

RAISE UP OREGON

PROGRESS REPORT 2019-2020



JANUARY 2021

The report is issued by the Early Learning Council

Acknowledgements

We thank the Pritzker Children’s Initiative and the BUILD Initiative for supporting the work of *Raise Up Oregon* and this progress report. Special thanks to the *Raise Up Oregon Progress Report 2019-2020* team: Remember Watts, David Mandell, Harriet Dichter, Carey McCann, Jenny Mendoza; and Katie Schergen for design.

Suggested citation

Oregon Early Learning Council. (2021). *Raise Up Oregon Progress Report 2019-2020*. Salem, OR: Oregon Early Learning Division.

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KATE BROWN
GOVERNOR

January 2021

Dear Early Learning Stakeholder:

Early childhood is a priority of mine because I believe that, as the evidence supports, investing in services and systems for infants, toddlers, preschoolers, and their families provides exponential benefits for our entire state. In 2019, the Early Learning Council released Oregon's statewide early learning systems plan, Raise Up Oregon. Raise Up Oregon set a strategic direction for our commitment to do more and do better for babies, toddlers, preschoolers, and their families.

Since its initial release, public and private leaders, advocates, providers, and families have worked to move the plan from concept to implementation. As you read the *Raise Up Oregon Progress Report 2019-2020*, you will see concrete evidence of steady and successful steps to develop an early learning system that prepares children for Kindergarten and supports healthy, stable families. It has required collaboration among five state agencies (early care and education, human services, health, K-12, and housing) plus the business and philanthropic communities to create these impacts.

We are now two years into implementation, and the extraordinary events of 2020 deepened our resolve and heightened our actions. COVID-19 only affirmed the importance of this work, and the urgency of acting now to work toward racial justice could not be clearer. Investing our time, energy, and resources in early childhood is the right road for us to be on; it incorporates our core values and commitments. I commend my agency directors and their staff, the Early Learning Council, and our many partners throughout the state on the successes to date.

As we move into 2021, more work awaits us. I will continue to challenge my agency directors, the Early Learning Council, and partners to keep at it. You can see my commitment in the Governor's Recommended Budget and in various legislative initiatives my office is advancing. I am proud to share this Progress Report with you and to be working hand in hand with you as we continue to realize the powerful impact of children's earliest years on their future, and to ensure that we have done all in our power to support our youngest children and their families. Thank you for your partnership.

Sincerely,

Governor Kate Brown

“

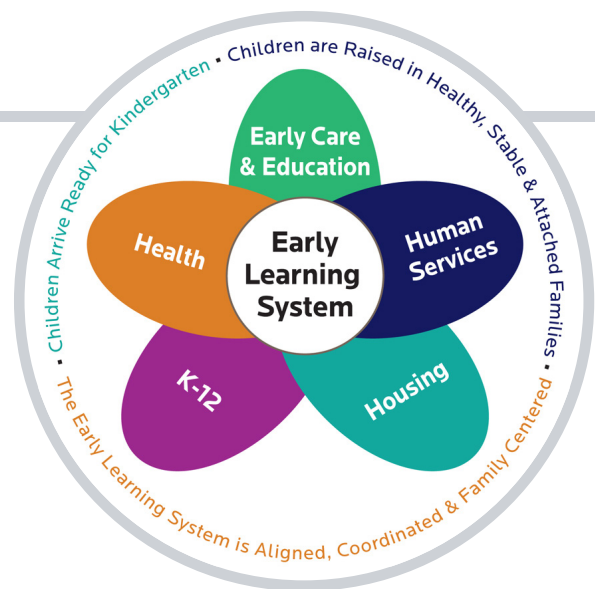
Investing our time, energy, and resources in early childhood is the right road for us to be on; it incorporates our core values and commitments.

- Governor Kate Brown



Introduction

Oregon is making considerable progress for its youngest children and families through steadfast implementation of *Raise Up Oregon: A Statewide Early Learning System Plan*. *Raise Up Oregon*, adopted by the Early Learning Council and endorsed by Governor Kate Brown in 2018, is grounded in the science of child development, equity, and a firm understanding that leaders from early care and education, K-12, health, housing, and human services—together with families, communities, and the public and private sectors—must work together during this critical period of children’s lives.



This *Raise Up Oregon Progress Report 2019-2020 (Progress Report)* showcases progress across five state agencies between January 2019 and September 2020 on the three goals of *Raise Up Oregon*:

1. Children arrive ready for kindergarten
2. Children are raised in healthy, stable, and attached families
3. The Early Learning System is aligned, coordinated, and family-centered

Income, race and zip code are powerful predictors of whether children and their families experience the conditions that are optimal for young children’s development. Breaking the link between these inherited factors and life outcomes can only happen if we change the circumstances of families, which means changing the distribution of opportunities in those years. The importance of the commitment to equity running through *Raise Up Oregon* has only deepened in the historic events of 2020. Between an unprecedented pandemic and a renewed awakening surrounding racial justice, the need to build racial equity in systems has intensified.

