Early Learning Council SB 909 Report

Prepared for:

Oregon Education Investment Board, Governor John A. Kitzhaber, M.D., Chair.

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Acknowledgements:

The Early Learning Council thanks Jennifer Gilbert, MD, MPH, Mellisa Pensa, MD, Lynn Rosenberg, Heidi McGowan, Lynne Saxton, and Duke Shepard for their assistance with the preparation of this report.

6 December 2011

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Early Learning Council SB 909 Report

Executive Summary

Oregon's best opportunity for distinction and success in the global economy of the 21st century is creating a world-class education system that starts early and produces results.

Every year about 45,000 children are born in Oregon. Roughly 40% of these children are exposed to a well-recognized set of socio-economic, physical or relational risk factors that adversely impact their ability to develop the foundations of school success. These include poverty, unstable family backgrounds, substance abuse, criminal records and negative peer associations. Moreover, Oregon's history of delivering results for children of color[1] is particularly disappointing, as exhibited in the well-known "achievement gap,"

Section 5 of Senate Bill 909 created the Early Learning Council, and charged the Council with formulating recommendations for the Oregon Education Investment Board (OEIB) to merge, redesign or improve the coordination of early childhood services and align early childhood services with child-centered outcomes. The Council was also charged with establishing a plan that could be implemented by June 30, 2012.

The Early Learning Council adopted the foundational elements proposed by the Early Learning Design Team ("strawperson" report) and included elements of the recent Race to the Top Grant-Early Learning Challenge Grant Application in the creation of these recommendations. The Council also considered recommendations from the Oregon Commission on Children and Families, the Association of Oregon Counties, the Oregon Pediatric Association, the Oregon Head Start Association, and the Commission for Childcare in writing this report.

This report is organized in two sections: A) the process utilized to arrive at recommendations; and B) recommendations followed by implementation steps. The sections that address specific elements of SB 909 are highlighted throughout the document.

Summarized Recommendations:

- In 2012, place under the direction of the ELC for policy, planning, alignment and operational efficiencies toward a common outcome the following programs and services [*SB 909 5 (2b-f)*]. <u>This is not a transfer of budget authority (excepting programs of the Oregon Commission on Children and Families); the ELC is not creating an agency or seeking agency status.</u>

[1] Children or communities of color is a term intended to represent all racial and ethnic minorities

    - Childcare Division (Employment Dept.)
    - Employment Related Daycare (Department of Human Services)
    - USDA Childcare Nutrition Program (Department of Education)
    - Oregon Head Start/OPK (Department of Education)
    - Home Visiting Programs (OCCF, Oregon Health Authority)
    - Programs of the Oregon Commission on Children and Families (see specific recommendation).
    - Other programs (i.e. WIC, EI/ECSE) should be studied further to determine system integration and remain on the ELC list of responsibilities for next phase (2013) system reshaping by the 2013 legislature
- The Early Learning Council should engage in a joint planning process with the State Interagency Coordinating Council on Early Intervention/Early Childhood Special Education to consider the unique complexities of these services and make recommendations to the OEIB and legislature related to these services.
- Oregon statute should reflect compliance and alignment with the Federal Head Start Act. This includes re-competition for OPK in a manner that aligns with new federal processes and expectations for outcomes.
- Eliminate the Oregon Commission on Children and Families *[SB 909 5 (2a)]* and transfer existing program, budget, and staff positions to the Early Learning Council.
- Remove all statutory requirements currently imposed on Counties related to County Commissions on Children and Families, and remove requirements on state government related to the Commission system. (Nothing in this recommendation should be read as precluding local officials from appointing any advisory body that local officials see fit to appoint to meet their local needs).
- Eliminate the Oregon Commission on Childcare from statute [*SB 909 5 (2e)]*
- Designate the ELC as the Governor's Appointees to the Children's Trust Fund Board (by statute the Governor currently appoints 20% of the Board with no connection to state policy or investments).
- The Early Learning Council integrates and aligns services and sets outcomes, standards, policies, and requirements consistent across all early childhood programs.
- Organize the delivery of services through Accountability Hubs.
- Organizations serving as "Accountability Hubs" may be service providers, newly created partnerships, or existing entities, provided they meet ELC statewide standards.
- Accountability hubs should be formed through issuance of Request for Proposals (RFP) to serve children and begin using the family resource manager model.
- Establish and maintain family resource manager function. Inventory the existing performance of Family Resource Manager functions across systems.
- Change the name of Family Support Manager to Family Resource Manager
- Streamline existing processes and assessments into a single, common screening tool.
- Voluntary use of screening tool at universal access points and natural touch-points for families.

- Develop accountability for screening in Coordinated Care Organizations (CCOs) settings for their members.
- Incorporate training for early identification of risk into unified workforce development plan for all early childhood professionals.
- Adopt Head Start Child Development Early Learning Framework for ages 3-5 across systems.
- Adopt the Head Start Child Development Early Learning Framework as a requirement for all Head Start and Oregon Pre-K programs.
- Align to K-12 Common Core State Standards to support linkage of early childhood outcomes and learning with K-12 education.
- Revise Birth to Three Standards to align with Head Start Child Development Early Learning Framework.
- Implement the Tiered Quality Rating and Improvement System as described in Oregon's Race To The Top –Early Learning Challenge Grant Application.
- Pilot Kindergarten Readiness Assessment in 8-12 pilot districts in 2012; deploy statewide in 2013.

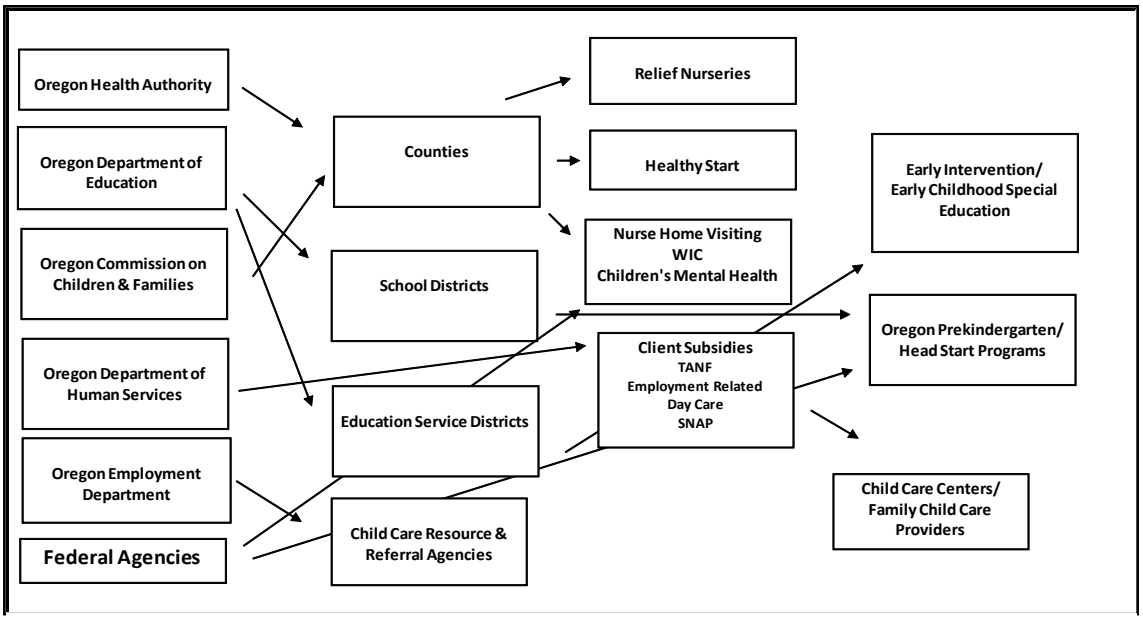
Early Learning Council SB 909 Report

Introduction

Oregon's best opportunity for distinction and success in the global economy of the 21st century is creating a world-class education system that starts early and produces results.

Every year about 45,000 children are born in Oregon. Roughly 40% of these children are exposed to a well-recognized set of socio-economic, physical or relational risk factors that adversely impact their ability to develop the foundations of school success. These include poverty, unstable family backgrounds, substance abuse, criminal records and negative peer associations. Moreover, Oregon's history of delivering results for children of color[1], as exhibited in the well-known "achievement gap", is particularly disappointing. Today, Oregon spends hundreds of millions of dollars per year on services for children ages 0 to 5, not including head start, healthcare, K-12 and tertiary human services (welfare, child protection and behavioral health treatment).

There are a wide range of public, private and non-profit programs, services and organizations focused on early childhood care and education. These programs and services are organized using multiple governance systems. Although some of these programs and services are delivering very good results, our state does not consistently track these results. The programs and services do not work in concert toward a common outcome and some are disconnected from the K-12 education system in which nearly all children will eventually land. In short, our current system is neither integrated nor accountable.



Oregon's Early Learning Initiative: A County Perspective; Presented by Commissioner Carlson to the Early Learning Council November 10, 2011

[1] Children or communities of color is a term intended to represent all racial and ethnic minorities

Oregonians can and should expect a return on this investment.

Section 5 of Senate Bill 909 created the Early Learning Council, and charged the Council with formulating recommendations for the Oregon Education Investment Board (OEIB) to merge, redesign or improve the coordination of early childhood services and align early childhood services with child-centered outcomes. The Council was also charged with establishing a plan to implement the early childhood services that could be implemented by June 30, 2012. The Early Learning Council adopted the foundational elements proposed by the Early Learning Design Team ("strawperson" report) and included elements of the recent Race to the Top Grant-Early Learning Challenge Grant Application in the creation of these recommendations. The Council also considered recommendations from the Oregon Commission on Children and Families, the Association of Oregon Counties, the Oregon Pediatric Association, the Oregon Head Start Association, and the Commission for Childcare in writing this report.

This report is organized into two sections: A) the process utilized to arrive at recommendations and B) recommendations followed by implementation steps. The sections that address specific elements of SB 909 are highlighted throughout the document.

A. Process

Immediately following his election, Governor Kitzhaber convened transition teams to launch his key policy agenda priorities for consideration by the 2011 legislature. The Early Childhood and Family Support Transition Team was convened to provide recommendations based on the Governor's direction to deliver a new focus on early learning as the foundational element to improving Oregon's long-term educational, economic, and budgetary trajectory. Governor Kitzhaber charged the Transition Team with delivering recommendations for a child centered, accountable, coordinated system focused toward a common goal of ensuring that at-risk children arrive in kindergarten ready for school.

With this direction, a survey was sent to over 80 organizations with a stake in early childhood wellness that requested their input on both the current system and potential characteristics of a more coordinated approach. Recipients were asked to forward the request to individuals on their mailing lists and additional organizations for feedback. A second, targeted request was sent to organizations representing communities of color. A total of 175 individuals responded. The Transition Team report and summary of feedback is included as Attachment A. The Transition Team report formed the basis for many of the deliverables called for in Senate Bill 909.

Concurrently with the 2011 legislative process, Governor Kitzhaber convened an Early Learning Design Team (ELDT). This group consisted of 33 individuals representing a wide variety of experiences, perspectives, and interests, including four members of the

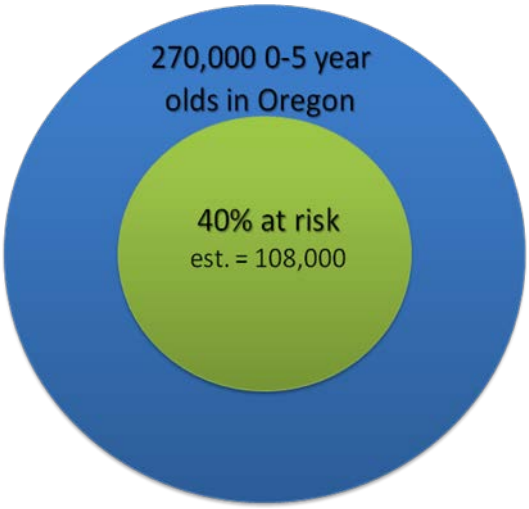
Oregon legislature. The group was charged with building upon the preliminary recommendations and issues identified by the Transition Team, to keep the development process moving forward, and suggest the basic architecture for a newly coordinated approach. The Early Learning Design Team met eleven times between March 14 and June 20, 2011; all were public meetings, including an all day retreat on Saturday May 21. Public comment was taken at the conclusion of each meeting, and organizations were invited to provide information about their programs and to make recommendations for ELDT consideration. Materials were shared with the Design Team and posted online (all of these materials remain online at: http://www.oregon.gov/Gov/OEIT/OregonEducationInvestmentTeam.shtml#Early_Learning). In total, 36 organizations and over 50 individuals made presentations to members of the ELDT (See Attachment B). The result of the ELDT process came to be known as the "strawperson" document, a report with structural recommendations and considerations to inform the work ultimately called for in SB 909. The strawperson was widely distributed and comments accepted through June 30, 2011. Comments came largely from counties and individuals employed in the existing system. These comments informed the final product that was adopted by the Early Learning Council.

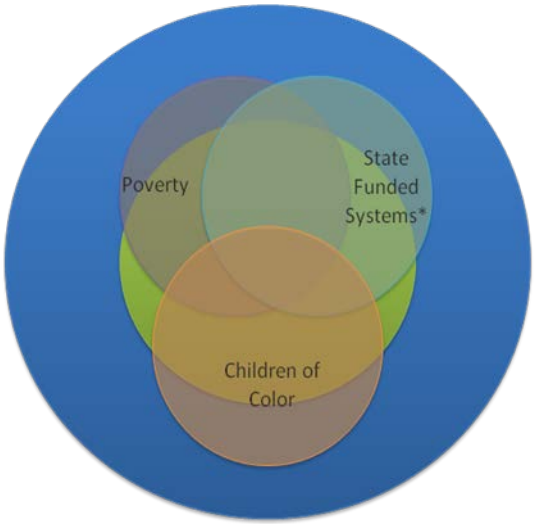
Since its formation in September 2011, The Early Learning Council has held four public meetings, including public testimony at three of the meetings. This testimony informed this report as well.

Throughout these efforts, research into recommendations also included consultation with experts and review of efforts underway in other states. Two analysts from the Budget and Management Division of the State Department of Administrative Services supported budget related work.

Characteristics of the Desired System

Input over the past year has described a vision for a coordinated system that is child-centered, family friendly, community-based, and technology supported. The coordinated system should be available to all children, but must particularly ensure that the needs of high-risk children and their families are addressed. Approximately 40% of children (0-5) in Oregon are at high-risk, and among them, the Early Learning Council recommends prioritizing those with three overlapping characteristics: children who are touched by existing publicly funded systems, are children of color, and are economically disadvantaged. This is not an exclusive list of characteristics and should not be viewed as such. It is instead a set of the largest, overlapping characteristics. For example, a recent US Census report shows that 49.3% of African-American children in Oregon are in poverty; simultaneously, Oregon Department of Human Services data for November 2011 shows that 116,218 children ages 5 and under received SNAP food assistance.





Other risks include, but are not limited to:

- In or near poverty
- Inadequate or unsafe housing
- Inadequate nutrition
- Domestic conflict, disruption, or violence
- Substance abuse and/or mental illness
- Neglectful or abusive care-giving
- Unsafe child care or care that does not meet developmental needs
- Health problems

A well-functioning coordinated system is one in which the needs of at-risk children and families are identified as soon as possible, and offered useful assistance quickly, effectively and efficiently. In addition, the system should be one in which:

- There is seamless integration across the service delivery system;
- There is comprehensive view of the child/family—real-time, integrated; information and supporting service delivery, and program management;
- Processes, system, and tools align to improve outcomes and enhance operational efficiency;
- Accountability and performance through use of evidence-based practices, shared measurement, and an integrated data system.

Principles

In order to redesign and integrate existing early childhood services into a coordinated and high functioning early learning and education system, adaptive change across multiple sectors will be required. Oregon needs to transform our collection of early childhood

programs from a focus on programs and structural perpetuity, to one of direct service delivery and a focus on achieving real results for children. This transformation will require change management and organizational support throughout the implementation process. Those who work in early learning in our state are committed to the well-being of children and families, but a change in the system will require change by people. To be successful, people must be able to envision change in their own work, must think outside of the framework of their current organization, and must be supported through the change process. Moreover, a broader view of Early Learning is required, one that encompasses more than narrowly defined traditional pre-school environments, but rather includes all settings where children are or should be well served from childcare to health and human services.

In short, **results for children and families should be the focus of Oregon's early learning system**. System renovation will require delivery of needed services efficiently, and with minimal navigation required of the parent/family. The intent of the Early Learning Council is to hold children and parents harmless in the transition to an integrated system while focusing on better directing services to the targeted populations and achieving better outcomes.

To meet this goal, the Early Learning Council recommends adhering to the following principles:

1. Outreach and service delivery will be sensitive to cultural and linguistic diversity.
2. Workforce training, coaching, and support will be provided to those delivering early childhood services; coordination, integration, accountability and efficiencies will be a consideration in aligning various workforce development systems into an integrated system.
3. Achieving state-determined outcomes and accountability will be strengthened when persons involved in delivering services understand the vision in order to deliver services locally.
4. The early childhood system will operate as a learning organization in which challenges, mistakes, and course correction are expected and the system will incorporate the principle of learning into its accountability and operations.
5. Children/parents can access the system at multiple entry points. Services will be timely. Necessary assessments will be done rapidly without delaying receipt of needed services. There should be "no wrong door"[2].
6. Once connected to services, other needed services will be accessible without re-entry and when possible without going to other service providers.
7. Services are best delivered in a family's own community.
8. Although change will start immediately, full change and implementation will occur over time and improvement must be continuous.
9. The new system will be efficient, cost-effective, and provide a return on early childhood investments.
10. The status quo is not an option.

