Children at Risk

Early Learning
Early Intervention

LEAGUE OF WOMEN VOTERS®
OF OREGON
Education Fund

E-version of this Study is available at: http://voteoregon.org/children-at-risk/

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INTRODUCTION

This League of Women Voters of Oregon Education Fund (LWVOR-EF) study focuses on children's early years—from pregnancy to age six—and looks at state governmental programs and services for children at risk. It looks at the impetus for recent legislative changes; defines *at risk*; and examines the effects of new efforts to coordinate services among various state bodies, such as the Early Learning Council (ELC), Early Learning Division (ELD), Oregon Education Investment Board (OEIB), Oregon Health Authority (OHA), Department of Human Services (DHS), and Regional Accountability Collaboratives (RAC). The study also looks at national and state funding. Underlying the report is the question:
"What's Best for Oregon's Youngest Children?"

This study provides background on Oregon's efforts to improve its educational system for young children while reducing risk factors. It is a snap-shot written in early 2015. Many changes are still being put into place, so it is too early to know specifically how Oregon will fare in these endeavors. Readers are encouraged to follow ongoing efforts to prepare young children to succeed in school, and in life, through measurable, documented early interventions.

CHILDREN AT RISK DEFINED

Many definitions of Children "At Risk" exist, but for this study we use the definition found in a 2012 Oregon law.
"At-risk child" means a child who is at risk of not entering school ready to learn due to factors including, but not limited to:

1. Living in a household that is at or near poverty, as determined under federal poverty guidelines;
2. Living in inadequate or unsafe housing;
3. Having inadequate nutrition;

4. Living in a household where there is significant or documented domestic conflict, disruption or violence;
5. Having a parent who suffers from mental illness, who engages in substance abuse or who experiences a developmental disability or an intellectual disability;
6. Living in circumstances under which there is neglectful or abusive care-giving;
7. Having unmet health care and medical treatment needs; and
8. Having a racial or ethnic minority status that is historically consistent with disproportionate overrepresentation in academic achievement gaps or in the systems of child welfare, foster care or juvenile or adult corrections." (ORS 2013 Edition Chapter 37, Section 12). 1-1, 1-2

This very broad definition recognizes the importance of stable and secure homes, adequate health care (physical, mental, dental), good nutrition, and caregivers able to focus on the positive development of children. Rather than focusing only on children with special needs or those in foster care, evidence-based studies discussed later in this report show support that all young children may require to thrive.

An added **"equity lens"** approach adopted by the Oregon Education Investment Board (OEIB) and the Early Learning Council (ELC) considers children at risk because of their race, ethnicity, English language proficiency, socioeconomic status, gender, sexual orientation, geographic location, and being differently abled. These are children historically underserved in both urban and rural areas. 1-3

Of the 45,000 children born in Oregon each year about forty percent, or 18,000, of them are considered to be at risk. Currently in Oregon, many children are not identified early enough to provide early intervention services. **Only 32% of children under age 6 received a developmental screening in Oregon in 2011-2012. Yet before beginning school 90% of all of Oregon's children will be seen by a medical provider, and 60% will show up in a daycare setting.** Coordination between health care (physical, mental, dental) and social services can identify those youngsters who need early intervention services. 1-4

1. MANY INFANTS AND CHILDREN FACE HIGH ODDS OF FAILURE

Who are the children at risk?
They are *invisible* and *underserved*.
They are unlikely to be ready to learn when entering kindergarten.
These demographics show some of the challenges.

- In 2012, 50% of Oregon children under the age of 6 lived in families with incomes less than $23,283. 86% of young children whose parents do not have a high school degree live in low-income families.1-5
- In 2012, 42% of young white children lived in low-income families. 74% of young black children lived in low-income families. 71% of young Hispanic children lived in low-income families. 66% of young American Indian children lived in low-income families. 62% of young children of immigrant parents lived in low-income families. 1-6
- 29% of Oregon infants and toddlers live with a single parent. 46% of young children in low-income families live with a single parent. 1-5, 1- 6
- Oregon's babies born pre-term by race and ethnicity: White 8.7%, Hispanic 9.8%, Black 13.2%, Native American 12.8%, and Asian 9.2%. 20.1% of uninsured women have pre-term babies 1-7
- 43% of Oregon births are covered by Medicaid. 1-8
- 14% of Oregon Supplemental Nutrition Assistance Program (SNAP) participants are under age 5. 23% of Women Infants and Children (WIC) recipients are infants. 1-9
- An estimated 9,529 of the 38,216 homeless Oregon children are under age 6. 1-10
- 28% of Oregon's maltreated children are under age 3. 1-11
- 42% of households receiving Temporary Assistance for Needy Families (TANF) in Oregon had at least one child under age 3. 1-12
- 34% of Oregon children entering foster care are under the age of 3.1-13
- By 16-18 months, word learning is significantly affected by economic background.1-14

Children First, Oregon County Data Book, provides specific county data. Children's Trust Fund of Oregon linked these ten family factors to neglect and abuse: poverty, unemployment, food stamp usage, births to teen mothers, single status, less than high school education, low birth weight, domestic violence calls, drug related arrests, violent crime. County demographic maps show areas of the state with the greatest risk factors. 1-15

2. PRENATAL TO SIX IS CRITICAL

"Timing is everything," says child trauma specialist Dr. Bruce Perry in talking about brain development. 2-1 When the brain is changing the most, and doing so quickly, that is the time to make a difference. Dr. Perry uses the analogy of a home that is 90% built; **90% of brain development takes place by 3-4 years of age.** 2-2 "The first three years of life are a period of incredible growth in all areas of a baby's development." 2-3

With the advancement of neuroscience, researchers now know that the foundation of how the brain works for the rest of one's life is formed at a young age, although some brain plasticity for further development is life-long. Brain development is maximized by positive relationships and interactions with others at an early age, thus building a child's well-being from a physical, mental and emotional perspective.
All of a child's experiences influence the formation of the brain. As the brain develops, it requires stimulation at specific times in order for systems to function at their best. Learning to read and write shouldn't start in kindergarten or first grade. Developing language and literacy skills should begin at birth through everyday loving interactions – sharing books, telling stories, singing songs, and talking to one another. By providing nurturing, positive experiences to very young children brain functioning is promoted for a lifetime. 2-4, 2-5

Positive attachment is the foundation for positive experiences for a child. Development in many other areas is rooted in the development of a healthy attachment to a primary caregiver. These areas include development of emotional, social, cognitive and self-regulatory capabilities. A recent study found infants under age 3 who do not form strong bonds with their mothers or fathers are more likely to be aggressive, defiant and hyperactive as adults. These bonds, or secure attachments, are formed through early parental care. The approximate 40% who lack secure attachments are more likely to have poor language skills and behavior issues before entering school. This effect continues throughout the children's lives, and such children are more likely to leave school without higher education or technical job training. 2-6, 2-7

The earliest developmental period in a child's life provides the greatest opportunity to have a positive impact. Researchers examining early childhood studies and economic data bring to the forefront the question, "Why have we waited so long when the statistics are so clear? Money spent here may be the best financial investment a society can make. The return on investment really pays off." 2-8

VIDEOS: CHILDHOOD DEVELOPMENT & PUBLIC POLICY

Because learning is interactive, before reading further, we urge you to watch a few of these short videos on maximizing the human potential of young children. The LWV committee selected these as an integral part of the Study, "Children at Risk: Early Learning, Early Intervention" to convey complex information in a brief time frame. Each is available via Internet by clicking on the underlined links below or at our web site http://voteoregon.org/children-at-risk/ within the longer e-version of this Study.

- **"*Change the First Five Years and you Change Everything!*"** http://www.youtube.com/watch?v=GbSp88PBe9E&feature=kp is a four-minute video highlighting the difference between children at risk and those who have established stronger interpersonal relationships.
- ***"Infant Brain Development – The Critical Intervention Point"*** https://www.youtube.com/watch?v=_0EYXx9iI64 explains in seven minutes that the child's brain is 24% "wired" at birth, 75% by age one, and by age three has achieved 90% of its development. This small period of time in a child's development is critical.
- The interactive ***"Baby Brain Map"*** on this web site http://www.zerotothree.org/child-development/brain-development/baby-brain-map.html shows areas of the brain responsible for movement, touch, language, vision and hearing at different ages. It shows what parents, grandparents and other caretakers might do to positively influence a child's development.
- "The nine months before birth shapes the rest of our lives," per Annie Murphy Paul in Origins and in this eight-minute TED talk "***What We Learn Before We're Born"*** http://www.ted.com/talks/annie_murphy_paul_what_we_learn_before_we_re_born
- ***"Saving Brains"*** shows what it takes to develop the full potential of children. https://www.youtube.com/watch?v=vw0TkwjjpZU&feature=youtu.be
- ***"Working for Outcomes for Children: The 5-minute Story"*** explores risk factors for children and then explores practices and policies that make a difference. http://developingchild.harvard.edu/resources/multimedia/videos/theory_of_change/
- ***"The Statistics Lottery"*** five minute video considers ways to narrow the learning gap between children from low-income families and their more affluent peers, why that gap occurs and how to close it. http://gradelevelreading.net/video-the-statisticks-lottery
- A half-hour documentary **"*The Raising of America, Are We Crazy About Our Kids?"*** uses return-on-investment economic analysis of funding and policy issues for the early years prenatal to age six. http://www.raisingofamerica.org/?q=crazy-about-our-kids

RECENT HISTORY OF CHANGES IN OREGON FOR EARLY LEARNING

Over the past five years many changes in Oregon have been directed toward at-risk infants and children as part of a larger prenatal-to-age-20 (P-20) education reform.*

ACTION	DATE	ACTION
Federal gov't announced "State Advisory Councils on Early Childhood Learning and Care" Grants	2009-2010	Gov. Kulongoski issued an executive order to establish Early Childhood Matters Advisory Council to meet grant eligibility
"40-40-20" Gov. Kitzhaber announced educational reform and Early Learning Transition Team	2010-2011	SB 909 established Oregon Education Investment Board (OEIB)
		SB 4165 codified six priorities for Early Learning Council (ELC)
Oregon received Race to the Top, Early Learning Challenge Grant (RTT)	2012	
	2013	HB 3234 created Early Learning Division (ELD) within Oregon Dept. of Education
HB 2013 implemented the Early Learning Plan and called for Requests for Applications for regional accountability groups called Hubs		Oregon Commission on Children and Families was disbanded and funds transferred to the Early Learning Division
Early Learning Council (ELC) and Oregon Health Policy Board (OHPB) team for critical alignment and integration	2014	First regional early learning accountability Hub contracted
Oregon Department of Human Services (DHS) regional meetings in August 2014 placed a priority on working jointly with Early Learning Hubs		Five additional regional Hubs contracted
		Geographic boundaries for all 16 Hubs defined; 14 of 16 are anticipated to be operational by early 2015
The Legislature will determine funding for 2015-2017	2015-2017 +	Many proposed bills in the Oregon Legislature in the 2015 session consider support for children at risk

* While Oregon is indeed unique in some ways, it is not acting in isolation; similar changes are occurring in other states. See the on-line **Detailed Supplement** section ***Oregon Early Learning System from a Federal Framework*** at **http://voteoregon.org/children-at-risk/** to understand how recent federal funding changes influenced new Oregon legislation and resulted in restructuring of the delivery of early learning services. The above chart provides a very brief summary of pertinent legislation and activities addressing restructuring to Oregon's delivery system for services to Children at Risk—Early Childhood, Early Learning.

4. FOLLOW THE LEGISLATION & MONEY

For the past two decades, a key player in the welfare of children at the local level was the County Commission on Children and Families. Sweeping changes in the past few years have replaced these organizations with regional accountability Hubs. A brief history follows.