Raise Up Oregon creates a shared blueprint for agencies and sectors to work in tandem and avoid historic silos in building equitable systems that serve children and families across the state. While COVID-19 has had a profound impact on all of Oregon, it has reinforced the importance of the strategies in *Raise Up Oregon*, as well as the urgency of this work. Looking forward to the next three years of implementation, the Early Learning Council will continue to use *Raise Up Oregon* as the roadmap to guide policy and decision-making, and champion cross-sector approaches supporting the three goals.

The *Progress Report* starts with highlights, by each of the three goal areas, where state agencies have developed or expanded cross-sector programming, received new funding for cross-sector work, or engaged in creative collaborations over the past two years to better meet the needs of Oregon’s young children and their families. The next section includes the Early Learning Council’s priorities for the coming year. Priorities for the Council’s work address gaps between the many high-level, cross-sector accomplishments before and during COVID that are not captured in the highlights.

Raise Up Oregon Highlights 2019-2020

Goal 1: Children Arrive Ready for Kindergarten

When infants, toddlers and preschoolers are well supported through early care and education and access to health care, they are set up to succeed in school and beyond. During the first two years of *Raise Up Oregon* implementation, Oregon agencies made progress in closing important gaps in health and education service delivery to children, including children who have been underserved in the past and those with developmental delays and disabilities.

Health Care

Major strides to support early childhood health services were made in the first two years of *Raise Up Oregon* implementation.

1. Oregon Health Authority's (OHA) updated CCO 2.0 (Coordinated Care Organizations) for the Medicaid population and expanded innovative ways of improving maternal and early childhood health, such as Traditional Health Workers (i.e., doulas).
2. Children's social-emotional health is being supported through CCO 2.0, including a new collaboration between the OHA and Early Learning Division (ELD) to create a CCO-level metric on improving the social-emotional health of children under age six.
3. OHA initiated the Integrated Care for Kids (InCK) Model, which is developing local referral and wraparound services targeted to children's specific health and social needs.

Early Care and Education

The Student Success Act (SSA) of the 2019 Oregon Legislative Session (HB 3427) was a historic investment that included several key accomplishments in early care and education expansion, outlined below.

1. An additional 2,610 children can participate in three early care and education programs administered by the ELD (i.e., Preschool Promise [PSP], Oregon Pre-Kindergarten [OPK], Early Head Start).
2. Increased compensation for the workforce in three early care and education programs administered by the ELD (i.e., PSP, OPK, Baby Promise) to meet compensation levels of kindergarten teachers and assistant teachers.
3. Supports for enhancing competency-based early care and educational professional development for ELD's preschool programs, through linguistically and culturally responsive technical assistance provided by all Child Care Resource and Referral agencies.



4. Expanded investment in the Oregon Department of Education (ODE) to increase access to and equitable outcomes in Early Intervention/Early Childhood Special Education (EI/ECSE) services for children with developmental delays and disabilities.

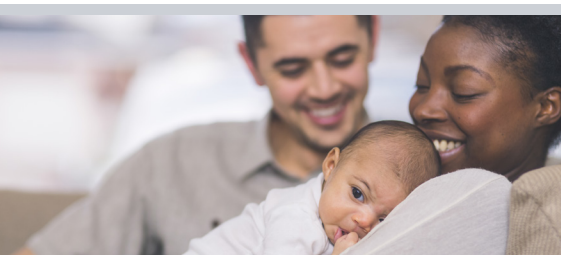
Child Care

Special focus was placed on child care for infants and toddlers, as well as rapid response in light of COVID-19.

1. The Legislature authorized ELD to start Baby Promise, a new initiative to increase the supply of quality, affordable infant/toddler child care in communities (HB 2024).
2. All programs can now access Infant and Toddler Quality Improvement Specialists through the Child Care Resource & Referral entities.
3. To provide relief during COVID-19, Oregon Department of Human Services – Self-Sufficiency Programs (ODHS – SSP) and ELD collaborated to support families and to protect child care supply. To support families, the Employment Related Day Care (ERDC) program eliminated family co-payments and increased family income eligibility. To protect child care supply, the ELD provided emergency grants and supplies for providers. Likewise, the ERDC program modified payment policies and practices in order to help child care providers survive the increased costs and reduced revenue caused by COVID-19.