[2] Recommendation 3.5, Association of Oregon Counties Early Learning Initiative: A County Perspective

B. Recommendations and Implementation

SB 909 requires the Early Learning Council (ELC) to make recommendations for the coordination of early childhood services and alignment of outcomes across existing programs. Within the context of the above assumptions and guiding principles, the ELC makes the following recommendations and initial implementation steps:

State Alignment Recommendations (SB 909 5 (2))

Oregon has a wide range of programs, services, and organizations focused on early childhood care and education. In addition mental health, healthcare, and addiction services overlap the work of early learning. Although some of these programs and services are delivering what we believe to be good results, Oregon does not consistently track results or make investment decisions based on results. In addition, these systems do not work in concert, and are largely disconnected from the K-12 education system. We need an integrated system to ensure results for children and families and for the citizens of Oregon. All systems and services should share the goals of getting children ready for school at kindergarten and reading by the end of first grade (recognizing that for some children with identified developmental disabilities, different measurements of outcomes will be necessary as is the case currently in some programs, such as EI/ECSE). The impact of this approach on the K-20 system cannot be underestimated. Successful preparation for school will make the school experience better, more productive, and more cost effective in every grade, beginning in Kindergarten for students, families, and teachers. Early learning is ultimately the most cost effective way for Oregon to reduce its abysmal high-school completion rate.

Several critical mechanisms should be used universally across health, human services and education in order to make successful connections, reduce burdens on families for accessing multiple systems, and ensure efficient unduplicated use of resources: a) shared identification and ability to track outcomes across public investments; b) one family resource manager or care coordinator used across systems, regardless of services, including the ability to link, connect and support families as they move among multiple service paths; c) consistent processes to transition families from early childhood supports to the K-12 system; and d) viewing supports and services to young children and their families as one integrated and coordinated continuum, regardless of funding source or programmatic home.

Recommendation 1

In 2012, place under the direction of the ELC for policy, planning, alignment and operational efficiencies toward a common outcome the following programs and services [*SB 909 5 (2b-f)*].

- Childcare Division (Employment Dept.)
- Employment Related Daycare (Department of Human Services)
- USDA Childcare Nutrition Program (Department of Education)
- Oregon Head Start/OPK (Department of Education)

- Even Start (Department of Education)
- Other programs (i.e. WIC, EI/ECSE) should be studied further to determine system integration and remain on the ELC list of responsibilities for next phase (2013) system reshaping by the 2013 legislature.
- Home Visiting Programs (OCCF, Oregon Health Authority)
- Programs of the Oregon Commission on Children and Families (see specific recommendation)

The very purpose of having an Early Learning Council is to point the panoply of programs and approaches in state government toward a common goal – school readiness. It would be premature to determine bureaucratic and budgetary changes without first bringing the programs together for the purpose of aiming toward the same goal; the ELC can then bring recommendations for 2013 as to the budgetary and bureaucratic alterations necessary to maximize integration and achievement of results. It should not be necessary to grant "agency" status to the ELC at this time, and would be premature to do so.

Recommendation 2

The Early Learning Council should engage in a joint planning process with the State Interagency Coordinating Council on Early Intervention/Early Childhood Special Education to consider the unique complexities of these services and make recommendations to the OEIB and legislature related to these services.
EI/ECSE is incredibly complex and the ways in which these service fit – or do not fit – into an early learning framework and system design require substantial additional analysis and engagement at a highly detailed level. As the SICC is an existing body of experts (including parents) with existing statutory responsibility, it is prudent to engage it directly in the decision-making process for the next phase of ELC recommendations to the legislature.

Recommendation 3

Oregon statute should reflect compliance and alignment with the Federal Head Start Act. This includes re-competition for OPK in a manner that aligns with new federal processes and expectations for outcomes.
Though it only serves a fraction of Oregon's eligible children, Head Start is a critical component of Oregon's learning environment. It is a well-known, respected program. Oregon has a long and rich history of alignment with Head Start at the program and operational levels, including Oregon's leading position in funding Oregon Pre-Kindergarten, essentially a state funded version of the federal Head Start program. Where appropriate, statute should reflect Oregon's continued compliance and alignment with federal Head Start. Notably, recent federal announcements have clarified the intent of Head Start's focus on preparing children for kindergarten and a more intention approach to accountability for results. All federal Head Start programs will be reviewed and evaluated; those that are low performing will be required to re-apply and re-compete for their funding and program designation.

Any one or more of the following criteria will trigger the *federal* re-competition:

a. Deficiency. One or more deficiencies since June 12, 2009 (grantee or delegate agency)

- A "deficiency" is defined by the Head Start Act as:
    - A systemic or substantial material failure of a grantee in an area of performance that HHS determines involves:
    - A threat to the health, safety, or civil rights of children or staff;
    - Denial of parents' right to participate in program governance;
    - Failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;
    - Misuse of Head Start funds;
    - Loss of legal status or financial viability, loss of permits, debarment from receiving federal grants, or improper use of federal funds; or
    - Failure to meet any other federal or state requirement that the grantee has shown an unwillingness or inability to correct, after notice from HHS, within the specified time period
- Systemic or material failure of the grantee's Board of Directors to fully exercise its legal and fiduciary responsibilities; or
- An unresolved area of noncompliance.

b. School Readiness. After December 9, 2011, failure to establish and take steps to achieve appropriate program goals for improving school readiness of children.

c. CLASS-Pre-K. After December 9, 2011, failure to achieve certain minimum scores on the CLASS: Pre-K instrument (a classroom observation assessment tool) or score in the lowest 10% of any CLASS: Pre-K domain, unless such score is 6 or above.

d. Loss of License. State or local operating license has been revoked (and revocation has not been withdrawn or overturned prior to competition is announced) at any time since June 12, 2009.

e. Suspension of Head Start funding. Since June 2009, ACF has suspended the Head Start grantee, and the suspension has not been overturned or withdrawn, or the grantee has not had an opportunity to show cause why the suspension is not justified.

f. Debarment. Since June 2009, the grantee has been debarred from receiving federal or state funds or disqualified from the Child and Adult Care Food Program.

g. Not a Going Concern. Based on an HHS review of audit or inspection findings, a grantee has been determined in the twelve months prior to HHS's renewal review to be at risk of failing to continue functioning as a going concern.

It would behoove Oregon to adopt a parallel, consistent approach to accountability for results in its programs. Moreover, the rigor applied to these programs should serve as a model for building out improved accountability for other programs in Oregon.

Recommendation 4

Eliminate the Oregon Commission on Children and Families [*SB 909 5 (2a)]* and transfer existing program, budget, and staff positions to the Early Learning Council.

Recommendation 5

Remove all statutory requirements currently imposed on Counties related to County Commissions on Children and Families, and remove requirements on state government related to the Commission system. (Nothing in this recommendation should be read as precluding local officials from appointing any advisory body that local officials see fit to appoint to meet their local needs).

Oregon's system of State and Local Commissions on Children and Families has been in place for over twenty years. A true strength of the system has been its focus on local involvement; a key flaw in the system has been lack of accountability for statewide outcomes and coherent policy. The system has been heavily weighted to state-mandated process and structure rather than consistent outcomes and return on investment. Moreover, the system has grown and evolved in an ever-changing environment of political pressure and policy intent, originally rising as an alternative to the state Child Welfare system and changing over time to include everything from Juvenile Crime prevention to Healthy Start and local service planning; nearly every legislative session since its inception has seen efforts to abolish, transform, or tweak the system. The Commission system is not without accomplishments; however, budgetary reality and the urgent, undeniable lack of outcomes for children demand that Oregon take a new approach to delivering services for children and families, investing in more service, less administration, consistent evidence-based outcomes, and accountability for results and state funding. More of the same and minor tweaks will not get the job done. The legislature took the first steps toward a new model by signaling the expiration of the State Commission on Children and Families in both SB 909 and the Commission's budget, in which the Executive Director position was eliminated. This report recommends continuing and accelerating the transformation.

State level recommendations for the Oregon Commission on Children and Families were brought forward by the Commission itself, which convened workgroups and produced reports. Those reports have been delivered to both the Early Learning Council and the Oregon Education Investment Board.

- Transfer Healthy Start, Great Start, Relief Nurseries, Title XX funds utilized by OCCF and Home Visiting under the ELC, along with associated staffing position authority. The Early Learning System Director and the ELC (OCCF Report) will determine staffing configuration.
- Streamline all of the existing youth councils, youth development programs and related groups in state government into a coordinated effort connected to Oregon's education investment strategy (these are not limited to groups and programs

affiliated with the OCCF). For 2012, this would be a planning and research exercise for recommendation to the legislature in 2013 (OCCF Report).

- Merge Juvenile Crime Prevention Advisory Committee (JCPAC) and Juvenile Justice Advisory Committees (JJAC) (from OCCF, including Youth Investment funds) under one Youth Development Council with a charge of developing a continuum of programs and services that support academic success. This would orient programs around a prevention/development continuum that promotes educational goals to be overseen by the OEIB as the investment manager (OCCF report).
- Implement a competitive, community-organized process for a system of accountability hubs to organize and deliver services for early learning, rather than default to the current mandate of the County Commission structure.

Because the ELC is not recommending that it be granted agency status at this time, as the ELC operates within the executive branch, it is the intent that any budgets transferred to it would utilize the state Department of Administrative Services as the fiscal agent.

Recommendation 6

Eliminate the Oregon Commission on Childcare from statute *[SB 909 5 (2e)]*

Transfer the Commission's key responsibilities to the Early Learning Council and direct the Council to organize a public, transparent, and inclusive forum or structure for stakeholder engagement in policy development. The Commission's part-time executive director position should be redeployed and combined with other Early Learning functions under the direction of the Early Learning System Director.

Recommendation 7

Designate the ELC as the Governor's Appointees to the Children's Trust Fund Board (by statute the Governor currently appoints 20% of the Board with no connection to state policy or investments).

From the Children's Trust Fund of Oregon website:

"In the mid 1980s, at the urging of child welfare advocates and professionals, Congress passed noteworthy legislation to respond to the growing increase of child abuse and neglect incidents. In response, the Oregon legislature enacted the Children's Trust Fund of Oregon (CTFO) in 1985. This groundbreaking agency was mandated to prevent the generational cycle of child abuse and neglect to innocent children in Oregon.

In 1999 the Oregon legislature statutorily privatized the CTFO. Following a two-year transitional process, on July 1, 2001 the CTFO became a new, non-profit legal entity, the CTFO Foundation. The activities of the agency are directed by a 25-member volunteer Board of Trustees, 20% to be appointed by the Governor. Staff members are hired by the Board to conduct the activities of the agency. All CTFO's administrative expenses are paid by public funds as part of the state's commitment to fostering prevention activities in Oregon. Therefore, 100% of all donated funds go directly to support the local programs' commitment to prevention." (http://www.ctfo.org/about.asp).

While the Governor has the authority to appoint 20% of the trustees, consistent with aligning the policy and program design outcomes sought by the state and to reduce the fractured inconsistency and disconnection across state created systems, the existence of the Early Learning Council – which has a charge and scope different from predecessor organizations – should have a formal, coordinated connection to the CTFO. Both the Council and CFTO would benefit from a formal sharing of information and coordination of priorities.

Recommendation 8

The Early Learning Council integrates and aligns services, sets outcomes, standards, policies, and requirements consistent across all early childhood programs.

- ELC should develop a financial model to construct a global budget proposal deliverable to OEIB by September 2012 for consideration by the 2013 legislature.
- ELC will inventory the existing performance of Family Resource Manager functions across systems (and include a local inventory as part of RFP for hubs described below) with a plan for alignment, accountability, workforce investment, and resource redeployment.
- State-level services are coordinated with services delivered locally through Accountability hubs.
- Develop and align outcome measures across all state early childhood and early learning programs.
- Develop an interoperable data system for early childhood that aligns with healthcare and education. Consolidate and redeploy existing efforts.
- Budget proposals for 2013 will be integrated with policy setting done by the Early Learning Council;
- Include parent education in the charge for the ELC as a key component of early learning.

Key Implementation Steps

A. Engage stakeholders in envisioning a system centered on child/family rather than program/organization.

B. Identify and capture in a master list the purpose and role of services of the programs named in SB909. The list will focus on the services, independent of their current program home. Initial work has begun (Attachment G:).
    - Identify current standards to which services are held (if any).
    - Identify knowledge/skill needed to deliver the service including the supervision and support needed to maintain quality of service delivery
    - Cluster young children and families with high needs according to meaningful categories with a list of services either needed or typically associated with each category. The needs of a child or family will drive system change. Some needed services may not currently exist or they may exist but not be currently available to families that need them.

C. Develop vision, data map, and a timeline for early childhood integrated data system that will be developed and shared by all stakeholders. Databases that need to be linked into one interoperable system will be identified. Develop a detailed and sequenced plan for data system development. Plan will include tasks, persons/organizations responsible, expected costs, and timelines.

D. Workforce development: Oregon can increase quality and consistency of the early identification process by standardizing workforce training for all professionals who serve all young children. All early childhood professionals need universal knowledge of developmental milestones and a unified screening process in order to effectively identify children not making appropriate progress towards meeting their full potential. Oregon has an incomplete patchwork of workforce development programs for early childhood professionals. For this reason Oregon should continue to develop a standard workforce training for all early childhood professionals including, but not limited to, center based and family child care workers, infant and toddler specialists, early intervention specialists, early childhood special education specialists, Head Start staff, Early Head Start staff, early childhood mental health practitioners, home visitors, relief nursery staff, residential providers, FFN providers, foster care providers, and WIC staff.

    - Identify skill sets and capacity needed for delivery of high-quality services so that the child/family has easy access and services are high quality. Those delivering services need necessary education/skill and organizational support to deliver high quality.
    - Develop intensive training for those working in programs identified in SB909 to assist them with transition to new early childhood system.
    - Expand the early learning database (Oregon Registry Online) to include other early childhood workers who are not captured in another professional data base such as that administered by the Teachers Standards and Practices Commission; Capture levels of education, training, and skill in the database.

E. Identify services that should be delivered in coordination with Accountability Hubs compared to those that should be administrated at the state level. Attachment C provides an initial illustration of this approach. Services with the following criteria should be delivered through Accountability Hubs:
    - Services are targeted to the prioritized population and their specific needs.
    - Children and families are the direct clients and beneficiaries of services delivered.
    - Services are delivered locally.
    - Services require local coordination and infrastructure.
    - Services will be most accountable and impactful if coordinated at the Hub level.
    - Services that are not state-funded

    Services with the following criteria should be administered at the state level:
    - Services are regulatory in nature.

- Services are tightly integrated with other services delivered at the state level.
- Service for which quality or cost efficiencies exist in running services at the state level.

System Design

Recommendation 9

Organize the delivery of services through Accountability Hubs.

The goal is a more coordinated, efficient administrative structure for deployment of funds and coordination of services toward a common outcome: preparing children for kindergarten. The advantage of the accountability hubs will allow for local customization of service structures and community engagement, expanding from and around the Family Resource Manager concept. Accountability structures for early childhood services should be aligned with existing and emerging structures (such as Community Care Organizations, regional education entities, etc.). It is critical that hubs are not simply an extension of state agencies[3], and that they reflect the diversity of the target populations and communities they serve. However, there is a strong need to align regions statewide for efficiency and scale. Accountability hubs should be structured in a way that simplifies existing systems and regions for economy and scale, while balancing the need for fewer administrative layers and the need to be efficient and nimble. Organizations that serve as hubs should include representatives of health, human services, education, business, faith and other communities to ensure responsiveness, cultural appropriateness, and continuous improvement. They should be administered in a way that does not institutionalize them as an ongoing structure, special interest, or additional layer of governmental administration. Family Resource Managers (recommendations 9.2, 10, 10.1, 10.2) will be employed by or strongly connected to regional hubs. Any RFP process must include a Family Resource Manager function as a key deliverable for state investment.

Recommendation 9.1

Organizations serving as Accountability Hubs may be service providers, newly created partnerships, or existing entities, provided they meet ELC statewide standards. Hubs should:

- Set expectations and execute a procurement process with service entities, operating with established funding amounts.
- Insure healthcare and education service integration to meet their accountability for outcomes to the ELC and ultimately the OEIB.
- Be responsible for establishing the necessary pool of community resources to achieve the outcomes using the contracting and outcome measurement process.
- Design a contracting and procurement process that meets state criteria and accomplishes measureable objectives, including use of a standardized data system.

[3] Recommendation 4.4, Association of Oregon Counties Early Learning Initiative: A County Perspective

- Be created through community engagement. A community will draw on its existing strengths and collaborations to coordinate an improved system that produces required outcomes within financial and performance constraints.
- Connect explicitly to federal, non-profit, and other non-state funded programs and services such as Head Start[4].
- Connect to critical support services not exclusively focused on children, such as food assistance and housing.

Recommendation 9.2

Accountability hubs should be formed through issuance of Request for Proposals (RFP) to serve children and begin using the family resource manager model.