The Oregon Commission on Children and Families (OCCF) was created in the 1993 Legislative Session through HB 2004 to set policies for services to children and families, to require comprehensive planning, to insure that state and federal funds are available, and to enable counties to supervise local services. State and county boards were appointed and OCCF administration was funded effective July 1, 1993. County CCFs were required to submit comprehensive plans before receiving funds for local services beginning in 1996. In 1999 legislation required evidence based research as the basis for local funding decisions, SB 555. Local boards had discretion in developing local collaborative programs in response to local needs, but they were required to supervise budgets and report outcomes. 4-1

An Oregon Commission for Children and Families (OCCF) statewide data system was established and staff recorded local outcomes. Legislators were not satisfied with the data at the state level and queried state officials. In 2003 the state budget crisis resulted in a decrease in state funding, which continued through the following biennia. County leaders and state legislative representatives continued to support local services in their areas, but the data quality remained an issue. In 2011 Governor Kitzhaber proposed a new administrative structure to emphasize the goal of readiness for school, including coordination of health and human services for the pre-school population. An Early Learning Design Team was appointed to review the research data on early learning programs. 4-2

The Governor submitted SB 909 in the 2011 Legislative Session to establish the Oregon Education Investment Board (OEIB) with the goal to improve the educational system from birth through higher education. The bill included an Early Learning Council (ELC) for school readiness services to children 0-6 and a Youth Development Council (YDC) for services to children 6 to 20. The bill required an ELC plan by December 2011. Recommendations were submitted by the OCCF and the Association of Counties regarding a transition from OCCF to the Department of Education. 4-3

The 2013 Legislature approved transfer of the prevention programs from OCCF to the Early Learning Division (ELD) and created the Youth Development Division (YDD) within

the Department of Education (HB 3234 and HB 3231). The Oregon Commission for Children and Family funds were transferred to the Early Learning Division and Youth Development Division within the Department of Education on July 1, 2013 when the OCCF agency ceased to exist. The following year the counties received funding to continue local services while the Early Learning Division established requirements for regional hubs and plans for administration and services in those regional areas. A gap in funding still existed after July 2014 because Hub plans were not finalized until 6 months later in some areas. The Early Learning Plan was implemented in the 2013 Legislative Session through HB 2013. The new program is to provide services to families to prepare children for kindergarten. 4-4

Oregon Comprehensive Children's Budget in 2012

Historically, funding for children's well-being was scattered across several state agencies, and it was difficult to see how the agencies coordinated budgeted services and where they operated in isolation from one another. The development of the first Oregon Comprehensive Children's Budget in 2012 (required per HB 4165) looked at all funding sources directed toward children. This compilation did not mean that children's services received increased funding or that funding levels were adequate, simply that they were finally viewed in one document rather than being scattered across many departmental budgets. 4-5, 4-6, 4-7, 4-8

5. EARLY LEARNING STRUCTURE IN OREGON

The legislation described above put in place a new structure for Early Learning in Oregon.

The **Early Learning Council (ELC)** has been given broad authority. The ELC, appointed by the Governor, has six priorities as outlined in the 2012 House Bill 4165:

1. Promote outcomes based on collaboration, competition and local creativity
2. Integrate Early Learning with Head Start, Oregon Pre-K, Early Intervention and Early Childhood Special Education
3. Oversee consistent screening and developmental readiness of young children
4. Develop quality ratings in childcare facilities and make those ratings more accessible to parents
5. Maintain accountability for early-learning efforts and report to the Oregon Legislature
6. Compile and oversee a Comprehensive Children's Budget 5-1

The **Early Learning Division (ELD),** which is functionally within the Oregon Department of Education but under the directive of the Early Learning Council (ELC) and the Oregon Education Investment Board (OEIB), is charged with the mission to assure: **"All children are ready for kindergarten and reading in 3rd grade, children are raised in stable and attached families, and resources and services are integrated statewide."** The Early Learning Division has launched several Core Initiatives. These include: community support for children and families, connecting to healthcare, improving child-care quality, and enhancing Pre-K engagement and social experiences. 5-2

Hubs: Community Support for Children and Families

HB 2013 (2013) established a system of regional collaboratives, also called Early Learning Hubs or simply Hubs, to administer the delivery of services within 16 regions in the state. These Early Learning Hubs are charged legislatively with five core responsibilities:

1. find the children who need help the most
2. work with families to identify specific needs
3. link families with service providers who can best address their needs
4. account for outcomes collectively and cost effectively
5. work across traditional program boundaries to achieve collective community accountability

Hubs are collaborative service arrangements among local government and non-government providers of services in early-childhood care, health, education, and family support. Hubs are based on a collective-impact theory of action, in which cooperation, interaction, and sharing information across historical boundaries accomplish more than what each agency working in isolation might do alone. Different service providers share a common agenda and measurement system; reinforce one another's efforts; continuously communicate to learn, adapt, and improve outcomes; and are bolstered by an independent staff that maintains and supports the vision and strategy. 5-3, 5-4

Early Learning Hubs are statutorily required to work with healthcare providers, human services, K-12 education, early-education providers and businesses. Hubs are also required to work closely with local governments, tribes, parents, and families. One of the Hub's operating premises is that at-risk children will receive early intervention, moving them along the spectrum toward readiness for learning in kindergarten and beyond. 5-5, 5-6, 5-7

Hubs are encouraged to coordinate all of the funding streams available to children and families, not just monies flowing directly through the Department of Education or federal grants for the development of early learning. "The funds provided directly via the Early Learning Council should be viewed as the floor, not the ceiling. Coordination of state-level services provided from the Oregon Health Authority (OHA) and Oregon Department of Human Services (DHS) with regional and local agencies serving children and families is important for the early identification of children at risk and provision of wrap-around services across agencies. 5-8, 5-9, 5-10, 5-11

Early Learning Hubs are each directed to:

- Include service providers, parents, community members, county governments and school districts and other stakeholders in the creation of the Hub
- Align services coordinated by the Hub with the services provided by public schools
- Align services coordinated by the Hub with health services provided by Coordinated Care Organizations and county public health departments
- Integrate efforts across health, K-12 education, human services, early education and the business community using coordinated and transparent budgeting as well as a governing body with representation from each of the above sectors and parents of children using the early learning services
- Demonstrate an ability to improve results for at-risk children
- Leverage additional private and public funds – including in-kind support
- Keep administrative overhead at 15% or lower 5-12

Time is needed to know how effective Hubs will be in obtaining and prioritizing funding for young children most at risk and in creating a synergistic collaborative effort among all the participating groups.

Hub Geographic Areas

HB 2013 (passed in 2013) stipulated the Request for Applications (RFA) process for the establishment of no more than 16 regional accountability Hubs. Counties within Oregon had an opportunity to consider how they wished to band together to form regional accountability Hubs and submitted applications in a rigorous RFA process. Following this competitive RFA procedure and extensive technical assistance to applicants the initial six Hubs contracted by mid-2014 include:

- Early Learning Hub, Inc. (Marion—with Polk added later)
- Yamhill Early Learning Hub
- Frontier Oregon Services Hub (Harney and Grant)
- South-Central Oregon Early Learning Hub (Douglas and Lake—with Klamath added later)
- Lane Early Learning Hub
- Early Learning Multnomah

A great deal of online information is available about the initial six Hubs. 5-13

On June 25, 2014, Early Learning Hubs Round Two announced eight more Hubs:

- Blue Mountain Early Learning Hub (Umatilla, Morrow, Union)
- Clackamas County Early Learning Hub
- Eastern Oregon Community Services Hub (Malheur, Wallowa, Baker)
- Linn Benton Lincoln Early Learning Hub
- North West Regional Early Learning Council (Columbia, Clatsop, Tillamook)
- Southern Oregon Early Learning Services Hub (Jackson, Josephine)
- Washington County Early Learning Hub
- Wellness and Education Board of Central Oregon (Crook, Jefferson, Deschutes)

The June 2014 selection committee directed that two counties be incorporated within already contracted Hubs. Polk County joined Marion County in Early Learning Hub, Inc. Klamath County joined with Douglas and Lake Counties in South Central Oregon Early Learning Hub.

The South Coast Regional Early Learning Hub (Coos and Curry Counties with Coastal Douglas County near Reedsport) and the Four Rivers Early Learning Hub (Sherman, Gilliam, Wasco, Wheeler, and Hood Counties) were told extensive technical support from the ELC and ELD was needed before they are ready for contracting. These two additional regions have been geographically reserved to reach the maximum 16 Hubs allowed by statute.

The Early Learning Division will provide state level support and monitor the metrics for evidence-based data on Hubs' impact with young children and their families. 5-14

The Budget: Early Learning Division

The Early Learning Division (ELD) portion of the Department of Education Budget includes the Office of Child Care, Early Intervention and Early Special Education, Early Head Start, and Pre-Kindergarten programs. The Department of Education Budget also includes the Early Learning Council staff and operation costs, federal funds for Head Start, and state funds for Early Intervention—Special Education, and Pre-Kindergarten programs. 5-15

The direct Budget for the Early Learning Division for the 2013-15 biennia included

- $4.3 million for regional Hub formation

- $4 million for Kindergarten Readiness
- $387,618 for Healthy Start and Relief Nurseries
- $2.2 million for the continuation of current county programs
- $720,000 for counties ($20,000 each) to administer existing programs during the bridge year(s) while the 16 Hubs were established

Federal "State Advisory Councils on Early Childhood Education and Care Grants" and federal "Race to the Top" monies have encouraged major restructuring in many states including Oregon (see the online Detailed Supplement section: Oregon Early Learning System from a Federal Framework). However, these grants are small compared with other funding that flows to states from the federal government. **The three largest federally funded child care and early education programs are: the Child Care and Development Block Grant paying for some Employment Related Day Care programs (ERDC) in Oregon, Temporary Assistance for Needy Families (TANF), and Head Start**. It is hoped that by creating a synergistic impact among the agencies administering these funds, the at-risk factors for families and young children may be reduced while increasing the probability of their success.

6. 2015 – ANTICIPATED NEXT STEPS TO WATCH

It will take time for recent changes in the delivery of services in the Early Learning System to mature, yet children can't wait. Community members and advocates for children are encouraged to follow the rollout of the sixteen regional Hubs throughout Oregon and monitor other Early Learning Core Initiatives. **The current level of state funding provides services for only about 50% of the children who need early intervention or special education even though funds were increased in the 2013 legislative session.** Head Start and Early Head Start reach only 40% of eligible children. Relief Nurseries are funded only in 16 locations statewide. 6-1
Local observers may watch to see if the children most in need of early intervention services are reached and if services are coordinated with health, human services, K-12 education, early education and businesses within their geographic region. The success of the Hub system will depend on sufficient funding as well as local support for coordination of services.

Outlook for 2015:

In making recommendations for the **Budget for the Early Learning and Affiliated Services for 2015-2017**, Oregon Education Investment Board (OEIB) November 2014 meeting materials stated, "**Healthy babies, stable and attached families, and quality childcare and early learning experiences are what is best for Oregon. More students, especially students of color and students from poverty must begin kindergarten ready to learn both academically and socially**. The creation of an early learning system, grounded in the community and involving all partners, leverages collective impact to produce family stability, health, and school-readiness." OEIB's budget recommendation to the Governor included "age three to grade three" or P-3 funding recommendations for the K-12 budget and an additional $135 million for early learning:

- Aligned Home Visiting ($10 M)
- Early Intervention/Early Childhood Special Education ($15 M)
- Employment Related Daycare ($55 M)
- Targeted Pre-school Strategy ($30 M)
- Early Learning Hubs ($20 M)
- K-Readiness Partnerships and Innovation ($5 M)

Governor Kitzhaber's Recommended Budget (GRB) for the next biennium was released in December 2014 for consideration by the legislature. Sen. Devlin and Rep. Buckley, the co-chairs of the Legislature's Joint Ways and Means Committee released the Co-Chairs' Budget Framework for 2015-17 in January. The "actual" budget is determined by the 2015 Legislative session and will be finalized in the Legislatively Approved Budget (LAB) in July 2015. The early learning and early intervention aspects of the Governor's Recommended Budget (GRB) and the Co-Chair's Budget (CCB) are discussed in the Detailed Supplement section of this Study. Follow the 2015 Legislative session to determine what is actually budgeted. 6-2

The **Early Learning Hub Metrics Committee** recommendations are included in the February 2015 report to the Legislature defining measurements for success of the Early Learning Hub Demonstration Projects. While the Oregon Education Investment Board (OEIB) supports a comprehensive database system (delayed in startup by funding, privacy and technology issues), the Hubs are presently constrained by the lack of a state-level early learning data system and the inability to get an unduplicated count of children and families accessing state early-learning services. 6-3, 6-4, 6-5

An **Early Learning Council Equity Lens Subcommittee** has developed policies to implement culturally responsive practices and examine institutional or systemic barriers and discriminatory practices that have historically limited access for many students in the Oregon educational system. Equity Lens emphasizes racial equity because race and ethnicity continue to compound disparity. Target populations include communities of color, immigrants, migrants, and low-income rural populations. 6-6

7. WHAT YOU CAN DO

From a regional perspective, ask questions of your regional Hub and your local child-care facilities:

- Are at-risk children receiving needed services at an earlier age?
- Are funding levels for these services adequate? Are dollars actually spent on children and families in local service settings?
- Do agencies and organizations work together to break down historic barriers offering coordinated services to make access more family friendly?
- Are families able to find assistance for children with high risk factors through "any door" in the community through education, social services or healthcare providers?
- How is success being documented?
- How does the Return on Investment (ROI) over the lifetime of a young child who receives early intervention services reduce public costs for unemployment, housing, nutrition, incarceration, health care, and more?
- What are examples and evidence that the five sectors are really aligning their programs, resources and services?
- How is the Equity Lens concretely changing the funding and organization of local service delivery systems?

