



early childhood matters

Oregon's framework for a statewide birth-through-5 early childhood system

ideas into action handbook

a summary of action steps

generated at the
Governor's Summit on Early Childhood

March 20, 2008

TABLE OF CONTENTS

Oregon’s Vision: Reaching Our Full Potential for Serving Children	5
How to Use the Handbook	10
Oregon’s Early Childhood System Ideas and Actions.....	12
Communication and information gathering.....	13
Legislative, policy, legal and advocacy work.....	19
Partnership building	26
Program implementation, creation or transfer	31
Training, education and professional development	38
Funding	44
Appendices	50

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Oregon's Vision: Reaching Our Full Potential for Serving Children

Envision an Oregon in which young children are healthy, safe and thriving in nurturing families and caring communities.

Every day in Oregon, thousands of people work to raise children who are healthy, safe and thriving. Ideally, each child's circle of caring and learning begins with parents and family members, and ripples out to a giant network of neighbors, community members and professionals who support them as they grow.

For some children and families, it doesn't always work that way. Economics, disabilities, cultural differences, and parental substance and alcohol abuse are some of the many factors that can erode a child's developmental path. Children in these circumstances need a larger support system -- one that doesn't just catch them in a net, but nurtures them to fully function in the world as they mature.

The vision in action

Oregonians care about children, but we need to do a better job of supporting all families, particularly struggling families. We need to complete a cohesive, statewide birth-through-5 early childhood system.

Years of planning, analyzing and implementing have resulted in many successful programs and services that are reaching our children and families. We have taken several valuable steps toward unifying our efforts into one efficient statewide system:

- The Governor has committed to an Early Childhood Agenda that is driving policy concepts and initiatives to improve services for all children. Our state was honored to be one of 10 states awarded a National Governor's Association grant to conduct a high-level policy summit on early childhood.

Approximately 300 attended this *Governor's Summit on Early Childhood* held March 20, 2008. A summary of this summit is available online at www.oregon.gov/occf.

- Before the Summit, early childhood stakeholders at the community and state levels joined to develop a framework for building Oregon's statewide early childhood system. The framework was outlined in the document, "Early Childhood Matters." This framework identified one overarching goal

for Oregon's early childhood system: Children are healthy, growing and learning. It further identifies three components essential to achieving that goal:

- *Health Matters* - Health, Social/Emotional Development and Mental Health
- *Family Matters* - Safety, Family Support and Parent Education
- *Early Learning Matters* - Early Care and Education

- The framework uses Oregon's Early Childhood Comprehensive Systems Plan as a foundation. The plan is available online at www.oregon.gov/DHS/ph/ch/mch.shtml or by calling (971)673-0232.

At the Governor's Summit, participants chose one of the three component areas and joined small-group action planning sessions. This "Ideas into Action" handbook compiles the concepts, ideas and actions that came out of these sessions.

The participants of the Summit represented a dynamic cross-section of early childhood partners and stakeholders. They included legislators, physicians (many pediatricians), judges, mayors, program specialists, parents, child care professionals, representatives from state and local commissions, higher education, early intervention, businesses, foundations, national early childhood advocacy groups and the National Governors Association; as well as health care, behavioral health care and research organizations and professionals.

The big picture

Summit participants identified four infrastructure goals that are the basis for specific strategies and actions:

- Expand access to effective programs, services and supports for Oregon's families and children.
- Enhance and maintain quality in all early childhood programs.
- Promote work force development.
- Advance public awareness and support for early childhood.

It was also agreed that four guiding principles should be inherent in any action stakeholders take:

- Ensure parent involvement in planning, decision-making and implementation of service for families and children.
- Ensure cultural competency and responsiveness to family and individual diversity.
- Strengthen the early childhood system by investing in existing successful programs, pilots and initiatives that are sustainable and statewide.
- Expand and promote public-private partnerships.

During the next few years, Oregon's Early Childhood Council, in collaboration with private partners and local communities, will use these goals and guiding principles to implement action plans based on Summit input (see Appendix C, Priority Strategies and Actions). Local communities will also use the framework to implement their own community action plans for early childhood.

It's your turn

Now it's time for more of us to take action. This document is a tool to inspire and guide deeper, challenging, lasting efforts to secure an early childhood system that is fully funded and fully valued in every corner of the state.

So get started! Together, we can make sure every child in Oregon is healthy, growing and learning.

Keep in mind

Children differ from one another even within the same family. Families differ from one another even within the same community. Communities differ from one another even if they speak the same language. Cultural competency is a means of finding the best way possible to help children thrive in a way that is meaningful to them.

Rapidly changing Oregon demographics are an indicator of a growing need for a culturally competent early childhood system. Did you know that in 2006, every fifth newborn in Oregon was Hispanic/Latino? Before we take action, we need to engage the diverse communities whose children will benefit from these efforts. We need to know who they are, what their needs are, and how our services can be most effective.

The following cultural competency guidelines are designed to assist you in the process.

- 1) Ensure that clients/consumers receive effective, understandable, and respectful services that are provided in a manner compatible with their cultural beliefs and practices, preferred language, physical ability and gender.
- 2) Implement strategies to recruit, retain and promote a diverse staff at all levels of the organization and leadership that are representative of the population being served and the demographic characteristics of the service area.
- 3) Develop participatory, collaborative partnerships with communities and tribes. Use a variety of formal and informal mechanisms to facilitate community and client/consumer involvement in designing, implementing, and planning a service delivery system and establishing cultural competency standards.
- 4) Ensure that staff at all levels and across all disciplines receive ongoing education and training in cultural, linguistic and gender appropriate service delivery, policy and planning.
- 5) Ensure that data on the individual client's or consumer's race, ethnicity, gender, and primary language are collected in client records, and that these records are confidentially maintained, periodically updated, and integrated into the data information systems.

Also keep in mind:

- Cultural competency is a journey, not a destination.

- Culture is an asset, not a deficit.
- Cultural context encompasses more than race and ethnicity.
- Cultural context requires an understanding of how cultural factors affect the way families work.



How to use the handbook

The Oregon Early Childhood System Ideas Into Action Handbook is a resource for your commitment to action. It contains a list of ideas, mainly in the form of actions, brainstormed by a wide range of early childhood stakeholders.

They are organized as much as possible by the type of action required:

- communication and information gathering
- legislative, policy, legal and advocacy work
- partnership building
- program implementation, creation or transfer
- training, education and professional development
- funding

Within these action categories, the ideas and strategies are listed by the Framework's three key components - Early Learning Matters, Family Matters, Health Matters - then further broken down into strategies. Sometimes the ideas are followed by potential resources, or organizations that are already having success with the topic. You may notice repetition of strategies or specific ideas; this is because the concepts were equally relevant in more than one action area. There is also a blank page after each section for you to record your own notes and ideas.

Ideas for getting started

Begin by reviewing the entire handbook. Look for components or strategies that inspire you individually, or that you think might be of interest to your group, team or organization.

Identify actions that might link with or extend your existing or possible resources.

Consider potential partners and resources, and ask them to join you.

Then, just dig in. Take action. Turn the idea into something real. Do it in ways that meet your local needs, while building on the system's overall goals and principles for action.

Be sure to ask for help. Your local Commission on Children and Families is a great resource.

Act globally

Oregon's very young children are born into a global economy and an interconnected world that adults are just beginning to comprehend. Early childhood education and experiences are critically important for school readiness and academic success. We have an obligation to support our children's well-being and education as early as possible to ensure that they are well equipped academically, well adjusted emotionally, and physically fit to face the world of tomorrow.

U.S. Secretary of Education Margaret Spellings shared an important projection during a speech in March 2007: "By 2050, the majority of our population will be African American and Hispanic. If we don't improve minority access to education now, then we will become a poorer, more divided nation of haves and have-nots."

The future is now.



Oregon's Early Childhood System Ideas and Actions

Summit participant groups repeatedly identified several concepts that are overarching in their nature. They are listed here to guide your actions and inspire new ideas.

- Demand sustainable funding for all early childhood programs and services.
- Build on existing success.
- Ensure that all children have health care coverage.
- Pursue greater investments in birth-to-3 services.
- Urge more social/emotional and mental health services and supports for children and families.
- Ensure quality in all services for children and families.
- Decrease the stigma of seeking help.
- Consider local needs and norms in all planning and implementation.
- Make sure identifying and addressing children's needs are in the protocol for every service.
- Factor in the bigger context of basic family needs —housing, food, jobs and clothing — along with child care, medical care, mental health and general support.
- Remove distance as a barrier.
- Think about how to help families who need services, but do not meet eligibility requirements (those falling through the cracks).
- Share information across the full spectrum of agencies, providers, partners (the whole Early Childhood System).



Communication and information gathering

Overall

- Research and identify best practices in early childhood development, child care, health and family support. Communicate these to all partners in the early childhood system. Implement as many as possible.
- Specify overall system messages and encourage local entities to use them, tailored to their needs; advocate for a few consistent messages statewide. Consider “Cherish every child” or “What have you done for a child today?” The ultimate goal is to educate everyone to value children.
- Develop PR/marketing tools. Contact the media, get clips in the newspaper, on TV and radio regarding parenting tips, classes, health, mental health, development, safety issues and quality. Train parents to ask for help and know where to find it.
- Create a public information campaign on the costs and benefits of prevention, early intervention and effective early childhood services; use data gathered by state offices.
- Develop a “road map” that identifies the roles of all partners, and the goals along the way; present it in a simple graphic.
- Think in terms of prevention: Reach parents with information and tools before their children are harmed or removed; assist before the crisis.
- Use Craigslist, or create a similar tool within the Early Childhood Web site(s) or Resource and Referral networks, to exchange information on skills needed and resources available.

Early Learning Matters

Strategy: *Promote and support the integration of education, health/mental health, nutrition, parent education and family support services (e.g. Head Start).*

- Connect with the Oregon Infant Mental Health Association and their Web site for best practices.

Strategy: *Support professional development and adequately compensate the early childhood work force.*

- Increase communication about professional development across the spectrum of early childhood programs. Share information about training, career ladders, wages, diversity (cultural, disabilities, etc.), business development/management. Create networks among existing and new resources such as Resource and Referral, Career Development system, mentoring programs, local commissions, and other local programs and organizations.
- Personalize the value of the early childhood work force by featuring local “champions.”
- Raise the value of the profession in the eyes of the public and among early childhood professionals. (Involve groups such as local commissions, Early Intervention and Head Start parent groups and policy councils, Family Action Coalition Team.)

Strategy: *Ensure that early care and education are affordable and accessible for all families.*

- Persuade the health insurance community to invest in healthy, safe child care as a cost-effective prevention measure.
- Create an information campaign to educate businesses and the public about the cost of child care, the relationship of wages to quality child care, the impact of quality child care on community health and the overall future of the community.

Family Matters

Strategy: *Strengthen services that support parental health, safety and well-being.*

- Ask parents what they need. Conduct focus groups and use the results to develop curricula. Offer incentives such as gas and child care vouchers to encourage attendance. Topic ideas might include: developmental norms, resource locations, safety norms, skill building, social development, realistic expectations, self-esteem, nutrition and healthy family activities.
- Post useful contact information and instructions in places parents frequent: grocery store, community center, swimming pool, laundromat, physician offices, hospitals, day cares and schools. List resources to help parents access car seats, mental health

services, day care, medical care, dental care, alcohol and drug treatment, parenting education, emergency food, and mentor connections.

- Provide as much information as possible to families who are new to the child welfare system; help them regain child custody sooner.
- Use technology in as many ways as possible. Create a blog for information and problem solving. Keep information updated.
- Promote usage of the Ages & Stages Questionnaire; refer to information at www.ASQOregon.com.
- Conduct New Baby Questionnaire screenings at community locations such as Babies R Us.
- Work with schools to distribute information on parents' rights and responsibilities.
- Review "It's OK to Ask" campaign; revise if needed.

Strategy: *Educate parents and community professionals and distribute information about safety, child development and parenting at the most effective times and locations.*

- Schedule classes, workshops and groups at varying times and locations for more flexibility. Develop curricula based on parent suggestions and needs. Offer incentives such as gas and child care vouchers to encourage attendance.
- Analyze events, locations, times, and opportunities to interact with parents. What are natural touch points where you can distribute information? What sort of free giveaways can be offered to encourage parents to pick up information?
- Promote Healthy Start and other effective programs. Communicate via newspaper, Web sites, health care providers and faith communities.
- Communicate the benefits of a standardized, statewide health screening for all children. Include education about the benefits of timely intervention and brain development, which are not widely known in general population.
- Create basic tool kits, action plans and other materials for communities to use when working toward state and local goals.

Strategy: *Increase and enhance successful programs and services to reach more families.*

- Conduct an audit of what programs and services exist across the state. Decide what is successful, what can be replicated and what is aligned with best practices. Create and distribute a menu of options that can be implemented at a county or local level (consider local and cultural adaptations).
- Collect outcomes data that can be compared by program among counties, groups and strategies. Define what data needs to be collected to demonstrate outcomes.
- Ask programs what they think is working well and what they need if their services are to expand across the state.
- Ask for community feedback on programs and services. Ask whether cultural and language needs are being met.

Strategy: *Promote parent-to-parent outreach and support.*

- Create a blog designed specifically for parent-to-parent resource sharing and support. Include positive, upbeat information to combat the overwhelming nature of such Web content. Address Internet security issues as needed.
- Ensure that Healthy Start information is available at all hospitals and physician offices.

Health Matters

Strategy: *Facilitate health insurance outreach and enrollment for all young children and their families.*

- Inform the public with community service announcements. Take the message to corporations: Raising healthy kids is less expensive than trying to fix the gaps later.