The Request for Proposals (RFP) for the accountability hubs should require:

- Broad based community oversight through an advisory or Governing Board with authority to call for audits, recommend contract changes, and report to the public and the ELC on outcomes. This advisory or governing body may be a current body or a new structure, but should include public officials currently serving or their designees; persons chosen through transparent selection procedures adequate to assure that they are representatives of the at-risk children and families in the area served; officials or members of business, industry, labor, religious, education or other major groups and interests in the community who are not paid employees, or who have other conflicts of interest, of the system over which they have oversight.
- Coverage of target populations and areas that are representative of population and service delivery needs, rather than simply historical political boundaries. The state should not dictate regional configuration unless communities are unable to create configurations that cover all of Oregon's at risk children, and all areas of the state.
- Document collaboration with state and federal services including shared responsibility for specific child centered outcomes: Home visiting, Public Health, CCOs, Head Start/OPK, EI/ECSE, and Relief Nurseries. Include a plan for cost effective service integration and care coordination, including with healthcare.
- Document collaboration with non-Governmental programs and efforts in the early learning community and commitment from partners to deliver outcomes within a system.
- Document collaboration and integration with critical support services not exclusively focused on children, such as food assistance and housing.
- Structure service alignment with K-12 service areas and healthcare. Hubs should be key partners in the development of local community health assessments, health improvement plans and safety net services that impact early learning outcomes, overall population health and behavioral health [5].

[4] Recommendation 3.8, Association of Oregon Counties Early Learning Initiative: A County Perspective
[5] Recommendation 4.1, Association of Oregon Counties Early Learning Initiative: A County Perspective

- Achievement of specified market penetration and a specified level of performance with the target population in exchange for state investment. Retention of hub status will depend on results achieved and compliance with requirements.
- Evidence of a track record of raising significant funds from private and philanthropic sources, demonstrated success with high-risk populations, and ability to innovate.
- Accountability hubs should be contained to a 15% total, unduplicated administration rate.

The ELC should ensure that incentives exist for communities to retain and expand "leveraged" resources that contribute to the outcomes sought.

Recommendation 10

Family Resource Manager

Senate Bill 909 5(3b) requests implementation of a plan that includes family support managers who coordinate support services provided to children and families, acts as an intermediary between providers of support services and children and families receiving support services, and serve a geographic care that represents the service areas of one ore more elementary schools.

"Family resource manager" models are nested in existing early childhood programs, and the role of "family resource manager" (FRM) is currently being fulfilled in many community programs, and some cases are legally required (e.g. Head Start Family Advocates, Healthy Start Home Visitors, EI/ECSE Case Managers, etc.). These functions should be seen as a foundation to be built upon, supported and resourced appropriately by the Early Learning Council. Families should have one FRM coordinate and accesses services of multiple programs to address multiple needs. And, families should receive needed support to achieve goals, but not unnecessary or intrusive services. The level of support will need to be matched with the depth of family need (some families will need quite a bit, and others may need very little).

Family resource managers will be housed in community-based (which can be public or private) organizations, but safeguards will be in place to ensure they are neutral and independent of specific program conflicts of interest, and able to help families access needed supports regardless of program or provider. Family resource managers work on behalf of families. Family resources managers should be expected to work with only as many families as they can to successfully achieve outcomes. And, they will need to receive support, technical assistance and training, including inventory of available resources.

Recommendation 10.1

Establish and maintain family resource manager function

Family resource managers will fulfill the following functions:

- Coordinate access to support through multiple channels, community agencies, state assistance, etc.
- Know the community and its formal/informal resources
- Be trusted and known by the community
- Accountability for outcomes
- Accountability for accessing supports within a defined budget
- Ability to help families across the silos of state and local services
- Assist families who need it with building lifelong supports that will continue beyond formal services
- Coordinate health care, education and other supports/assessments to ensure outcomes are attained

It is important to note that this is not a "super case manager" and absolutely cannot be an additional layer of bureaucracy simply placed on top of the existing fractured systems. It is conceivable that a FRM may never meet a family, but rather assists the direct service provider to navigate and broker an efficient and effective array of services toward demonstrable outcomes. They will select providers in conjunction with families to achieve goals. Family resource managers should exercise preference for culturally specific programs provided they attain all contract requirements: outcomes, data system compliance, and financial accountability.

Key Implementation Steps

A. The ELC will inventory the existing performance of Family Resource Manager functions across systems, encourage local stakeholders to inventory existing family support workers, family advocates and outreach workers to determine existing capacity and functions[6]. A detailed inventory should be an expectation of hubs with a plan for alignment, accountability, and redeployment

Recommendation 10.2

Change the name of Family Support Manager to Family Resource Manager

The Governor's Transition Report and SB 909 called for use of a "Family Support Manager" model. The term Family Resource Manager better depicts a person who is working with a family to determine how to best distribute resources among services.

Recommendation 11

Revise early learning standards

For Oregon to meet its ambitious goals of all children entering school ready for kindergarten and leaving first grade ready to meet established standards of reading, the work of Oregon's Early Learning and Development Standards must be simultaneously focused on these shared targets and differentiated to meet the particularly developmental

[6] Recommendation 3.3, Association of Oregon Counties Early Learning Initiative: A County Perspective

needs of various age groups and populations of children, particularly children in the high needs category. For this reason, Oregon should revise, realign, and reinvigorate its statewide learning standards.

Key Implementation Steps

A. Adopt Head Start Child Development Early Learning Framework for ages 3-5 across systems. This is a recommendation of the Oregon Head Start Association and is a key component of Oregon's Race To The Top-Early Learning Challenge Grant.
B. The ELC should adopt the Head Start Child Development Early Learning Framework as a requirement for all Head Start and Oregon Pre-K programs serving children ages three to five to ensure alignment of the early childhood system, including child care regulations, standards, curricula, assessment, integrated into the Tiered Quality Rating and Improvement System (TQRIS) and Oregon's Workforce Knowledge and Competency Framework. In addition, the revised Birth to Three standards should be incorporated into child care regulations, standards, curricula and assessment, integrated into the TQRIS and Oregon's Workforce Knowledge and Competency Framework.
C. Align to K-12 Common Core State Standards to support linkage of early childhood outcomes and learning with K-12 education.
D. Revise Birth to Three Standards to align with Head Start Child Development Early Learning Framework.

Recommendation 12

Childcare quality improvement

Improvement of childcare is a key component to achieving the state's goal of kindergarten readiness. Oregon's Tiered Quality Rating and Improvement System (TQRIS) is a set of tiered program standards on a progression of quality. Oregon's TQRIS will support the state's broader early childhood system transformation in the following key ways:

- Provide feedback, supports and incentives to Oregon's providers that improve program quality and that deliver positive outcomes for children and families.
- Support a choice architecture that assists families in accessing high-quality providers that best support their children for success in school.
- Align public investments in providers that deliver child outcomes supporting Oregon's goal of all children entering kindergarten ready to learn.

Key Implementation Steps

A. Implement a Tiered Quality Rating and Improvement System.
B. Align the policies and outcomes of statewide subsidies, slots, and supports for helping children at risk access quality care and education services.
C. Expand workforce development components as described in the Early Identification section.
D. Pursue outreach and marketing components of childcare.

Governance

The State of Oregon has expressed in Senate Bill 909 its goals for a unified public education system that begins with early childhood services and continues throughout public education from kindergarten to post-secondary education. To ensure that early childhood services are streamlined and connected to public education along the continuum, an effective system of governance is required. The Early Learning Council believes "form follows function". To achieve an integrated, accountable, and cost effective system of services that result in consistently high, measurable outcomes, a "bottom up" depiction of governance appropriately places the intended beneficiaries, children and families, at the top. All of the State's public and private resources should provide the supporting structure.

In the diagram below, immediate contact by children and families is with Service Providers and Family Resource Managers, represented horizontally across *Band One*. These components are more fully described elsewhere in this report as are the Accountability/Accountability hubs in *Band Two*.

Recommendation 13

Inventory and enlist support from NGO's and other stakeholders, who are working on the same goals, as partners of the Council.

The relationship to Non Governmental Organizations (NGO's) is depicted (in *Band Three*), representing the many other stakeholders who may supply dollars, policy input, advocacy or direct services. Representative of this large sector include foundations, non-profits, and private sector initiatives (examples include, but are not limited to the Children's Institute, Oregon Parenting Education Collaborative, Chalkboard Project and SMART). On the opposite side of *Band Three* are the state agencies and the Department of Administrative Services, within which expertise, programs and budgets exist. These include the Department of Human Services, Oregon Department of Education, Employment Department, the State Library, the Oregon Health Authority and other programmatic "homes".

Recommendation 14

Coordinate across state agency functions to assure alignment and achievement of outcomes. The State's Chief Operating Officer, the Chief Education Officer, and the Early Childhood Systems Director will take leadership with the Council in coordination.

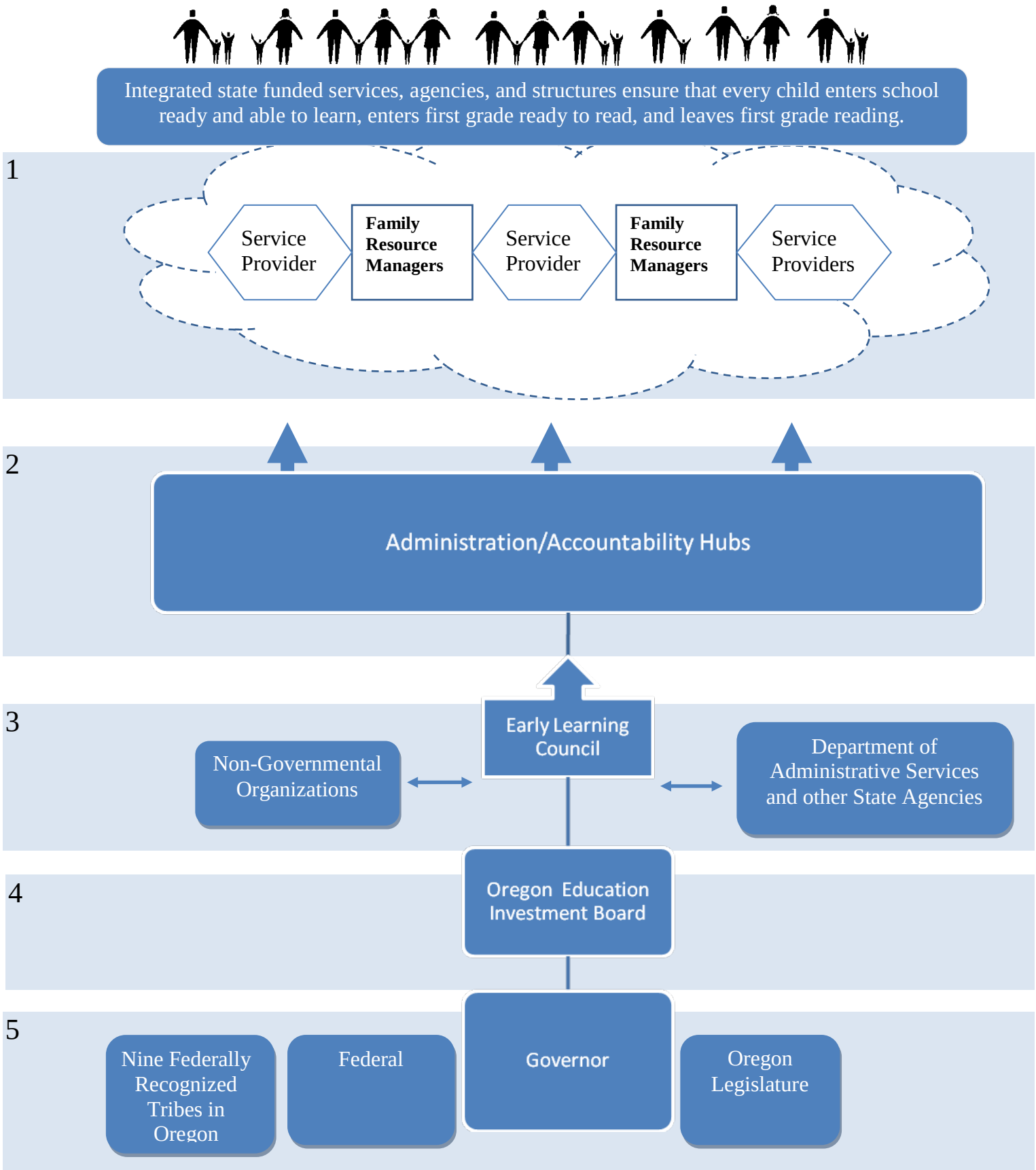
Band Four illustrates the Oregon Education Investment Board, chaired by the Governor or designee, as the overarching coordinator, while *Band Five* acknowledges the Governor, who sets the vision and the Goal (above *Band One*), alongside other branches or sovereign governments. The Council acknowledges that there is a highly complex matrix of government support mechanisms that have come to exist for Early Childhood (See Attachment G). Mechanisms include myriad departments, policies, stakeholders, relationships, authorities, service providers, data systems, human and capital resources.

Some are “of the government”, and others are independent. But in reality, each mechanism is interdependent when striving to achieve large goals. Therefore, the strength of a system of governance to meet the challenges and the opportunities envisioned by SB 909 begins by aligning all who accept the call to achieve the expressed goals.

Recommendation 15

New governance is the backbone of an approach to early learning in Oregon. It must be at once rigid and flexible, adaptable and accountable, responsive and responsible, inclusive and integrated.

The ELC recognizes that historically people of color are under-represented in government and leadership positions (*Bands Three through Five* in this diagram), and recommends that intention should be made to ensure that people of color are represented in decision making at all levels of the system, especially in leadership levels.


Integrated state funded services, agencies, and structures ensure that every child enters school ready and able to learn, enters first grade ready to read, and leaves first grade reading.
1
Service Provider
Family Resource Managers
Service Provider
Family Resource Managers
Service Providers
2
Administration/Accountability Hubs
3
Early Learning Council
Non-Governmental Organizations
Department of Administrative Services and other State Agencies
4
Oregon Education Investment Board
5
Nine Federally Recognized Tribes in Oregon
Federal
Governor
Oregon Legislature

Early Identification

The goals of Oregon's early learning system are to ensure children are ready to learn when entering school, reading in first grade, and reading at grade level by third grade. In order to meet these goals, it is important to make certain children are on a successful trajectory as early as possible. Before children enter school the most common locations for most children to be seen are hospitals, birth settings, primary physicians' offices, and a wide variety of childcare settings (ranging from private pre-school to "Friends, Family, and Neighbor" (FFN) care). Both primary care providers and hospitals increasingly recognize the importance of identifying and monitoring the strengths and risks of each family, infant and child, which predicts future health trajectories. However universal efforts to create standardized screening and monitoring of children's development across all systems have been incomplete, inconsistent and uncoordinated. Screening processes determine level of risk, whereas assessments are a much more in-depth evaluation. The ELC recommends standardized screening.

Early identification of delays, disorders and disabilities through early standardized screening, starting prenatally, will allow Oregon to support families in refocusing a child's trajectory toward success. If for no other reason, parents and families deserve to have the best information possible regarding their child's needs to inform their own choices and activities. Currently children and families, particularly those at high-risk, undergo screening across myriad "systems" including healthcare, human services and the state's early education efforts which do not universally use the same tool and do not screen all children. In addition, screenings are often service-based and used to provide information and entry into a particular program instead of matching the needs of children and families needs with appropriate support.

These multiple screenings are burdensome on families, particularly those who are the most vulnerable, without improving their care. For example, each screening effort assigns a unique identifier that cannot be used in other programs. Use of multiple screening tools also makes it difficult to track outcomes, compare progress of children over time, and identify services that are making a difference, or calculate return on the state's investment. There is national and local consensus that screening of all children at regular intervals, and tracking their progress, is critical to optimizing child development, a key precursor to successful learning.

In order to best serve Oregon's children, it is important to simplify the screening process across health, education and human service systems. With adjustments to existing efforts, a simplified approach could identify children and families at risk as early as possible and link them to family-based assistance to support a child's optimal development. This screening approach should start prenatally and screen children for developmental delays, behavioral concerns, and biomedical risk factors with standard tools at prescribed intervals following birth. An important component will be the use of one unique identifier for each child which the child/family uses to access all needed supports, and link them with coordinated, locally administered services.

Recommendation 16

Streamline existing processes and screenings into a single, common screening tool[7]

In order to reduce burden on families and potential duplication among programs, and to provide for efficient and streamlined identification of need, a single, common screening tool should be used. The tool should be usable by multiple providers at different experience levels and suitable for multiple settings (e.g., birthing centers, child care providers, medical assistants, physicians). Examples currently in use include BabyLink in Clackamas County, and Healthy Beginnings in Deschutes County. The tool should also be readily available for completion by parents.

In addition, early identification can serve to facilitate communication among programs in order to better meet the needs of a family. Use of a common tool will also provide important information about progress toward identified outcomes and return on investment. However, care coordination will need to be balanced with the privacy of families.

Significant progress has been made, and there is broad agreement on the use of common screening tools for young children. The Health Matters Screening Tool Workgroup, representing a diverse group of stakeholders, was charged by the Early Learning Design Team to identify and inventory existing national standards or emerging national standards for prenatal, perinatal, early childhood and family risk/strength screening tools addressing child health, psychosocial, and relational domains. In addition they were charged with recommending tools for standardized developmental and psycho-social screening and monitoring at regular intervals. They met for over two months (see Attachment D**).** The Workgroup reviewed myriad screening tools, agreed on the need to focus on one process, and narrowed the field of possibility to those listed below in Table 1. Additional work is needed to identify tools capable of measuring risks and strengths related to the family relational domain.

In addition the Workgroup generated a set of guiding characteristics, adopted by the Early Learning Council, for the selection a common screening process.

- Use system-wide tools that can be used in diverse and multiple settings
- Ease of implementation state-wide
- Tool should be evidence-based
- Level of expertise in Oregon exists
- Penetration and/or capacity to scale statewide to serve children and families
- Potential to link results with a unified data system and provide information about the status of the state's young population
- Current support from organizations, professionals, and payers
- Tool can be modified over time to reflect emerging evidence and best practice
- Sensitive to the diversity of families – multi languages and culturally sensitive, meet the needs of the population that is growing

[7] Recommendation 3.1, Association of Oregon Counties Early Learning Initiative: A County Perspective.