At the State level consider:

- When will the state's proposed OEIB database be able to count unduplicated services to individual children and track their success in school?
- Are adequate services in place to promote health (physical, mental, dental) of young children?
- If Oregon is to improve our alarming statistics on children's well-being (demonstrated on the swing-set graphic earlier in this study on page 4) what more can be done? Are the measurable outcomes improving?
- Is there funding for increased enrollment in Head Start, Early Head Start and other quality early learning programs?
- Are there educational opportunities for parents with low basic skills so that they can be more effective partners in the education of their children? (42% of U.S. English-speaking adults fit into the low basic skills category)
- How will funding these Early Learning programs impact the K-12 programs? Is funding sustainable?

- As Oregon moves to statewide full-day kindergarten in 2015 and considers increasing the number of school days, will early learning receive adequate funding?
- Is a transparent and seamless link being created across early learning and K-12 efforts?
- Will the 2015 Legislature significantly increase funding for Early Learning?

This report is *a snap-shot in time* for Oregon from early 2015. LWVOR-EF will continue to provide timely information through the Children at Risk web link: http://voteoregon.org/children-at-risk/ where you may access the longer online version of this study with **Detailed Supplement** and the direct links for footnotes, references, bibliography and Drop Box.

Click here to view LWVOR-EF Children at Risk Drop Box 2014-15
https://www.dropbox.com/l/9KVQVE7XUlns8ifdYV4KMp library of state and national information compiled while writing this report. Drop Box was created for a library of items that were current at this writing but might, at some point, be removed from Internet links.

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An important part of League of Women Voters of Oregon Education Fund (LWVOR-EF) studies is the information and perspective we gain from conversations and information exchange with those who are immersed in the subject of Early Learning, Early Intervention and Children at Risk. We were fortunate to have many individuals and organizations open their doors to us.
The **Oregon Early Learning Council** exemplified open access to meetings with video and telephone conferencing as well as open public meetings. The ELC and ELD also provided written materials. LWVOR-EF expresses appreciation to the ELC members of 2014: Pam Curtis (chair), Harriet Adair, Vikki Bishop,

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Acronym	Definition
40-40-20	Goal that by the year 2025, 40% of adult Oregonians will have a bachelor's or advanced degree, 40% will have an associate's degree or a meaningful postsecondary certificate, and all adult Oregonians will have a high school diploma
AAP	Academy of Pediatrics
ACEs	Adverse Childhood Experiences (ACE) was a landmark public health study
ACF	Federal Administration for Children and Families (ACF)
AMH	Addictions and Mental Health Division, Oregon Health Authority
ARRA	American Recovery and Reinvestment Act of 2009
ASD	Autism Spectrum Disorder
ASQ	Ages and Stages Questionnaire (ASQ) tool for general development screening
ASQ-3	Ages & Stages Questionnaires®, Third Edition
ASQ-SE	Ages & Stages Questionnaires®: Social-Emotional
CCDBG	Federal Child Care and Development Block Grant
CCOs	Coordinated Care Organizations, 15 in Oregon
CF	Collins Foundation
CNS	Child Neurology Society
DHS	Department of Human Services
DM	Developmental Milestones
EHS	Early Head Start, administered by the U.S. Department of Health and Human Services
EI & ECSE	Early Intervention and Early Childhood Special Education
ELC	Early Learning Council
ELD	Early Learning Division within the Department of Education
ELDPs	Early Learning and Development Providers
EPSDT	Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit requires screening at each well-child visit
ERDC	Employment Related Day Care
FASD	Fetal Alcohol Spectrum Disorders
FFF	Ford Family Foundation
FTE	full-time equivalent (40 hour/week employee)
GAO	U.S. Government Accountability Office
GRB	Governor's Recommended Budget, released for the next biennium by December 1
HB	House Bill
HHS	U.S. Department of Health and Human Services
HS	Head Start, administered by the U.S. Department of Health and Human Services
HSC	Federal Health Services Commission
Hubs	A system of 16 regional collaboratives, also called Early Learning Hubs
IDEA	Federal Individuals with Disabilities Education Act
IFSP	Individual and Family Services Plan
K-12	Kindergarten to Twelfth Grade
K-3	Kindergarten through Third Grade
KRA	Kindergarten Readiness Assessment assesses three areas – early literacy, early math and approaches to learning
LAB	Legislatively Approved Budget
LC	Legislative Concept
LWVOR-EF	League of Women Voters of Oregon Education Fund
M-CHAT-R/F	Modified Checklist for Autism in Toddlers, Revised with Follow-Up
MMT	Meyer Memorial Trust
OCCF	Oregon Commission on Children and Families
OCF	Oregon Community Foundation

OEIB	Oregon Education Investment Board
OHA	Oregon Health Authority
OHP	Oregon Health Plan
OHPB	Oregon Health Policy Board
OPEC	Oregon Parenting Education Collaborative, multiyear grant program partnership among foundations OCF, FFF, MMT and CF, along with OSU
ORS	Oregon Revised Statutes
OSU	Oregon State University
P-20	Prenatal to Year 20--Prenatal through Community College
P4P	Pay for Prevention
PCPCHs	Patient-Centered Primary Care Homes
PEDS	Parents Evaluation of Developmental Status
QRIS	Oregon's Quality Rating and Improvement System
RAC	Regional Accountability Collaboratives
RFA	Request for Applications
ROI	Return on Investment
RTT	Federal Race to the Top, Early Learning Challenge Grant
RTT–ELC	Race to the Top 2 – Early Learning Challenge
SAC	State Advisory Council on Early Childhood Education and Care
SAC	State Advisory Council on Early Childhood Education and Care, Federal generic term. ELC in Oregon
SB	Senate Bill
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
WIC	Women Infants and Children
YDC	Youth Development Council
YDD	Youth Development Division within the Department of Education

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Detailed Supplement

The LWVOR-EF Study Committee started work in 2013 with a publication deadline of March 2015 to comply with program planning at the Local League level in order to inform local communities about the major changes in Oregon for Children at Risk, Early Learning and Early Intervention. **It will take time for the system changes to become fully implemented and show results.** The basics of recent changes are outlined in the body of this Study. The following Detailed Supplement section captures specific topics in more depth—it is a compilation from many sources gathered here for ready reference for readers wanting more detail. This is written as a snap-shot in early 2015, many additional changes will unfold in the 2015 Oregon Legislature and as state agencies continue to break down silos to accomplish **"What's Best for Oregon's Youngest Children?"** Substantial work within regional collaborative Hubs and connections with local communities is yet to be done since Hubs are in their infancy.

Click here to view LWVOR-EF Children at Risk Drop Box 2014-15
https://www.dropbox.com/l/9KVQVE7XUlns8ifdYV4KMp
Check there for information evolving after publication.

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A. OREGON EARLY LEARNING SYSTEM FROM A FEDERAL FRAMEWORK

One of the main drivers for restructuring Oregon's programs for young children, especially those at risk is grant funding from federal agencies that flow to states for distribution to reform early learning. While Oregon is unique in some ways, similar changes are occurring in other states. **Changes in legislation and restructuring of the early learning system make more sense when viewed through this federal framework.** A maze of disjointed, sometimes duplicative efforts resulted in disjointed efforts. Federal programs took important steps toward shaping early childhood policy decisions, decreasing fragmentation, and integrating services for young children as they worked with each other and with agencies at the state level. In 2012 the U.S. Government Accountability Office (GAO) said, "The Departments of Education and Health and Human Services should extend their coordination efforts to other federal agencies with early learning and child care programs to mitigate the effects of program fragmentation, simplify children's access to these services, collect the data necessary to coordinate operation of these programs, and identify and minimize any unwarranted overlap and potential duplication." A-1, A-2

2010

In 2009-10, the federal Administration for Children and Families (ACF) U.S. Department of Health and Human Services (HHS) awarded **"State Advisory Councils on Early Childhood Education and Care Grants." SAC Grants** mandated that Governors applying for these federal funds designate a State Advisory Council on Early Childhood Education and Care (SAC) to address the needs of children from birth to the age of school entry. Thus, in May 2010 Governor Ted Kulongoski issued an executive order to establish the Early Childhood Matters Advisory Council to meet the grant eligibility. Less than a year later Governor John Kitzhaber, made systemic education reform a top priority. The goal of the plan, also known as "40-40-20", is that by the year 2025, 40% of adult Oregonians will have a bachelor's or advanced degree, 40% will have an associate's degree or a meaningful postsecondary certificate, and all adult Oregonians will have a high school diploma. The goal of "40-40-20" is to provide a highly educated and trained workforce to sustain and boost Oregon's economy. An early childhood and family investment and transition team was appointed in December 2010 to address preschool children deemed to be at risk of not succeeding in school. A-3, A-4, A-4, A-6, A-7, A-8, A-9, A-10, A-11, A-12

2011

Continuing an emphasis on education priorities, the governor submitted SB 909 in the 2011 Legislative Session to establish the **Oregon Education Investment Board (OEIB)** with the goal to improve the educational system from birth through higher education. The bill included establishment of the **Early Learning Council (ELC)** for school readiness services to children 0-6 and a **Youth Development Council (YDC)**, for services to children 6 to 20. The composition of Oregon's Early Learning Council, which is appointed by the governor, complies with federal SAC grant as well as SB 909, to include a representative from each of the following: the state agency responsible for child care, the state education agency, a local educational agency, institutions of higher education in the state, local providers of early childhood education and development services, Head Start agencies, the state agency responsible for the programs under the Individuals with Disabilities Education Act, and the state agency responsible for health or mental health. Current members are listed on the oregonearlylearning.com website. A-13, A-14, A-15, A-16

2012

In 2012, Oregon also became a recipient of a second wave of federal funding through **"Race to the Top 2 – Early Learning Challenge" (RTT –ELC) Grant**, following an earlier application in 2011 that was a close runner up but not funded. Oregon received $20 million over four years to strengthen the state's

early childhood system and ensure that Oregon children reach school ready to succeed. The purpose of the RTT-ELC program is to improve the quality of early learning and development and close the educational gaps for children with high needs. This program focuses on improving early learning and development for young children by supporting efforts to increase the number and percentage of low-income and disadvantaged children, in each age group of infants, toddlers, and preschoolers, who are enrolled in high-quality early learning and development programs; and to design and implement an integrated system of high-quality early learning and development programs and services. A-17, A-18

Through RTT-ELC, states may fund reforms around four specific areas: adopting standards and assessments that prepare students to succeed in college and the workplace and to compete in the global economy; building data systems that measure student growth and success, and inform teachers and principals about how they can improve instruction; recruiting, developing, rewarding, and retaining effective teachers and principals, especially where they are needed most; and turning around our lowest-achieving schools. A-19, A-20

2013

In the 2013 Legislative Session, HB 3234 created the Early Learning Division within the Oregon Department of Education. The Early Learning Plan was implemented in HB 2013 during the 2013 Legislative Session. The **Early Learning Division's (ELD)** goal is: **"All children are ready for kindergarten and reading in 3rd grade, children are raised in stable and attached families, and resources and services are integrated statewide."** A-21

Note the parallel between the ELD mission and strategic initiatives with the federal "State Advisory Council on Early Childhood Education and Care (SAC) Grant" that requires: assessing the availability of high quality child care, identifying opportunities and barriers for collaboration and coordination among federally funded and state-funded early childhood programs, increasing services to under-represented and special populations, developing a unified data collection system, enhancing statewide professional development for pre-school providers and early childhood educators, and improvements in state early learning standards while undertaking efforts to develop high-quality comprehensive early learning standards. Oregon's Early Learning System has followed these guidelines in developing Core Initiatives. A-22, A-23, A-24

2014

The 2014 reauthorization of the federal Child Care and Development Block Grant Act, passed with bipartisan support, will assist nearly 1.5 million children in the United States who currently receive care through the CCDF. In addition, President Obama's 2015 Budget proposed increasing the Child Care Tax Credit for families with young children, who face the highest child care costs. At the same time child care costs have increased faster than the cost of living, the existing Child Care Tax Credit has lost its purchasing power. About 1.7 million families would benefit from the proposed expansion in 2015, and these families would receive an average tax cut of $600. A-25