Strategy: *Provide all young children and their families with a regular source of coordinated, comprehensive, quality health care.*

- Define what “coordinated, comprehensive, quality health care” means and how it will look in Oregon.

Strategy: *Increase investments to create healthy communities.*

- Develop focused marketing messages and methods to engage potential investors outside the system. For example, reach out to business leaders with messages about the value of investing in early childhood development: lower health costs, decreased absenteeism of working parents, and a more productive work force.
- Edit messages until they are clear and straightforward.

Strategy: *Build stronger links between community health care, behavioral health and early childhood services.*

- Get involved with the Early Childhood Council and its subcommittees to make recommendations, set strategic priorities and ensure that actions are implemented.
- Use county councils already in place as conduits for information.
- Schedule regular meetings among line staff (those who provide direct services) to document and share information.
- Map early childhood resources and provide access to them on a Web site.

Strategy: *Promote social/emotional development and mental health in all early childhood settings.* Note: These settings include home, doctor's office, child care, early childhood education, early intervention, foster care, shelters —anywhere behavioral social bonding occurs.

- Provide social/emotional child development information for parents in the locations where they are most likely to need it: pediatric offices, family resource centers, child care resource and referrals, probation department, and alcohol and drug treatment programs.

Strategy: *Identify and address health and behavioral health risks and conditions as early as possible.*

- Enhance the state's information sharing system to collect data critical for service delivery and advocacy (look at the Utah universal application and Oregon Click as models).

**Communication and information gathering
Notes and Ideas**



Legislative, policy, legal and advocacy work

Overall

- Advocate for permanent, stable funding that grows with inflation, population and service needs.
- Establish high-level leadership accountable for systemic stability that is grounded in strategy, action and funding. Build on systems already in place, such as county Commissions on Children and Families. Focus on consistency, relationship building and shared resources across all early childhood disciplines. Leadership on these issues should begin in the Governor's office and both houses of the legislature. There must be a responsible coordinating entity at the local level.

Early Learning Matters

Strategy: *Promote and support high quality in all early care settings.*

- Define "high quality." Develop an effective regulating and monitoring process for all child care, including private preschools. Attend to the full spectrum of child care, regardless of whether they receive subsidies.
- Consider statewide accreditation for all early care providers.

Strategy: *Promote and support the integration of education, health/mental health, nutrition, parent education and family support services, similar to Head Start.*

- Advocate for stable, long-term funding for statewide Head Start.

Strategy: *Support professional development and adequately compensate the early childhood work force.*

- Advocate that policy makers remove the Child Care Contribution Tax Credit cap to increase work force investments.

Strategy: *Ensure that early care and education are affordable and accessible for all families.*

- Advocate to maintain and expand Employment Related Daycare (ERDC) policies; urge policy makers to adopt the 2009-11 policy option package. Key concepts in the package include: adjust qualifying income levels to support the transition to self-sufficiency; update subsidy rates to better align with provider charges; expand ERDC eligible age to 12; extend ERDC eligibility period to 12 months to increase continuity and reduce bureaucracy.
- Ensure that unlicensed family, friend and neighbor (FFN) caregivers have adequate support and training to participate in ERDC.
- Adopt the Washington state model for ERDC compensation; eligibility coincides with Head Start age ranges and time frames.
- Establish adequate subsidies so that parents can choose the type of child care that is best for them, rather than choosing unlicensed FFN or other care by default because of cost.

Strategy: *Increase investments to expand quality early care and education services for all children (0-5).*

- Urge the Governor and key legislators to remove the “kicker” tax rebate. Direct these funds to early childhood.

Family Matters

Strategy: *Strengthen services that support parental health, safety and well-being.*

- Support and advocate for Mental Health Insurance coverage for all pregnant women and mothers.
- Support and advocate for additional domestic violence shelters statewide and for better access to their services.
- Support and advocate for more funding for complete access to Oregon Healthy Start for universal screening and information for higher-risk families.
- Support and advocate for more funding for Early Head Start and Head Start (including parenting education), and for full access to all eligible families in diverse settings.
- Support and advocate for more funding for mental health and alcohol and drug services for parents.

Strategy: *Educate parents and community professionals and distribute safety, child development and parent information at the most effective times and locations.*

- Support implementation of a new policy requiring doctor visits for well-child checks from 18 months to 5 years, to be covered by insurance or the Oregon Health Plan. This would fill the current gap after immunizations are completed. Use standardized and culturally relevant screening tools and promote this through methods suggested in the communications section.
- Support legislative action and local implementation of a statewide policy requiring agencies that receive and distribute public funds to provide universal child assessments.
- Advocate legislative funding for parent resource centers in every school in the state.
- Consider hiring a contractor to carry out a statewide parent needs assessment.

Strategy: *Support a statewide information help line and parenting resource directory.*

- Work to establish start-up and ongoing funding for the help line and statewide parenting resource directory.

Strategy: *Increase and enhance successful programs and services to reach more families.*

- Advocate for flexible dollars to use as needed for programs in local communities.
- Eliminate competition between providers of families' services. Define the statewide and community continuum of services, then identify funding decision makers. The goal is to maintain flexibility on a local level while implementing best practices.
- Work with Children First to look at report card alternatives to the ABCDF grading that hides the impact of successful programs.

Strategy: *Encourage and support communities to include parenting education in their early childhood system of services.*

- Work for a commitment from the Legislature to develop sustainable family support systems and education programs. Make sure plans include necessary infrastructure, training and oversight.

Health Matters

Strategy: *Facilitate health insurance outreach and enrollment for all young children and their families. Note: Only half of eligible children are enrolled in the Oregon Health Plan.*

- Solve administrative and access problems with the Oregon Health Plan.
- Increase the coverage period for families with children age 5 and younger. Eliminate the waiting period for these families.
- Support presumptive eligibility for prenatal care. Presumptive eligibility allows a pregnant woman to receive Medicaid coverage while her application is being approved.
- Eliminate the requirement of four months of pay stubs, which creates a barrier for many families.
- Offer electronically loaded benefits cards, similar to the food-stamp system. Monthly mailings of cardboard cards are inefficient and often don't reach the families.

- Pool Oregon Health Plan coverage plans and eliminate the managed care system to reduce administrative costs; a single-payment system can reduce overhead and help increase reimbursement rates to physicians.
- Increase reimbursement rates for immunizations and general care to increase the number of physicians seeing children covered by the Oregon Health Plan.
- Work for adoption of the Katy Beckett law that would provide medical care for children with disabilities.

Strategy: *Increase investments to create healthy communities.*

- Engage insurance carriers in the broader early childhood system. Embed professional consultants in other agencies and offices not typically associated with early childhood to improve information sharing and relationship building that could benefit the system.

Strategy: *Provide all young children and their families with a regular source of coordinated, comprehensive, quality health care.*

- Promote the medical home concept. Look at successful models and figure out how to incorporate in Oregon. [Medical homes are sources of continuous, comprehensive, coordinated, family-centered and compassionate care to meet the health care needs of all young children and their families.]
- Identify different access points and how to channel them all to the “medical home.”
- Identify and connect essential, related services. Consider linking in terms of a physical location or through technology.
- Sync up with policy, funding, incentives and reimbursement changes to make the medical home concept appealing to professionals.

Strategy: *Promote social/emotional development and mental health in all early childhood settings.* Note: These settings include home, doctor’s office, child care, early childhood education, early intervention, foster care, shelters - anywhere behavioral social bonding occurs.

- Require that social and emotional health screenings be part of well-child checks (regular appointments for six-, nine-, 18- and 30-month-olds); paid for by insurance.
- Advocate and increase public support for more mental health services for children and families. Include prevention and intervention services.
- Work on insurance policy to provide a broader foundation for funding mental health-related services. Consider a range of billing systems and codes that allow for greater coverage of preventive, evidence-based practices.
- Change state policy to include provisional eligibility and support the transition from Early Intervention and Early Childhood Special Education into the school setting; improve communication between organizations to create a smoother transition for the child. Include a written transition plan.

**Legislative, Policy, Legal and Advocacy work
Notes and Ideas**



Partnership building

Overall

- Form partnerships among legislative advocates, private insurers and businesses to work on funding for all areas of child development: health, families and early learning.
- Create your own resource list. Here's one from the Family Matters summary for ideas:

PTA — State & Local	Healthy Start Welcome Baby Baskets
Jails — Corrections Officers	Pregnancy Resource Centers
WIC	Lamaze Classes
Head Start	Faith Communities
Healthy Start	Schools, Community Colleges and Universities
OHSU Medical Training Program	High School Parenting Classes
Prenatal Women's Groups	Day Care Sites
Kids/Moms Resource Fair	Public Health, Hospitals, Physicians Associations
Library	Community Action Programs
Commission on Children and Families	Employment Department
Police Officers	Vocational Rehabilitation Recovery Community
Oregon Clicks	Alano Club
	Fairs (children's, state)

Early Learning Matters

Strategy: *Promote and support high quality in all early care settings.*

- Develop a process for parent involvement to help monitor and elevate levels of quality in early care settings.
- Partner Head Start with full-day, year-round child care.

Strategy: *Ensure that early care and education are affordable and accessible for all families.*

- Urge partnerships between home-visiting services and site-based child care to ensure that all children and families have access to what they need, particularly programs serving birth-to-3 Early Head Start, Head Start, Healthy Start, relief nurseries, Child Care Health Consultation programs, libraries and others.
- Collaborate with partners working on the hunger issue to enroll more child care providers in the Child and Adult Food Program (CAFP): the Hunger Relief Task Force, the Interagency Coordinating Council on Hunger and Homelessness, Child Care Resource and Referrals.

Strategy: *Increase investments to expand quality early care and education services for all children (0-5).*

- Tap into other funding arenas, such as environmental funders, to create new avenues for financial and program support; leverage local, national and international funders (State Commission on Children and Families).

Family Matters

Strategy: *Strengthen services that support parental health, safety and well-being.*

- Work with physicians and court system (especially in relationship to family abuse prevention) to provide information to parents regarding prenatal and postnatal care and services.
- Coordinate with drug court to offer parent education to dads (see Head Start National Fatherhood Initiative).

- Support child care in businesses.

Strategy: *Provide education and distribute information to parents and community professionals about safety, child development and parent information at the most effective times and locations.*

- Universal screenings: dovetail with a network of existing locations that cater to children and families who might benefit from screenings, such as summer lunch sites. Use the New Baby Questionnaire or Ages & Stages Questionnaire.
- Use existing public locations to connect with parents: libraries, schools, courts, etc.

Strategy: *Promote parent-to-parent outreach and support.*

- Incorporate parent volunteers in parent groups and mentor programs.

Health Matters

Strategy: *Build stronger links between community health care, behavioral health and early childhood services.*

- Continue to build on the positive relationships between the many physicians who attended the Summit and the other early childhood partners; define how this partnership (Oregon Pediatric Association) can increase outreach to parents regarding early development and health.
- Invite more varied partners, including businesses and nonprofits, into discussions Use them as a resource for strategies.
- Develop relationships with high school clinics, community health clinics and child care centers, which are natural points of entry for many young parents who may need early childhood support and services.

Strategy: *Promote social/emotional development and mental health in all early childhood settings.* Note: These settings include home, doctor's office, child care, early childhood education, early intervention, foster care, shelters -- anywhere behavioral social bonding occurs.

- Partner mental health consultants with child care services and referral offices to help identify children with needs and connect them with services.

Strategy: *Identify and address health and behavioral health risks and conditions as early as possible.*

- Advocate for expanded early childhood mental health consultation; focus on the social worker as care coordinator in pediatric offices; address work force shortages in all areas of developmental pediatrics.

Strategy: *Increase behavioral health services for young children involved in the child welfare system or experiencing homelessness, domestic violence or parental behavioral health issues.*

- Increase support, training and requirements for foster care providers to support child development.
- Mandate that foster care children attend Head Start or appropriate preschool program.
- Support Department of Human Services to provide professional expertise. (Refer to Marion County's Infant Toddler Court and CASA).

Strategy: *Build stronger links between community health care, behavioral health and early childhood services.*

- Seek out new or expand existing points of entry for children and families; build in flexibility, overlap for cost and time efficiency (for example, Head Start or Healthy Start could share developmental screenings with pediatricians).

Strategy: *Facilitate health insurance outreach and enrollment for all young children and their families.*

- Train volunteers across all agencies to serve as enrollment liaisons for families.
- Seek volunteers to staff additional community-based enrollment sites at places such as churches, libraries and grocery stores.

**Partnership building
Notes and Ideas**



Program implementation, creation or transfer

Overall

- Look beyond the 9 to 5 workday. Restructure the service support system to better meet needs of all; customers often need services outside the typical business-day timeframe.

Early Learning Matters

Strategy: *Promote and support high quality in all early care settings.*

- Develop an evaluation template to help programs determine which initiatives will be most effective in raising quality of care.
- Encourage the Oregon Department of Education to present a Pre-K Teacher of the Year award; foundations could sponsor recognitions at local levels.
- Establish and fund statewide monitoring of minimum quality and consistency in all early care settings; make rating system clear to parents.
- Offer babysitting classes at all high schools.
- Recruit and train a pool of qualified substitute child care workers to ensure consistency and quality.

Strategy: *Promote and support the integration of education, health/mental health, nutrition, parent education and family support services, similar to Head Start.*

- Secure public funding for and expand the Peninsula child care pilot program statewide; the program integrates education, health, mental health, family supports and parent education in child care setting. (Local commissions can help with funding, but need other sources, too.)
- Expand funding for Childcare Resource and Referral teams: health and nutrition, mental health consultation, language diversity and translation, and education consultant.