The Assuring Better Child And Health Development (ABCD) screening initiative has also worked on screening tools for children in conjunction with the Division of Medical Assistance Programs.

Table 1

Recommended Screening Tools

Domain	Prenatal	Birth-1 year	1-3 Years	3-5 Years
Maternal Health/Mental Health	*SBIRT (Screening, Brief Intervention, & Referral to Treatment) PHQ 2 & 9 (Patient Health Questionnaire)	EPDS (Edinburgh Postnatal Depression Scale)		
Family Risk	Add'l Tools Currently Under Development New Baby Questionnaire	*PSI-SF (Parenting Stress Index Short Form)		
General Developmental		ASQ (Ages & Stages Questionnaire)		
Physical Health		Otoacoustic Emissions Testing (Hearing) Oral Health 4 Elements Vision Weight/BMI		
Behavioral/Psycho-Social (Relational)		Recommend risk assessment ASQ-SE (Ages & Stages-Social Emotional)	Parent Survey M-Chat + Follow up interview (Modified checklist for Autism in toddlers	SDQ (Strengths & Difficulty Questionnaire)

*Same tool used in another domain

Key Implementation Steps

A. Identify one screening tool for all children, which may be selected from those listed in Table 1. It also may be a composite of various items from different screening tools. If a composite measure is chosen, however, issues of validation should be considered.
B. Address issues of tradeoffs among guiding characteristics when choosing a specific tool for implementation. For example, there is very little "norming" of many tools on diverse populations.
C. Design screening protocols that address some of the weaknesses inherent in the tools (such as lack of validation in communities of color).
D. Determine gaps that may exist with the adopted tool and strategies for screening to be used (e.g., communities of color or those with limited English proficiency).
E. Recommend mechanisms for review and modification to reflect emerging evidence and best practice.

Recommendation 17

Use of universal screening tool at universal access points and natural touch points for families.

The ELC encourages voluntary participation in screening, as it intends a high uptake rate by families and providers, and believe families and providers will be motivated by the positive nature of this work and potential rewards of service. But, it should be universally available at hospitals, birthing centers, physician's offices, WIC clinics as well as culturally appropriate natural touch points for families (child care providers, churches and synagogues, etc.). Prior to entering school the primary natural touch points for young children are their families, health care providers (through well child checks, immunizations, etc.) and child care providers.

Children and families should be initially screened prenatally and at birth in hospitals and birthing centers in conjunction with other mandated newborn screening (e.g., metabolic screening). However many developmental delays are not detected until after birth so children need ongoing screening at regular intervals. The majority of risk factors for impaired development of young children are psychosocial and emotional and relate directly to the child's family and environment. These risk factors include poverty, domestic violence, child abuse, maternal mental health and other relational factors. The effects of these risk factors become more pronounced over time, as the child progresses through developmental stages.

After birth, ongoing screening for risk factors with a universal tool should occur in health care providers' offices at their "medical home" as well other common access points for families, such as WIC clinics. Childcare providers can provide an important opportunity to identify need as soon as possible (see also Workforce Development). Other culturally appropriate natural touch points for families (e.g., churches and synagogues, etc.) also provide opportunities for screening of children and families which are likely best determined at a community level. It is critical to use these natural touch points, and important for children and families to be screened in a location which is comfortable to them.

For children who are not screened through universal access points or cultural touch points, it is important to have a mechanism for self referral into the system. Often parents are concerned about their children and do not know where to turn. The ELC recommends that families be able to access screening information online or through a centralized call center (e.g., the Parent Line or 211). These tools can connect them with their local hub for screening (physician's office, WIC clinic, etc.) or a family resource manager as needed.

Key Implementation Steps

A. Require use of universal screening tool at hospitals, birthing centers, provider offices, and WIC clinics
B. Require use of universal screening tool at child care centers

C. Train child care workers, WIC clinic staff and others in use of universal tool as part of their workforce competencies and professional development
D. Ensure linkage to family resource manager and other services if needed
E. Identify or create centralized access through call center (e.g., the Parent Line or 211) or online resources which can connect families with their local hub

Recommendation 18

Develop accountability for screening in Coordinated Care Organizations (CCOs) settings for their customers.

The Patient Centered Primary Care Medical Home (PCPCMH) initiative and the Coordinated Care Organizations are critical to the goal of early identification. The ELC recommends that Oregon set an expectation for CCOs to ensure universal screening for clinics and practices in order to become a PCPCMH and by establishing a Coordinated Care Organization (CCO) metric. For example, in order for a provider or practice to obtain medical home status, they will need to demonstrate universal screening at or before birth for families in a certain percentage of their practice (e.g., 90%). An additional metric should be established for hospitals and birthing centers. Identification and screening protocols and requirements should meet the standards that may currently be in place, so that providers are not burdened by additional requirement for reimbursement.

Key Implementation Steps

A. Develop with the Oregon Health Policy Board and the Oregon Health Authority screening and identification metrics for:
    a. PCPCMH
    b. CCOs
B. Review current obligations, if any, and align requirements for reimbursement, seeking federal waivers or rule changes as necessary.

Recommendation 19

Incorporate training for early identification of risk into unified workforce development plan for all early childhood professionals

Oregon can increase quality and consistency of the early identification process by standardizing workforce training for all professionals who serve all young children. All early childhood professionals need universal knowledge of developmental milestones and a unified screening process in order to effectively identify children not making appropriate progress towards meeting their full potential. For this reason Oregon should continue to develop a standard workforce training for all early childhood professionals including, but not limited to, center based and family child care workers, infant and toddler specialists, early intervention specialists, early childhood special education specialists, Head Start staff, Early Head Start staff, early childhood mental health practitioners, home visitors, relief nursery staff, residential providers, FFN providers, foster care providers, and WIC staff.

Oregon has a solid foundation for creating a unified training program for early childhood professionals.

Key components include:

- The Core Body of Knowledge (CBK) for Oregon's Childhood Care and Education Profession, providing a statewide Workforce Knowledge and Competency Framework.
- The Oregon Registry "Pathways for Professional Recognition in Childhood Care and Education," providing a career lattice and a means of documenting educational attainment.
- The Oregon Registry Online (ORO), enabling tracking professional development of the statewide workforce employed in licensed childcare facilities.
- The Education and Quality Investment Partnership (EQUIP), a private-public partnership, offering education awards and scholarships for early childhood educators who reach higher levels of educational attainment.
- A statewide system of trainers that have met established criteria and are available in all areas of the state to provide training linked to the statewide Knowledge and Competency.
- Long-standing relationship with community colleges and the higher education system that provides linkage between community-based trainings and degree programs.

There are multiple professional development programs for those who serve high-risk young children and their families. Childcare and Head Start programs in Oregon are, for the most part, running parallel professional development systems. EI/ECSE has relied on the professional development system used to prepare staff for the K-12 system and has developed an authorization process for those not approved through that system. Oregon's unified home visiting system is in need of a professional development program. WIC also runs its own staff development program. For years, early childhood professionals have seen the need to integrate these five systems. Given the strength of Oregon's workforce framework, existing working relationships, and the Governor's leadership, Oregon is poised to create an integrated professional development system across agencies and sectors.

Oregon should build on the well-developed and fully implemented Workforce Knowledge and Competency Framework (the Core Body of Knowledge) and better integrate competencies across professionals working with young children and their families, and ensure that the standards are inclusive of all early childhood professionals.

Key Implementation Steps

A. Expand and integrate the Workforce Knowledge and Competency Framework (the Core Body of Knowledge) to include early identification and use of the universal screening tool and other screening tools
B. Include all professionals outlined above, including WIC, in this workforce development and ongoing training

Accountability

SB 909 5 (2) calls for an alignment of early childhood services with outcomes, and Section 5 (3a) calls for performance-based contracts. Oregon's investment in early learning must be backed with outcomes to ensure a return on investment. Many factors impact the goals of Kindergarten Readiness and First-grade Reading. These variables have been organized into five evidence-based domains. Outcomes as well as indicators of progress will be tracked in each domain. In addition to child-centered outcomes, it is important to measure additional factors, such as community engagement, to prevent the incentivizing of outcomes at the expense of reaching those most a risk and least likely to reach the defined goals. The system performance can be measured by its use of resources, and its innovation or use of evidence. Outcomes will be tracked at the level of child/family, provider, Hub, and Early Learning Council, and indicated in performance-based contracts along the spectrum. The child outcomes will be explicit and focused on the five developmental domains linked by evidence to the over-arching goals. Before adopting a final list, outcomes and interim indicators will be mapped to research, existing programmatic guidelines (e.g., the Head Start Act, MCH, etc.), and that attention be paid to indicators that are culturally sensitive and appropriate to the target populations, including children with identified disabilities. The ELC acknowledges that innovation will have to be balanced with evidence when assessing services for the target populations. The ELC encourages communities to use evidence-based practices as well as innovation to achieve targeted outcomes. In addition the ELC recognizes the balance needed between limited resources and community capacity for certain communities.

An integrated data system is imperative for tracking outcomes and linking them to performance-based contracts. The data system should be universal, held at the level of the state, and require a unique child identifier. The determination of outcome measures and system evaluation are important when designing the data system. The data system should be adaptable, so that it can grow as evidence in education and early childhood learning advances. In addition, the system should be compatible with existing data systems.

Recommendation 20

The ELC, hubs, providers, and Family Resource Managers should be evaluated with a balanced score card using an evaluation matrix similar to the attached sample (see Attachment E).

The ELC intends to create a culture of continuous improvement through the use of contracts and incentives. All early learning entities, including the ELC, should be evaluated along the following domains:

- Community engagement
- Child outcomes
  1. Child Health
     - Nutrition, including healthy weight
     - Motor skill function
     - Immunizations
  2. Child Language & literacy

    - Age appropriate vocabulary
    - Key literacy measures
3. Social-emotional development
    - Cultural identity
    - Healthy attachment
    - Behavioral indicators for school readiness
4. Parent & family support
    - Role and engagement of father figure
    - Realistic parental expectation & interactions
    - Family/parent involvement
    - Family stability, including economic and basic needs
5. Cognitive
    - Problem solving abilities
    - Adaptability
    - Age appropriate cognition and ability

- Resourcefulness (fiscal acuity)
- Use of evidence-based practices/ Innovation

Recommendation 21

The ELC should develop a financial model to construct a global budget and capitated funding proposal for consideration by the 2013 legislature; this model is deliverable to OEIB by September 2012.

Beginning in 2013-2015 budget cycle, state funding should be capitated, and vary according to the needs of the child/family. A capitated program requires resourcefulness and innovation at the level of the FRM, provider, and Accountability Hub. A capitated system will help drive a more efficient use of resources to achieve the contracted outcomes in a permanently resource constrained environment. Financial modeling is necessary for responsible consideration of movement toward this new construct.

- A financial model should utilize process engineering to determine how this system will work within an allotted budget. A strong financial analyst without a stake in any existing system can provide sound process engineering advice.
- Considerations for this analysis also include contracting terms, labor terms, administrative costs, creation and maintenance of a common data system, metrics, retained earnings, and specified outcomes

Recommendation 22

Develop an interoperable data system for early childhood that aligns with healthcare and education. Consolidate and redeploy existing efforts.

The integrated data system provides a link across education, human services, health care and early childhood efforts, which allows assessment of long term impact. This will allow the system to evaluate service delivery and outcomes at all levels including hubs, FRMs, providers, families, and clients. The system must have capacities necessary to collect results at child/family, program and fiscal levels.

An integrated data system should be able to track outcomes and return on the public's investment over time. The database will have the following attributes:

- Integrated across multiple systems; can communicate with existing systems
- Uses a unique identifier for the child, which is universal across state programs
- Able to report outcomes at client, provider, Hub, and state-wide levels
- Balances accessibility with privacy
- Easily accessible
- Web-based
- Tracks desired outcomes
- Adaptable to evolve with growing evidence/ change of practice

Kindergarten Readiness Assessment

Recommendation 23

Early childhood outcomes (of Kindergarten Readiness and First-grade reading) should be included as an accountability mechanism for education, health and human service structures. *[SB909 5 (3d)]*

A high-quality and improved Kindergarten Readiness Assessment (KRA) will be a key support for Oregon's entire early learning system and advance Oregon's ability to effectively target and assist high-needs populations. The KRA will enable Oregon to determine whether it is making progress promoting the development of specific populations, such as English learners and children with disabilities; whether there are particular domains of development that require emphasis; and if there are early learning environments, such as family, friend and neighbor care, that require greater outreach and support. The inclusion of child development, demographic and early childhood experiences information from the KRA in Oregon's statewide longitudinal data system will provide Oregon with the capacity to determine the components of early childhood most associated with long-term success.

The KRA will also be an important new tool for kindergarten teachers and elementary school administrators in planning instruction, developing curriculum and professional development and in making decisions about how to target resources. By providing new information about the developmental status of children at kindergarten entry, teachers and administrators will be better prepared to support the learning of children during this crucial period of transition. Under no circumstances is such an assessment to be

considered or used for determining entry or access to any public or publicly subsidized kindergarten setting.

A Kindergarten Readiness Assessment Work Team has been convened to develop the process steps for selecting and implementing KRA. A foundational element of the KRA process thus far is a joint 2010 report produced by the Oregon Department of Education and the Children's Institute.

Key Implementation Steps

A. Design and Release an RFP for a KRA expert to lead the process.
B. Develop an outreach an inclusion plan to connect with underserved communities, Kindergarten teachers, and parents in informing the recommendations to the Early Learning Council.
C. Recommend to the Early Learning Council the KRA best suited to meeting Oregon's objectives.
D. Design a process for deployment of the KRA in at least 8-12 voluntary "pilot" districts across Oregon. Districts selected must represent the full range of student populations and geographies to ensure validity and replicability when fully deployed.
E. Recommend to the ELC and OEIB the assessment to be deployed statewide in fall 2013.

Attachment A: Early Childhood and Family Support Transition Team Report

Early Childhood and Family Investment Transition Report

Prepared for:
Governor John Kitzhaber

Prepared by:
Members of the Early Childhood and Family Investment Transition Team:

- Pam Curtis, Co-Chair, Deputy Director, Center for Evidence-based Policy
- Lynne Saxton, Co-Chair, CEO, ChristieCare

- Swati Adarkar, Executive Director, Children's Institute
- Mary Louise McClintock, Early Childhood Program Director, Oregon Community Foundation
- Bob Stewart, Superintendent, Gladstone Public Schools
- Judge Nan Waller, Presiding Family Court Judge, Multnomah County Circuit Court
- Dr. David Willis, Medical Director, Artz Center for Developmental Health

The Transition Team offers gratitude and thanks for the special assistance of Andrew Grover, Allyson Ford, Lynn Rosenberg, Samantha Slaughter-Mason and Beth Church.

January 23, 2011

Early Childhood and Family Investment Transition Report

Executive Summary

Oregon's best opportunity for distinction and success in the global economy of the 21st century is creating a world-class education system that starts early and produces results.

Every year about 45,000 children are born in Oregon. Roughly 40% of these children are exposed to a well-recognized set of socio-economic, physical or relational risk factors which adversely impact their ability to develop the foundations of school success. These include poverty, unstable family backgrounds, substance abuse, criminal records and negative peer associations. Today, Oregon spends approximately $380 million per year on services for children ages 0 to 5, not including healthcare, K-12 and tertiary human services (welfare, child protection and behavioral health treatment). Oregonians can and should expect a return on this investment.

Currently there are also a wide range of public, private and non-profit programs, services and organizations focused on early childhood care and education. Although some of these programs and services are delivering very good results, our state does not consistently track these results. The programs and services do not work in concert and some are disconnected from the K-12 education system. In short, our current system is neither integrated nor accountable.

Based on the Governor's charge, the goal of the Early Childhood and Family Investment team was to **integrate state funded services, agencies and structures to ensure that every child enters school ready and able to learn, enters first grade ready to read, and leaves first grade reading.** After five work sessions and surveying current research and statewide stakeholders in early childhood programs and services, we make the following bold and innovative recommendations to improve early childhood services in Oregon. The recommendations include significant changes in the ways in which we identify, deliver, and fund services so that a more efficient, accountable approach is used which delivers measurable results. Our recommendations support an integrated, collective, financially accountable approach and outline changes in three areas:

A. Early identification and support
    a. Ensure early identification of families and children for critical, identified indicators of risk.

b. Establish neighborhood catchment areas at elementary school sites where a Family Support Manager will coordinate support services for families and children.
c. Outcomes, services and resources will be managed by 5 regional entities at an average cost per child of $10,500 per biennium.

B. Shared measurement and accountability
   a. Convert current contracts with early childhood service providers to performance-based contracts with accountability for reaching identified goals. Disproportionality must be addressed in the efficacy of services and performance contracts should require measured progress.
   b. Outcome measures should be required for the following developmental domains: child health; child language, literacy and learning; social-emotional development; parent, family and support development; and cognitive development.
   c. A kindergarten readiness assessment and early learning benchmarks should be adopted.
   d. An integrated statewide data system should be ready to deploy for this work on January 1, 2012.

C. Budget and governance
   a. Create an Early Childhood System Director in the Governor's Office and an Early Learning Council to consolidate multiple existing efforts, funding streams and administrative structures.
   b. Data on the return on this investment must be collected and evaluated on a consistent platform at regular intervals to insure results are produced.

The changes recommended by this report are significant. Many of them will be difficult to make. Other groups have recommended some of them for more than 20 years. And some of them will be resisted – even by those who currently serve our youngest children. But we cannot afford to wait to implement them.