The Oregon Early Learning Division applied for a third series of federal grants. Oregon was not one of the states awarded a Preschool Expansion Grant in December 2014 jointly administered by the U.S. Departments of Education and Health and Human Services. High-Quality Preschool Programs that could have been funded by this grant, delivered through a mixed-delivery system of providers that includes schools, licensed child-care centers, Head Start programs, and community-based organizations would have been a pilot in four areas with equity lens priority—Southern Oregon (Jackson, Josephine), Multnomah, Lane and Eastern Oregon (Umatilla, Morrow, Union) where Early Learning Hubs would have focused services on underserved populations using the Equity Lens to consider existing disparities for children of color and children in poverty in an attempt to close the opportunity gap. Additional opportunities for other federal grants in upcoming years may revisit the idea of funding diverse

opportunities for pre-kindergarten for 4 and 3 year-old children or address other priorities for early learning in Oregon. A-26, A27, A-28, A-29

B. STAFFING IN THE EARLY LEARNING DIVISION

In July 2013 the Early Learning Division (ELD) was created out of parts of three state agencies:

1. Programs from the former state Commission on Children and Families, including relief nurseries, Healthy Families Oregon, and $4.6 million amount in service funds through the Great Start ($1.3) and Family Support ($3.3) funding streams , $1.4 million amount in "basic capacity" that formerly went to county commissions on children and families, $8.4 million in former county commission funding which went on to create the Kindergarten Partnership and Innovation Fund ($4 million) and Early Learning Hubs ($4.4 million.) ELD received eight positions from this office, three of which went to ODE Shared Services in the finance and accounting team.
2. The Child Care Division from the Oregon Employment Department – now called the Office of Childcare within the Early Learning Division. ELD received 75 staff members from this office.
3. The Oregon Pre-Kindergarten Program and Early Head Start were moved from the Student Services Unit inside the Oregon Department of Education into the Early Learning Division. ELD received three positions from this program. The Division is funded through a mix of federal and general funds and employs 109 people in 10 offices across the state, including its central office in Salem. Of these employees, 56 full-time equivalent (FTE) are funded by federal grants, 8 FTE are funded by other funds and 31 FTE are funded by the General Fund. B-1

C. STRATEGIC PLAN FOR THE EARLY LEARNING COUNCIL 2015-2020

On January 29, 2015 the Early Learning Council presented a Strategic Plan for 2015-2020. ELC will revisit this Strategic Plan over time for continuous improvement. The Early Learning Division and the Hubs will utilize these guidelines when implementing services and building relationships.

Goal 1: Ready children - All children enter kindergarten with the skills, experiences and supports to succeed:

a) Develop a supply of high quality community based early learning programs that support the diversity of family values and experiences in our state, across a variety of settings.
b) Ensure equitable access for children and families to quality early learning and development programs, overcoming traditional barriers of race, culture, income and geography.
c) Provide parents with the information and support they need to meet the developmental and educational needs of their children and the child care needs of their families.
d) Develop robust educational and certification pathways for early learning providers
e) Build a consistent approach and aligned pathway between early childhood services (beginning at age 3) and K-3 education.

Goal 2: Stable and Attached Families - Families have the information and support they need to nurture and prepare their children for school

a) Strengthen supports for family health and well being
b) Engage communities in supporting children's health, development and learning
c) Strengthen birth through 3rd grade policy, planning and service coordination
d) Engage communities in supporting children's health, development and learning

Goal 3: Early Learning Services are Coordinated and Aligned with K-12

a) Strengthen birth through 3rd grade policy, planning and service coordination.
b) Strengthen systems that support cost effective results driven services.

Goal 4: The Early Learning Council is accountable/accessible to its constituents

a) Ensure implementation of the equity lens across the ELC's work.
b) Empower communities to co-create a robust early learning system and engage in policy decisions. C-1

D. CONNECTING EARLY LEARNING HUBS TO CCOs and RACs

Oregon's recent establishment of Coordinated Care Organizations (CCOs), Early Learning Hubs (Hubs) and the education-focused Regional Achievement Collaborative (RAC) are all based on the theory of collective impact. The theory of collective impact was popularized by Jeff Kania and Mark Kramer in their 2011 paper, **Collective Impact**, published by the Stanford Social Innovation Review. The concept is predicated upon a need for stakeholders to work across sectors and in coordination, rather than have a single foundation or agency impose its own principles and solutions on an effort. Such agency or foundation-focused efforts, they found, often better serve the organization's interests and perception of the problem rather than the actual problems affecting people who need assistance. D-1

The primary charge of the OEIB is to ensure that all of Oregon's students reach critical milestones on their path from birth through college & career. In 2012, the OEIB adopted key outcomes, including all kindergarteners coming to school ready to learn, third graders reading at grade level, 9th graders on track for graduation, and ultimately increased numbers of students achieving high school completion, degrees and certificates. The OEIB developed the Regional Achievement Collaborative (RAC) pilot to fund and study 12 regional partnerships that are focused on improving outcomes by aligning and leveraging the efforts, time and energy of many. The RAC project represents OEIB's commitment to the idea that it is **only by empowering those closest to the ground – removing barriers and leaving space for local innovation – that we will reach our state's ambitious goals.** Among the goals of the Regional Achievement Collaborative (RAC) is to help coordinate both distinct and overlapping community groups from across the various regional efforts already underway in Oregon. OEIB recognizes that solutions to an education problem may lie in an Early Learning project, while guiding students into productive career paths may lie in an Oregon Solutions effort designed to bring more jobs to a community. It will only be by working across these sectors and ensuring the right resources are located and secured from the various initiatives and means, that communities will be able to maximally leverage state resources to improve their communities. D-2, D-3, D-4

Coordinated Care Organizations, CCOs

The state of Oregon is undergoing a simultaneous transformation of its health care, education and human service systems. In 2012, Oregon adopted a new model for providing health care to its Oregon Health Plan (Medicaid) population. Coordinated Care Organizations (CCOs) were created to serve the health care needs of Oregon Health Plan members. A CCO, simply put, is "a local network of all types of health care providers working together to deliver care for Oregon Health Plan clients." D-5 "Coordinated care organizations work for better health, better care and lower costs by focusing on prevention, chronic disease management, earlier interventions, and reduction of waste and inefficiency in the health system." D-6 This goal of better health, better care, and lower costs is often

referred to as “Oregon’s triple aim”. While the initial focus was on serving the Oregon Health Plan (OHP) population, the larger goal is to achieve the health care triple aim for all Oregonians.

By November of 2012, fifteen CCOs had been launched around the state. Initially, the focus was on integrating physical and mental health services. More recently, dental services have been added. The goal is to provide Oregon Health Plan (OHP) patients with one point of access to coordinated, comprehensive care including medical and social services. Patient-Centered Primary Care Homes (PCPCHs) are specially certified clinics designed to be the portal to such comprehensive care. As more clinics attain this certification, more OHP patients are being enrolled in PCPCHs.

“Coordinated care organizations are required to meet quality standards or “metrics” that are posted publicly four times a year. The Oregon Health Authority uses these metrics to assess CCOs on how well they are doing in key areas such as access to care, prevention and health screenings, mental health care, and many other metrics.” D-7

Children and Health Care—Physical, Mental, Dental

In August of 2013, the “Healthy Kids” no-cost program, which is part of the Oregon Health Plan, was made available to more Oregon children ages 0-18. Families earning up to 300 percent of the Federal Poverty Level qualify for health coverage for their children. The Healthy Kids program’s mission statement says, “Expanding health coverage for children is an important step to lowering the price of healthcare for everyone. **Children without health coverage are far more likely to go without regular, preventive care** and end up getting expensive treatment in an emergency room instead. Providing health benefits to children is inexpensive compared to the cost of letting them remain uninsured, and creates economic benefit over a lifetime.” Acknowledging that a few parents will choose not to engage with the health care system for philosophical reasons, the goal is for 95-98% of Oregon’s children to have health care coverage. D-8

In November 2014 Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) released the “2015-2018 Behavioral Health Strategic Plan” that includes these two goals copied below relating to **Children’s Mental Health:**

Goal # 3.4: Strengthen the prevention, screening and treatment of the psychological, physical and social impacts of early childhood and lifespan trauma. D-9

In the Adverse Childhood Experiences study by Kaiser Permanente and the Centers for Disease Control, researchers identified strong, graded relationships between exposure to childhood traumatic stressors and numerous negative health behaviors and outcomes, health care utilization and overall health status later in life among adult respondents. For example, people who had experienced four or more categories of childhood exposure had 4 to 12 times the health risks for alcoholism, drug misuse, depression, and suicide attempts compared to those that had experienced none. **Presently, most adverse experiences in the early years go unresolved and unresolved traumatic experiences are highly correlated with the development of behavioral health conditions.**

The federal services reports that a significant number of people served in mental health and addictions settings have experienced traumatic events. Ninety percent of public mental health clients have been exposed to traumatic events.

Although some people develop mental illness in adulthood, more **often the onset of severe emotional and behavioral disorders occurs in childhood and interferes with critical periods of development during childhood and adolescence**. The onset of mental illness in adolescence often has a long-term impact on the individual’s capacity to function as an adult. The presence of adverse childhood experiences greatly increases the likelihood that they will be diagnosed with a mental illness or substance use disorder.

Measures of success set by Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH):

- Increased number of behavioral health professionals trained to provide treatment to young children ages 0–5.
- Increased trainings on adverse childhood experiences and trauma-informed care provided to physical health, behavioral health and helping professionals.
- Increased number of organizations that have a trauma-informed care policy that aligns with AMH's trauma-informed care policy.
- A process developed to measure and implement screening, assessment and treatment services for depression to mothers of young children.

Strategies:

1. AMH will create professional development opportunities to increase proficiency in providing treatment services to families with children ages 0–5.
2. AMH will contract with Portland State University, in partnership with Oregon Health & Science University and the Department of Human Services, to form a collaborative called Trauma-Informed Oregon.
3. AMH will work with Public Health and coordinated care organizations to develop a screening and treatment protocol for mothers of young children within primary care settings.
4. AMH will disseminate the trauma-informed care Policy to all CMHPs and their service contractors.
5. OHA will increase provision of trauma-informed care trainings to health care, behavioral health care and other helping professionals.
6. AMH will promote and provide training on the use of Wellness Recovery Action Plans for adults to people who receive and provide behavioral health services.

Goal #3.3: Develop and enhance programs that emphasize prevention, early identification and intervention for at-risk children and families. D-9

New science is constantly emerging that reinforces the importance of early childhood development. According to the World Health Organization, early childhood is the most important time in overall development; brain and biological development during the first years of life is highly influenced by an infant's environment. Early experiences determine health, education and economic participation for the rest of life.

Mental health promotion includes universal preventive interventions such as parenting education, support for growing families and creation of healthy communities and environments for children. It is needed to provide upstream prevention to families, especially those with young children. Risk factors can be addressed before they become problematic and mitigate the need for early intervention or treatment.

During the first years of a child's life, there are opportunities across systems (primary care, hospitals, early learning and behavioral health) for screening and early intervention. In a coordinated system of care, at risk families with young children would be routinely identified and served by the appropriate entity. **An effective early childhood system of care would identify, coordinate, serve and reduce risk factors for families with young children**.

Measures of success set by Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH):

- Increased provision of mental health services to children ages 0–5.
- Increased number of mental health professionals certified in an early childhood evidence based or promising practice.

Strategies:

1. AMH will develop core competencies, including cultural competencies, for early childhood mental health service providers.
2. AMH will disseminate and fund mental health best practices for young children ages 0–5 in collaboration with MAP and DHS.

3. AMH will track consultation and treatment activities mandated by early and periodic screening, detection and treatment (EPSDT).
4. AMH will expand the use of Prenatal Maternal Depression and Substance Use Disorders Screening and Treatment.