Family Matters

Strategy: *Strengthen services that support parental health, safety and well-being.*

- Review and use the Oregon Healthy Start screening tool (New Baby Questionnaire) in various settings.
- Create a clear follow-up system for mental health treatment.
- Expand Mommy, Daddy & Me programs for parents who need alcohol and drug treatment.
- Develop model for residential family recovery services and disseminate to new communities.

Strategy: *Educate parents and community professionals and distribute information about safety, child development and parenting at the most effective times and locations.*

- Help plan a “Celebration of the Family”; provide resources, activities, free admission and educational giveaways.
- Create Family Resource Centers and School-based programs (like FAN in Deschutes County).
- Develop parent mentors who are trained in parent/family advocacy (similar to a CASA model, but for parents).
- Expand home visiting programs.

Strategy: *Support a statewide information help line and parenting resource directory.*

- Create a statewide, three-digit phone number that is a parent resource and help line; it should include mental health and drug and alcohol referral, and should be available 24/7. Promote the number by distributing printed magnets and other marketing. The Parent Resource Directory should be maintained and updated regularly.

Strategy: *Increase and enhance successful programs and services to reach more families.*

- Make sure there is a continuum of services in each county across the state.
- Build on Oregon's wraparound mental health services.
- Enhance substance abuse recovery coaching in families by ensuring that children's needs are addressed.
- Create Early Childhood Campuses in communities. This involves locating many services in one place or nearby, cross-training providers and increasing collaboration.

Strategy: *Promote parent-to-parent outreach and support.*

- Form, support or research successful parent connections. A partial list to begin with: Moms of Preschoolers (MOPS); PlaygroupsUSA.com; Parent Play Groups in Clackamas County promoted through home visits; Recovery Mentor program (Pendleton/Eastern Oregon Alcoholism Foundation, Washington County); prenatal discussions groups through Healthy Start; parents of older students mentor parents of younger children new to school.
- Form, support or research groups that connect parents of children with special needs, such as autism or other disabilities. Look into Mom of Hope support group for children with mental disabilities. Create Individual Education Plan (IEP) Partners to help parents navigate the school system and processes for working with a child's learning disabilities.
- Create a Family Resource Center, such as the one at Rosa Parks Elementary in Portland; children can play, parents attend "coffee break" classes, held in morning right after parents drop children at school. Washington County also has once a month meetings at the

end of the school day. Look at Gladstone Center for Families and Kids, as well.

- Consider planning activities such as a Family Games night and other ways to provide family respite and positive time together.
- Explore child-to-child support programs.

Health Matters

Strategy: *Facilitate health insurance outreach and enrollment for all young children and their families.*

- Help promote options for solving administrative, eligibility and enrollment challenges with Oregon Health Plan. Pursue changes, such as longer coverage periods for families; no waiting period for children ages 0-5 and their families; replace cardboard cards with electronically loaded plastic cards; eliminate pay-stub requirement.
- Make sure every family has a knowledgeable liaison to assist with enrollment.
- Increase points of access to Oregon Health Plan. Look into existing community infrastructure such as libraries, churches and community centers.

Strategy: *Provide all young children and their families with a regular source of coordinated, comprehensive, quality healthcare.*

- Promote the medical home concept. Look at successful models and figure out how to incorporate here.
- Define the group of people and professionals that a family deems important. Build from the family out, considering the whole child and whole family.
- Identify different access points and how to channel them all to the “medical home.” Identify and connect essential, related services. Consider linking in terms of a physical location or through technology.
- Consider a “family navigator” model that aims at prevention and well-being, rather than acute care. Look at successful models and figure out how to incorporate here. Inclusive care: prevention, screening, non face-to-face, well baby checks covered. Full

spectrum of health included: physical, social/emotional, cognitive, mental, oral, vision health.

Strategy: *Promote social/emotional development and mental health in all early childhood settings.* Note: These settings include home, doctor's office, child care, early childhood education, early intervention, foster care, shelters -- anywhere behavioral social bonding occurs.

- Integrate mental health services into the medical home model. Look at successful models and figure out how to incorporate here.
- Screen parents for mental health (pre/postnatal depression) in pediatric offices; connect parents with needed services.

Strategy: *Identify and address health and behavioral health risks and conditions as early as possible.*

- Enhance the home visitation system to reach families with newborns through 2-year-olds; emphasize child and family care coordination, information sharing.
- Encourage health care providers to look at behavioral therapies before medication.

Strategy: *Increase behavioral health services for young children involved in the child welfare system or experiencing homelessness, domestic violence or parental behavioral health issues.*

- Support enhancements in the Department of Human Services: more training for all in system, including caseworkers, foster parents, judges, lawyers and staff (include child development, trauma, cultural, addictions, mental health); adequate caseloads; developmentally appropriate case plans in courts; explore possibilities for collaboration in training, location and provision of services.
- Use Early Intervention as a portal for referral to other services.
- Increase capacity for home visits for assessments, interventions, consultation and other education opportunities.
- Create a hotline for foster parents.
- Expand addiction services that help keep children and parents together.

- Standardize training and protocol for domestic violence interventions in hospitals and physician offices.

Strategy: *Increase the skills and capacity of the health, behavioral health and early childhood work force.*

- Conduct a comprehensive community evaluation, development and training program as a demonstration for other communities statewide. Collect data; offer training in early childhood developmental “surveillance” (looking for signs of need) across work force spectrum; develop services to improve socio-emotional development in children and families; measure results.
- Explore ways to increase work force capacity.

Strategy: *Build stronger links between community health care, behavioral health and early childhood services.*

- Explore ways to expand successful pilot projects to the whole state.
- Review Children’s National Medical Center for model of linking services in one location and cross training providers.
- Consider programs that assign a public health nurse to each teen mom; same nurse follows baby’s development, provides screenings, monitors drug and alcohol use in mother, and more.

**Program implementation, creation or transfer
Notes and Ideas**



Training, education and professional development

Overall

- Use all available technology, including online resources such as V-tel, to make training available and accessible statewide; create “virtual cohorts” for support and training.

Early Learning Matters

Strategy: *Promote and support high quality in all early care settings.*

- Raise requirements and compensation: Create a system of tiered reimbursement for quality. Analyze the value of accreditation; make it relevant and cost-effective. Advocate these minimum standards with Oregon Child Care Division.
- Promote/encourage collaboration: Tap corporate, higher education, retired educators and other professionals to serve as mentors for early childhood providers. Partner agencies and organizations for shared training including hospitals, DHS, Department of Education, Head Start and private businesses.
- Provide incentives to improve quality through training, such as free or reduced tuition and books; increase funding to expand Compensation and Retention Equals Stability (CARES) statewide. Offer tax deductions to offset new equipment costs. (Include local Resource and Referrals, Commissions on Children and Families and career development partners.)
- Adapt existing training systems for rural communities.
- Vary the types of training by content, location, delivery method (i.e. electronic), hours; blogs and chat groups for support. Include observation time (at established programs).
- Emphasize professional networking as part of training sessions.
- Ensure funding and availability of training on disabilities in young children.

Strategy: *Support professional development and adequately compensate the early childhood work force.*

- Document value of investment through Quality Indicators.
- Establish early childhood teachers as professionals through a minimum education requirement in licensed settings; use Head Start as basis.
- Network teacher training units throughout the state for a systems approach to initial teaching licenses; should include, at minimum, student teaching and work samples.
- Brainstorm ways to make training affordable for everyone.

Family Matters

Strategy: *Strengthen services that support parental health, safety and well-being.*

- Provide parenting education courses in high schools; could offer a menu of topics such as nutrition/menu planning, basic parenting skills, and psychology. Include information geared to men/fatherhood (review “Doctor Dad,” Head Start Father’s Initiative, “Duct Tape” as possible resources).
- Create a tool that lists what children should be able to do at what developmental stages; distribute through physician offices.
- Provide more information on the signs of depression and how to get help.
- Train parents in medical literacy so they know what to tell physician at well-child and other visits.

Strategy: *Educate parents and community professionals and distribute information about safety, child development and parenting at the most effective times and locations.*

- Host a one-day parent workshop; recruit a “model parent” as a co-presenter; offer food or other incentives; promote it to whole community to avoid “at risk” stigma.
- Establish professional standards for all parent educators.
- Develop shorter curricula for parenting classes, ideally three to four weeks to engage a variety of parents.

Strategy: *Support a statewide information help line and parenting resource directory.*

- Develop online parenting education classes, using reliable materials, resources and training methods. (Use OSU Hallie Ford Center database as resource.)

Strategy: *Increase and enhance successful programs and services to reach more families.*

- Provide Parents as Teachers (PAT) training professional development hours to enhance wages and benefits for home visitors.
- Provide cross training between agencies.

Strategy: *Promote parent-to-parent outreach and support.*

- Provide teachers and other early childhood professionals with training to help them support families through difficult parent/child issues.
- Help parents know their rights in the school setting.
- Reach out to parents when their kids start school; information about programs, services, rights, mentors and support groups.

Strategy: *Encourage and support communities to include parenting education in their early childhood system of services.*

- Examine existing Parenting Brokerage training and coordination models and modify for your own community. Consider working with community colleges, and resource and referral services.
- Map out and publicize all parenting education in your community.

Health Matters

Strategy: *Provide all young children and their families with a regular source of coordinated, comprehensive, quality healthcare.*

- Train professionals in the medical home concept. Explore how group practices and consortiums could benefit children, families and professionals; offer incentives.

- Provide incentives for providers to relocate or expand services to remote or underserved areas.
- Rework the Oregon Health Plan to improve access for more families; provide incentives to lift caps on OHP clients so more physicians available for OHP.
- Change service delivery system from a “one visit, one issue” model to more comprehensive approach to wellness at each contact (deal with problem of not addressing peripheral or serious issues at a well child check, for example).

Strategy: *Promote social/emotional development and mental health in all early childhood settings.* Note: These settings include home, doctor’s office, child care, early childhood education, early intervention, foster care, shelters --anywhere behavioral social bonding occurs.

- Work with Department of Education to require that information about brain development be part of high school curriculum; help raise awareness and reduce misunderstandings about mental health.
- Offer training and education on social/emotional development for any child care provider, including private home settings, child care centers; include licensing providers and home visitors in both learning and training capacities.
- Increase sensitivity in health care and mental health professionals and child care workers with training in varied cultures -- ethnic, poverty, crime and drugs.
- Widely disseminate information about classes and programs on parenting skills at the OSU Center for Healthy Children and Family Programs.

Strategy: *Increase the skills and capacity of the health, behavioral health and early childhood work force.*

- Develop a training system that increases connections and relationships throughout the whole work force, defined as: child care providers, doctors, nurses, health specialists (developmental pediatricians), mental health specialists (child psychologists, psychiatrists, counselors, social workers, early childhood educators, and parents. Shared locations and cross training increase benefits and reduce costs all around.

- Consider linking a physician with a resource and referral for cross training.
- Develop strategies to retain child care staff and prevent early childhood professional turnover. Look at recruitment practices.
- Include experiential components in training: on-site consultants, mentors, etc.
- Explore ways to ensure that child care providers have training in socio-emotional health; must be affordable and accessible. Consider licensing or certificates.

Training, education and professional development
Notes and Ideas



Funding

Overall

- Research how businesses sustain grants; create a plan for sustainable funding within the early childhood system.
- Continue to develop the Wraparound Initiative. System should encourage communities to define needs and allocate funds; set goals first, then apply for money -- don't let money restrictions determine the goals.
- Consider where funding can go for most impact; specific populations, prevention, or other?
- Develop incentives for all child development professionals, including child care providers, to complete additional training in all areas of child development: physical, social/emotional, mental, and cultural.

Early Learning Matters

Strategy: *Promote and support high quality in all early care settings.*

- Develop a “micro-enterprise” loan program to motivate quality improvement.
- Blend funding streams within early childhood field. Tap unused agency funding.
- Solicit and collect all available matching funds through donors and businesses.

Strategy: *Promote and support the integration of education, health/mental health, nutrition, parent education and family support services, similar to Head Start.*

- Market the Portland Children's Investment Fund, make sure it continues and expand to other counties. (Stand for Children is helping with this.)
- Access mental health services dollars (not intervention) to offer treatment. Collect data to demonstrate needs, advocate to communities and leaders.

- Lead candid discussions to break down barriers about funding for early childhood education, especially as it fits in with bigger education picture statewide. (Early Childhood partners, Department of Education)

Strategy: *Support professional development and adequately compensate the early childhood work force.*

- Establish long-term (five to seven year) financial planning; build relationships with partners to increase sustainability. (e.g. Early Learning Funders Circle)
- Encourage foundations to offer funds where a percentage is linked to professional development support.
- Encourage local commissions to offer partial support for professional development costs.
- Approach cities with the concept of assigning a portion of development costs from permit fees to support child care; businesses supporting community infrastructure where they “live.”
- Encourage foundations and other funders to grant funds to programs that require staff to meet minimum professional standards.

Strategy: *Ensure that early care and education are affordable and accessible for all families.*

- Increase funding to Oregon Student Assistance Commission (OSAC) to offer more child care assistance for student-parents.
- Explore what community development funds might be available for investment in early care and education (City Council, County Commissioners, elected officials, early childhood teams explore and advocate together).
- Consider a social service tax to fund early childhood education.
- Analyze restrictions on child care funds; recommend more effective alternatives to Child Care Division; advocate to lawmakers.
- Provide tax credits, other incentives for employers to subsidize employee child care. Alternatively, look into a business child care tax.

- Work to secure funding that increases the number of quality child care options available for infants and toddlers, especially in lower-income families; more access to Early Head Start and Head Start.
- Work to secure funding that increases child care options during nontraditional hours (nights and weekends).
- Work to secure funding that increases child care and services for children with disabilities; increase culturally appropriate options.