If the appropriate investment is made, coupled with a successful service delivery system and accountability for defined outcomes, children will enter the Oregon education system with the skills and developmental assets required to complete their education and enter the workforce. Our investment will be returned through productive and responsible citizens. If we wait, or fail to implement these changes, we put at risk the future prosperity of our state by failing to produce a globally competitive workforce.

Early Childhood and Family Investment Transition Report

Introduction

Oregon's best opportunity for distinction and success in the global economy of the 21st Century is by creating a world-class education system that starts early and produces results.

Children are born learning. The research about how our brains work and how we learn is indisputable: the foundation of academic success lies in the early childhood years – before pre-kindergarten, before preschool, indeed from birth. To maximize learning, all children must develop cognitive, language, sensory, motor and attention skills. But they also need to be exposed to the experiences and social interactions that are essential to encourage the underlying brain development upon which literacy, healthy relationships, and other abilities are built. This starting point, which is different than the one upon which our current education system is based, reflects current research and science and the consensus of leaders in the early childhood and education fields.

Every year, about 45,000 children are born in Oregon. Roughly half of them are exposed to a well-recognized set of socio-economic, physical, or relational risk factors, which adversely impact their ability to develop the foundations of school success. These include poverty, unstable family backgrounds and inconsistent parenting, substance abuse, criminal records among other family members, and negative peer associations. If not addressed, these risk factors have an almost linear correlation with school failure, school dropout, substance abuse, social dependency and involvement in the criminal justice system. They also set lifestyle patterns that lead to the chronic conditions that account for most of the costs in our health and criminal system. These factors, known as "social indicators" are set during the early years of a child's life. Ultimately, these indicators produce a workforce that struggles to compete successfully in a global economy and a citizenry that is a liability rather than an asset to Oregon's future.

These factors are overrepresented in children of color. Across the United States, more African American young men are in prison than graduate from high school. A black male born in 2001 has a one in three chance of being imprisoned in his life (Children's Defense Fund, 2010). According to the Center for Disease Control and Prevention, American Indian/Alaska Native males in the 15 to 24 year old age group have a much higher suicide rate than any other cultural group. In a state desirous of a growing economy, we must aspire to the very best for our all our children from the very

beginning of their lives: strong families, comprehensive healthcare, and world-competitive education.

Today, Oregon spends approximately $380 million total funds[8] per year on services for children ages 0 to 5, not including healthcare, K-12 and tertiary human services (such as public welfare, child protection or behavioral health treatment). Oregonians can and should expect a return on their investment. Our investment goal should be the reasonable, definable expectation that **children are ready to learn when they enter school and ready to read in first grade**. In order to ensure this level of readiness, all children need supports, experiences and interactions that enable learning. When those supports are not available from families, communities or natural helpers, publicly funded services must be deployed.

Currently there is a wide range of public, private and non-profit programs, services and organizations focused on early childhood care and education. There are additional providers of healthcare, mental health, physical health and addiction services. Although some of these programs and services are delivering very good results, we do not consistently track these results. The programs and services do not work in concert, and some are disconnected from the K-12 education system. In short, our current system is neither integrated nor accountable.

However, with appropriate management and documented, measurable outcomes, our return on investment can be tracked. Though we have many fine efforts throughout the state today, and many highly committed individuals working hard to produce results, we do not have the data set, the performance indicators or the integration of services required to guarantee reasonable results to the recipients (children and families) or the investors (taxpayers and citizens of Oregon). In short, we have lofty goals and spend millions of dollars, but we do not have integrated services with measured results supporting our investment. This report focuses on what Oregon needs to do to ensure that children meet the measurable goal of **ready to learn and ready to read in first grade**. Failure to realize this goal jeopardizes our children's and our state's economic future. We can do better.

And we are poised to do better. According to Jack Shonkoff, author of the well-respected Neurons to Neighborhoods report:

> *"Although public understanding of the impact of early experience on brain development has grown dramatically in the 10 years since From Neurons to Neighborhood was published, our ability to improve the lives of vulnerable, young children across the country has not increased at the same pace. What we need right now are creative, new initiatives guided by bold leaders who have the willingness to try new things, the courage to take risks, the commitment to measure the right outcomes, the wisdom to learn from both successes and*

[8] This equates to $760 million per biennium.

disappointments, and the vision to create the future of early childhood policy and practice." Washington, D.C., 2010.

Section 1 –Team Work Plan

The Early Childhood Team was given the following charge:

Recommend changes to our existing systems (including services, agencies and resources) in order to:

1. Maximize our investment by consolidating and aligning existing services and resources (including healthcare, family support, child care and Pre-K education, etc.) with a keen focus on early school readiness and success.
2. Develop approaches for the early identification of those most in need.
3. Coordinate public, private, and not-for profit services through local elementary schools and; to the greatest extent possible reorganize them so that they are delivered by trusted, culturally sensitive community-based organizations.
4. Establish a tracking system to monitor efforts, measure progress, evaluate outcomes and ensure accountability.
5. Establish an Early Childhood Coordinating Council in the Governor's Office to monitor the effort and ensure ongoing effectiveness and efficiency in the use of resources.
6. Maximize our investment in child welfare by focusing investments on keeping families together and children out of foster care (focusing on parental supports and community services).

The Team met five times in work sessions to consider this charge and make recommendations. Research was conducted outside Team meetings, including consultation with experts and review of efforts underway in other states. Two analysts from the Budget and Management Division of the State Department of Administrative Services also supported the Team's work.

In addition, to ensure informed and representative recommendations, members of the Early Childhood and Family Investment Team sent their charge to over 80 organizations with a stake in early childhood wellness and requested their response. Recipients were asked to forward the request to additional organizations for feedback. A second, repeated request was sent to organizations representing communities of color when the initial feedback was insufficient. Participants responded with their names and organization, and answered the following questions:

1) What opportunities does the charge provide?
2) What concerns do you have about the charge?
3) If you were making recommendations to Governor-elect Kitzhaber, based on the charge, what would be your number-one recommendation?

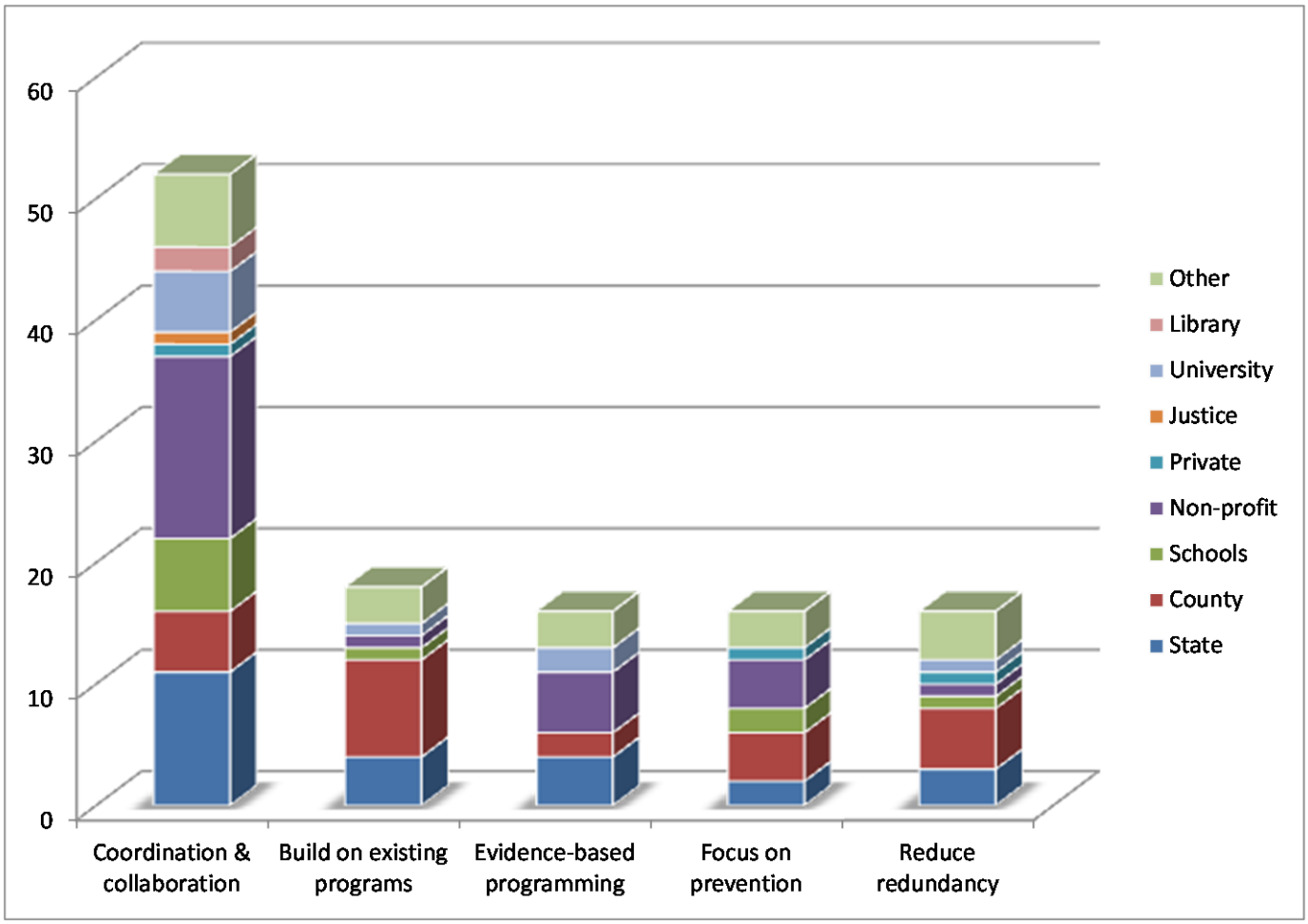
A total of 175 individuals and organizations responded to the request. Respondents represented a wide range of perspectives, including:

- 30% from county programs or organizations
- 19% from non-profit organizations
- 12% from State of Oregon departments and programs
- 11% from schools and school districts
- 8% were either unidentified or from other types of organizations
- 7% from universities and colleges
- 6% from private organizations
- 3% from libraries
- 3% from Relief Nurseries
- 2% from justice

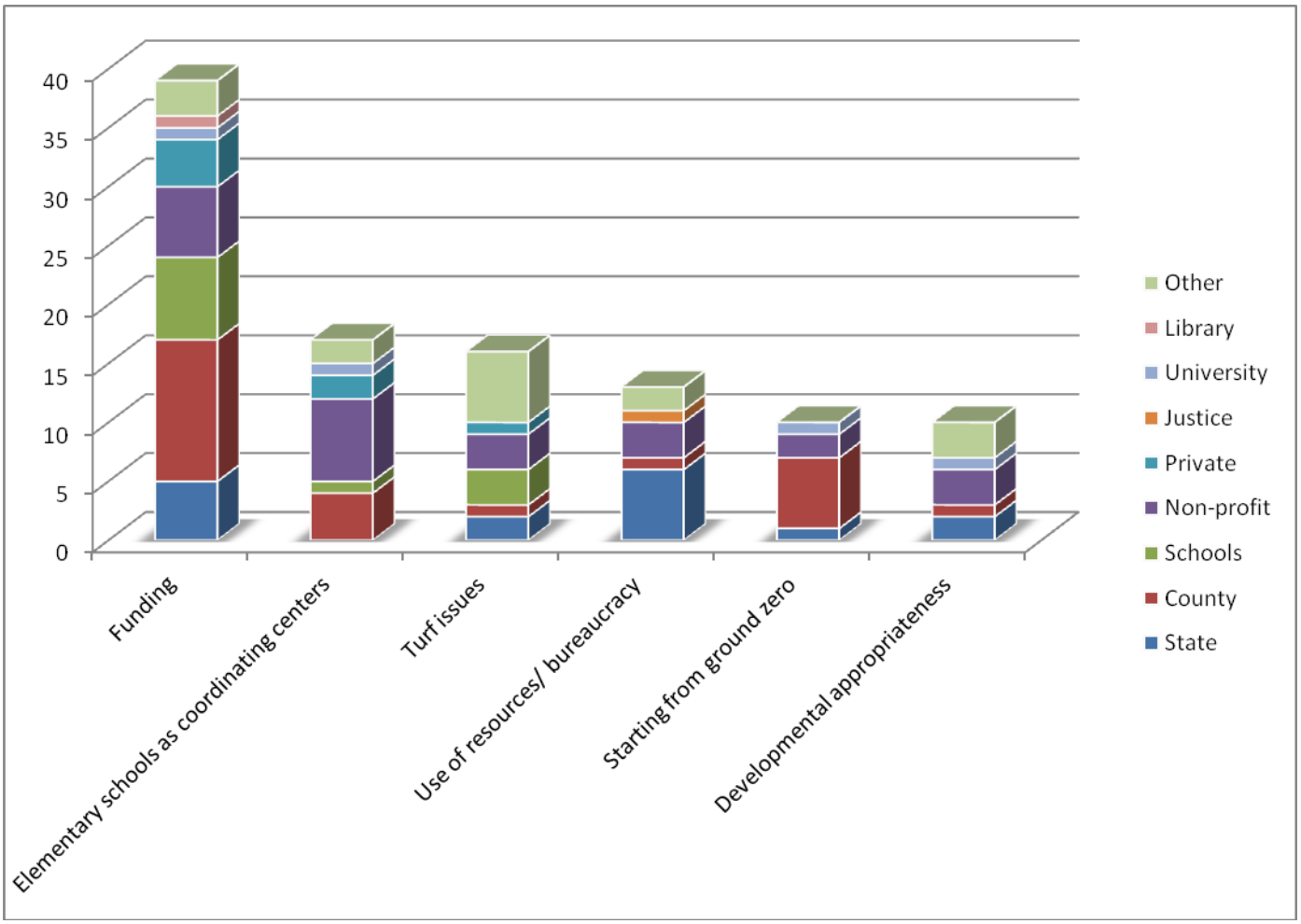
Overall, respondents were positive about the opportunity for increased collaboration and coordination across service providers and increased partnerships. Respondents were encouraged by the focus on prevention and family focus. There was significant concern about lack of funding and resources, as well as concern that administrative and bureaucratic procedures will inhibit the successful and efficient implementation of a more integrated system. Additionally, many respondents noted historical barriers, "turf wars" and similar issues as hindrances to successful coordination. Some expressed concern about coordinating services in elementary school catchment areas (although no school respondent mentioned this concern). Respondents urged building on existing programs, infrastructure, partnerships and expertise. Investing in professional development, having clear goals and metrics for measuring success, and using evidence-based practices were also highly encouraged.

Results are depicted in Graphs 1 and 2 on the following pages. A complete summary of feedback received can be found in the Attachment Section.

Graph 1: Opportunities identified by respondent type



Graph 2: Concerns identified by respondent type



Section 2 – Findings and Recommendations

The scale and complexity of Oregon's education, health and social support systems has thwarted attempted reforms for decades and the requisite infrastructure for measuring and evaluating results to support investment has never been built. There have been multiple and heroic efforts among legislators, non-profits, former governors, business leaders and agencies. Many of these have made important individual improvements, yet system-wide progress has not been obtained. Successful examples in addressing complex social problems have demonstrated that individual players must change their operating models and work together to impact complex problems within performance-based models. The underlying system in which they operate must also fundamentally change.

Our current systems are oriented toward finding and funding a solution embedded within a single organization, with the hope that the most effective will be replicated and their impact widely extended. Oregon has more than half-a-dozen agencies operating dozens of programs for early childhood care and education – each with concomitant local governance structures. Although it is unknown how many are exclusively social service oriented, our state also has 28,000 non-profits trying to invent solutions to major and complex social problems. Our state identifies organizations to provide services, and if evaluation happens at all, it is focused on the services the agency delivers (not impact on the problem) in isolation of the numerous other organizations that may also influence the issue. We must focus on outcomes/results for children and families as opposed to process indicators. There are exceptions and there are successes, but the net composite result is insufficient, given the amount of resource expended.

Ron Heifetz, a co-founder of the Center for Public Leadership at the John F. Kennedy School of Government, Harvard University, describes social problems as "adaptive problems" – they are complex, the answer is not known, and even if it were, no single entity has the resources or authority to bring about the necessary change. Ensuring our children are successful in school is an adaptive problem. Reaching an effective solution requires learning by the stakeholders involved in the problem, who must then change their own operations in order to create a solution.

Shifting to an approach of collective impact across systems is not merely a matter of encouraging more collaboration or public- private partnerships. Oregon has done that repeatedly. It requires a systemic approach that drives to results through disciplined integrated management of the relationships between organizations and progress toward shared objectives. It necessitates changes in the structures, accountabilities and business or operating model of state government. And it requires that non-profit management organizations have the skills and resources to assemble, coordinate, measure and report the specific elements necessary for collective action to succeed. These skill sets may not be available in every organization. When they are not available, the state must stay focused on attaining desired results, while the service delivery organization focuses on making the changes necessary to obtain the skill sets.

The recommendations of the Early Childhood and Family Investment Team build on Oregon's historical attempts to improve early childhood services and coordination. The recommendations support an integrated, collective, financially accountable approach and outline needs in three areas:

A. Early identification and support
B. Shared measurement and accountability
C. Budget and governance

A. Early Identification and Support

Oregon's youngest children fall in the moderate- to high-risk categories in many U.S. socio-demographics. For example, nation-wide, 30% of children under the age of six live in families with incomes below 150% of the Federal Poverty Level (FPL). In Oregon, that number is 36% for the same age group (National Center for Children in Poverty, 2011). Our children of color fare worse than Caucasian children. And, our existing processes to identify and assist these children are largely uncoordinated and under-performing.