E. COORDINATING HUMAN SERVICES WITH EARLY LEARNING

Oregon Department of Human Services (DHS) held statewide meetings in August 2014, placed a priority on working jointly with: Early Learning Hubs, Coordinated Care Organizations for Healthcare, the Regional Achievement Collaborative, and expanding investment in community mental health. E-1

The state is investing $23.6 million toward **Differential Response, a new model of intervention that works to prevent children from entering foster care by connecting at risk families with community resources.** DHS has committed to more investment in proven community-based, (including culturally specific) support services to keep children in stable and attached families. E-2

DHS administers funding for an **Employment Related Day Care program (ERDC) that helps eligible low-income working families pay for child care. This helps parents to stay employed and children to be well cared for in stable child care arrangements.** ERDC helps approximately 20,000 Oregon families pay for child care for approximately 35,000 children each year. ERDC utilizes the QRIS data to help families find and keep good child care, improve the availability of quality child care in Oregon, and to develop resources for parents and child care providers. E-3

Foster Care, Pay for Prevention

The **Pay for Prevention** (P4P) program's mission is to advance evidence-based models of service delivery and innovative financing to ensure the **healthy development of Oregon's at-risk children**. A specific aim of the program is to use social innovation financing to improve prevention services for at-risk children and ultimately to **reduce the need for later and more costly foster care** and associated services. E-4

HB 5201, the omnibus budget reconciliation bill for the 2014 regular session, appropriated $800,000 General Fund to the Department of Human Services' budget for establishing the necessary legal, financial, and administrative foundations to launch a Pay for Prevention effort. Generally, the initiative will identify young children most at-risk, implement evidence-based supports designed to achieve specific outcomes, and invest in performance-based contracting that links payment to outcomes through social impact financing. The specific focus of the project is the foster care system and its associated risk factors, outcomes, and effective interventions. Pay for Prevention efforts have thus far focused on reviewing existing evidence and analyzing available data to power predictive and economic models designed to identify the characteristics of at-risk young Oregon children, their families, and communities and to determine Oregon-specific return on investment in prevention and early childhood care. Continued analysis will provide the foundation for a predictive model that will include risk factors of greatest concern, characteristics of the population of at-risk children and their families, the most common paths through the foster care system, and the identification of the specific geographic areas of greatest historical risk in Oregon. Like the predictive model, an economic model will estimate the short- and long-term costs associated with foster care placement. Pay for Prevention is increasing the understanding of the factors that put children at risk for abuse and neglect, modeling the economic consequences of foster care placement, and pointing the way to evidence-based, outcomes-oriented interventions. The work is led by the Center for Evidence-based Policy, based at Oregon Health and Science University. E-5, E-6, E-7, E-8, E-9

F. EARLY INTERVENTION and RETURN ON INVESTMENT

Numerous studies have demonstrated that for each dollar invested in pre-K preparation for learning (pre-school) the returns exceed those expected by the most skeptical investor. In December 2014 the White House released The Economics Of Early Childhood Investments. An analysis by the President's Council of Economic Advisers describes the economic returns to investments in childhood development and early education. Some of these benefits, such as increases in parental earnings and employment, are realized immediately, while other benefits, such as greater educational attainment and earnings, are realized later when children reach adulthood. In total, the **existing research suggests expanding early learning initiatives would provide benefits to society of roughly $8.60 for every $1 spent, about half of which comes from increased earnings for children when they grow up**. Nurse home visiting programs, quality child care programs and Early Head Start, preschool programs, center-based education programs for three- and four year-olds, public programs such as Head Start and state-funded preschool programs are shown to contribute to positive development and early intervention for children at risk. Long term financial benefits to society include:

- tax revenue increases and transfer payment decreases due to higher earnings
- remedial education and education system savings
- reduced involvement with the criminal justice system
- improvements in health F-1

Articles in business roundtables, the Economist, social science and education discussions frequently reference three classic studies: The High Scope/Perry Pre School Study; the Chicago Parent/Child Study; and the Abecedarian study. These studies include longitudinal data following young children to adulthood.

The High Scope/Perry Pre School Study was conducted by David Weikart and fellow researchers between 1963 – 1965 with 123 young black children ages three and four of low socioeconomic status whose parents had not graduated high school. These children had IQs between 70 and 85. An equal number of children of the same background were in a "no-program" control group. The operational foundation of this project was based on Jean Paget's brain development work: children are intentional learners and will shape their education with support of an instructor. (The instructor can also be the parent.) Five classes were conducted with classroom instruction 2.5 hours a day (October through May) and 1.5 hours per week of teacher home visits. Data was collected annually from ages 3 – 11. After age 11, data regarding outcomes of school success, personal development, crime, and socioeconomic status was collected at the ages of 14, 15, 19, 27 and most recently 39 – 41. The data shows that for a cost of $15,166 per child there was a public benefit of $195,621. "Beyond academic achievement, economic development was found to be consistently higher for those children who had received intervention when evaluated at age 27 and 40. Significantly fewer individuals in the intervention group received welfare assistance compared to the control group, whereas significantly more individuals in the intervention group owned their own homes, possessed second cars, and had savings accounts. Furthermore, not only did the intervention group have higher employment rates, but males generally had better paying jobs. In family life, significantly more males in intervention group raised their own children and were married than those in the control group." F-2

The Abecedarian Intervention Project (1972 – 1977), undertaken by the University of North Carolina enrolled a total of 111 infants randomly assigned to either a control group or the "intervention" group. All the children were at risk for "poor cognitive and academic outcomes due to their environmental circumstances" (LFC #15). This project provided year-round full-time day care for the children until they were five. Mothers were provided with coaching about how to reinforce learnings while the child was at home. Data was collected at ages 3, 5, 12, 15 and 21 from both groups. The findings included: 35% of those from the intervention group were enrolled in a four-year college compared to 14% from the control

group. The intervention group had a reduced crime rate, lower incidences of drug abuse, higher forms of employment, and decreased occurrences of teen pregnancy." F-3

The Chicago Child-Parent Project, 1985 – 1986 enrolled 1,539 low-income, minority (93% Black) children, in a half-day pre-K or a full-day kindergarten with school age services provided until age nine. The project was one of many efforts that led to the foundation of the Chicago Longitudinal Study (located at four sites) and is an ongoing project (now at 24 sites). A summary of the findings of the Chicago Child Parent (CCP) study yielded: "Results of the cost-benefit analysis indicated that each component of CCC program had economic benefits that exceeded costs. With an average cost per child of $6,730 (1998 dollars) for 1.5 years of participation, the preschool program generated a total return to society at large of $47,759 per participant. The largest benefit was program participants' increased earnings capacity projected from higher educational attainment. Economic benefits of the preschool program to the general public (taxpayers and crime victims), exclusive of increased earnings capacity, were $25,771 per participant. The largest categories of public benefits were increased tax revenues associated with higher expected earnings capacity (28%), criminal justice system savings due to lower rates of arrest (28%), savings on tangible costs for crime victims (24%), and savings on school remedial services (18%). **Overall, $7.10 dollars were returned to society at large for every dollar invested in preschool**. Excluding benefits to participants, the ratio of program benefits to costs for the general public was $3.83 for every dollar invested. The ratio of benefits to costs for government savings alone was $2.88 per dollar invested." F-4

Robert Lynch summarized the conclusions well in his Exceptional Returns piece: The 16% rate that the High Scope Perry Preschool project gained beat the 6.3% return rate generated from the stock market between 1871 and 1998. "With every child living in a low-income environment enrolled in an early education program akin to that outlined by the Perry Preschool Project by the year 2050 the United States would accrue $167 BILLION in returns. F-5

Family systems theory suggests that individuals cannot be understood in isolation from one another, but rather as a part of their family. The family (biologically related or not) is an emotional unit. Families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system. F-6 Problems may develop in a family where there is marital conflict, dysfunction of one spouse, impairment of one or more children or emotional distance. Positive parental interactions include parents spending time playing and teaching through reading, hands-on games and activities. Negative parenting ignores or neglects to use opportunities to interact. Additional factors that affect the growth of a child within a family may include: lack of speech and language development, inadequate awareness of communication, frequent changes in environment and exposure to many different languages. Acculturation, the process of adapting to another culture, occurs when persons and families move to a new country. These families can locate either in large metropolitan areas or rural areas. Some common stressors in the process relate to family separation, including the distance from family they left behind, and their ability to stay in contact; lack of power due to language barriers between parents and children; loss of respect among children as they become more independent from the family; marrying into another culture; and premarital pregnancy. Other factors contributing to family stress include immigration status, lack of adequate employment to support the family, and being isolated from families with common migration experiences. **Poverty in a family may perpetuate itself through the generations.** The inability of a family to obtain sufficient financial resources results in inability to secure adequate nutrition, clothing, housing, health care and educational advantages, not to mention the luxuries of life. If a family or the individuals in a family cannot break the poverty cycle, energies can be exhausted, hope can be lost and the dire results of inadequate financial resources continue to affect the next deprived generation. For 2010 – 2012 in Oregon 71% of children ages 3 and 4 living below the 200% federal poverty level were not attending preschool; 49% of children ages 3 and 4 living at or above the 200% poverty level were not in preschool. F-7 Parenting is not easy under the best of circumstances. A common misconception may be that persons for whom the government provides assistance exist only among minority groups. Deprivation also exists in rural areas. **Children can be the first to suffer when parents are struggling with issues such as poverty, unemployment, domestic violence,**

physical disabilities or social isolation. To help children grow into successful, productive adults, their parents need well-paying jobs, affordable housing and the ability to invest in their children's future. When parents are unemployed or earn low wages, they may struggle to meet their children's most basic needs. Economic uncertainty also increases parental stress, which, in turn, can compromise parenting. The developing child may experience abuse. Help is available to families in parts of the state through such organizations as the Children's Relief Nursery, a prevention and intervention program that provides three essential services at no cost: 1) Therapeutic Nursery/Preschool and Respite Care, 2) Advocacy support/Home-based services, and 3) Parenting classes. Rural areas are historically underserved.

Fetal growth is most vulnerable to maternal nutrition status occurring during the peri-implantation period and the period of rapid placental development (the first trimester of gestation). Maternal under-nutrition during pregnancy can impair fetal growth. F-8 Pregnant women may also be at increased risk of under-nutrition because of early or closely spaced pregnancies. Since pregnant teenage mothers are themselves growing, they compete with their own fetuses for nutrients, whereas short inter-pregnancy intervals result in maternal nutritional depletion at the outset of pregnancy. Low birth weights and preterm deliveries in adolescent pregnancies are more than twice as common as in adult pregnancies, and neonatal mortality in adolescent pregnancies is almost three times higher than for adult pregnancies. In 2012 Oregon had 2,851 teen births. F-9

Family stability is built on the principles that "children are best raised in families" and "Healthy, stable and attached families raise the healthiest children." F-10

Part of family stability is reducing child abuse and neglect. Research tells us that:

- Children are at greatest risk of victimization before age 3, a time of rapid brain development.
- Abused or neglected children are at greater risk for poor health in adulthood.
- The adverse effects of maltreatment can become biologically embedded early in children's development. F-11

Isolation increases risk for all physical, social, emotional and cognitive problems. F-12
Relationships are a very important aspect of development, and children need to experience a wide variety of positive relationships with people in various capacities – relatives, friends, school personnel, community people , i.e. coaches, library staff, etc. Without these positive interactions, relational poverty can result which can impede a child's progress in growth and development. F-13 Fear is another factor which can have negative effects for children. "Fear changes the way we think. Children in a state of fear retrieve information differently than children who feel calm…In a state of fear, we use the lower, more primitive parts of our brain…Actions in this state may be governed by emotional and reactive thinking styles." If a child is fearful, learning new materials at school is a lot more difficult; relationships are more difficult. F-14 Fear may also be present for adults. There may be fear associated with schools in general as a result of their own childhood school experiences. Schools are working towards creating more 'welcoming environments' and ensuring families have a 'voice' in establishing vision and in ongoing decision-making that is heard. Another component is to "expand families' capacity to support children's learning and development". This will be accomplished by "teachers and families maintaining relationships and ongoing two-way communication focused on learning." F-15 One specific example of early intervention, is prenatal intervention to stop Fetal Alcohol Spectrum Disorders (FASD) encompassing a continuum of permanent birth defects caused by maternal consumption of alcohol during pregnancy, which includes FAS as well as other disorders, and which affects about 1% of live births in the U.S. (i.e. 0.2 to 1.5 cases for every 1000 live births in some areas of our country). The lifetime medical and social costs of FAS are estimated to be as high as $800,000 per child born with the disorder. F-16

G. SCREENING AND ASSESSMENT TOOLS

Developmental screening is, "an ongoing process used to identify children at risk for possible developmental, behavioral or social delays. Screening tools do not necessarily diagnose delays or disabilities, but they may help identify children who need further evaluation and support services. G-1

Early identification of risk factors is necessary to provide early services to improve outcomes. Fewer than half of children who need extra support receive it before they start school. Statewide goals include working to increase the number of children who receive developmental screening prior to age three. By utilizing developmental screenings during the first years of life, and providing any indicated needed services, children should be better prepared to be ready for Kindergarten. Oregon's Early Learning Council has specifically adopted the Ages and Stages Questionnaire (ASQ) tool for general development screening done by early learning and development providers (ELDPs).