Strategy: *Increase investments to expand quality early care and education services for all children (0-5).*

- Create an Early Childhood Trust, modeled on the Cultural Trust.
- Implement a Child Credit, modeled after the Carbon Credit (energy).
- Identify business leadership to help increase funding (United Way, City Club, Oregon Children's Foundation, and others).

Family Matters

Strategy: *Strengthen services that support parental health, safety and well-being.*

- Expand dollars for mental health and alcohol and drug programs related to family and early childhood services.

Strategy: *Educate parents and community professionals and distribute safety, child development and parent information at the most effective times and locations.*

- Fund a coverage incentive for well-child or developmental checks performed by a medical professionals, encouraging parents to seek early identification of needs/delays.

Strategy: *Increase and enhance successful programs and services to reach more families.*

- Work to establish competitive wages and benefits for early childhood professionals; will enhance staff retention, support more staff with degrees; ensure all staff make a living wage; consider establishing a minimum salary across the profession. Achieve

balance to help support rising staffing costs that especially strain rural counties.

Strategy: *Encourage and support communities to include parenting education in their early childhood system of services.*

- Develop new funding stream for early childhood services that does not draw from current dedicated or flexible funds.
- Seek and use other funding or credit sources, such as the Linn County Community College Credit that pays 1.25 FTE to coordinate rural and urban service programs. Other sources might include family resource centers, nonprofit organizations, Department of Health Services grants, school districts.
- Hold a community forum with an open invitation to all organizations providing parenting education; offer them time to share what they are doing with the group.

Health Matters

Strategy: *Facilitate health insurance outreach and enrollment for all young children and their families.*

- Couple enrollment outreach with additional funding; must make sure there are adequate providers for existing and newly enrolled families.

Strategy: *Promote social/emotional development and mental health in all early childhood settings. Note: These settings include home, doctor's office, child care, early childhood education, early intervention, foster care, shelters -- anywhere behavioral social bonding occurs.*

- Provide incentives for early childhood mental health consultants to locate in rural counties; develop a directory of all providers in each Oregon county.
- Fund caseworkers and mental health providers in pediatric offices; consider paying office staff to take it on, plus reimburse for supplies; need to offer valid developmental screenings in these locations.
- Create incentives for professionals and insurers/managed care to support the model.
- Incorporate flexible funding in the medical home model to accommodate multiple locations.

Strategy: *Increase the skills and capacity of the health, behavioral health and early childhood work force.*

- Increase funding for community connections, such as Birth to Three, ABCD, and Circles of Security (as in Spokane).

Funding
Notes and Ideas



Appendices

- A. Oregon Early Childhood Council
Priority Strategies and Actions
- B. Issue Brief—Early Learning Matters (Early Care and Education)
- C. Issue Brief—Family Matters (Safety, Parent Education and Family Support)
- D. Issue Brief—Health Matters (Health, Social/Emotional Development and Mental Health)
- E. Resources for local communities

National Family Week Celebration Community Toolkit

www.nationalfamilyweek.org/2008/Materials/Toolkit.pdf
- F. Oregon Rural Communities Explorer (The Oregon Rural Communities Explorer provides reliable and up-to-date social, demographic, economic, and environmental information about Oregon’s rural counties and places in a framework of community vitality.)

www.oregonexplorer.info/rural

Oregon Early Childhood Council

Priority Strategies and Actions (June 26, 2008)

	Goals				Lead Partner					
	Expand Access	Improve and sustain Quality	Enhance public awareness & support	Promote workforce development	Public	Private	Combo	State	Local	Combo
Health Matters										
Strategy: Promote universal health insurance and provide all young children and their families with a regular source of coordinated, comprehensive, quality healthcare.										
Action: Facilitate health insurance outreach and enrollment by reducing administrative barriers, increasing OHP/ insurance access points and expanding the availability of liaisons trained to help families apply for and navigate the system	X			X			X			X
Action: Utilize the Children's Health Improvement Partnership model to improve the design and delivery of developmental and preventive early childhood healthcare	X	X	X	X			X			X
Action: Assure early childhood representation on and participation in groups working to transform the healthcare system, to assure early childhood and medical home needs are accommodated in system re-design	X	X		X			X	X		
Action: Design the Wraparound initiative to include an early childhood component that coordinates with key systems and early childhood stakeholders at the state and local levels (eg - legal, medical, child welfare, early care and education)	X	X		X	X			X		
Strategy: Promote social-emotional development in all early childhood settings										
Action: Develop & implement a statewide public awareness / social marketing campaign to improve community norms regarding the importance of early childhood, universal parent education and support, and choosing and investing in quality services.	X	X	X	X		X	X			X
Action: Develop statewide availability of health and mental health consultation to providers serving young children and their families	X	X	X	X				X		
Strategy: Identify and address health and behavioral health risks & conditions as early as possible										
Action: Build on current initiatives to develop statewide mechanisms to support communities in implementing universal standardized screening, prompt referral and follow-up services	X	X	X	X			X			X
Action: Implement standardized screening and early treatment for perinatal / maternal depression and other parental behavioral health conditions.	X	X	X	X	X	X				X
Action: Increase strategic, sustainable investments in promotion and prevention services and activities	X	X	X				X			X
Action: Improve flexible and sustainable funding to support a continuum of evidence-based early childhood social-emotional development and mental health services	X	X	X				X			X

Oregon Early Childhood Council

Priority Strategies and Actions (June 26, 2008)

	Goals				Lead Partner					
	Expand Access	Improve and sustain Quality	Enhance public awareness & support	Promote workforce development	Public	Private	Combo	State	Local	Combo
Action: Increase and integrate early childhood mental health and social-emotional development knowledge and skills across multiple disciplines and service sectors										
Strategy: Increase behavioral health services for young children involved in the child welfare system or experiencing homelessness, domestic violence, or parental behavioral health issues.										
Action: Assure prompt, trauma informed, developmentally appropriate assessment and indicated treatment for children in or at risk of placement in foster care	X	X		X	X			X	X	
Action: Expand behavioral health services for parents	X		X				X			X
<i>Early Learning Matters</i>										
Strategy: Increase investments to expand quality care and education services for all children (ages 0-5) and families. Promote and support high quality in all care and education settings.										
Action: Media campaign			X			X				X
Action: Increase investments and quality for children ages 0 - 5 with special attention to children ages 0 - 3 (EHS/CC)	X	X			X	X				X
Action: Develop a state plan for implementing continuity of quality standards, monitoring and degree requirements – include funding plan for implementation and media campaign		X	X		X	X				X
Strategy: Support professional development and adequately compensate the early childhood workforce. Ensure early education is accessible and affordable										
Action: Enhance Oregon professional development system by providing more accessible training with multiple entry points and financial incentives		X		X	X	X				X
Action: Continue to increase Child Care subsidies	X	X		X	X			X		
Strategy: Promote and support the integration of education, health, mental health, nutrition, parent education and family support services similar to the Head Start model.										
Action: Expand Child Care Consultation model – include infant/toddler, mental health and health consultation, EI/ECSE, USDA nutrition WIC; include Warm-Line; include trainings in Promoting First Relationships and Positive Behavior Supports	X	X	X	X	X	X	X			X

Oregon Early Childhood Council

Priority Strategies and Actions (June 26, 2008)

	Goals				Lead Partner					
	Expand Access	Improve and sustain Quality	Enhance public awareness & support	Promote workforce development	Public	Private	Combo	State	Local	Combo
Strategy: Recognize/utilize expertise of parents as the first and most important nurturers of their children.										
Action: Ensure that all staff connecting with families are trained in listening and skills that allows interaction with parents that is positive and respectful		X			X		X			X
Action: Include parent voices/inputs in work on early care and learning system building and planning whenever possible and appropriate	X	X	X	X			X			X
<i>Family Matters</i>										
Strategy: Strengthen services that support parental health, safety and well-being										
Action: Screen all parents for depression and other mental health issues, drug and alcohol abuse, domestic violence, and other risks, providing referrals and linkages to services.	X	X	X				X			X
Action: Launch a media campaign focused on normalizing and de-stigmatizing getting help for parents.	x		x				x			x
Action: Ensure that adequate evidence based supports and services are available as resources for parents in all communities.	x	x	x	x			x			x
Strategy: Educate parents and community professionals and distribute safety, child development and parent information at the most effective times and locations										
Action: Support a statewide information helpline and a web-based parenting resources directory.	x		x	x			x			x
Action: Make developmental screening available and the norm for all children.	X	X	X	x			x			X
Action: Launch a media campaign focused on normalizing and de-stigmatizing getting parenting information.	x		x				x			x
Action: Ensure parenting information is available to all parents using a variety of methods and reaching parents at natural touchpoints.	x	x	x	x			x			x
Strategy: Increase and enhance successful programs and services to reach more families										
Action: Identify current successful programs and services based on positive child and/or parenting outcomes in order to support their expansion and/or replication.	x			x			x			x

Oregon Early Childhood Council

Priority Strategies and Actions (June 26, 2008)

	Goals				Lead Partner					
	<i>Expand Access</i>	<i>Improve and sustain Quality</i>	<i>Enhance public awareness & support</i>	<i>Promote workforce development</i>	<i>Public</i>	<i>Private</i>	<i>Combo</i>	<i>State</i>	<i>Local</i>	<i>Combo</i>
Action: Launch a media campaign focused on normalizing and de-stigmatizing accessing parenting programs and support services, and include the concepts in high school classes.	X		X				X			X
Action: Ensure every community has adequate funds for a full array of successful programs available for all families, incorporating federal, state, local and private funding streams.	X		X	X			X			X
Strategy: Encourage and Support communities to include parenting education in their early childhood system of services										
Action: Promote the development of stable and sustainable funding for parenting education.	X	X	X	X			X			X
Action: Build public will for parenting education and supports through media campaigns.	X	X	X	X			X			X
Action: Identify and promote standards for parent educators and opportunities for professional workforce development.		X		X			X			X

GOVERNOR'S SUMMIT ON EARLY CHILDHOOD

Issue Brief

Early Learning Matters

Early Care and Education

OBJECTIVES

- Promote school readiness and success through high quality early childhood education for all children, especially the most vulnerable.
- Assure that high quality child care is accessible and affordable for all children and families
- Assure that all children with disabilities and special needs receive appropriate, responsive, and high quality services that meet their unique needs and optimize their development.
- Promote full participation in the federal Child and Adult Food Program in order to improve the nutritional status of children in group settings.

Research

The first years of life are critical for healthy brain development and a child's future success. Neuroscience and child development research confirm that the interactions and experiences of children from birth to age five create the foundation for success in school and in life. Research also confirms that all children benefit from high quality preschool experiences; gains are greatest for children from low-income families.

Oregon's Early Care and Education system seeks to support the optimal development in the early years of life. The Early Care and Education system has four primary system components that work collaboratively to support young children and families.

- ❖ **The Child Care system** provides child care and education for children ages birth to twelve; these services offer essential care for children so that families can work, go to school, and meet other obligation, The child care system is complex in that there is a diversity of care: both regulated and unregulated and a diversity of funding sources. Access, parental choice, affordability and quality remain key issues in child care across the nation and in Oregon.
- ❖ **The Early Head Start/Head Start (EHS/HS) system** provides education integrated with child health, nutrition, mental health, parent education and family support services for Oregon's lowest income and highest need families, including pregnant women and children ages birth to five. Maintenance of quality and limited access due to federal funding reductions remain key issues for EHS/HS.
- ❖ **The Early Intervention/Early Childhood Special Education (EI/ECSE) system** provides specialized educational support for children with disabilities, age's birth to five, and their families. These services are an entitlement for all eligible children at no cost to families. EI/ECSE seeks to prevent or ameliorate the effects of disabling conditions so children can participate meaningfully within their families, schools and communities.

GOVERNOR'S SUMMIT ON EARLY CHILDHOOD

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Early Learning Matters

Early Care and Education

- ❖ **The Child and Adult Food system** utilizes federal funds to serve nutritious meals including breakfast, hot lunches and snacks for children participating in center and home based child care and education programs.

Child Care System

The child care system is a complex quilt of regulated and unregulated care, licensed and unlicensed care; quality varies in all types of care. This is the system that touches most families and children. Affordability, accessibility and quality are perennial challenges.

Affordability

- ❖ **Child care and education are primarily supported through parent fees** (70%), sometimes on a sliding fee scale. Lower income families face especially difficult affordability issues. About a quarter of Oregon families with young children earn less than \$28,000 per year and, if early care and education is purchased, spend almost a quarter of their income on child care.
- ❖ **Child care subsidies are intended to assist families living at 185% of poverty or below (\$32,560 for a family of three)** pay for the type of child care that best meets families' needs. Approximately 60% of families receiving subsidies choose unregulated care provided by families, friends or neighbors. In Oregon, we believe there are a substantial number of families who are eligible for subsidies, and are not accessing the subsidy program.
- ❖ **Payment for child care workers is very low**; nationally, parking lot attendants learn more than child care workers. Poor compensation causes child care workers to leave the field, and children suffer when turnover is high. Workers who do choose to stay in the field cannot afford to pay the cost of school to get the education and training they need to increase their skills and education.

Accessibility

- ❖ **The supply of child care is not keeping up with the demand, especially for infant and toddler care.**
- ❖ **Some types of care are especially difficult to find.** Care for children ages birth to three and children with special needs are especially difficult to find, along with week-end and evening care. Responding to the growing number of children and families from diverse cultures and languages is a significant challenge.

