Please list the objectives from your workplan you focused on this quarter: Raise Up Oregon (RUO) Objectives

- RUO 1.1 Families are supported and engaged as their child's first teachers.
- RUO 1.2 Families have access to high-quality affordable infant-toddler and preschool care.
- RUO 1.2 Build and improve capacity and essential infrastructure for health and safe high-quality care.
- RUO 1.4 Increase culturally responsive social-emotional supports for young children and families.
- RUO 1.5 Young children with social-emotional, developmental, and health care needs are identified early and supported to reach their full potential--Strengthen policies and supports to prevent expulsion and suspension.
- RUO 1.6 Children and families experience supportive transition and continuuity of services across early care and education and K-12 settings-Establish shared professional culture and practice for pre-k-3
- RUO 2.9 Provide preventative parenting support services to reduce participation in child welfare system.
- RUO 3.10 State-community connections and regional systems are strengthened--family voice is included in system design and implementation to ensure family-friendly referrals.
- RUO 3.11 Investments are prioritized in support of equitable outcomes for children and families—ensure resources reduce disparities in access and outcomes.
- RUO 3.14 The data infrastructure is developed to enhace service delivery, systems building, and outcome reporting-strengthen data-drive community planning and integrate early learning data into the system.

Please list hub activities funded with System Coordination dollars: Activities reference the RUO numbered items listed above.

- 1.1.1 & 1.6.1 KPI actions include converting face-to-face evidence-based parent education or kinder-readiness training for parents to being delivered using a virtual delivery format. Most of the parent education programs were paused when our school sites were closed due to the pandemic and have moved to virtual platforms to complete programs that were underway. Kindergarten Readiness calendars (5,120) in English and Spanish were distributed to families through child care, preschools, and clinics during the quarter.
- 1.3.1, 1.5.1, & 1.6.1 In partnership with WESD, the hub has helped coordinate professional learning communities for early childhood and elementary educators.
- 1.5.2 Staff continue to work with large OPK and Head Start programs and the Relief Nursery to conduct the ASQ screenings and to share these with the child's health care provider. Graphic tools were also developed to share with the health care community and early learning programs to help them understand how this information can lead to connecting children with potential needs with the Early Intervention/Early Childhood Special Education services at Willamette ESD. Another staff member serves as the chair of the LICC.
- 1.2.1, 3.11.1, and 3.11.2 Most Preschool Promise providers continued to participate in the program and many new providers were selected to expand the PSP services in the region. The Outreach Committee met several times to work on the MOU and to develop strategies for connecting with families eligible for both PSP and Head Start. MPELH "boosted" the PSP program throughout the late summer and early fall via Facebook ads. Several database tools were evaluated for managing prospective students and all providers were invited to have a professional photographer visit their program so that visuals could be added to the Hub website (to allow parents to "see" each provider while under the restrictions of Covid-19). MPELH also worked with the four in-home providers that we will be subcontracting with for PSP services in this new phase of the program. Hub coordination funds have supplemented the state funded slots by adding 9 additional placements with these four providers.
- 1.2.2, 2.9.1, 3.10.2, 3.11.1, & 3.12.1 MPELH staff worked with provider/stakeholder partners to connect 2020 awardees for the Preschool Promise and the Equity grants. The Hub also provided information to all local partners through the Collective Action Team and other local meetings to develop awareness of each program, the recipients, and how they might collaborate to achieve mutual goals.
- 1.4.2, 1.4.4 & 1.5.3 The Care Connect project continues to work with providers with children in their care who are experiencing significant social-emotional concerns. This fall, emphasis has been focused on DECA and Reflective Coaching. MPELH is a pilot community for the OHA Family Connects project and work continues with local partners to prepare for program implementation in May.
- 1.2.1, 4.2.2, 5.2.2 and 10.3.2 The Marion & Polk region is one of the initial regions for implementation of the OHA Family Connects universal newborn home visiting program and the Hub is taking the coordination role with our hospitals, public health departments, and medical providers. Planning and training are underway although implementation is delayed until 2021 due to the pandemic. The community implementation plan will be done in fidelity to the Family Connects Interational and OHA standards. Using population data including the ECE Sector Plan, we have been able to identify the initial two zip codes where the work will begin (97301 and 97071). To assist with communications and training for health care providers, an intern working on his PH at Univ. of Nevada will be working with us; he is a practicing physician. Work continues on the alignment of Family Connects and Healthy Families Oregon.
- 1.1.1, 3.10.1, & 3.10.3 Shorter-course parenting classes were being supported by the Hub during the term to support families who were reporting high stress situations. The OPEC and other parenting grants are now available for direct application by trained facilitators to offer classes via virtual delivery since many of the previous sponsoring organizations have not been able to offer on-site in-person delivery.
- 1.4.4, 2.9.1, & 3.10.3 Many local organizations are using Family Support funds to meet emergent needs of local community families with children under age 6 to avoid family emergencies such as eviction or loss of utilities. The Family Support Emergency Support payments are limited to \$350 per family once a year or twice this level if the emergency is related to circumstances caused by the pandemic; the local organizations often weave these funds with other donations or government programs to avert the family's emergency.
- 1.4.4, 3.12.1 Several staff continued participation in local planning efforts to meet critical needs such as child care and health care as the pandemic evolved during the quarter. We have been holding joint staff meetings with the CCR&R to assure strong mutual support to the expanded PSP providers in both enrollment processes and training. We provided this support to bridge the transition of functions from the first phase of PSP where the provider contracting, monitoring, and training were coordinated by the hub. MPELH also added content to our resource page detailing services and information related to COVID to give families accurate information to make good decisions.
- 3.14.4 MPELH continued exploring data solutions that could effectively support both the Coordinated Enrollment and Preschool Promise Programs. The first option that was attempted unfortunately could not be adapted to support the PSP enrollment procedures defined by the state as the tool had been developed to support Head Start recruitment, eligibility, and enrollment or a more open enrollment process for general child care centers.
- 3.10.1 The MPELH Parent Advisory Committee met monthly via zoom and provided input on many of the organization's plans and initiatives. Dinner was provided to their homes each evening the group met. Several of their members participated in a short video for the hub for the annual fall OPEC meeting.

Any stories that were particularly exciting or activities that created opportunities for more children to be served? Although local staff were concerned that families would be hesitant to sign up for virtual classes for kindergarten readiness or parenting support, registration and attendance were stronger than had been seen in many in person programs!