"For children age birth to five, physical, cognitive, linguistic, and social-emotional growth and development occur at a rapid pace. While all children in this age range may not reach developmental milestones (e.g., smiling, saying first words, taking first steps) at the same time, development that does not happen within an expected timeframe can raise concerns about developmental disorders, health conditions, or other factors that may negatively impact the child's development. Early, frequent screening of young children for healthy growth and development is recommended to help identify potential problems or areas needing further evaluation. **By catching developmental issues early, children can be provided with treatment or intervention more effectively, and additional developmental delays or deficits may be prevented.** For developmental screening to be effective, it should begin early in a child's life; be repeated throughout early childhood; and use valid screening tools appropriate to the age, culture, and language of the child. This can be a challenge, since very few developmental screening tools are tested with linguistically or culturally diverse samples of children." G-2

"The Health Services Commission's (HSC) Prioritized List of Health Services Guidelines requires that developmental screening tools be standardized, validated, and reliable. It can be difficult to determine if a tool meets this requirement. Oregon Health Authority recommends one the following tools that have demonstrated these requisite characteristics in addition to feasibility of use in the primary care setting: Ages and Stages Questionnaire (ASQ); or Parents Evaluation of Developmental Status (PEDS); with or without the Developmental Milestones (DM). Oregon's Early Learning Council has specifically adopted the ASQ tool for general development screening done by early learning and development providers (ELDPs). Parents can complete a free, online ASQ questionnaire and receive email receipt of results from ASQ Oregon. G-3 Some of the most common screening tools are briefly reviewed below with references for further in-depth study.

The **Ages & Stages Questionnaires (ASQ-3 and ASQ-SE)** are a series of child development screening tools. Parents or caregivers can use the free on-line ASQ questionnaires to check a child's general and social emotional development every 2 months from birth and 6 years of age. The results help determine if a child's development is on schedule. Fun play activities are available to download. Parents' ability to report is the fundamental basis of this tool, requiring parental literacy, access to and knowledge of technology to participate. Some parents may be able to use the results of the ASQ to help talk with pediatricians, teachers or other professionals if they have concerns about their child's development. Researchers included Dr. Diane Bricker and Dr. Jane Squires and, in 1995, the questionnaires were first published commercially by Brookes Publishing as the "Ages & Stages Questionnaires® (ASQ): A Parent-Completed, Child-Monitoring System." In 1999, a revised and expanded edition of ASQ was published based on continuing research for early detection of social or emotional problems in young children. In 2009, Ages & Stages Questionnaires®, Third Edition (ASQ-3) was published. G-4 Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE) was developed to help home visiting, early intervention, Early Head Start, Head Start, child welfare agencies, and other early childhood programs accurately screen infants and young children determine who would benefit from an

in-depth evaluation in the area of social-emotional development. ASQ:SE can also be used in comprehensive Child Find systems to screen large groups of children for the early detection of potential social or emotional problems. The core of ASQ:SE is a series of 8 questionnaires that correspond to age intervals from birth to 6 years.

Professionals – including early interventionists, pediatricians, public health nurses, home visitors, child welfare workers, Head Start teachers, child care centers and many others – may use ASQ for developmental and social-emotional screening of children. Strengths and trouble spots are identified with high reliability and validity. Parents' knowledge of their child is incorporated, plus parents are educated about what to expect their child to be able to do at each stage of development. The intervals of ASQ-3 questionnaires and scoring sheets are at ages: 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months. Areas screened include communication, gross motor, fine motor, problem solving, and personal-social. G-5 Open-ended questions give parents the opportunity to share their concerns, especially if they are wondering about possible autistic behaviors. Illustrations, wording and examples in the questionnaires have been refined so parents of diverse backgrounds can give the most accurate responses. They are written at a fourth-grade to sixth-grade reading level. The ASQ-3 questionnaires were developed to be completed, if need be, by parents at home or during a home visit. A home visit may be required when parents are unable to read, have other difficulties with independent completion of the questionnaires, or are unwilling or unable to travel to a center. The questionnaires may be a part of a larger home-visiting curriculum. If used in a mail-out system, care must be taken to follow up on parents' noted concerns with a telephone call or home visit. If someone other than a parent completes ASQ-3, he or she should have at least fifteen to twenty hours per week of contact with the child. G-6 English, French and Spanish translations are now refined and available, including activity sheets designed to help parents encourage their children's development. Oregon is one of 13 states that presently has programs and departments that rely on ASQ; Oregon Department of Health Services, Oregon State University, and Kaiser Permanente are listed. G-7

Another tool used by some professionals is M-CHAT. This **Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)** is a two-staged parent-report for use with toddlers between 16 and 30 months of age. Depending on the scoring algorithm, a second stage of M-CHAT-R/F is administered as a follow-up. G-8

The following groups advocate for routine screening:

- The Individuals with Disabilities Education Act (IDEA) requires states to identify, locate, and evaluate all children with disabilities who are in need of early intervention or special education services. G-9
- American Academy of Pediatrics (AAP) recommends that all infants and young children be screened for delays as a regular part of their ongoing health care. G-10
- American Academy of Neurology (AAN) and the Child Neurology Society (CNS) call for screening at all well-child visits from infancy through school age and "at any age thereafter if concerns are raised about social acceptance, learning, or behavior." G-11
- Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit requires screening at each well-child visit. G-12

Adverse Childhood Experiences (ACEs):

Adverse childhood experiences are more common than most people generally think. G-13

A recent study on the Adverse Childhood Experiences (ACE) was a landmark public health study, the largest of its kind ever conducted. It investigated the link between childhood trauma and long-term health and social consequences. The findings raised a national alarm, as the investigation found incredible correlations between childhood trauma and the increased risks of suffering from health, mental

and adverse societal issues. The Ford Family Foundation saw this as an excellent opportunity to link together the good work people are doing in health care, early childhood education and social services. A report "The Adverse Childhood Experiences Study: How are the findings being applied in Oregon?" was recently released. G-14

The report was commissioned to address five questions

1. To what extent is ACES informing early childhood interventions in Oregon?
2. Who in Oregon (sectors, programs, projects, initiatives) is using ACES?
3. How is ACES being used in Oregon?
4. Is the ACES or ACE scale being used to foster collaboration?
5. What is the role of philanthropy in supporting ACES-informed interventions in Oregon?

The implications of the ACE Study are at once deeply unsettling and profoundly far reaching: **Adverse Childhood Experiences leave a trail of cognitive, behavioral, and health wreckages in their wake, and when untreated, these adverse experiences are often revisited on the next generation**.

Although not a mandated screening in Oregon at this time, ACEs is often used as a simple 10 question self-assessment to ascertain information about an adult's childhood experiences. A higher score (3 or more adverse childhood experiences) strongly interrelates with social, emotional and cognitive impairment; health-risk behaviors (obesity, smoking, etc.); disease, disability and social problems; early death. G-15

By reducing adverse experiences for children through prevention, a meaningful impact on a wide variety of health and social problems is possible. "We came to recognize that the earliest years of infancy and childhood are not lost but, like a child's footprints in wet cement, are often life-long." G-16

Kindergarten Readiness Assessment (KRA):

The Kindergarten Readiness Assessment (KRA) assesses three areas – early literacy (letter names and letter sounds), early math (numbers and operations) and approaches to learning (observational assessment of child behavior). "Literacy, including numeracy and digital literacy, is a fundamental skill that follows students throughout their education. Preparing students to be on track for reading by the third grade begins early when critical letter and numeracy skills are developed." Children cannot pass or fail this assessment. This is purely a check in on the skills and knowledge acquired before entering school. This assessment does not impact a child's ability to begin kindergarten. **The assessment is not designed to measure the effectiveness of kindergarten teachers. The assessment is designed to refine and retool services provided to children from birth to six before kindergarten.** Some have criticized the first round of testing as being insensitive to cultural issues and encourage the use of an Equity Lens approach when developing future assessments. G-17, G-18

Results from Oregon's first (2013) statewide Kindergarten Assessment show:

- 33% of entering kindergartners could name 5 or fewer letters and 14% couldn't name any letters;
- 37% couldn't identify a single letter sound;
- About half of our kindergartners could answer at least half of the questions correctly;
- 25% of entering kindergartners did not regularly demonstrate skills like completing tasks and following directions. G-19

Promising practices from using the KRA are:

- To strengthen partnerships between Early Learning & Kindergarten through third grade;
- To encourage cross-sector collaboration (home visiting, health care, social services providers all looking at KRA data, which becomes a catalyst for local collaboration; and

- To measure progress over time. G-20

"We know that every child enters Kindergarten at a different stage in learning and development. Some children have mastered letters but have a hard time with numbers. Some are able to communicate ideas and needs, but have difficulty following directions. This is completely normal and expected. The Oregon Kindergarten Assessment was created to get a clearer picture of early learning experiences across the state, and to add to the information teachers and schools acquire in order to better understand the needs of their students related to social-emotional development, self-regulation, and early literacy and math skills. In addition, we know that there remains a great deal of inequity in the types of experiences children have before entering school. The Oregon Kindergarten Assessment is essential to understanding, and ultimately closing, the divide for our most underserved and disadvantaged early learners. By providing a statewide perspective, the Oregon Kindergarten Assessment allows educators to track trends and measure progress, and helps ensure that we are working together to give every child a great start in school and in life." G-21

"The Purpose for the Oregon Kindergarten Assessment is to provide a common understanding of what children know and are able to do upon entering school. A common statewide assessment will provide a statewide perspective that will allow the tracking of trends and progress over time." G-22

Third Grade Assessment:

"The learning that happens during the window of time between the early years of a child's life and third grade is one of the single most significant predictors of life-long success. Reading proficiency by third grade determines how successful students are likely to be at all future levels of education." G-23

Research shows that:

- Parents, primary caregivers and teachers have the most influence on children's language and literacy development.
- Reading proficiency requires interrelated skills and knowledge that are taught and cultivated over time: oral language skills, an expanding vocabulary, the ability to comprehend what is read, and a rich understanding of real-world concepts and subject matter.
- Starting at kindergarten is too late. G-24

According to the Oregon Department of Education for the school year for 2012-2013, the percentage of all students (statewide) that met or exceeded Reading standards for grades 3-5 was 71.9%; for math it was 63.2%. G-25

The end of third grade is when reading is necessary to learn other subjects. According to the Annie E. Casey Foundation, lack of third grade reading proficiency results in low rate of on-time high school graduation, academic difficulties in school, lower chances of economic success later in life and less ability to break the intergenerational cycle of poverty. G-26

Factors that contribute to Third Grade Reading Proficiency are:

- School readiness
- School Attendance
- Summer learning
- Family Support
- High quality teaching in home, community and school settings. G-27
- Although some improvements in reading proficiency rates have been achieved in the last decade, big gaps are still present. We need to "build on our successes and make certain that all children, including children of color and immigrant children, are reaching this critical milestone." G-28

Autism Spectrum Disorder (ASD), Early Diagnosis.

More children than ever before are being diagnosed with an autism spectrum disorder (ASD). CDC estimates that an average of one in 88 children in the United States has an ASD. Autism affects all classes, nationalities and races, with more boys being identified than girls. G-29 The actual diagnosis of an autism spectrum disorder requires supervised experience with the child. Referral to a team of school professionals, a developmental pediatrician or neurologist with expertise in autism is desirable. Children diagnosed with ASD usually show signs and symptoms in the first years of life, and research has established that the behaviors indicative of autism are measurable by 18 months of age. G-30
First, healthcare professionals need to distinguish the disorders from numerous other conditions. When parents seek an evaluation of their young child for concerns about language and social development, providers may suspect autism. G-31 Hearing impairment may be identified; developmental language disorder and intellectual disabilities may be apparent after further testing. Scientists do not know exactly what causes this developmental disability. Some people with ASD have a known difference in their brain, such as a genetic condition. There are multiple causes of ASD, although most are not yet known. The learning, thinking and problem-solving abilities of people with ASD can range from gifted to severely challenged. A diagnosis of ASD now includes several conditions that used to be diagnosed separately: autistic disorder, pervasive developmental disorder, and Asperger syndrome. These conditions are now all called autism spectrum disorder. Some signs of ASD are children having problems with social, emotional and communication skills. As an infant, the child with autism may not "cuddle" well and may stiffen when held; however, "too easy" infants may also be identified as having ASD as they grow. The infant may have poor eye contact, and may not respond to the facial expressions of surrounding people and may not be comforted by being held. The baby may be quite content to sit alone in a crib for long periods of time, looking at his or her hands or toys. Social impairments can also include lack of ability to "read" other people's facial expressions and body postures as a means of communication, and not responding to their name being called. They might repeat certain behaviors and might not want change in their daily activities. Many have different ways of learning, paying attention or reacting to things.
As a toddler or preschooler, the child with autism typically does not seek out peers and frequently withdraws from groups. Not responding when his or her name is called is common. Repetitive activity such as twirling a flag, lining up cars or blocks in the same order each time or opening and closing blinds may occupy the child. Any attempt to stop the repetitive activity may be extremely upsetting to the child. Motor clumsiness may be present and more severe motor deficits are associated with a lower IQ. G-32 Mothers of children with autism or intellectual disability are at particular risk of parental depression, sometimes as high as 45% to 50%. Siblings of children with ASD are also more likely to experience stress and depression as compared with the siblings of children with other disabilities or of typically developing children. It is essential that healthcare providers address possible parental (and sibling) depression to help a family cope with a child who has autism. G-33