Quality

- ❖ **Licensing regulates assurance of minimal health and safety requirements and does not address the level of quality indicated in research that**

GOVERNOR'S SUMMIT ON EARLY CHILDHOOD

Issue Brief

Early Learning Matters

Early Care and Education

produces positive child and family outcomes. Licensing is required for child care centers and family homes that operate over four hours per day.

Some child care programs are exempt from licensing such as those operated by government agencies (public schools and colleges) and private preschools that operate four hours or less per day. These programs operate without any regulations or state requirements.

- ❖ **Unregulated care** is provided by family, friends and neighbors throughout the state. Many of Oregon's children under the age of five, an estimated 48,500, are in unregulated care. **Infants and toddlers are most likely to be in unregulated care.** Although this care is essential to many families, very little is known about its safety or quality and there are few formal supports for unregulated providers.
- ❖ **The level of quality in Oregon child care is largely unknown.** National studies have found the quality of infant and toddler care to be lower than that available to older children. Child care must be high quality in order to deliver positive child outcomes, including improved school readiness and success.
- ❖ **State investments to support quality are sporadic and limited.** Some training and support is available to child care providers through the statewide Child Care Resource and Referral Network.
- ❖ **The current Child Care system does not monitor child care quality,** nor does the system have adequate resources to support the level of quality that research has shown delivers positive child outcomes.

Early Head Start and Head Start System

The Early Head Start and Head Start system provides comprehensive child development programs that integrate birth to five education with child health, nutrition, mental health, parent education and family support services.

Early Head Start and Head Start (EHS/HS) target Oregon's lowest-income families and highest need children. **Priority for enrollment must go to families who have incomes at or below 100% FPL, \$17,600 for a family of three.** Eligible families do not pay fees but are expected to volunteer in the program. EHS serves pregnant women and children from birth to age three. HS serves children from three to ages five. Children with disabilities, homeless and foster children are categorically eligible and special efforts are made to enroll these children.

EHS/HS programs adhere to research-based standards in order to assure the highest quality that supports positive child and family outcomes. A well developed monitoring and training system supports quality assurance and promotes well trained and educated staff. EHS/HS programs have degree requirements and goals, and are required to have individualized professional development plans for staff.

GOVERNOR'S SUMMIT ON EARLY CHILDHOOD

Issue Brief

Early Learning Matters

Early Care and Education

- ❖ **Maintenance of quality EHS/HS services and the ability to maintain current service levels are threatened by reduced federal funding.** The recent Head Start Reauthorization Act requires higher staff degrees but allocated no funds for this purpose. Thus programs will either have to reduce quality or reduce the number of children currently being served.
- ❖ Currently the **EHS program serves 3.7% of Oregon's eligible children, age's birth to three**, and their families.
- ❖ Currently the **HS program serves 62.4% of Oregon's eligible children, age's three to five**, and their families. Oregon's successful Head Start PreK expansion will add over 3,000 children during the next two years. This success, however, may be compromised by reductions in federal HS funding. For FY 2008, there was an increase in the 3 & 4 year old population and an increase in the poverty rate, which increased the number of HS eligible children and families.
- ❖ **If not enrolled in EHS/HS, eligible children will most likely not receive any early education before entering kindergarten.** EHS/HS eligible families cannot afford even small payments for child care and education services.
- ❖ **Responding to the growing number of children and families from diverse cultures and languages** is a significant challenge.

Oregon Early Intervention/Early Childhood Special Education (EI/ECSE)

The Oregon Early Intervention/Early Childhood Special Education (EI/ECSE) system serves children with disabilities, and their families. The purpose of EI/ECSE is to prevent or ameliorate the effects of disabling conditions so children can participate meaningfully within their families, schools and communities. Services are provided in specialized preschools and community settings such as child care centers and homes, private preschools and EHS/HS programs.

- ❖ In 2007, only 1.80% of Oregon children, age's birth to three, received EI services; nationally 2.43% of this age population received EI services. Thus, a key goal is to **reach and serve all infants and toddlers who may need EI services.**
- ❖ For three to five year old children who need ECSE services, there is a need to **increase the number of children receiving services in natural settings with typical peers**, and to **increase the quality of services in inclusive placement sites** such as child care centers, homes and private preschools.

Child and Adult Food Program (CAFP)

Research has shown the importance of good nutrition to the development of cognitive abilities and school readiness. **Participation on the child nutrition program is a**

GOVERNOR'S SUMMIT ON EARLY CHILDHOOD

Issue Brief

Early Learning Matters

Early Care and Education

major factor associated with quality care. CAFP supports high quality nutrition and learning experiences for over 32,000 children each working day.

- ❖ The Child and Adult Food Program (CAFP), a federal nutrition program, is a key support for family child care, child care centers, EHS/HS and after school programs. CAFP provides reimbursement for food and meal preparation costs, ongoing training in child nutrition and food safety, and on-site technical assistance and compliance monitoring.
- ❖ In Oregon, most child care centers and family child care homes, and all Early Head Start and Head Start programs participate in the Child and Adult Care Food Program and CAFP.
- ❖ Despite this high rate of participation, a core challenge facing CAFP is to **assure that all eligible programs are reached and participate.** In particular, the CAFP program is doing outreach to increase the number of Family Child Care homes receiving CAFP benefits.

Strategies to Meet Challenges

The Early Care and Education system has developed and implemented a number of successful projects and quality initiatives; however, these proven approaches have not been expanded across the state. With expanded access and sustainability, these projects and quality initiatives will contribute to improved quality and a better trained and educated work force, thus strengthening Oregon's entire Early Care and Education system. Among the **successful quality initiatives** are the following:

- ❖ The **early learning guidelines, known as *Early Childhood Foundations***, provide child care providers and teachers with a consistent and solid understanding of what children should know, understand and be able to do during the first five years of life. The early learning guidelines thus can help providers and teachers to develop curriculum and experiences for each child so all children are prepared and ready for kindergarten. The *Early Childhood Foundations* guidelines complement and strengthen, but do not replace high program standards and developmentally appropriate curriculum. All are necessary for a high quality early care and education system.
- ❖ The ***Child Care Quality Indicators Project*** is working with center and family child care facilities to gather data on seven structural indicators of child care quality. Research has shown these seven indicators to contribute to positive child outcomes. The *Child Care Quality Indicators Project* is currently being piloted in three counties and will expand to other counties when the pilot is completed.
- ❖ The ***Child Care Health Consultation*** programs offer community child care programs and homes with consultation services that support providers/teachers in the areas of child health, nutrition, mental health and

GOVERNOR'S SUMMIT ON EARLY CHILDHOOD

Issue Brief

Early Learning Matters

Early Care and Education

child development to improve practice and the quality of care. Currently, consultation services are only available in five counties.

- ❖ **Compensation and Retention Equals Stability (CARES)** helps child care providers and teachers pay for education and training; CARES also provide financial incentives to retain trained providers and teachers. At one point eight counties operated CARES programs. Despite documented success, only one CARES project currently operates. The loss of CARES was due to lack of funding.
- ❖ The **Child Care Contribution Tax Credit** provides an opportunity for taxpayers to receive an Oregon state tax credit for contributing to child care. Proceeds from the credits are used to fund innovative child care projects that address issues of quality, compensation and affordability.
- ❖ **Positive Behavior Supports (PBS)** provides training and direct supports to assist staff in establishing positive social and emotional environments for all children, including children with challenging behaviors. Currently, *PBS* is implemented on a limited basis throughout the state.

CONCLUSION: Quality, Affordability, and Accessibility

In sum, Oregon's Early Care and Education system has four important components in place. Oregon, however, needs a more fully integrated system of early care and education if we are to adequately respond to young children's developmental needs and prepare each child for success in school and in life. Overall, Oregon's Early Care and Education system faces three overarching challenges: Quality, Affordability and Accessibility.

QUALITY:

For the Child Care system, there is a great need to **initiate policies and investments that support quality** services for all children. Licensed and unregulated care need to be addressed. Child care quality initiatives need to be brought to scale on a systemic, statewide and sustainable level.

- ❖ For the EHS/HS system, the **maintenance of quality services** in the face of federal funding reductions is vital.
- ❖ Additional investments are needed to assure that early childhood providers and teachers can access training and education, and to ensure they are rewarded for their investments in professional development. **Successful training, education and compensation initiatives are needed.**
- ❖ **Bilingual staffs are needed** to respond to the growing number of children and families who speak languages other than English.
- ❖ **Early learning guidelines** (*Early Childhood Foundation*), **high program standards, developmentally appropriate curriculum and Positive**

GOVERNOR'S SUMMIT ON EARLY CHILDHOOD

Issue Brief

Early Learning Matters

Early Care and Education

Behavior Supports need to be implemented and sustained across the early childhood system.

AFFORDABILITY:

- ❖ Investments must be made to **make quality child care and education affordable** for Oregon families. There is a need to **increase access to child care subsidies** for eligible families.
- ❖ For **Oregon's poorest families**, who cannot afford even small payments for child care and education services, there is a **need for increased access to EHS/HS**.

ACCESSIBILITY:

- ❖ Across the Early Care and Education system, it is important to expand access to quality early care and education services, especially for children ages birth to three. **Infants and toddlers are the most underserved population in both the child care and EHS systems.**
- ❖ There is a need to expand: (1) **quality inclusive placement sites** for children with disabilities and other children with special needs, (2) access to care during **non-traditional hours** such as weekends and evenings, and (3) access to **responsive and culturally appropriate services** for the growing number of children and families from diverse cultures and languages.

GOVERNOR'S EARLY CHILDHOOD SUMMIT

Issue Brief

Family Matters

Safety, parent education and family support

Ultimately, parents are responsible to keep their children safe, healthy, and growing and learning well, but parents cannot do this job in isolation. All parents with a new baby or young child benefit from support that fits their unique situation. Many of these supports are relatively inexpensive; others are more costly. Whatever the cost, keeping children safe and thriving in their own homes is the best investment society can make. It is much more costly to attempt to undo the damage that is created by poor parenting than to prevent it from occurring. By supporting families and educating parents, we benefit two generations – parents and children.

Some families just need basic information and access to community resources to do well. Other families are overburdened by poverty, lack of employment and education, homelessness, mental health or drug and alcohol issues, physical or cognitive limitations. Some families face the unique challenges presented when a like a child has special needs. These families need more intense and targeted education and support to keep their children safe and thriving.

Some families have fallen into the child welfare system, because they have already failed to keep their children safe. These families benefit from more intense and targeted support that meets their pressing needs. Many of these parents are themselves survivors of difficult childhood experiences and some were the victims of abuse and neglect themselves as children.

There are proven strategies to effectively support families and young children whatever their level of need or risk. No one strategy will fit all needs or situations, but a diverse, coordinated continuum of proven strategies can support and benefit families at all levels of need and risk. Even when families face very significant issues, they can be helped through participation in effective programs and services. The *Oregon Early Childhood System of Supports* and Services is dedicated to addressing the diverse needs of families in order to assure that all parents are able to protect and nurture their children. Within this system, the services and supports for families target the following objective:

OBJECTIVES OF SERVICES AND SUPPORTS FOR FAMILIES

- Promote healthy children, nurturing families, and caring communities;
- Ensure that all parents and caregivers have the mental health and knowledge and other essential resources to build and sustain nurturing relationships with the children in their care.
- Ensure that all families can not only meet their basic needs, but also thrive and nurture their children's development
- Promote the above objectives through a statewide coordinated continuum of community-based family-focused services and supports for all families, particularly the most vulnerable

GOVERNOR'S EARLY CHILDHOOD SUMMIT

Issue Brief

Family Matters

Safety, parent education and family support

WHAT RESEARCH TELLS US

Children can only develop to their fullest potential when they live in nurturing families that are supported by caring communities. Research summarized by the nation's most prestigious scientists confirms the following¹:

- To develop to their fullest potential, children must have early relationships that provide stability, consistency, affection, and responsiveness, as well as protection from harm and support for growth of new skills and capabilities
- When young children experience early nurturing relationships, they develop self awareness, social competence, emotional growth, and other accomplishments.
- Strong attachments to parents and other caregivers buffer children against behavior problems. Strong attachments not only strengthen human connections but also provide a structure for monitoring a child's development and behavior.
- The longer a child experiences care that fails to meet basic needs or provide nurturance, the greater the challenge in getting the child on a healthy life trajectory.
- The quality of care giving has diverse roots in family ecology, marital relationships, and adults' pasts. Improving the quality of care requires carefully designed interventions that take these social and cultural features of families into consideration.
- If families are to nurture their children, communities must reduce the stresses on families that arise from poverty, social isolation, untreated physical and mental health issues, drug and alcohol abuse, domestic violence, and community violence.
- There are effective strategies to support families and young children whatever their level of need or risk. No one strategy fits all needs or situations, but a coordinated continuum of proven strategies can support and benefit families at all levels of need and risk.

CURRENT CLIMATE FOR YOUNG FAMILIES IN OREGON

Over 300,000 children under the age of 5 live in our state. These young children are dependent on their families for the nurturing and support they need to grow to their full potential. In turn, their families depend on the communities in which they live to provide the diverse supports and services they need to do the most important job they will ever undertake - parenting young children. This job is especially complicated when young parents face poverty or other risk factors.

Poverty is a significant stressor for many young families and children. 19% of Oregon children under age 6 live in below the official federal poverty line. Fully 24% of Oregon children under 6 live in "working poor" families with incomes at or below 200% of poverty level. Poverty is not evenly distributed in Oregon, Substantial pockets of poverty are found in the greater Portland Metropolitan Area and in other larger cities. Many of Oregon's poorest families live in rural or frontier counties, where social isolation and lack of services compound the challenges they face. Families of color, recent immigrants, single parent families, and very young families have substantially higher rates of poverty than do general population.