Hospitals, birth settings, and primary physicians' offices are the primary location that touches the majority of Oregon children before they enter school. Hospitals and child health primary care providers increasingly recognize the significant role they have for identifying and monitoring the strengths and risks of each family, infant and child that predicts future health trajectories. Yet, in 2008, the Commonwealth Fund ranked Oregon number 34 in the nation in child health system performance (Shea, Davis and Schor, 2008). The child health system has always been expected to provide standardized monitoring of developmental status of all children, yet universal efforts have been largely incomplete, inconsistent and uncoordinated across all systems.

Standardized screening dramatically increases the early identification rates of delays, disorders and disabilities well before school entry. Early intervention has been proven to make a difference for those children falling behind. Early detection of developmental challenges or behavioral delays in young children will benefit them, their families and our State long into the future. Child health providers also benefit from ensuring that children are healthy and achieving developmental milestones. And, studies have shown that the quality of care and parental satisfaction at developmental visits also increases. Researchers have found that school readiness at age six predicts a child's ability to benefit from academic instruction in elementary school. This body of research has also concluded that academic performance in elementary school is a major predictor of whether a child will complete high school. Educators know that many children who demonstrate academic problems and low achievement test scores as early as grade 3 will end up dropping out of school before graduation (Annie E. Casey Foundation, 2010). In addition, children who lack appropriate social skills at the time of entry to school frequently engage in behaviors such as aggression and bullying later on. Research also correlates third-grade reading to teen pregnancy, juvenile crime and other inappropriate and anti-social behaviors. Despite the importance of third-grade reading,

Oregon falls in the bottom quartile of states whose fourth-graders are reading proficient (US Department of Education 2007). Our children of color fare worse: 85% of black children are unable to read and write at grade level in grade 3 (Children's Defense Fund, 2010).

The foundation for third-grade reading and other educational success is set in a child's earliest years and it is during these years that the family and community have the greatest influence. The Early Childhood and Family Investment Team is firmly committed to the belief that children are best raised by families and that provision of external supports must be driven by family needs and with a goal of family preservation.

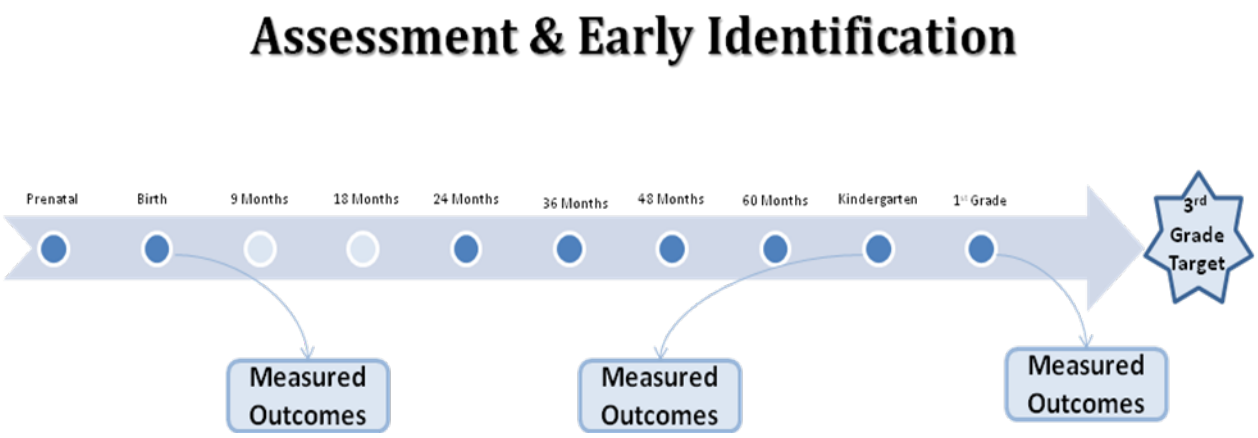
The importance of relationships and strong parental attachment to promote the healthy development of children is well documented. The quality of a child's attachment from birth through preschool is related to "concrete, definable parental capacities, caregiving behavior patterns, and internal working models" (Cooper, G., Hoffman, K., & Powell, B., 2000). Furthermore, the quality of a child's attachment can be used to predict risk for social indicators of health such as "emotion-regulation struggles, behavior difficulties, and relationship problems as well as future academic difficulties," particularly for high-risk populations.

Longitudinal studies conducted at the University of Minnesota have found that a secure attachment serves as a protective factor for children from families who have experienced high stress, and an "early history of competence" in youth was characterized by a secure attachment at twelve and eighteen months (as cited in (Cooper, G., Hoffman, K., & Powell, B., 2000)). A young child's subsequent healthy development was directly related to "social competence with peers and teachers, impulse control, conduct disorders, anxiety, depression, dissociative disorders, and other psychiatric and legal problems" (Cooper, G., Hoffman, K., & Powell, B., 2000). These same factors are also closely related to early attachment relationships.

Every child's capacity to learn is shaped by individual experiences with nutrition, sensory and cognitive stimulation, and stable, loving relationships in which there is early exposure to language and books. These critical, development-promoting consequences of social, emotional and cognitive stimulation – or lack of them – should be of intense interest to all of us. We must start long before children enter school to ensure our children have the opportunity for early learning and to address the range of individual and family risk factors that are precursors to early conduct problems and antisocial behavior. High quality early learning experiences are among the very best investments we can make in reducing future costs associated with special education, abuse and neglect, health care, school dropout, teen pregnancy, welfare, and the criminal justice system and to create a qualified workforce for Oregon's future.

Recommendations

1) Utilize Oregon's heath reform effort within Oregon Health Authority (OHA) to transform and strengthen the practice of perinatal, infant and young child health care by obliging, incentivizing and reimbursing hospitals, birthing centers and all primary care providers for comprehensive, coordinated and longitudinal screening of all families and children:
    - Prenatal / perinatal family risk/strength assessments
    - Maternal depression screening and monitoring
    - Standardized developmental and psychosocial screening and monitoring on current standards (such as ABCD II and AAP's Bright Future) and occurring at regular intervals: prenatal, birth, 9mo, 18mo, 24/30mo, and yearly till 1st grade.



Children and their families identified by screening as needing assistance with developmental promotion services and supports will be referred, by consent, to a Family Support Manager in their neighborhood catchment area. (See also Recommendation 2). The assistance established by the Family Support Manager will be comprehensive, targeted, flexible, culturally appropriate, longitudinal, and measured.

- All assistance and services will be connected, coordinated and communicated with the child's medical home
- Oregon's health reform activities that expand care coordination will utilize the Family Support Managers for children and their families, as indicated, without duplication, but with coordination that brokers services and activities between community and the medical home to address both health, developmental and social risks.

Families with young children, who apply for TANF, WIC or Food Stamp assistances from the Department of Human Services, should be automatically referred to a Family Support Manager as a requisite for receiving assistance.

2) We estimate that a "cohort" of about 108,000[9] children aged 0-5 years will be in need of early childhood support each year. Some of their families will have primary issues (such as mental health or substance abuse disorders) that are better coordinated and provided by tertiary systems. We estimate that approximately 65% of the 108,000 families (or 70,000 per year) will need and consent to services primarily though Oregon's transformed early childhood system.

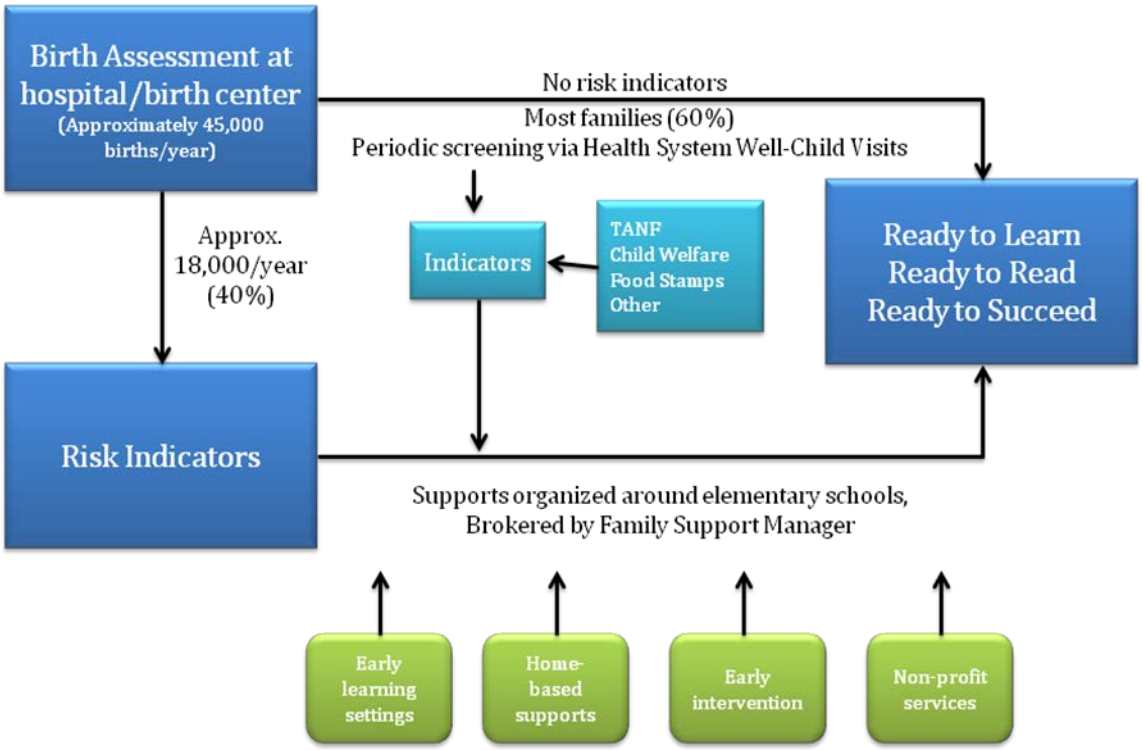
   Services to support the learning readiness of these children and their families will be coordinated around the elementary school enrollment areas and will be scaled and budgeted to need. Family support managers will serve as advocates, resource managers and service brokers on behalf of families in these areas. We have selected elementary school catchment areas as the focal point for this effort for these key reasons:

   - Access
   - Approachability
   - Connectivity to the K-12 infrastructure
   - Connecting schools to the support structures in their communities.

   The majority of Oregon children attend public elementary schools. Their boundaries are a natural point-of-care because all children throughout Oregon live in school boundaries and most will attend them. Families will have ongoing relationships with these schools and they do not carry the stigma of other government offices. Many programs and services for younger children already co-locate at elementary school sites. The transition to kindergarten and first grade is critical, and it will be the responsibility of the Family Support Manager working in conjunction with the public elementary school.

   This strategy embraces all providers and entities that can bring appropriate levels of accountability, cost-effective services, and measurable outcomes. We envision contracting with one entity accountable for managing and integrating results in each of five regions (See also Recommendation 4). These regional entities would not provide the services, but rather would be directly responsible for getting interested non-profit providers to produce desired results. All providers will be required to produce results within budget targets.

[9] Approximately 40% of the 45,000 children born in Oregon each year are estimated to be "medium and high-risk." The number 108,000 equates to the sum of estimated medium and high-risk children ages 0-5 at any one point in time. This number also closely correlates with the numbers of young children at and below 150% Federal Poverty level. The estimated 70,000 children served equates to approximately 110% FPL. (National Center for Child Poverty, 2011)



3) The model represented by these recommendations should be continued for children and families throughout school-aged years. Concepts should be integrated into health, prevention, education and human service systems touching the lives of school-age children and adolescents.

4) Outcomes, services and resources will be managed by 5 regional entities at an average per child cost of $5,225 per year or $10, 500 per biennium. Regional accountability entities will replace current local governance organizations for the funds represented in Recommendation 12. Regions should have combined administrative overhead allocations not to exceed 15-20% (including service provider allocations). Regional accountability entities referenced in these recommendations should be aligned with regional structures referenced in other transition team reports (such as health and education) and across the re-engineering of state government. See also the diagram in the Attachment Section.

5) Given the focus on educational outcomes, and the early developmental milestones necessary to attain them, it is also critical that these recommendations be integrated into the work of health and human services across state government. Achieving kindergarten readiness and first grade

literacy should also be a measurable focus for our health and human service systems. Specifically:

a. The Oregon Health Authority should address life span health and development by creating measurable child health outcomes aligned with the Governor's early childhood agenda.
b. Early Childhood System Director should have an equal role as the Oregon Health Authority within the Governor's office to manage the required alignment of system and health reform for child outcomes.
c. The Early Childhood System Director should focus and align the health reform efforts with the Oregon Health Authority, the Department of Human Services and the Oregon Education Investment Board. The Early Childhood System Director should also create public-private partnerships to accelerate leadership, innovation and implementation of these recommendations.
d. The Oregon Department of Human Services should adopt an approach to services that utilizes early identification; the same Family Support Manager role for tertiary services; and flexible resources that follow the child/family and are designed to be accountable and strengthen the foundation for lifelong success and learning. This approach should be seamless across state government so that:
    - Children with unfounded abuse/neglect are provided support through an early prevention system;
    - Families indicating they need assistance via TANF, food stamps or other systems are referred automatically to a Family Support Manager and provided early learning support for their young children; and
    - Children and families in the early childhood system, when needing tertiary care (such as mental health or substance abuse), are prioritized and can be assured of a smooth handoff to a similar service model and consistent approach.

Oregon's reform efforts as guided by the OHA for health and DHS for human services provide a unique opportunity to strengthen the role of health and human services in achieving Oregon's early learning goals. The American Academy of Pediatrics' current strategic agenda on Early Brain and Child Development is responding to the scientific knowledge of the last decade that clearly demonstrates that lifespan health has its foundations in early childhood. Thus, the goal of educational readiness becomes an outcome of the child health agenda to build healthy social-emotional and cognitive brain processes from birth (Center on the Developing Child at Harvard University, 2010) Since 95% of young children are seen within the child health system (public and private) in their first two years of life, healthcare provides a critical access point around which to organize and promote early brain and child development activities. The child health system's responsibility for prenatal, perinatal and post-natal identification of risk and resiliency for each child and family, the monitoring of developmental trajectories in early childhood and the efficient coordination and referral with Family Support

Managers across health, service and education systems will help expand and build upon existing reform efforts.

Issues facing our youngest children, and the need for connection between systems, are also illustrated by our public and child welfare statistics. About half of children (49%) who have founded cases of abuse are under the age of 6. Children under the age of 6 are also the children who are most frequently removed from their homes because of neglect, and who tend to stay the longest in out of home placements. In 2009, 12 of the 14 children who died from abuse/neglect were age 5 or under. Again, our children of color fare worse. They are over-represented in reports to child protective services, compared with their representation in the population. For example, American Indian/Alaska Native families are 2 times more likely, and Black families are 2.5 times more likely to be reported to child protective services in Oregon than their representation in the adult population. When abuse or neglect is founded, children of color are removed from their parents at higher rates than white children:

- American Indian/Alaska Native –51.4%
- Pacific Islander – 56.8%
- Black – 43.3%
- White – 40.1% (Murphy, Miller, and White, 2009)

Oregon's human service system also represents an important 'early identification' opportunity for the needs of young children. For example, in 2009, 40% of children in foster care had families on TANF for at least 2 months. Sixty-four percent of those children were under the age of 6. We should expect no less than efficient referral, coordination and 'hand-off,' using a consistent care-coordinator approach across systems and departments. Doing so would also build on existing reform efforts and extend the likelihood that our youngest children are ready to succeed.

B. Shared Measurement and Accountability

Oregon, like many other states, has a variety of early childhood programs. We spend approximately $380[10] million each year ($760 per biennium) on primary and secondary prevention services for children ages 0-5. These services are funded through about a half-dozen state agencies operating dozens of programs, each with parallel local governance structures. There are at least eight additional early childhood related coordinating 'councils' at the state level. And, approximately 185 state staff work on these efforts through programmatic, administrative and policy support (very few if any of the 185 provide direct services to children).

Due to the lack of measurement and accountability systems, it is difficult to identify the number of children and families served across these programs and multiple administrative structures. Although likely duplicated in some cases, the number is close

[10] This number does not include federal Head Start funds.

to 40,000 per year (or about 37% of those estimated to need support). While some of these programs track results and produce very good outcomes, some do not.

Despite multiple and long-term attempts at coordination, these programs do not work in concert, and they are disconnected from the K-12 education system and health and human service systems. There is a lack of accountability in our ability to identify and track outcomes for the children and families served across these myriad programs.

The state needs composite outcome and result data to support continued investment and to ensure children are ready to read in first grade. In addition, by setting clear expectations for all providers and systems and evaluating their efforts on a regular and consistent basis, we can create a path to consistent and successful outcomes for the children they serve. Families want results with the least amount of interference in their lives. Communities want results to ensure their ongoing viability and quality of life. Payers, including the State of Oregon, have a vested interest in these challenging economic times in getting the highest possible return for their expenditures. At all levels, there is a critical need for integration, measurable outcomes and results. The majority of our investment must go to direct services, and we must require administration to be lean and accountable.

We propose a series of measures for results as well as a specified range of investment for the targeted population. In other words, we recommend determining an average rate of investment per child and requiring that a Family Support Manager, supported by a regional accountability structure, produce results for this investment. We also recognize that we must be willing to be good before we are perfect, and that moderate accountability progress with an imperfect model is preferable to a perfect model with no accountable progress.