Health Care and ELC Coordination for Screening and Assessment
Collaboration between health care providers and early learning providers may help insure that children at risk are identified and served in the timeliest manner possible because **90% of Oregon's children will show up in a medical offices or federal health care clinics before beginning kindergarten**. G-34

A thorough description of the link between health and early learning, and the importance of early intervention in the life of an at-risk child, can be found at the Oregon Health Authority website. http://www.oregon.gov/oha/Pages/elc-ohpb.aspx This site also presents details on the work of a joint subcommittee of the Early Learning Council (ELC) and the Oregon Health Policy Board (OHPB). To summarize, "The Early Learning Council (ELC) and Oregon Health Policy Board (OHPB) have teamed to create a joint subcommittee in order to produce critical alignment and integration between health care system transformation and early learning system transformation. The subcommittee, composed of members from both OHPB and ELC, will be responsible for developing strategies, policy proposals, and a timeline that will ensure alignment between health care and early learning. The subcommittee also

includes representation from the Department of Human Services to ensure additional alignment and integration across systems. Key areas of focus for the subcommittee may include early screening, care coordination, and data and metrics sharing and alignment. The subcommittee will also explore avenues for health care and early learning to share responsibility toward the outcomes of kindergarten readiness for Oregon. G-35

H. CHILDREN EXPERIENCING ABUSE AND NEGLECT

Another group of children historically considered to be at risk were those removed from birth families and placed in foster care. Within Oregon's **DHS a redesign of the Child Welfare response to reports of abuse and neglect is underway to bring programs into alignment with the Early Learning changes**. DHS regional meetings in August 2014 placed a priority on working jointly with: Early Learning Hubs, Coordinated Care Organizations for Healthcare, the Regional Achievement Collaborative, and expanding investment in community mental health. Upcoming changes to enhance Safety for Children are identified by DHS as:

- Statewide Differential Response implementation (The state is investing $23.6 million toward Differential Response, a new model of intervention that works to prevent children from entering foster care by connecting at risk families with community resources.)
- More investment in proven community-based, (including culturally specific) support services
- Implementing a new Title IV-E Waiver, allowing flexible use of foster care funds so more children can be kept safely at home with their families -- and out of foster care
- Implementing a new assessment tool for children with developmental delays H-1, H2, H-3, H-4 , H-5

Children's Trust Fund of Oregon provided a 2014 report where The Center for Improvement of Child and Family Studies, Portland State University "Strengthening Oregon Families: Advancing Knowledge to Prevent Child Abuse and Neglect" that included County geo mapping. The study made these recommendations for investments:

Areas for Investments: Data Systems

1. There is a **significant need for better data systems for tracking basic information about parenting and child abuse prevention services** being provided at the state and county level. Such a system could also provide the foundation for longitudinal analyses that could better evaluate the relationships between service penetration, risk, and maltreatment.
2. Additional investments into this or similar projects could help to provide more comprehensive and accurate data regarding program service implementation.
3. Currently, there is not a state-wide system for collecting data on child maltreatment prevention programs. The challenges encountered in this study in answering the seemingly simple question of "how many children are being served?" and the lack of information in regards to this foundational question presents a significant problem in understanding the needs of Oregon's children and families. As has been recognized at both the state and local level, this **underscores the need to establish a state-wide repository for the systematic collection of parenting and early childhood prevention program data.** H-5

Families receiving wrap-around prevention services through Oregon's relief nurseries had more than a two-thirds decline in child abuse reports and an almost 100% decline in foster-care placements.

- Families receiving prevention services through comprehensive home visitation programs saw reports of child abuse and neglect decrease by almost 50%.
- Families receiving prevention services through home visitation programs saw the number of kid-related emergency room visits decrease by 50%.
- Over three-quarters of at-risk families receiving positive parenting skills through educational classes felt better equipped and prepared to raise their children. H-5

I. DEVELOPMENTAL DELAYS, SPECIAL EDUCATION

Historically children greatly at risk were those with developmental delays. Early Intervention and Early Childhood Special Education (EI & ECSE) with Individual and Family Services Plan (IFSP) goals were once the main focus on "children at risk" with many underfunded mandates at the federal and state levels to provide services. Throughout Oregon these specialized educational services to children from birth through 5 years of age and their families are provided only to children with identified disabilities and/or significant delays and children who are born with a condition likely to result in a developmental delay. Policies and practices that support access to high-quality early learning daycare providers (ELDP) for families of Children with High Needs continue to be a priority. Therefore a Workgroup will continue to meet throughout Oregon's Early Learning System transformation. More work is still required to fully explore coordinating the role of EI & ECSE services in the Early Learning System. I-1

J. HEAD START AND ELC

Head Start was created as part of the Economic Opportunity Act of 1964. Head Start is a national commitment to ensure that every child, regardless of circumstances at birth, has an opportunity to succeed in school and in life. On December 12, 2007, President George Bush signed into law the Improving Head Start Act for School Readiness Act of 2007, which re-authorized Head Start and Early Head Start through September 30th 2012. J-1, J-2

In 1995 **Early Head Start** (EHS) was created to provide comprehensive child development services for pregnant women, children ages zero to three, and their families. Both programs are administered by the U.S. Department of Health and Human Services. Head Start and Early Head Start are available for free to children of families whose income is at or below 100 percent of the federal poverty guidelines. Head Start and Early Head Start programs are required to reserve at least 10 percent of their total enrollment for children with disabilities. Community and Family Partnerships are required components of both programs. Grants are administered by the federal government directly to local public agencies, private non-profit and for-profit organizations, American Indian tribes, and school systems, which in turn use the funds to operate programs in local communities.

The American Recovery and Reinvestment Act (ARRA), enacted in February 2009, appropriated $2.1 billion to the Head Start program and was available for obligations over a two-year period. J-3 During a special session called in February 2010, the Oregon State Legislature allocated $1 million in state general revenue to EHS for the first time. State EHS funding supplemented federally funded EHS programs, including Tribal EHS programs in order to expand the number of children they could serve. Oregon extended the day/year of existing EHS services 1991 using CCDBG subsidy funding then expanded the capacity of existing EHS programs (by including a line item in the budget for EHS) is 2010 through state general revenue. The capacity of EHS programs was again expanded in 2012. J-4, J-5

The Early Learning Council has been designated as the Advisory Council for Head Start programs. ELC has committed to ensuring that the 14,000 children of the estimated 108,000 at-risk children in Oregon will continue to receive services. Recent legislation will also keep the state aligned with federal rules for Head Start, include Head Start programs in the list of programs shown as participating in a locally coordinated system, and directs the state to adopt Head Start standards and align with Common Core State Standards for kindergarten through grade twelve. J-6, J-7, J-8, J-9, J-10

K. INFLUENCES ON OREGON AND NATIONAL EARLY LEARNING AND CHILDREN AT RISK POLICY

Alliance for Early Success and the 25 affiliate national organizations have worked over many years to support massive changes at the federal and state levels using evidence-based research and practices to showcase programs that can be effectively measured as successful. Twenty-five national organizations and advisors involved in the Alliance for Early Success (the policy powerhouses) include veteran players and younger organizations, each offering unique resources to move forward the early childhood agenda. K-1, K-2, K-3, K-4

Within Oregon, **Children First of Oregon** compiles the annual Oregon County Data Book and contributes to the KIDS COUNT Data Book an annual publication of the **Casey Foundation** that assesses child well-being nationally and across the 50 states, as well as District of Columbia and Puerto Rico. **Children First of Oregon** has produced a 2015 Children's Agenda stating legislative priorities. K-5

The **Children's Institute** partners with the national **Alliance for Early Success** working on many fronts to improve the odds of success in school and in life for Oregon's at-risk children by aligning public and private dollars with cost-effective early childhood programs. K-6

Stand for Children issues an annual Legislative Scorecard rating votes on issues they have prioritized as important. K-7

Over the years, numerous philanthropic funders have invested in this Integrated Strategy to achieve better outcomes for vulnerable young children and families. **Early Childhood Funders' Collaborative** (ECFC) created the **BUILD** Initiative in 2002. Notable at a national level are: the Buffett Early Childhood Fund, the W.K. Kellogg Foundation, the Bill & Melinda Gates Foundation, the JB and MK Pritzker Family Foundation, the George Kaiser Family Foundation, the Irving Harris Foundation, the David and Lucile Packard Foundation. K-8, K-9, K-10, K11

The **National Governors Association Center for Best Practice** and **National Conference of State Legislators** have urged restructuring and reform of early education programs and partnering with philanthropic groups. K-12, K-13

A July 2014 national poll conducted for the First Five Years Fund by the bipartisan team of Public Opinion Strategies and Hart Research Associates shows that early childhood education continues to be a national priority for Americans, regardless of political party. K-14

L. FOUNDATION SUPPORT FOR EARLY LEARNING IN OREGON

In the summer of 2014, The **Oregon Parenting Education Collaborative**, a multiyear grant program partnership among four of **Oregon's largest foundations, including The Oregon Community Foundation, The Ford Family Foundation, Meyer Memorial Trust and The Collins Foundation, along with Oregon State University** have awarded more than $1.6 million in grants to organizations around the state to support the delivery of high-quality parenting education programs. Each of these foundations has made prior commitments to young children in Oregon. L-1, L-2

Over time these philanthropic activities have helped to meet the 70% match requirement for federal "State Advisory Councils on Early Childhood Learning and Care" Grants. The Oregon Community Foundation (OCF) invested in two statewide Betty Gray Early Childhood Scholarship Programs. OCF awarded the first of a potential three years of grant funding to the nonprofit **Children's Institute** to support implementation "Early Works," a P-3 alignment demonstration project at an elementary school in

suburban Portland. The **Ford Family Foundation** (FFF) entered into a partnership with the **Children's Institute** to replicate the "Early Works" project in a rural location, at Yoncalla Elementary School in Douglas County in southern Oregon. The **Meyer Memorial Trust** (MMT) funding over three years to the Children's Institute to support its P-3 alignment work around the state. The **Ford Family Foundation** is funding a process evaluation of the state's new Kindergarten Readiness Assessment in the pilot phase during which teachers at 16 schools will receive training and will conduct the assessments with all incoming kindergarteners. The process evaluation will capture lessons learned and help the state improve the process prior to full roll-out in the 2013-2014 school year. The Ford Family Foundation awarded a grant to Family Connections CCR&R to launch the first Douglas County Child Care Network. This work aligns with and complements the state's implementation of QRIS. The goal is to improve the quality of home and center-based child care in more rural settings. **OCF** "Early Works" demonstration sites and "P-3 Alignment Learning Community" projects pilot P-3 strategies such as professional development of K-12 and early childhood staff, kindergarten transition activities, and curriculum purchase. The Ford Family Foundation has budgeted for the Yoncalla P-3 Alignment demonstration site.

The Oregon Community Foundation, The Ford Family Foundation, The Collins Foundation and the Meyer Memorial Trust together contributed $1,415,182 in support of their **Oregon Parenting Education Collaborative**. The initiative includes 11 regional parenting education "Hubs" reaching 19 of Oregon's counties and nine Small Grants supporting expanded access to evidence-based parenting education programs for parents of children prenatal to age 6. The Hubs can be expected to collaborate with the state and the child care resource and referral agencies to connect parents with information about the QRIS. L-3

M. ACTIONS – IN YOUR NEIGHBORHOOD AND FOR CHILDREN AT RISK

Some readers may be passionate about following the changes in Early Learning at a statewide, regional Hub or local community level. Others may wish to contribute by focusing on an individual child. Just "GET INVOLVED" as your time and energy allow.
Within families and neighborhoods, all children need connections and interaction. Find opportunities to identify with neighborhood children, volunteer with children in historically underserved neighborhoods, or find other ways to:

- Talk, sing, read, play & cuddle with a young child; promote/provide increased relational opportunities for children.
- Volunteer at Food banks, Summer Nutrition Programs, Early Literacy Programs, Libraries, Pre-Schools, etc.
- Donate food to food banks, children's books to waiting rooms in public areas, school supplies to schools/school districts, etc.
- Provide Consistency, nurturing and general structure when caring for young children.
- Limit the amount of TV and "screen time" for children.
- Provide a wide range of physical activities
- Promote education about early childhood and brain development
- Help provide "enriching environments" for all children.

Tutor a parent with low literacy skills. M-1

N. BUDGET PROPOSALS FOR 2015-2017

Governor's Recommended Budget

Governor Kitzhaber's Recommended Budget (GRB) released December 1, 2014, proposed funding for **Early Learning** of $407.2 million total funds for the upcoming biennium. This includes $263.7 million

General Fund. Proposed expenditures include: $10 million for home visiting, $24 million for Early Learning Hubs, $5 million for kindergarten partnerships, $15 million for Early Intervention and Early Childhood Special Education, and $35.4 million for childcare. Additionally, the **Department of Human Services budget** includes investment of $49.6 million for more ERDC childcare slots.