GOVERNOR'S EARLY CHILDHOOD SUMMIT

Issue Brief

Family Matters

Safety, parent education and family support

Other challenges also face Oregon families with young children. Many of these challenges are documented by statewide screening conducted with first birth families across the state. Last year, approximately 10,000 first birth families screened by Oregon Healthy Start. These statewide screenings of first birth families revealed the following.

- **Half of Oregon's first birth families reported two or more significant risk factors that are linked to poor childhood outcomes.** These risks included depression or other mental health issues, drug or alcohol abuse, single and/or teen parenting, low educational levels and unemployment.
- **Social isolation is a major risk factor among Oregon's first birth families** screened by Healthy Start. Among these *first* birth families, over half were single mothers. Among the higher risk first birth families enrolled in Healthy Start home visiting service, over half do not have *anyone* who they could call on in an emergency.
- **Behavioral health issues, particularly parental depression, violent relationships and parents' use of drugs and alcohol put many infants and young children at risk.** These factors undermine parent-child attachment. Strong parent-child attachment reduces the risk of maltreatment and is the foundation for infants' socio-emotional development, mental health and learning.

Despite the great need, mental health services have been reduced in recent years through cut backs in the Oregon Health Plan. In addition, many young parents experience behavioral health challenges that are not severe enough to be diagnosed, but are significant enough to impact their parenting; access to treatment is particularly difficult for these parents. Parents may be eligible for some kinds of services *after* their child is diagnosed with a behavioral, emotional, or mental health problem, but proactive services for parents that may have helped avoid or minimize the child's problems, are lacking.

Recovery services for parents who use drugs and alcohol are also limited. In particular, family-oriented treatment facilities and programs that are responsive to the needs of parents with young children are very rare. Oregon has some outstanding small-scale models of family-centered recovery services, but, overall, more are needed.

Methamphetamine use has had a tremendous negative impact on the lives of many of Oregon's young children and their families. Motivation to enter treatment is sometimes lacking. Family support with trained "parent coaches" can help motivate parents to seek help and support them in their efforts to change. When parents are ready to enter treatment, services must be immediately available or the opportunity may be lost.

Mental health and recovery services are especially limited in rural areas, and for non-English speakers. Services must be culturally sensitive to be effective

GOVERNOR'S EARLY CHILDHOOD SUMMIT

Issue Brief

Family Matters

Safety, parent education and family support

and the lack of access to appropriate, culturally grounded treatment is pronounced.

- **The child welfare system is overrun with reports linked to substance abuse, domestic violence, and mental health issues affecting parents.** In 2006, the largest category of substantiated child abuse and neglect reports was “threat of harm” (50.2%). This category is directly related to parental behaviors that put the child in danger. In many cases, children must be removed from these unsafe homes. The challenge is enormous. In 2006ⁱⁱ,
 - ✓ **15 Oregon children under the age of 5 died from causes related to abuse or neglect in fiscal year.**
 - ✓ In that year, 5,947 children ages 0-5 years were victims of child abuse/neglect, and in the same year, the rate of child maltreatment for children ages 0-2 was 28 in 1000, an increase over previous years.
 - ✓ 1,433 of Oregon’s young children entered the foster care system.

Clearly the burden on the child welfare system and the taxpayers to keep these children safe is overwhelming, and most importantly, the human cost to the children and their families cannot be measured.

- **Many young families are parenting children who have significant developmental delays, disabilities and/or sensory impairments.** Children with developmental delays and/or disabilities are at much greater risk of abuse or neglect and poor educational outcomes. Improved screening and detection services have contributed to an increasing number of Oregon’s children ages 0-5 years being identified and diagnosed with developmental delays, disabilities and/or sensory impairments. These children need early intervention or early childhood special education services.

Moreover, their parents need specialized education, resources, supports and services to assist them in parenting their child with special needs. Parents are encouraged to partner with early intervention services to design and carry out the child’s individualized plan of care. Parents also must be educated to be effective advocates for their children. Parent-to-parent support as well as professional support can help families and children thrive in these challenging situations.

OREGON’S SYSTEM OF SUPPORTS FOR FAMILIES

The Oregon System of Supports for Families offers a continuum of services and supports that range from prevention to early intervention to intervention and treatment. State services and support programs for young families are implemented by providers and partners in local communities. Three state agencies administer these programs: the Oregon Commission on Children and Families (OCCF), the Department of Human Services (DHS), and the Department of Education (DOE). These state services and supports are briefly described below.

GOVERNOR'S EARLY CHILDHOOD SUMMIT

Issue Brief

Family Matters

Safety, parent education and family support

OREGON COMMISSION ON CHILDREN AND FAMILIES (OCCF)

Healthy Start is Oregon's largest statewide program specifically charged to nurture young families, reduce child abuse and neglect, and promote early learning. As universal voluntary prevention program, **Healthy Start serves first birth families with children from birth to age 3** following the research-based Healthy Families America program model. This model is shown to be effective in Oregon and across the nation. In fact the HFA home visiting model has been designated by the Rand Corporation as a proven practice. In 2007, Oregon Healthy Start became one of only six fully accredited Healthy Families America state systems; this prestigious designation recognizes that Oregon Healthy Start has implemented the rigorous research-based practices of the HFA model.

Funded primarily by state general funds through the Commission on Children and Families, local Healthy Start programs annually provides screening and information and referral services to almost 10,000 first birth families statewide. Through screening some families are identified as experiencing significant risks for poor outcomes including child abuse and neglect. These families are eligible for Healthy Start intensive home visiting by highly trained home visitors; annually over 2,700 of Oregon's most overburdened families participate in home visiting which may continue through the first three years of the child's life as needed. Home visitors provide one-to-one parent education, provide linkages to needed resources, and nurture families as they build stronger support systems.

Most importantly, Oregon Healthy Start reaches its goals: Healthy Start reduces the incidence of child abuse and neglectⁱⁱⁱ, promotes early learning and positive parent-child relationships, and effectively screens children for developmental delays and links families with healthcare.

Despite these successes, Healthy Start currently able to serve about half of the families who are eligible for intensive home visiting support. Most importantly, Healthy Start is effective. Strategies like home visiting that decrease social isolation and connect families with the larger community, while providing parents with sound information help to keep children safe.

Relief Nurseries successfully work with **families of children 0-5 experiencing very significant stressors in their lives**. Relief Nurseries are funded by state and local Commissions on Children and Families, local contributions, and grants from foundations and governments. Unlike the prevention-focused Healthy Start which serves only first birth families, Relief Nurseries help families who have significant life issues, such as drug and alcohol abuse, and many have been involved in child maltreatment. Relief Nurseries provide therapeutic early childhood classrooms for children as well as intervention services for parents. These interventions include supportive home visits, parent education classes, peer recovery support services for drug and alcohol issues, and mental health counseling.

GOVERNOR'S EARLY CHILDHOOD SUMMIT

Issue Brief

Family Matters

Safety, parent education and family support

There are currently only 10 Relief Nurseries in Oregon, thus most communities have no access to these effective services. Even in the communities where Relief Nurseries exist, the need for services outstrips the capacity to serve families. There are long waiting lists and families are on “outreach” for extended periods. The existing Relief Nurseries could each be expanded to serve more families, and additionally, communities throughout Oregon are working to build Nurseries in their areas.

DEPARTMENT OF HUMAN SERVICES (DHS)

DHS Child Welfare provides services and supports for parents when child abuse or neglect has occurred. DHS Family Based Services contracts for special supports to parents so that family homes can again become safe places for children. These DHS services include family counseling, parent training, family sexual abuse treatment, and housekeeper services.

Temporary Assistance to Needy Families (TANF) through the Department of Human Services (DHS) serves families who live in poverty across the state. All TANF eligible families have children under age 18; however, many families have young children. All TANF services seek to increase families’ self-sufficiency primarily through employment. In addition to financial and employment services, families may receive child care subsidies and parenting support as part of their services. Recent changes in TANF policies have increased attention to the needs of the children in families receiving TANF aid. Within DHS, the *Family Support and Connections (FSC)* program provides supportive services to parents considered to be at higher risk.

Oregon’s healthcare system provides family support and parent education regarding health and wellness. When surveyed, most parents say that their child’s doctor is their primary source of parenting information. Primary care providers, nurses and health care workers including community based “promotoras” (Latina Leaders) provide parent education and a sense of connection for families.

Throughout the state, **public health nurses** educate and support families with specialized health needs through three home visiting programs^{iv}: *Maternity Case Management*, *Babies First*, and *CaCOON* which supports families whose children have chronic or other long-term health conditions. Each program achieves positive health outcomes. *Oregon Mothers’ Care* begins with prenatal education at the time when pregnancy is diagnosed, and assists in linking mothers to prenatal care and other resources. The *Women, Infant, Children (WIC)* program operated through county health departments, improves expectant and nursing mothers and young children’s access to nutritious food and provides nutrition education, in both individual and group settings..

GOVERNOR'S EARLY CHILDHOOD SUMMIT

Issue Brief

Family Matters

Safety, parent education and family support

DEPARTMENT OF EDUCATION (DOE)

Head Start^v is usually thought of as an educational program for children; however, it also provides vital family support and parent education. Head Start is funded through a partnership of federal and state resources and serves **families with children ages 3-5 living in poverty**. When a child enters Head Start the entire family is included. Head Start recognizes that what happens at home impacts children's ability to learn. Head Start parents are actively involved in the classroom and in the governance of their local program. Trained Family Advocates and parent groups deliver supportive services to the entire family.

Oregon Pre-K is funded by the state and directly parallels Head Start. Recent increases in state funding for Oregon Pre-K resulted in a much needed expansion in access and promoted the inclusion of groups of children who had previously been difficult to reach including migrant children and children who are homeless or in the foster care system. These children now are targeted with special outreach efforts. Currently, 11,325 children and their families participate in Head Start and Oregon Pre-K. However, there is still a need for more classroom slots statewide.

Early Head Start serves **families in poverty and their children ages 0-3**, with a home-based educationally focused program. Funded with a mix of federal, local, and tribal resources, like its older sister, Head Start, Early Head Start provides services for the entire family while building the learning abilities of infants and young children. Early Head Start has demonstrated excellent results. Unfortunately, only 7 Oregon communities currently have Early Head Start programs and only 1,000 children and families are enrolled statewide. Clearly, Early Head Start could be expanded to serve more families statewide.

Early Intervention/Early Childhood Special Education (EI/ECSE) offers support not only to children with disabilities but also to these children's families. These supports assist families to manage the unique situations that result when a child has a disability. In 2007, approximately 9,080 Oregon **children with disabilities ages 0-5** were enrolled in EI/ECSE. These children require special educational services because of developmental delays or physical or mental disabilities.

Regular developmental screening provided by medical providers, public health nursing, Healthy Start, Relief Nurseries, and Head Start have increased the early detection of delays requiring early special education services. Additionally, all children involved with the child welfare system are now required to receive developmental screening. Federal legislation *requires that all eligible* children receive services free of charge, however, funding is limited and as the need for services increases, the ability to provide high quality services is challenged.

GOVERNOR'S EARLY CHILDHOOD SUMMIT

Issue Brief

Family Matters

Safety, parent education and family support

EI/ECSE services actively support the families of the children they serve. Parents participate in developing and carrying out their children's plans of care. Parents have a role in the governance of state and local services through Interagency Coordinating Councils. The *Oregon Parent Training Institute* is a statewide organization that provides parent education and support for EI/ECSE families. Despite these efforts, a recent survey of parents receiving EI/ECSE services revealed a lack of perceived support. In addition, services are constantly challenged to be fully culturally competent because of barriers of language and culture around this sensitive topic.

The education system is also involved with parent education and family support through a number of other programs, including the following.

- *Teen parent programs* in some high schools provide access to degree completion, parenting education and support; many also often providing on-site day care to facilitate young parents bonding with their child and academic progress.
- The *Oregon State University Extension Service* offers educational resources on child development and parenting, and nutrition for parents. In particular, the federally funded Oregon Food and Nutrition Education Program (OFNEP) offers education on nutrition, food security and food safety education to food stamp eligible families.
- *Even Start*, a federally funded program offered through the Department of Education, provides parent education and support to student parents who are pursuing diverse educational goals including building basic literacy or competency in English, GED completion, and higher education.

In some states, parent education and support for children's early learning is a core part of the state education plan, and home visiting programs such as *Parents as Teachers* are offered to all interested families. Oregon has a few *Parents as Teachers* programs scattered throughout the state, run through local health departments or non-profit agencies. Many Healthy Start programs and Relief Nurseries use the Parents as Teachers curriculum as part of their services.

DIVERSE LOCAL PROGRAMS COMPLETE THE SYSTEM

In addition to state supported programs, many programs exist only in individual communities. Some local communities are relatively rich in resources, while others are very limited. Innovative and creative services exist scattered throughout the state, some of which could be expanded to work in other communities. These local programs run the gamut from new and original ideas to those based on proven practices being given a unique local spin. Some move beyond existing research to break new ground with exciting results. Many of these programs and services are funded through local contributions from individual donors or groups, the local Commission on Children and Families flexible funds, grants from private foundations, or other federal, state or local sources. Much parent education and family support happens through informal networks like neighborhoods, extended families, social groups, and communities.

GOVERNOR'S EARLY CHILDHOOD SUMMIT

Issue Brief

Family Matters

Safety, parent education and family support

Parent education and family support happens in communities throughout Oregon, often through informal playgroups, social groups, child care centers, and faith communities. Libraries, parks and recreation facilities play a part in supporting families and providing parents with the information they need. Parent to parent support is a proven and effective strategy to reduce parental stress and increase knowledge and confidence. Doctor's offices, clinics and hospitals, and WIC offices sometimes provide settings where families can join together and find mutual support.