Recommendations

6) No later than January 1, 2012, the state should convert its current contracts with providers of early childhood care and education services into performance-based contracts. Disproportionality must be addressed in the efficacy of these services and performance contracts must require measured progress. The conversion should be done in a manner that does not adversely affect the state's ability to continue to obtain federal funding, and with consideration of options to further maximize federal funding opportunities and increase flexibility in the use of such funds, including for preventive and in-home services. Performance-based contracts should be structured to hold service agencies accountable for measuring and achieving the following goals:
    a. Readiness to learn at kindergarten;
    b. Readiness to read entering first grade; and
    c. Reading when leaving first grade.

In addition, interim outcome measures should be incorporated in the following areas:

- Child health
- Child language, literacy and learning
- Social-emotional
- Parent, family, and support development
- Cognitive development

While there is variation and no one indicator is predictive of child success, these outcomes, correlated with developmental milestones and the desired goals, should be assessed and measured.

7) Oregon should adopt and implement a reliable and valid statewide kindergarten readiness assessment for policy planning and to track progress in reaching its school readiness goals, and replace the "readiness to learn survey" formerly conducted by the Department of Education. Oregon should be ready to pilot the school readiness assessment by November 2011. The school readiness assessment should:
    a. Be administered statewide to a representative sample of children during the fall of their kindergarten year.
    b. Address the full range of developmental domains predictive of later school success (i.e., physical well-being; language usage; approach to learning; cognition/general knowledge; social/emotional development; and motor development).
    c. Be conducted by (or in close cooperation with) kindergarten teacher.
    d. Draw on research-based models.
    e. Include literacy assessment associated with first grade reading readiness

8) Oregon should develop a predictive benchmark for meeting state standards by the end of first grade in the common core areas. The benchmark should be connected to the range of developmental domains predictive of school success (outlined in Recommendation 6).

9) If DAS, DHS or ODE has an integrated data system ready to deploy for this application, implement its use at the regional level on January 1, 2012. Otherwise, engage Oregon-based private sector partners to develop a statewide, child-based data system that tracks state expenditures and return on investment. The better able we are to connect data from the school readiness assessment to information about early childhood experiences (including health data) and to later school experiences, the more questions we will be able to answer, increasing our ability to effectively direct resources. It is essential that the development of a school readiness assessment be followed by and connected to the development of a better-coordinated early childhood data system. Oregon needs to build an early childhood data system that achieves all

10 of the fundamentals of a coordinated early care and education data system identified by the national Early Childhood Data Collaborative as listed below:

a. Unique statewide child identifier
b. Child-level demographic and program participation information
c. Child-level data on child development
d. Ability to link child-level data with K–12 and other key data systems integrated with DHS and Education
e. Unique program site identifier with the ability to link with children and the ECE workforce
f. Program site data on structure, quality and work environment
g. Unique ECE workforce identifier with ability to link with program sites and children
h. Individual ECE workforce demographics, including education, and professional development information
i. State governance body to manage data collection and use
j. Cost/benefit analysis
k. Transparent privacy protection and security practices and policies

C. Budget and Governance

The need for additional funding was one of the primary pieces of feedback the Early Childhood and Family Investment Team received. The Team did not debate the need for additional funding. Ensuring our young children are ready and able to learn is the most solid foundation Oregon can have for our future economic and educational goals. We know that many early childhood interventions are successful. Now we must integrate these efforts to produce the outcomes we require. We need an accountability and measurement system that measures performance to target. More money without measurable outcomes is not a sustainable model and reflects little common sense.

As a result, we are not only proposing a series of measures for results, we are also proposing the integration and "flattening" of myriad administrative structures, and a specified range of investment for the targeted population. In other words, we recommend an average rate of investment per child and requiring the system to produce results for this investment, supported by one efficient accountability structure.

Recommendations

10) In accomplishing the conversion to performance-based contracts, the state should decrease the total number and type of local governance and accountability entities to five. Accountability entities should enter into subcontracts with licensed agencies to provide direct services (see Recommendation 6). A federally recognized tribe located in the state should be allowed to enter into a performance-based contract with a local accountability entity. Accountability entities should be responsible for:

a. Developing local services, organized around elementary schools, and integrated with health and education, which can be integrated by a Family Support Manager.
b. Monitoring child and family progress.
c. Monitoring quality of services.
d. Ensuring that services are provided in accordance with federal and state laws.
e. Participating in statewide data system.
f. Tracking the outcome of services at a family and system level.
g. Total combined overhead for regional accountability entity and all providers should not exceed 20% (e.g. 10% regional entity 10% provider there could be an incentive for even lower overhead expenditures).

11) Beginning immediately, use the $1.2 million in ARRA funds (currently for the state early childhood education council) to fund the transformation of the early childhood system, as led by an Early Childhood System Director in the Governor's Office. This position(s) will serve as a focal point for re-engineering and transforming Oregon's Early Childhood System and producing measurable results and cost/benefit analysis. This position will use existing funds, and build on the work already underway. In conjunction with the Governor and in coordination with related transformation efforts, this position will create a single oversight authority – The Oregon Early Learning Council. Many or most existing structures and coordinating councils will no longer be needed, including: Childcare Commission, Childcare Coordinating Council, Headstart Council, Early Childhood Education Council, Early Care and Coordination Council, Early Childhood Matters Council and Oregon Commission on Children and Families. Following necessary re-engineering, this work should be aligned into the Oregon Education Investment Board. Any council should exist to advise the Governor's Office on the transformation of the Early Childhood system.

12) Restore early childhood funds from current LAB, minus allotment adjustment (Legislatively Approved Budget with allotment reductions taken) to 747,004,884—representing an additional biennial investment of $44 million total funds. These funds should be focused on primary and secondary prevention for children under six, and spent, at the direction of the Governor's Office (as described above), to re-engineer the Early Childhood System in accordance with the recommendations of the Transition Team. Some of these programs may require federal or state flexibility and/or innovation in the manner in which requirements are addressed. Oversight, accreditation and licensing will need to continue for some programs.
    a. Oregon Pre-kindergarten and Early Head Start. Amend federal Memorandum of Understanding (MOU) to 1) create a template for outcomes and outcome measurement; 2) allow for flexibility in use of federal Head Start dollars; and 3) require coordination and transition

planning for all children and their outcomes with the local education agencies

b. Employment Related Day Care (EDRC) and any other child care subsidy. Oregon should change policy so that childcare settings incorporate a focus on developmental outcomes. Families receiving these funds should 1) participate in child assessment to determine needs of the child; and 2) when their children are not at developmental levels, access funds through a Family Support Manager for a high-quality preschool or early learning program. Focus on developmental outcomes could be accomplished via differential payments, contracting with specific providers for slots or other incentive mechanisms.
c. Early Intervention/Early Childhood Special Education (EI/ECSE) Funds will be accessed by a Family Support Manager and linked to the health system.
d. Childcare Division and Commission (see also b regarding childcare subsidies)
e. Ready to Read Program
f. Maternal and Child Health programs (including Babies First, Healthy Child Care Oregon, Maternity Case Management, etc.). Some of these programs will require federal flexibility, and/or innovation in meeting requirements.
g. Even Start
h. Special Education grants (for families with disabilities)
i. Healthy Start
j. Great Start
k. Community Schools
l. Oregon Commission on Children and Families (OCCF) System Development
m. Children, Youth and Families grants
n. Relief Nurseries
o. Family preservation and support
p. Children's Wraparound

13) Data on the return for this investment must be collected and evaluated on a consistent platform, and at regular intervals. The infrastructure necessary to create an effective data and tracking system must be created first, not last. And, it must be done in conjunction with data efforts across the enterprise of state government. The characteristics of the data system should mirror that of the integrated, collective service approach described here. If data systems are allowed to be independent and separate (across health care, human services and education), the effort to create an effective, integrated service approach will not be successful. As a critical and foundational element, and if no other resources are available, we recommend investing an additional $12 million in an effective data system that is shared across health, early childhood and education. Current

systems for education and health have tracking capability, but need to be 1) integrated; 2) retooled to track return on investment; and 3) include early childhood. A "data warehouse" currently exists at DHS, with assets that could be used toward this effort. Oregon's private high-tech sector should be engaged to fulfill this recommendation.

Conclusion

Far too many Oregon children are growing up without the family and community supports to be successful, independent learners. A strategy for changing their stories, through a streamlined, accountable and sustained investment is a foundation for our efforts to ensure the economic, health and academic success of Oregonians. If we fail to make this kind of investment, we will accelerate the current trend of disinvestment in our human and education capital, and we will continue to see economic and human consequences downstream. Failing to create a competitive workforce fosters continuing economic instability. This is the kind of disinvestment that characterizes Oregon's current general fund.

This report represents bold and innovative changes necessary to reverse this trend. The recommendations include significant changes in the ways in which we identify, deliver, and fund services so that a more efficient, accountable approach is used which delivers measurable results. It recommends focusing on the delivery of services by streamlining our multiple attempts at coordination and making our multiple administrative and governance structures more efficient and accountable.

In the spirit of accountability, the Early Childhood and Family Investment Team believes the recommendations contained in this report should be measured for success. If implemented, the following outcomes should be achieved within one biennium (two years) of implementing the recommendations of this report:

- Currently approximately 40,000 children 0-5 years receive primary and secondary early childhood services. Yet approximately 108,000 are estimated to need support. Within two years, at least fifty percent more, or 60,000 children, should be served.
- The average cost per child served should be reduced by 30% to be approximately $5225 per child per year.
- It is estimated that between 25-33% of at-risk children will meet state reading benchmarks when they are revised in two years. By 2018, at least 70% of children served with these re-engineered services should meet state benchmarks for kindergarten and first grade.

Oregon cannot afford to wait to reverse our trend of expenditure and disinvestment. The longer we wait to start investing in early childhood through an efficient and accountable approach that addresses unhealthy patterns, behaviors and risk factors, –

the harder and more expensive it becomes to deflect children back toward a healthy life trajectory, and the more significant our education and economic consequences. The changes recommended by this report are significant. Many of them will be difficult to make. And some of them will be resisted – even by those who currently serve our youngest children. But we cannot afford to wait. Because by changing the beginning, we can change our whole story. And the time is now.

"The future of any society depends on its ability to foster the education, health and well-being of the next generation. Today's children will become tomorrow's citizens, workers, and parents. When we invest wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship. When we fail to provide children with what they need to build a strong foundation for healthy and productive lives, we put our future prosperity and security at risk."

—*The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do, 2007* Center on the Developing Child at Harvard University

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Section 4 – Attachments

Themes from the Transition Team Survey

A total of 175 respondents participated in the survey. Respondents represented a wide range of perspectives, including:

- 30% from county programs or organizations
- 19% from non-profit organizations
- 12% from State of Oregon departments and programs
- 11% from schools and school districts
- 8% were either unidentified or from other types of organizations
- 7% from universities and colleges
- 6% from private organizations
- 3% from libraries
- 3% from Relief Nurseries
- 2% from justice

Opportunities

- 27% of respondents mentioned the increased or expanded coordination and collaboration of services. This included increased coordination between agencies, across service providers, and collaboration with communities. Respondents also noted the opportunity to "break down silos," "remove historical barriers" to collaboration and improve communication between partners.
- 12% of respondents noted the opportunity to build on current infrastructure and strengthen, improve, or expand existing services. This is consistent with respondents concerns of "starting from ground zero." In contrast, only one respondent (~1%) cited creating a new system as an opportunity.
- 10% of respondents cited using evidence-based programs and practices as an opportunity. This included the translation of research to practice, and fidelity of evidence-based programming.
- 10% of respondents cited the focus on prevention as an opportunity. Other responses included increased inclusion or integration of oral health, nutrition, mental health, prenatal care, universal screening, and universal pre-kindergarten.
- 10% of respondents cited the opportunity to reduce redundancies within the system as an opportunity by integrating services, focusing resources, reducing waste. An additional 2% of respondents noted the opportunity to identify service gaps, while 1% noted the opportunity to assess the current system.

- 6% of respondents noted the systematic, holistic, comprehensive, or multidisciplinary approach of the charge as an opportunity.
- Other frequent opportunities included:
    - Early identification and intervention (5%)
    - Measured outcomes (5%)
    - Increased or expanded partnerships (5%)
    - Parent education and support (5%)

By Respondent Type

Most frequent opportunities identified State respondents:

- Coordination & collaboration (11)
- Building on current infrastructure, programs, partnerships (4)
- Evidence-based (4)
- Reducing redundancy (3)

Most frequent opportunities identified County respondents:

- Building on current infrastructure, programs, partnerships (8)
- Coordination & collaboration (5)
- Reducing redundancy (5)
- Integrating early childhood services with K-12 system (4)
- Focus on prevention (4)

Most frequent opportunities identified school/school district respondents:

- Coordination & collaboration (6)
- Improve/expand early childhood special education services (2)
- Focus on prevention (2)
- Providing targeted services (2)

Most frequent opportunities identified non-profit respondents:

- Coordination & collaboration (15)
- Evidence-based (5)
- Focus on prevention (4)
- Linking early childhood services to parents (4)
- Linking early childhood services to K-12 system (4)

Concerns

- 21% of respondents indicated concerns over funding. This included resource allocation, unfunded mandates, coordinating funding, sustainable funding, and shrinking resources.
- 10% of respondents indicated concern with the concept of elementary schools tasked as coordinating centers. Many respondents cited already overburdened

schools ill-equipped with the resources necessary to successfully manage this task. Other concerns included the disinterest of schools themselves with this task.

- 9% of respondents indicated concern with turf wars, or political infighting. An additional 5% of respondents were concerned with the process of managing coordination. Issues included different "cultures," variability across programs, different funding requirements, resistance to change, and incentives for change.
- 7% of respondents indicated concern with additional resources lost in bureaucratic processes such as meetings and planning. Several respondents noted that similar process have been attempted in the past, but have resulted in little change.
- 7% of respondents indicated concern with "starting from ground zero" and/or failing to fully assess, understand, and recognize the current system. An additional 5% of respondents were concerned that this could lead to loss of services if leadership acted too quickly. One respondent noted that although some programs may appear similar, they provide different services.
- 6% of respondents indicated concern with the developmental appropriateness of the charge. The most frequent concern noted was that not all children are ready to read at the same age/stage and the developmental needs of the child should dictate the services provided. An additional 2% of respondents were concerned with the definition of "ready to learn" or "school readiness."
- Other frequent concerns included:
    - Actionability (6%)

By Respondent Type

Most frequent concerns identified by State respondents:

- Funding (5)
- Ineffective use of resources on reorganization/bureaucracy (3)
- Performance measures (2)
- Developmental appropriateness (2)
- Loss of services (2)

Most frequent opportunities identified by County respondents:

- Funding (12)
- Redundancy of ECCC (5)
- Elementary schools as coordinating centers (4)
- Lack of recognition for current system (3)
- Center of authority/decision making at local level (3)
- Fully understand state and local programs before acting (3)

Most frequent opportunities identified by school/school district respondents:

- Funding (7)

- Turf issues (3)
- Increased accountability of K-12 system (2)

Most frequent opportunities identified by non-profit respondents:

- Elementary schools as coordinating centers (7)
- Funding (5)
- Political will/follow-through (4)
- Developmental appropriateness (3)
- Turf issues (3)
- Cultural considerations (3)
- Starting from ground zero (2)
- Staffing needs (2)

Most frequent opportunities identified by private respondents:

- Funding (4)
- Elementary schools as coordinating centers (2)
- Need to be outcome driven (2)

Most frequent opportunities identified by library respondents:

- Exclusion of public libraries (2)

Most frequent opportunities identified by Relief Nursery respondents:

- Ineffective use of resources on reorganization/bureaucracy (2)
- Turf issues (2)

Recommendations

- 14% of respondents recommend building on existing programs and relationships. Respondents suggested identifying what is working (particularly at the county level), evaluating current programs, and utilizing existing collaborations.
- 6% of respondents recommend mandating and funding full day kindergarten for all children in Oregon.
- 5% of respondents recommend mandating the use of evidence-based programs, or utilizing evidence-based programming.
- 5% of respondents recommend investing in professional development of childcare providers and educators. This includes expanded training requirements for educators and care providers.
- Additional recommendations included:
    - Including all stakeholders in the process: families, communities, partners, children and families that have not been adequately served, etc. to ensure diverse perspectives (3%)
    - Fund/provide universal pre-kindergarten (3%)
    - Prenatal screening and prevention (3%)

By Respondent Type

Most frequent concerns identified by college/university respondents:

- Use evidence-based programs (3)
- Utilize ECE experts (2)
- Build on existing programs/work/collaborations (2)

Most frequent concerns identified by State respondents:

- Utilize ECMAC (3)
- Build on existing programs/work/collaborations (3)
- Professional development (childcare providers & educators) (2)
- Prenatal care (2)

Most frequent concerns identified by County respondents:

- Build on existing programs/work/collaborations (2)
    - Build on success of counties (5)
- Create one point of entry into system (2)
- Utilize CCF (2)

Most frequent concerns identified by school/school district respondents:

- Full day kindergarten (7)

Most frequent concerns identified by non-profit respondents:

- Build on existing programs/work/collaborations (7)
- Professional development (3)
- Range of services (2)
- Full day kindergarten (2)
- Engage families in early childhood education (2)
- Targeted programs (vs. universal) (2)
- Subsidize childcare (2)
- Create cabinet-level position (2)

Most frequent concerns identified by private respondents:

- Involvement from private sector in development and control of process (2)

Most frequent concerns identified by library respondents:

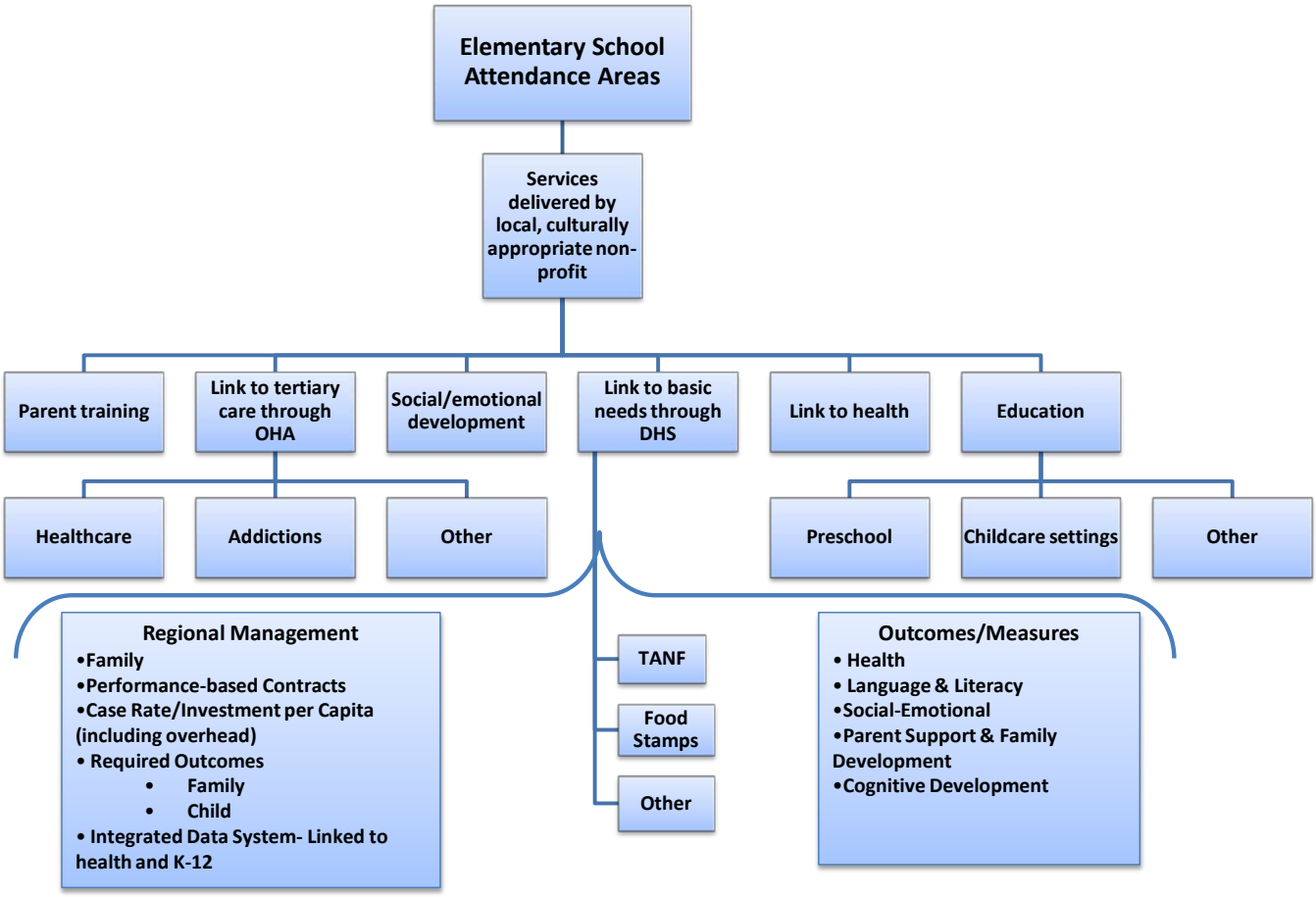
- Restore Ready to Read Grants (4)

Most frequent concerns identified by Relief Nursery respondents:

- Evidence-based programs (2)

Overall, respondents were positive about the opportunity for increase collaboration and coordination across service providers and increased partnerships. Respondents were encouraged by the focus on prevention and family integrity. There was concern about lack of funding and resources, as well as a concern that administrative and bureaucratic procedures will inhibit the successful and efficient implementation of initiatives. Additionally, many respondents noted historical barriers, "turf wars" and similar issues as hindrances to successful coordination of services. Respondents urged building on existing programs, infrastructure, partnerships, and expertise. Investing in professional development, having clear goals and metrics for measuring success, and utilizing evidence-based practices were also highly encouraged.

Regional Structure



Attachment B: Early Learning Design Team

Early Learning Design Team Members

Lynne Saxton (Chair): Executive Director, Youth Villages/ChristieCare of Oregon, Portland
The Honorable Representative Sherrie Sprenger, Scio
The Honorable Representative Tina Kotek, Portland
The Honorable Senator Alan Bates, M.D., Medford
The Honorable Senator Jackie Winters, Salem
Dick Withnell: Business Leader, Oregon & Marion County Commissions on Children & Families, Keizer
Bob Stewart: Superintendent, Gladstone Public Schools, Gladstone
Annie Soto: Executive Director, Head Start of Lane County, Springfield
Pam Curtis: Deputy Director, Center for Evidence Based Policy, Portland
The Honorable Annabelle Jaramillo: Benton County Commissioner, Corvallis
The Honorable Tammy Baney: Deschutes County Commissioner, Bend
Joanne Fuller: Chief Operating Officer, Multnomah County, Portland
Sue Miller: Executive Director, Family Building Blocks, Salem
The Honorable Judge Nan Waller: Presiding Family Court Judge, Multnomah County, Portland
Bonnie Luisi: President, Oregon School Employees Association, Hermiston
Mary Louise McClintock: Oregon Community Foundation, Portland
Kathleen O'Leary, RN, MPH: Washington County, Hillsboro
David Mandell: Research Director, Children's Institute, Portland
Craig Campbell: Former Commissioner, Oregon Commission on Children and Families, Salem
Rita Sullivan: Executive Director, On Track Inc., Medford
Kara Waddell: Administrator, Child Care Division, Oregon Employment Department, Salem
Charles McGee: Executive Director, Black Parent Initiative, Portland
Sean Kolmer: Office for Oregon Health Policy and Research, Tigard
Erinn Kelley-Siel: Interim Director, Oregon Department of Human Services, Portland
Christa Rude: Administrator, Wasco County Commission on Children and Families, The Dalles
Judy Newman: Co-Director of Early Childcare at U of O - EI/ECSE Program for Region 7, Eugene
Eva Rippeteau: Oregon AFSCME, Portland
Patti Whitney-Wise: Oregon Hunger Relief Task Force, Portland

Presentations to Early Learning Design Team

http://www.oregon.gov/Gov/OEIT/OregonEducationInvestmentTeam.shtml#Early_Learning

Jim Adams, Chair, Jackson County Commission on Children and Families

- Early Learning Design Concept

Katherine J. Bradley, Administrator, OHA office of Family Health

Andraé L. Brown, PhD, Assistant Professor in Counseling Psychology, Lewis and Clark

- Families and Education: The Missing Link

Deanne Crone, Ph.D.: Center on Teaching and Learning, University of Oregon

- Birth to Five and the School Readiness section of the Oregon Literacy Plan.

MaryKay Dahlgreen, Library Development Program Manager

- Ready to Read Grant program

Pam Deardorff, Portland State University

Donalda Dodson, Oregon Child Development Coalition

- Latino Report

Debs Dunn, Center Director, Rockwood KinderCare

- Public-Private Partnerships and Innovative Solutions

Andrew Grover, Director of Program Development and Data Systems, Youth Villages/Christie Care

Marilyn Harrison, Chair WCCCF

Ron Herndon, Director of Albina Head Start and Chairman of the National Head Start Association

Nancy Johnson-Dorn, ODE director of Early Childhood Education

Alison Kelley, **Director, Marion County Children and Families Department, Coalition of Local Commissions**

- Local Accountability

Erinn Kelly-Siel, Director, Department of Human Services

Emily Jenson, Forum for Youth Investment

Sean Kolmer, Governor's Office

Nancy Latini, ODE Assistant Superintendent

- EC Special Education and Oregon Pre K/Head Start

Heidi McGowan, Executive Director, Oregon Commission for Child Care

Sue Miller, Executive Director, Family Building Blocks, Salem

Dawn Norris, State of Oregon Child Care Division

Mike Radway, Senior Director, Government Relations, Knowledge Universe

Holly Remer, Executive Director, Healthy Beginnings

- Healthy Beginnings & Universal Screenings: Community Need - Community Investment

Sandra Potter-Mardquart, Early Childhood Policy and System Development Manager, Oregon Health Authority

Tim Rusk, Executive Director, Mountain Star Family Relief Nursery, Bend

- Relief Nursery Presentation

Kathey Seubert,, Addictions and Mental Health Division
Renee Smith, Executive Director, Family Tree Relief Nursery, Albany
Matthew Solomon, Executive Director of Mid Columbia Children's Council

- P-3 Initiative

Joanne Sorte, Director, OSU Child Development Center

- Exploring Guiding Principles for a New Early Learning System: Addressing Diverse Needs through Leveling Approaches and Focused Funding

Anne Stone, Oregon Pediatric Society
Diana Stotz, **WCCCF Senior Program Coordinator**

- School Readiness Baseline Studies

Helen Visaragga, Resource & Referral system

- Oregon's Early Childhood Professional Development System

Kara Waddell, Administrator,State of Oregon Child Care Division
Bobbie Weber, Oregon Child Care Research Partnership, Oregon State University
Cate Wilcox, Maternal and Child Health Manager

- Public Health Maternal Child Health

Attachment C: Service Differentiation Matrix

Service	Targeted to 40% only	Child & families directly served	Services delivered locally	Service integration requires local coordination and local infra-structure	Impact & accountability greatest with hub-level	Regulatory	Tightly integrated with non-early childhood service	Not state funded or cost efficiencies and/or improved quality at state level	Services managed through the hub
Targeted outreach—neighborhood-focused activity	X	X	x	X	x				x
Home-visiting—abuse prevention services, health promotion services, developmental delay identification services, case management services	X	X	x	X	x				x
Crisis intervention	X	X	x	X	x				x
Client intake	X	X	x	X	x				x
Coordinated family resource management	X	X	x	X	x				x
Therapeutic classroom	X	X	x	X	x				x
Early learning		X	x						
Special education in inclusive settings	X	X	x	X	x				

Service	Targeted to 40% only	Child & families directly served	Services delivered locally	Service integration requires local coordination and local infra-structure	Impact & accountability greatest with hub-level	Regulatory	Tightly integrated with non-early childhood service	Not state funded or cost efficiencies and/or improved quality at state level	Services managed through the hub
Connecting families to early learning services—referral & supported application	X		x						x
Connecting children to culturally and linguistically appropriate early learning services (including services that meet the needs of English language learners)	X		x						x
Connecting families to high-quality early learning services	X		x						x
Connecting children and families to counseling & mental health services	X		x				x		x
Connecting families with housing, clothing, and food assistance	X		x				x		x
Connect families to child care financial	x		x				x		x

Service	Targeted to 40% only	Child & families directly served	Services delivered locally	Service integration requires local coordination and local infra-structure	Impact & accountability greatest with hub-level	Regulatory	Tightly integrated with non-early childhood service	Not state funded or cost efficiencies and/or improved quality at state level	Services managed through the hub
assistance (application and support)									
Connecting families to other services including parent education and family support	X		x				x		x
Data collection	X			X	x				x
Financial assistance for child care—ERDC & TANF	X						x-co-determination with SNAP	x	
Financial assistance for child care—other	X						x—e.g. k-12 teen parent child care		
Ensure transition from early learning programs to kindergarten		X	x	X					
Screening—includes pediatric wellness and other health screening		X	x	X			x		
Early developmental assessment		X	x	X	x				
Family support		X	x				x		

Service	Targeted to 40% only	Child & families directly served	Services delivered locally	Service integration requires local coordination and local infra-structure	Impact & accountability greatest with hub-level	Regulatory	Tightly integrated with non-early childhood service	Not state funded or cost efficiencies and/or improved quality at state level	Services managed through the hub
Parent education		X	x				x		
Health promotion							x		
Child care licensing						x		x	
Criminal records checks on providers						x	x	x	
Administrative services for managing state functions, accountability and governance (such as central intake system for hubs to use, procurement, balanced scorecard performance, HR, audits, etc)								x	
Coordination of workforce professional development services statewide						x-linked to licensing requirements		x	
Delivery of workforce training locally						x-linked to licensing requirements		x	

Service	Targeted to 40% only	Child & families directly served	Services delivered locally	Service integration requires local coordination and local infra-structure	Impact & accountability greatest with hub-level	Regulatory	Tightly integrated with non-early childhood service	Not state funded or cost efficiencies and/or improved quality at state level	Services managed through the hub
Statewide coordination of child care resource and referral services								x	
Social marketing and consumer education								x	
Quality assurance services and activities, including a Quality Rating and Improvement System for early childhood programs						Grounded in licensing		x	
Coordination between Head Start & child care								x	
Kindergarten assessment							x	x	
Integrated data system							x		

Attachment D: Screening Tool Task Force

- **Jeanene Smith,** M.D., MPH - Oregon Health Authority, Office for Oregon Health Policy & Research
- **Megan Haase,** FNP - Mosaic Medical (Federally Qualified Health Center)
- **Tricia Tillman** - Oregon Health Authority, Office of Equity and Inclusion
- **Keith Cheng**, M.D. - OHSU
- **Becky Adelmann** - Family Voice and Oregon Center for Children and Youth with Special Health Needs
- **Beth Gebstadt** - Project Launch, Office of Family Health, Oregon Health Authority
- **Carrie Leavitt** - Oregon Family Support Network
- **Charles Gallia** - Oregon Health Authority, Division of Medical Assistance Programs
- **David Labby** PhD, M.D. - CareOregon
- **Graham Bouldin** - Clackamas County Mental Health Organization
- **Karl Brimner** - Multnomah County - Dept. of Human Services, Office of Mental Health & Addiction Services
- **Laurie Danahy** - Oregon Department of Education
- **Marilyn Hartzell** - Oregon Center for Children and Youth with Special Health Needs
- **Rob Abrams** - Multnomah Education Service District - Wraparound Oregon, Early Childhood
- **Shari Sims** - Family Care Inc.
- **Dawn Wood** - Oregon Employment Dept. - Child Care Division
- **Bonnie Reagan**, M.D. – Family Practice Physician (ret.)

Co-chairs

- **Kathy Seubert** - Oregon Health Authority, Addiction & Mental Health Div.
- **Anne Stone**, Oregon Pediatric Society
- **Sandra Potter**-Marquardt, Oregon Health Authority, Office of Family Health
- **Sean Kolmer**, Office of the Governor

Attachment E: Sample Early Childhood Learning Council Evaluation Matrix

Core Concepts	Key Indicators	Methods	Sources
Community Engagement	• Oregon's children in most need of services reached • All children screened • Children who need services are referred early • Community resources available • Families satisfied with services • Teachers satisfied with school-readiness	• Population readiness assessment (EDI) • Surveys of hubs, providers, FRMs, families, teachers, and community • Database review	• Schools • Hubs • Contracted providers • FRMs • Families • Database
Child language and literacy	• Age appropriate vocabulary • Children enter first grade ready to read • Children leave first grade reading • Third-graders are reading at a 3rd grade reading level or above	• Kindergarten readiness assessment • First grade reading assessment • Third grade reading assessment	• Database
Healthy Children	• Nutrition needs met • Motor skills • Healthy weight • Children have good oral health • Children have hearing and vision correction if needed • Immunizations are up-to-date	• Family survey • FRM survey • Developmental screening tool • BMI • Oral health screening tool	• Database • Family survey • FRM survey

		• Vision screening • Hearing screening • Immunization rates	
Child social-emotional development	• Cultural identity • Healthy attachment • Behavioral indicators for school readiness	• Provider intake and notes	• Database
Parent and Family Support	• Role and engagement of father figure • Realistic parental expectation and interactions • Family/parent involvement • Family stability, including economic and basic needs	• Provider intake and notes • Family survey	• Database • Family survey
Child Cognition	• Problem solving abilities • Adaptability • Age appropriate cognition and ability	• Provider intake and notes • Kindergarten readiness assessment • Teacher survey	• Database • Schools
Resourcefulness	• Fiscal reserves • FRMs determine creative ways to meet family needs • Percentage of money devoted to administrative functions	• Provider budget and ledger • Hub budget and ledger • Family survey • FRM survey	• Providers • Hubs • Families
Evidence-based	• Most up-to-date screening tools in use • System adaptable • Providers and hubs engaged in continuous improvement • FRMs and providers engaged in continuous education	• Survey of FRMs • Hub site-visit • Provider survey	• FRMs • Hubs • Providers

Attachment F: Initial ELC Implementation Timeline

Quarter/Year	1st/2012	2nd/2012	3rd/2012	4th/2012	1st/2013	2nd/2013	3rd/2013	4th/2013
ELC director hired								
Early childhood data system operational								
Family assessment tool ready for implementation								
Screening tool identified								
Screening tool implemented								
Incentives aligned with PCPCMH for practices								
Review EPSDT requirements and begin alignment								
Kindergarten readiness test piloted								
Kindergarten readiness test implemented								
First grade reading assessment (First outcome measurement)								
Hub and provider contract provisions established								
Geographic distribution of hubs and FRMs determined (infrastructure needs identified)								
Number of starting FRMs determined								
Position description of FRMs created/ Workforce skill set defined								
Augment Workforce Knowledge and Competency Framework								
Implement statewide training for early childhood professionals								
Hubs, FRMs, and providers hired or contracted								
Financial feasibility model								
System evaluation created								
First set of outcome measures produced								

Attachment G: Early Learning Programs and Current Requirements

http://governor.oregon.gov/Gov/OEIB/Docs/EarlyChildhoodProgramGridFinal.pdf

**Please note this document needs to be printed on legal or 11x17 paper.