for Oregon, Children's Institute, Children's Relief Nursery, City of Portland Office of the Mayor, City of Portland Parks and Recreation, , Coalition of Communities of Color, Concordia University, Deschutes County Children and Families Commission, Elevate Oregon, Family Relief Nursery, Friendly House, Inc., Fruit & Flower Childcare Center, Get Smart Oregon, Gladstone School District, Gresham-Barlow School District, Growing Gardens, Healthy Kids Learn Better, Helen Gordon Child Development Center, Home Forward, Immigrant and Refugee Community Organization, Impact NW, Insights Teen Parent Program, Kairos PDX, Office of Representative Alissa Keny-Guyer, Kinship House, Knowledge Universe, Latino Network, Leadership for Action, Legacy Health, Lewis and Clark College, LifeWorks NW, Metropolitan Family Service, Montessori Institute NW, Mount Hood Community College Head Start, Multnomah County Commission on Children, Families & Community, Multnomah County Early Childhood Program, Multnomah County Health Department, Multnomah County Library, Multnomah County Mental Health and Addiction Services Division, Multnomah County Commissioner Judy Shiprack's Office, Multnomah County Parent Child Development Services, Multnomah Education Service District, Project LAUNCH, Portland Children's Levy, Native American Rehabilitation Association, Native American Youth and Family Center, Neighborhood House Head Start, Northwest Down Syndrome Association, Northwest Health Foundation, Oregon Child Development Coalition Head Start, Opal School, Oregon Mentors, Oregon Pediatric Society, Oregon PTA, Oregon Public Health Institute, Parkrose School District, Partners for a Hunger-Free Oregon, Peninsula Children's Center, Portland Business Journal, Portland Children's Museum, Portland Public Schools, Portland Reading Foundation, Portland State University Center for

¹⁵ Priority populations: children of color, living in poverty, or whose primary language is not English, in Multnomah County's six largest school districts.

¹⁶ *Culturally-specific and culturally-competent* as defined by the Coalition of Communities of Color.

¹⁷ *Peers* as inclusive of elders, spiritual and community leaders and other caregivers in addition to parents and relatives.

Improvement of Child and Family Services, Public Housing Authority, Right from the Start Coalition, ROSE CDC, Self Enhancement, Inc., Senator Ron Wyden's Office, Service Employees International Union, Si Se Puede Oregon, Social Venture Partners, Stand for Children, SUN Service System, The Children's Book Bank, The Children's Garden Daycare, The Ford Family Foundation, The Humboldt Project, Tobacco-Free Coalition of Oregon, Upstream Public Health, Urban League of Portland, Vistalogic, Inc., Visual Thinking Strategies, Volunteers of America–Oregon, Wild Lilac Child Development Community.