Some communities have **Family Resource Centers** sometimes located within a school, where parents can gather for learning and support. These and other local programs are often sponsored by non-profit agencies serving specific communities with one-stop services. Some provide services tailored to the needs of immigrants and refugees. Others focus on supporting parents with physical or cognitive impairments. Oregon is home to some innovative programs that began as small local efforts, and have grown to national prominence.

Local Commissions on Children and Families provide seed money to help fund for local initiatives that address needs documented in comprehensive community plans. Each local community has a specific *Early Childhood Plan* and *Local Early Childhood Teams* meet to discuss the community issues and implement responsive local services for young children and their families.

Private foundations and donors contribute to the mix of family support and parent education programs in the state, including The Oregon Community Foundation, The Children's Trust fund, the Ford Family Foundation, Meyer Memorial Trust, and many others, including some that are specific to certain geographic areas or special areas of interest. The local programs and initiatives that are funded by these foundations spring directly from local needs and concerns. Supports and programs families are also funded by local service clubs, communities of faith, and individual supporters as well as large charitable organizations such as United Way.

This diversity of funding sources makes continuity and sustainability of parenting education and support initiatives extremely complex. Although diverse funding resources keep family support and parent education alive in local communities, diverse grant funding also creates enormous and continual demands on the non-profit organizations that run local programs. Local family support and parent education efforts are continually faced with funding challenges that threaten their survival, especially in rural and frontier areas of the state, where resources are few, distances are long, and salaries are lower than the state average.

STRENGTHS AND OPPORTUNITIES; GAPS, AND NEEDS

Oregon has key components of an Early Childhood System in place, with proven practices and innovative programs. Nevertheless, family support and parenting education

GOVERNOR'S EARLY CHILDHOOD SUMMIT

Issue Brief

Family Matters

Safety, parent education and family support

in Oregon is a patchwork where support and education services are not uniformly available throughout the state. The challenge is to more fully invest in Oregon's young families and children by increasing and strengthening this system with focused support across the state.

Strengths and Opportunities Oregon's current system of supports and parent education to keep young children safe has unique strengths. Many proven strategies are being implemented as part of the *Oregon Early Childhood System of Supports and Services*. Among these effective approaches are community-based and parent education, quality home visiting programs following established research-based models, parent- to-parent support in various forms, quality parenting classes, and early education programs that support the entire family like Head Start, Early Head Start and Relief Nurseries. These approaches have repeatedly been shown to be effective. These strengths offer great opportunities. We know what is effective, we simply must do it.

Gaps and Needs Despite great system strengths, there are significant gaps in service capacity across Oregon. Information about resources in communities for families is not universally available or accessible in many areas of the state.

- **Safety information, child development information, and basic parenting skills education is not universally available, or accepted by all families of young children.** Forms of sharing information at the appropriate times and through methods that engage parents are not present in all communities. Strategies like home visiting, parent education and support groups repeatedly have proven to create more effective and nurturing families. Unfortunately these strategies are not yet the societal norm.
- **Effective services and supports are not uniformly available to families throughout the state.** Rural and frontier areas are frequently underserved. Spanish language services and services available to families without regard for immigration and health insurance status are lacking in many communities. Keeping pace with changing demographics including the cultural and language needs of new immigrants.
- **Young families need an integrated and comprehensive a continuum of supports to meet diverse needs.** Today's families need more than parent education alone to succeed. Basic needs must be met for food, shelter, work, and health care. Parent education must provide the skills and knowledge that parents need to nurture their young children, including those with demanding needs. Families who are isolated, poor and /or stressed by mental health issues and domestic violence need more intensive ongoing support. The increasing need for drug treatment and mental health services for young families must be met if families are to thrive and nurture their children. Oregon must commit to nurturing our young families so they can in turn provide nurturing homes that enable the next generation grow, thrive, and reach their full potential.

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Family Matters
Safety, parent education and family support

ⁱ *From Neurons to Neighborhoods: The Science of Early Childhood Development*, produced by the National Research Council and the Institute of Medicine, edited by Jack P. Shonkoff and Deborah A. Phillips, and published in 2000 by the National Academy Press.

ⁱⁱ data from the Oregon Department of Human Services

ⁱⁱⁱ The 2006-07 program evaluationⁱⁱⁱ reports that the rate of abuse/neglect for Healthy Start children 0-2 as only 11 per 1,000—less than half the incidence of the general population.

^{iv} The *Health Matters Issue Brief* provides a more comprehensive description of DHS administered health programs; only the programs specifically providing parent education and support are described here.

^v The *Education Matters Issue Brief* provides a more comprehensive description of the Head Start, Early Head Start and EI/ECSEP programs administered by the Oregon Department of Education. Only the parent education and support aspects of these programs are described here.

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Health matters. Health is the foundation for the quality of life of every child, adult, family, community and nation health matters in early childhood because early experiences and relationships shape the developing brain and establish either a weak or strong foundation for all future growth and development.

In Oregon's early childhood system, Health Matters encompasses the range of services, supports and strategies that promote and restore physical and mental health and well-being and prevent, treat, manage, and improve the developmental, physical and mental health conditions young children and their families may experience. Health Matters address the whole child in the context of family, culture and community.

OBJECTIVES

- Promote healthy children, families, communities, and environments;
- Facilitate healthy physical and social/emotional development, and
- Provide comprehensive insurance and a coordinated continuum of community-based health and behavioral health services and supports.

WHAT THE RESEARCH SHOWS ABOUT HEALTH IN EARLY CHILDHOOD

Healthy physical and social/emotional development during the early childhood years is critical to readiness for school, work and life, and sets the stage for lifelong health and well-being.¹

Health begins before birth, and is influenced by many factors.²

Early relationships, experiences and exposures influence the structure of children's developing brains, and can have long-term effects on how they think, feel, learn, behave, relate to others, and participate in society.³

Children need consistent, nurturing relationships and safe, responsive environments in which to live, learn and play.⁴

Social/emotional competence is as important as cognitive development in achieving school readiness, and is predictive of early school success.^{5,6}

Disparities begin early and compound over the lifespan, but effective ways to reduce them can begin in early childhood.⁷

All parents benefit from information and quality basic services to support them in nurturing their children and promoting their healthy development.⁸

National and state quality improvement initiatives have shown that engaging families *at all levels* of systems of care provides more relevant and effective services and produces better outcomes for children with special needs and their families.

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Young children and families with multiple risks have specific needs and benefit from more specialized services and supports geared to their unique issues.⁹

Young children can experience serious health and mental health conditions that they do not automatically outgrow.¹⁰

Many health and mental health risks and conditions can be prevented.¹¹

Effective services and supports exist for many health and mental health conditions.¹²

Identifying and addressing developmental, physical and mental health risks as early as possible can diminish their adverse effects and reduce costs.¹³

Maternal depression is a common, treatable, often undetected risk to children's physical and emotional health, cognitive development, behavior, and relationship capacity.¹⁴

Investing in children's physical and mental health is a sound economic strategy.¹⁵

Access to comprehensive health insurance improves health outcomes, reduces school and work absenteeism, and controls healthcare costs.¹⁶

Health care provided through a medical home, where standardized screening, monitoring and coordinated care are standard practice, increases early identification of risks, improves child outcomes, and reduces costs.^{17 18}

A continuum of coordinated, quality services and supports, including promotion, prevention, treatment/intervention services, is needed to address early childhood health and mental health needs.¹⁹

A skilled, well-trained, and culturally competent workforce is needed to effectively meet the health and mental health needs of young children and their families.²⁰

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

OREGON'S CURRENT ENVIRONMENT: CHILD AND FAMILY HEALTH

The health and healthcare status of Oregon's young children and families presents a mixed yet concerning picture. Major risks and disparities currently jeopardize the health and mental health of our youngest Oregonians and their families. Research confirms the significant and potentially lifelong adverse consequences of these conditions. Poverty is a most insidious risk factor and a major disparity that compromises physical, emotional, cognitive, and social development. In 2006, 143,000 children -- nearly 17% of Oregon's child population -- lived at or below the federal poverty level. The previous year, poverty levels for school-age children in Oregon ranged from 41.7 percent in Plush to 3.6 percent in Lake Oswego.²¹ As a frontier State, Oregon evidences not only racial, ethnic, cultural, linguistic and socioeconomic disparities, but also substantial geographic disparities between its urban, rural and frontier populations. The snapshot provided below attests to both the need and potential for improving and further integrating the physical and behavioral health elements of Oregon's early childhood system, and strengthening their alignment with the elements of early care and education and family support.

Prenatal health²²

- The number of women receiving adequate prenatal care declined from 2001 to 2004.
- One of every four women who had babies in 2004 reported smoking prior to pregnancy.
- Alcohol use by pregnant women in Oregon significantly exceeds both the national rate (5.6%) and the Healthy People 2010 Target of less than 6%. In 2004, 8.1% of Oregon mothers of newborns reported using alcohol during pregnancy.
- Oregon's infant mortality rate, among the lowest in the nation at 5.9 per 1000 births in 2005, is higher than the projected target rates for 2005 and 2010. It has inched upward since 2000.²³
- One of every four Oregon mothers of newborns reported being sometimes depressed, and 9% reported being always or often depressed, since the birth of their child.
- More than one-third of births were to women overweight or obese prior to pregnancy.
- Health disparities persist. White women evidenced the highest rate of adequate prenatal care (74%), Hispanic and American Indian/Alaska Native the lowest (61% and 59% respectively); American Indian women evidenced significantly higher rates of smoking during pregnancy than women of other racial and ethnic descents; 17% of African American and American Indian mothers of newborns reported being always or often depressed.

Young children health

- 71% of two-year-olds were adequately immunized in 2006, reaching neither the 2005 benchmark of 82% nor the 2010 benchmark of 90%.
- The oral health of Oregon's young children is also declining, with a 49% increase in the rate of untreated tooth decay in school-aged children between 2002 and 2007.²⁴
- Childhood obesity plagues a substantial segment of Oregon's early childhood population. 17% of the State's two year olds were overweight, and 14% were grossly overweight, according to the 2003 Pediatric Nutrition Surveillance Survey.

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

- Approximately 8.6% of children aged 0-5 have special health needs – they have or are at risk for chronic physical, developmental, behavioral or emotional conditions that require a type or amount of health related services beyond what is “normally” needed by young children.²⁵
- The prevalence rates of mental health conditions for children in Oregon are estimated to mirror nation rates, with up to 20% of children experiencing an identifiable mental health condition and approximately 5-9% of children aged 0-5 evidencing serious emotional and behavioral health conditions.^{26 27}
- 6% of Oregon parents of children aged 0-3, and 8% of the parents of 4-5 year olds, have reported that their children have difficulties with emotions, behavior, concentration, and/or getting along with others.²⁸

Insurance and healthcare access, availability and affordability

- One out of every eight children in Oregon is uninsured;²⁹ and approximately 25% of those uninsured children are under age 5.³⁰
- More than half of Oregon’s uninsured children are eligible for the Oregon Health Plan (OHP).³¹
- 84 percent of OHP eligible children under age 1, 69 percent of 1-2 year olds, and 51 percent of children aged 3-5 received the required Early Periodic Screening diagnosis and treatment(EPSDT) screening in 2005-2006.³²
- 8,469 OHP eligible children aged 0-5 received one or more dental services in 2005-2006.³³
- 8,527 children aged 0 – 8 received a Medicaid-funded mental health service in 2006 (this excludes children only admitted to a fee-for –service outpatient service).³⁴
- According to the results of the 2003 National Survey of Children’s Health, Oregon parents reported that 39% of children aged 1-5 needed but did not receive mental health services.³⁵
- Insurance and healthcare disparities remain evident. American Indian/Alaskan Native mothers were more than twice more likely to lack health insurance than White or African American mothers. In addition, Hispanic or Latino parents were more than twice as likely to be uninsured (32.7%) than the non-Hispanic population.³⁶

**OREGON’S CURRENT ENVIRONMENT:
EARLY CHILDHOOD, HEALTH and BEHAVIORAL HEALTH SYSTEMS**

Oregon’s 2005 Report to the Governor and Legislature on the Early Childhood System articulated the State’s current environment:

“The public and private sectors are unusually aligned at this time around building a commitment and action to improve early childhood outcomes; there is unprecedented opportunity to leverage public resources with private resources ... State agencies indicate a renewed commitment to work across department lines to address child outcomes.”³⁷

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

In Oregon, momentum to build strong and effective early childhood systems continues to grow, through the ongoing work of public and private partners. Strong collaboration and dedication produced substantial legislative and policy gains Oregon in 2007. Progress continues with the cross-system initiatives underway in 2008.

Providers, families, agencies, coalitions, advocates, citizens, and civic partners have worked diligently for years to promote and provide effective health, developmental, and behavioral health services and supports. Attention to the early childhood population has increased, especially since 2001, following passage of House Bill 3659, the enabling legislation for Oregon's Early Childhood System. Despite the resulting array of improved services and supports, however, Oregon has not yet achieved a comprehensive, coordinated, sustainable early childhood "system of systems."

In addition, health and behavioral health services remain fragmented, limited in scope and scale, and insufficiently structured and resourced for promotion and prevention activities; these limitations directly affect both young children and their parents as is highlighted in this *Health Matters Issue Brief* and the companion *Family Matters Issue Brief*.

The Oregon Health Policy Commission, in its 2007 *Road Map for Health Care Reform* report, confirms that Oregon's health care "system" is plagued by large numbers of uninsured children and families, lack affordability for too many families even those with insurance, rapidly and continually rising healthcare costs, fragmented service delivery, and failure to provide consistently high quality, prevention-oriented healthcare. Additional and integrated funding for children's behavioral health services would facilitate development of a system of care and help to sustain the improvements stemming from the Children's Systems Change Initiative.