These GRB investments support Kindergarten Readiness which is part of the OEIB's Pathway to Kindergarten and Third Grade Reading. Overall, the Governor proposed to increase spending on education from babyhood to college by 9 percent, compared with a projected 11 percent increase in the state budget overall. If the Legislature were to approve the GRB, education for children in daycare, preschool and kindergarten would get a huge boost, with thousands more children getting high quality preschool instruction. N-1, N-2

The Governor's Budget includes resources to support existing regional public-private collaboratives in health, education, workforce, and economic development in advancing towards 40/40/20 and other statewide goals. A proposed Center for Community Innovation and a Community Leverage Fund will assist local Community Care Organizations (CCOs), Early Learning Hubs, Regional Achievement Collaboratives (RACs), local Workforce Investment Boards, and Regional Solutions Advisory committees leverage local, state and private resources to create local priorities and address key state outcomes. N-3

Development of the Statewide Longitudinal Data System: Linking student and financial data from early learning programs, K-12 schools, post-secondary education, and workforce participation, is expected to enter the implementation phase during the 2015-17 biennia. OEIB and the Department of Education will finalize project planning documents during the 2015 Legislative Session. The Governor's Budget includes $10.0 million in debt capacity and $2.6 million in operations and debt service as placeholders pending the presentation of the final planning documents. N-3

Early Learning Division: The Early Learning Council, within the Department of Education, was created in 2011 as part of the PK-20 Education system with a focus on efforts to integrate and streamline existing state programs to ensure children are ready to succeed when they enter kindergarten. The Early Learning Division was established in the Department of Education 2013-15 Legislatively Approved Budget (LAB) to provide a unified system of early childhood services for children from birth to age six. The division was created from several programs from the Employment Department and the former Commission on Children and Families. The Governor's Budget is $407.2 million total funds, which is 31.6 percent greater than the 2013-15 LAB. General Fund is $263.7 million, which is 63.7 percent greater than the 2013-15 LAB. All staff are budgeted in the Operations program. Components of this program include Early Childhood Family, Childcare, Early Childhood Education, and Early Learning Hubs.

- Early Childhood Family - Includes Healthy Start-Healthy Families, Relief Nurseries, and flexible funds formerly deployed by the Oregon Commission on Children and Families. These programs serve high-risk families and their children with intensive home-visiting services, evidence based best practices prevention and intervention services, and education services. Relief Nursery funding nearly doubled in 2013-2015; that funding is maintained in this budget. This budget includes a new investment in Healthy-Start-Healthy Families of $10 million to expand evidence-based home visiting. The majority of the funding for these programs is General Fund, however some programs are able to use Medicaid for matching funds, Federal Title IV-B(2), private grants and local match. Many programs are able to leverage local funding streams and community donations.
- Child Care - Promotes safe, quality and accessible child care for Oregon parents and their children through licensure, regulation, resource, referral, and support. The Governor's Budget provides funding to continue to promote and enforce child care quality standards for health and safety of children in child care facilities and makes an additional investment in quality B-42 Governor's Budget 2015-2017 improvement for licensed providers to provide better childcare and better informed options for parents.

- The programs administered by the Child Care division are primarily funded through the Federal Child Care Development Fund, much of which is transferred to the Department of Human Services to provide day care subsidies for low-income families, and other licensing and fees funds. As part of Oregon's Early Learning agenda, the DHS budget includes a $49 million increase in Employment Related Daycare subsidies and better integration with quality improvement.
- Early Childhood Education - Includes Oregon Pre-Kindergarten and Early Head Start. The Oregon Pre-Kindergarten (OPK) program provides preschool education, child health and nutrition, and family support services throughout the state to lowest income and highest need preschool children ages three to five years.
- OPK is modeled after and designed to work side by side with the federal Head Start program. Oregon Pre-Kindergarten is funded entirely with General Fund. Funding from increases in the 2013-2015 budget are maintained. Federal Head Start funds do not flow through the state budget, and there is no state role in Head Start. Head Start funds are sent directly to local providers by the federal Department of Health and Human Services, and are overseen entirely by the federal government.
- Early Head Start - Provides comprehensive services to children under age three and expectant mothers living at or below the federal poverty level. The services are a critical link for children to gain necessary skills to be successful in school; to assist families in understanding the needs of their children; and to encourage families to be involved in their child's education. Oregon's Early Head Start program is extremely small in comparison to OPK.
- Early Learning Hubs - Oregon has developed a new system of cross-sector, outcome focused collaboratives called Early Learning Hubs. House Bill 2013 in the 2013 Legislative Session established a process and timeframe for creation of a system of no more than 16 Hub demonstration projects. Following two rigorous application processes, Oregon is on track to have 14 Hubs certified by January 2015, and a total of 16 - achieving statewide coverage – in the summer of 2015. Hubs have been established as a system that will reduce overhead, increase cross-sector efficiency collaboration, and enhance local prioritization, and engrain a culture of accountability for results. This budget provides a major investment of $24 million in Oregon's emerging system of Hubs, allowing this new collaborative model to truly develop and implement local approaches and make funding decisions that will work best for local communities and improve outcomes in kindergarten readiness and stable and attached families. This investment is intended to be highly flexible in implementation, though consistently rigorous in outcome expectations.
- Mixed Delivery Pre-School Opportunities - Oregon is seeing interest in communities across the state in innovative models of preschool, connecting local schools and a variety of local early learning programs. Moreover, federal direction is clearly moving toward a mixed delivery approach, as reflected in recent grant-making. This budget proposes a $30 million investment through Oregon's system of Early Learning Hubs to advance mixed-delivery models for preschool expansion. This investment will provide an opportunity for a full range of providers to engage in this critical endeavor, with rigorous expectations for the key components of applicant programs. A mixed-delivery approach to preschool is the fastest way Oregon can serve the most Education Program Area B-43 children, while allowing for parent choice, serving families where they are, and respecting the diverse community needs.
- Kindergarten Readiness Partnership and Innovation Fund - This fund was established in 2013 to provide local communities with competitive, though flexible, grants for promising models for early learning/K-12 education across the state. Additionally, this grant program is helping to build a body of evidence that Oregon can use to create replicable models for improving alignment between its early learning and K-12 education systems. This grant program is enhanced by $5 million in this budget.
- Race to the Top Early Learning Challenge Grant - The Governor's Budget carries over funding from the U.S. Department of Education and the U.S. Department of Health and Human Services; it will phase out in 2016. N-3

The Co-Chairs' Budget

On January 14, 2015, Sen. Richard Devlin, D-Tualatin, and Rep. Peter Buckley, D-Ashland, the co-chairs of the Legislature's Joint Ways and Means Committee released a Co-Chairs' Budget Framework for 2015-17 with less funding for Early Learning and more funding for K-12 that the Governor's proposed budget. Excerpts relating to early learning, education and children at risk include:

- "We have also been able to begin to strengthen early childhood education"
- "We are still far short of being able to make game-changing investments in education, and to significantly boost opportunities for Oregon families."
- "This framework provides the outline to stabilize our K-12 budget and offer full day Kindergarten statewide. Because of limited resources, however, we cannot yet significantly reduce class sizes or add back school days."
- "As the framework shows, we will be able to continue to increase our investments in early childhood education, but we will still not be able to reach every child in need."
- "It is clear to us that our state cannot have the education system it needs or the sustainable budget it needs without changes to our current revenue system."
- "The Co-Chairs' framework has identified early childhood programs, as identified above, as a priority for a targeted investment of $10 million if revenues allow when the final budget is adopted."
- "The Co-Chairs' framework includes $60 million (a 107% increase above 2013-15) for increased investments in Early Childhood Hubs, home visit programs, other early learning programs, early literacy programs, Career Technical Education (CTE) grants, Science, Technology, Education, Math (STEM) related grants, and school to work programs, amongst others, with this funding being available to be used, in part, to fund increases in the Oregon Pre-Kindergarten, Early Intervention and Early Childhood Special Education, and other education programs if the need arises (final decisions on programs to be funded and at what level will be made during the Ways and Means process)."
- "The implementation of full day kindergarten may require capital expenditures by school districts, which may require the Legislature to consider a limited and temporary capital assistance program to ensure the implementation occurs over the next few years." N-4

HUMAN SERVICES PROGRAM AREA proposals linked to children at risk:

- Reinvests a portion of Temporary Assistance to Needy Families (TANF) caseload savings into TANF redesign
- Supports statewide early learning initiatives by strengthening the Employment Related
- Day Care program
- Protects child welfare investments in Differential Response and Strengthening,
- Preserving and Reunifying Families programs
- Supports health system transformation efforts, including continuing investment in
- Coordinated Care Organizations, with growth capped at 3.4% per member per year
- Provides health care coverage for low-income Oregonians by continuing to fund
- Medicaid expansion under the Affordable Care Act
- Provides improved access to community mental health by continuing investments made
- during 2013-15 for the full 2015-17 biennium
- The Co-Chairs propose adding $40 million to Human Services for targeted investments should revenue be available when the final budget is adopted N-4, N-5

O. PAST LWV STUDIES AND POSITIONS ON CHILDREN AT RISK

The League of Women Voters recognizes that others are the experts in early childhood development. Our forte is in the area of providing nonpartisan Studies on subjects of interest to Oregon citizens; observing government processes at the state, regional and local levels; and in providing testimony to support consensus Positions.

Historically the League of Women Voters has educated members (501c3) and the public about children's issues and advocated (501c4) for children's legislation.

This statement of Position on Early Intervention for Children at Risk was adopted by the 1994 National LWVUS Convention: *The League of Women Voters of the United States believes that early intervention and prevention measures are effective in helping children reach their full potential. The League supports policies and programs at all levels of the community and government that promote the well-being, encourage the full development and ensure the safety of all children. These include: child abuse/neglect prevention; teen pregnancy prevention; quality health care, including nutrition and prenatal care; early childhood education; developmental services, emphasizing children ages 0-3; family support services; and violence prevention*. In a Statement of Position on Child Care as adopted by the 1988 National LWVUS Convention, based on positions reached from 1969 through 1988: *Support programs, services and policies at all levels of government to expand the supply of affordable, quality child care for all who need it, in order to increase access to employment and to prevent and reduce poverty*. O-1

- In 1995 the League of Women Voters or Oregon developed a study on Children at Risk – specifically addressing teenage pregnancies.
- In 2001 Oregon League members reviewed the care system for the mentally ill to understand recent changes to the system.
- In 2006 LWVOREF asked League members to address: Who are Oregon's homeless youth, who is responsible for them, and what services are available for them? Are there gaps in these services, and if so, what changes can be made? O-2

At the 2011 LWV of Oregon biennial Convention, delegates voted to adopt a restudy of the LWVOR Children at Risk position. The study was postponed but readopted at the 2013 LWV of Oregon biennial Convention for 2013-2015. **Scope:** A two-year study to research state governmental agency programs and services for at-risk children, ages zero to third grade. The legislature is currently changing the Oregon Commission on Children and Families and establishing a new state prevention services for children agency, under the education umbrella. Services could include child care, preschool education, health care, mental health, child welfare, and family preservation. **Work Outlook:** A state committee will gather information on those statewide programs and services currently available and send an educational update to local leagues.

Local Leagues received this **Children at Risk Study** in March 2015 to present in unit meetings and share with their community stakeholders. Some Local Leagues may elect to interview regional Hubs, local providers and/or conduct a community educational forum.

Local Leagues will provide consensus feedback to LWVOR for additional Position(s) to be used in Action.

DETAILED SUPPLEMENT REFERENCES

A. Oregon Early Learning Legislation from a Federal Framework

A-1. https://www.acf.hhs.gov/sites/default/files/ecd/508_sac_report_3.pdf
http://www.gao.gov/assets/590/588818.pdf

A-2. http://www.gao.gov/modules/ereport/handler.php?1=1&path=/ereport/GAO-12-342SP/data_center/Training,_employment,_and_education/29._Early_Learning_and_Child_Care

A-3. http://www.oregon.gov/Gov/docs/priorities/Early_Childhood_Transition_Report. pdf?ga=t

A-4. http://www.oregon.gov/gov/docs/OEIB/ELCJan2013Packet.pdf

A-5. http://www.aocweb.org/aoc/Portals/0/Early%20Learning/Early%20Learning%20Task%20Force%20Final%20Report%202.pdf

A-6. https://www.acf.hhs.gov/sites/default/files/ecd/508_sac_report_3.pdf

A-7. https://s3.amazonaws.com/public-inspection.federalregister.gov/2013-11673.pdf

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Check there for information evolving after publication.

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