Policymakers, providers, consumers, families, advocates and citizens are engaged in efforts to re-design current health and behavioral health services into an integrated and effective system responsive to the needs of, and improving outcomes for, all Oregonians, including young children and their families. This includes aligning services within the health system as well as coordinating with the Early Childhood System elements of Early Care and Education and Family Support. In addition to the activities enumerated in the healthcare, public health and behavioral health sections below, current cross-system efforts include:

- The Physical and Behavioral Health Integration Initiative, designed to improve health and reduce morbidity, mortality, and cost through greater coordination and integration of care provided by public and private behavioral health and physical health providers and community-based organizations.
- Continued efforts to achieve universal health insurance for Oregon children, a goal with widespread conceptual support that needs consensus on a sustainable funding mechanism.
- The ABCD III Screening Learning Academy, co-facilitated by the DHS Division of Medical Assistance Programs (DMAP), the Oregon Pediatric Society, and the DHS

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Public Health Division's Office of Family Health. This 18-month technical assistance and learning collaborative is working to improve state policies to increase standardized developmental, behavioral, and psychosocial screening in well child care.

Healthcare: Healthcare partners, both public and private, recognize and endorse the need for a more comprehensive, holistic, preventive approach to early childhood health care. While the "medical home" model and standardized screening are not yet standard practices, many partners are taking steps toward practice change and system transformation. Examples include:

- An increasing number of pediatric healthcare providers (including pediatricians, family practice doctors, nurses and nurse practitioners) are integrating standardized psychosocial and developmental screening into their preventive care practices.
- Child Developmental Health pilot sites are being created by a collaborative of funders, providers, and specialty care consultants to increase universal screening and build community networks for effective referrals.
- The National Docs for Tots physician advocacy organization recognized Oregon as an affiliate state in 2006, and there is a growing cadre of local practitioners who are motivated and supported as early childhood advocates.
- The Oregon Pediatric Society (OPS) Quality Improvement Task Force is designing quality improvement activities to encourage standardized screening and surveillance, and comprehensive developmental health services, as routine aspects of well child care.
- The OPS and the Oregon Association of Child and Adolescent Psychiatry (OACAP) are engaged in a three-year project to improve linkages between psychiatrists and pediatricians around early childhood mental health standards of care and team based management of children served by both systems.

Public Health: Oregon's public health system actively facilitates early childhood system development and improved health outcomes for young children and their families through routine public health functions and multiple cross-system initiatives. The DHS Public Health Division works closely with local health departments to promote, protect and monitor the health of Oregonians. Through these and additional partnerships, broad based community services and initiatives focus on best practice interventions to improve the health status of families.

- Public Health Home Visiting Programs (Maternity Case Management and Babies First!) provide evidence-based interventions for high-risk pregnant women and infants up to age 2. Coordinating community resources to reduce physical, emotional and social risks to both the mother and infant, nurses provide assessment, intervention, anticipatory

guidance and partner with the family's medical home. Outcomes include healthier pregnancies and safer, healthier children.

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

- Child Care Health Consultation Program is a cross-system, multi-disciplinary effort to improve child health and safety and prevent health and mental health problems among children in child care by providing health consultation to child care providers. Pooled funds from the Child Care and Development Fund, the Title V Maternal and Child Health Block Grant, and local resources support the program. Core teams comprised of a health consultant, early care and education /child development specialist, and mental health consultant deliver consultation to providers in 5 counties.
- Partnering with public and private partners at the state and local level, the Division is currently targeting two significant health child health issues: childhood obesity and better oral health. Guided by best practice and a systems approach, state plans – the Oregon Childhood Obesity Study and the Oral Health State Plan – have been produced to offer clear guidance to local communities on reducing these significant threats to the health of Oregon's children.^{38 39}
- Two perinatal health initiatives – preconception health and perinatal depression – have just been initiated and illustrate progress toward simultaneous focus on parent and child health to maximize both maternal and child health outcomes.

Behavioral health: The behavioral health is an essential component of Oregon's early childhood system. Public and private behavioral health partners continue to expand through focused, collaborative efforts. The 2007 launch of the Oregon Infant Mental Health Association is one example of their impact. In the public sector, the DHS Addictions and Mental Health Division (AMH) champions systems change to produce better behavioral health outcomes for children from birth through age 17 and their families. AMH administers the public components of an expanding but incomplete continuum of mental health and substance abuse services, from prevention through intervention and follow-up. With the support of SB267, AMH increasingly funds evidence based practices throughout the state. Currently, major systems initiatives include:

- The Children's System Change Initiative (CSCI) to ensure that children are in safe and secure environments at all times at home, in school out of trouble, and with friends.
- The Statewide Children's Wraparound Initiative integrates and coordinates cross systems work in order to improve outcomes, reduce duplication and gaps in services, and avoid or reduce out-of-home placements. The initiative builds on both the CSCI and the work of local communities that have implemented Systems of Care, including the current SAMHSA-funded Wraparound Oregon: Early Childhood Initiative administered by the Multnomah Education Service District.
- Intensive Treatment and Recovery Services for addicted families links substance abuse treatment with families of young children receiving services from Temporary Assistance to Needy Families or child welfare and early childhood service providers. These services work to keep the family intact and children safe and to reunite parents with their children

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

when children can be safely returned home. These services build on the lessons learned through the State Incentive Grant for Early Childhood Prevention, which linked behavioral health services with services where families naturally and regularly take their children.

- The Oregon Children's Plan pilot sites provide behavioral health services for children 0-8 and their families who have or are at risk for mental health or substance abuse conditions and who have no other resources to pay for needed services. These projects developed outcome measures to assess changes for these children and their families. One of the implemented evidence-based practices will be implemented across sites beginning in July 2008.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

The current hopeful early childhood environment operates within a larger State climate of cautious optimism, as State and federal economic forecasts suggest "heightened uncertainty."⁴⁰

To adequately address the health, mental health and social/emotional development needs of Oregon's young children and families, greater financial investments are needed.

Fiscal policies and payment/reimbursement structures do not adequately support screening, health and mental health promotion, preventive services, or care coordination.

Healthcare costs continue to rise, and employer-paid insurance continues to decline, further compromising the affordability of health insurance and healthcare. Oregon's 2005 Covering Kids survey identified cost as one of the major reasons families did not enroll their children in health insurance plans.⁴¹

Most pediatric healthcare practitioners do not yet operate as a "medical home" and do not provide consistent standardized screening. Results of the 2003 National Survey of Children's Health indicate that Oregon falls below the national average in the percentage of children who have a personal doctor or nurse and receive accessible, comprehensive, culturally sensitive, coordinated healthcare.⁴² A recent study of Oregon's largest managed health care systems found that few providers were using standardized screening tools during routine well-child visits and that 2 out of five children identified at significant risk did not receive follow-up services.⁴³

Well-child visit time constraints and content requirements are perceived barriers to the provision of anticipatory guidance, screening, and referral, and both real and perceived shortages of assessment and intervention resources also inhibit screening and referral practices.

Training for healthcare providers is not robust in the areas of standardized screening, referral, behavioral health, parent-child relational issues, and parent communication.

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Common cross-agency data sets do not exist, and there are no consistent cross-agency methodologies, mechanism or timelines for the collection, analysis and dissemination of data that contributes to shared early childhood outcomes. Data system and resource limitations hamper care coordination and child health monitoring as well as cross-system performance measurement.

Oregon's public mental health system does not meet the demand for early childhood mental health services.

- Adult service providers for parents with substance abuse or mental health issues often do not identify parenting issues or the consequences of the parental issues on their young children. System linkages need to be strengthened between the parental and early childhood service systems.
- Data systems don't provide adequate information to identify mothers who are depressed.
- Workforce development for skilled clinicians in serving young children and their families with behavioral health needs continues to be necessary to accurately identify and intervene. The role of clinicians could be expanded to include services in natural settings of children and parents.
- Family members and service providers in the early care and education field identify the need for early childhood mental health consultation in children's natural settings.

OPPORTUNITIES

Oregon is poised to transform its health and behavioral health services into a comprehensive, coordinated, holistic system. The participation of early childhood system partners in all major health and mental health initiatives is essential. Only through joint commitment and collaboration, can Oregon assure that the health and mental health needs of Oregon's youngest children and their families are fully considered and addressed.

Further coordination and alignment of current health and behavioral health initiatives can assure the health system's integral role in and connections to other elements of Oregon's early childhood "system of systems." Children's Statewide Wraparound Initiative, The ABCD III Screening Learning Academy, the Physical and Behavioral Health Integration Initiative, the Perinatal Depression Initiative, and the Childhood Obesity Initiative offer opportunities for enhanced partnership and integration.

Oregon has a timely opportunity to strengthen partnerships with families and with Early Education and Family Support systems. These partnerships will assure that all system components developing supports that value and support the essential role of families play in the social, emotional, developmental and physical health of their children. As a result of such partnerships, all systems will incorporate family-to-family supports, promote family leadership and family-professional partnerships, engage families in planning, implementing and evaluating services and supports, and utilize family perspectives and family leadership in policy and decision-making.

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Oregon's new strategic framework, Early Childhood Matters, and the supporting statewide Early Childhood Comprehensive Systems Plan, can assist partners in identifying and initiating short- and long-term strategies to enhance the health element of the early childhood system.

Oregon's Early Childhood Public-Private Partnership, the State Early Childhood Council, and its emerging sub-committees are promising vehicles for coordinating continued early childhood system development. The Health Matters sub-committee encourages new partners to join and help move key initiatives forward.

POLICY OPTIONS

Oregon strives but struggles, as do other States, to translate what's known about promoting healthy social and emotional development, and preventing and treating physical and behavioral health conditions, into sound policies and a sustainable system of services and supports. The following policy options, based on research, evidence and need, help make that translation.

- **Provide comprehensive health insurance for all young children & their families.**
Strategy considerations: Cover as many children as possible and keep them covered. Facilitate culturally competent outreach. Assure that benefits include adequate coverage for the preventive, developmental, family planning, medical, dental, nutritional, vision, hearing, behavioral, specialty, and care coordination services and supports young children and their parents need. Include coverage for standardized developmental and psychosocial screening maternal depression, substance abuse and domestic violence, benefits for durable medical equipment and sufficient occupational and physical therapy sessions are crucial for children with special health needs.
- **Provide all young children and their families with comprehensive healthcare through a “medical home” – a regular source of coordinated, family-centered, culturally competent, quality healthcare.**
Strategy considerations: Assure developmental, medical, dental, nutritional, vision, hearing, behavioral and specialty care, including standardized screening and care coordination. Increase public and provider awareness of the importance and essential elements of a “medical home.” Create incentives for practice change through multiple mechanisms, such as pay for performance and quality improvement initiatives.
- **Increase investments to create healthy communities and behavioral health supports.**
Strategy considerations: Assist communities in promoting positive parent-child relationships and healthy behaviors, and preventing and reducing risks of obesity, early childhood tooth decay, substance abuse, tobacco use and exposure, child abuse and neglect, unintentional injury, and exposure to environmental toxins. Assure health and mental health system involvement in community comprehensive planning efforts.
- **Build stronger links between community health, health care, behavioral health, and state and local Early Childhood Care and Education and Family Supports Systems.**

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Strategy considerations: Increase awareness and visibility of community resources and how to refer to and access them. Offer shared training opportunities. Utilize peer and family navigators. Promote co-location of services and providers. Establish community-level referral, service coordination, and single-point-of-access capacity. Increase care coordination capacity. Increase health and mental health consultation services across provider systems. Assure multi-agency participation on community-based teams. Include collaboration, coordination, service and funding integration, and community/system planning involvement expectations in contracts. Develop shared performance measures.

- **Promote children's social-emotional development and mental health in all early childhood settings.**

Strategy considerations: Improve public and provider awareness of the importance of social-emotional development and how to nurture it. Increase investments in social emotional development, promotion and prevention services. Train more early care and education providers to intentionally promote social/emotional development. Improve anticipatory guidance. Expand the scope and scale of effective practices such as evidence based home visiting, parent education and support groups, and health and mental health consultation.

- **Identify and address health and behavioral health risks and conditions as early as possible.**

Strategy considerations: Implement universal standardized screening for young children and parents, to identify developmental, medical, behavioral, social/emotional and psychosocial risks, including screening for maternal depression, family violence and substance abuse. Create sustainable and community-level referral and follow-up infrastructure. Increase investments to infuse promotion, prevention and intervention strategies into existing early childhood services.

- **Increase behavioral health services for young children who are involved in the child welfare system or experiencing homelessness, domestic violence, or parental behavioral health issues.**

Strategy considerations: Support medical home and perinatal depression initiatives. Assure prevention, screening, and treatment for maternal depression. Increase consultation, collaboration and reflective supervision across mental health, child welfare, domestic violence, community action, legal and law enforcement systems. Improve parenting support for adult behavioral health clients with young children. Assure availability of substance abuse treatment for pregnant and parenting families. Increase access to family drug treatment courts for parents of young children. Assure intensive interventions.

- **Increase the skills and capacity of the health, behavioral health, and early childhood work force to meet the health and mental health needs of young children and their families.**

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Strategy considerations: Cross-train the health and early childhood work force in core early childhood competencies, screening and referral practices, and collaboration. Train behavioral health providers in culturally competent early childhood mental health services and family-centered care. Increase the number of specialized early childhood mental health providers. Improve provider awareness and appropriate use of early childhood-specific diagnostic codes and treatment guidelines. Imbed child health and development and early childhood mental health training in pre-service education, specialty training programs and continuing education offerings.

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GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

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