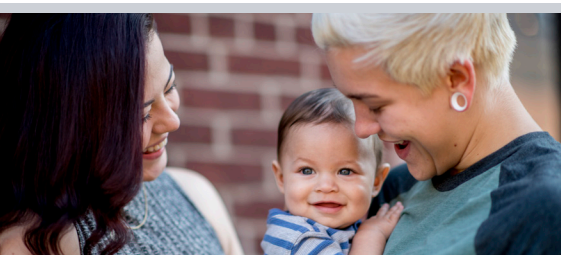
Goal 2: Children Are Raised in Healthy, Stable and Attached Families

Babies, toddlers and preschoolers thrive within the context of their families and their communities. Several key cross-sector accomplishments have been made over the past two years to improve comprehensive supports for families with young children. The 2019 Oregon Legislative Session resulted in several innovative support programs for children and families throughout the state.



Home Visiting

Universally Offered Home Visiting (SB 526), using the Family Connects model, is poised to begin offering services to families of newborns in early 2021. To deliver Universally Offered Home Visiting/Family Connects, Oregon Health Authority (OHA) is partnering with local communities and Early Learning Hubs to connect families with comprehensive supports.



Paid Family Leave

The statewide insurance program administered by the Oregon Employment Department provides up to 12 weeks of paid leave beginning in 2023 (HB 2005 of the 2019 Oregon Legislative Session). The tiered construction ensures that lowest-income employees are not constrained by wage loss if they choose to take leave to care for their newborn or adopted child, a critical time for attachment. Oregonians at the lowest income levels will have the same access to leave as higher-income earners, an important step in building equity at birth.

Family Support Services

Oregon Department of Human Services – Self-Sufficiency Programs (ODHS – SSP) made it easier for families to access Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) during COVID-19. For example, virtual signatures are now allowed and benefits are authorized virtually.

Child Welfare

ODHS – Child Welfare (ODHS-CW) made significant reforms to better support families in the child welfare system.

1. In response to COVID-19, the foster care system, ODHS – CW began offering daily virtual visitation to parents of children in the foster care system instead of once-weekly in-person visits, allowing biological parents and children to build stronger relationships.
2. ODHS – CW moved forward the Family First Prevention Services Act (FFPSA), aimed at reducing out-of-home placements. Full implementation is slated for 2021-23 when FFPSA will collaborate with community partners, Tribal Nations, and state agencies, including OHA, ODE, and ELD to provide cross-sector supports to families.

Housing

Oregon Housing and Community Services (OHCS) spurred interest across the public and private sectors to foster co-location of affordable housing with services for families in their 2020 Build Early Convening. While funding for a pilot program between OHCS and ODHS was approved in the 2019 Oregon Legislative Session (HB 2032) to provide housing stabilization services to families receiving TANF, the funding was repealed and re-allocated due to the COVID-19 budget crisis.

Goal 3: The Early Learning System is Aligned, Coordinated, and Family Centered

To effectively meet the comprehensive needs of children and their families, as well as reduce burden on families, cross-sector systems building and collaboration is essential. This systems building work is difficult; often seen as bureaucratic; requires long-term commitment and leadership from many; and includes working in a new way with culturally specific, community-based organizations. It will also require leadership and coordination from multiple levels of state government, including the Early Learning Council, Governor’s Children’s Cabinet and the Raise Up Oregon Agency Implementation Coordination Team (RUOAICT).

Systems Equity

One factor in systems equity is to give state agencies the ability to work directly with community-specific and culturally specific organizations. Policies to allow direct contracting with community-based organizations provide models for other agencies as well.

1. The Early Childhood Equity Fund (ECEEF) was created through the 2019 Student Success Act (HB 3427) with \$10.4M of annual funding. Through the ECEF, the Early Learning Division (ELD) contracted with

culturally specific, community-based organizations to build early learning programs and organizational capacity.

2. Oregon Housing and Community Services (OHCS) benefited from a statutory change in the Second Special Session of 2020 to allow direct funding to culturally responsive organizations to support diverse families in the COVID-19 response.

Application and Data Systems

Progress has been made in building data systems.

1. Oregon Department of Human Services – Self-Sufficiency Programs (ODHS – SSP) is piloting the cross-sector ONE Integrated Eligibility (ONE IE) System, with statewide rollout to follow, which will allow families to complete a single application for TANF, Supplemental Nutrition Assistance Program (SNAP), ERDC, and Oregon Health Plan (OHP). Families will no longer have to apply separately for programs for which they have overlapping eligibilities.
2. Notable progress in data collection across sectors to support improvement in service delivery models was also made. The Oregon Child Integrated Data Set (OCIDS), housed at Oregon Health & Science University, is integrating data from across many state agencies to answer important policy and planning questions.

Early Learning System Coordination

Early Learning Hubs were leveraged to support systems coordination.

1. The Student Success Act (2019) included funding for ELD’s Early Learning Hubs (Hubs) to pilot coordinated enrollment for Preschool Promise. Eventually coordinated enrollment will expand over time to include other ELD programs, including OPK and Baby Promise so parents can easily consider and find all options.
2. Hubs created robust sector plans in 2020 that mapped early childhood needs and gaps across the state and were used to distribute preschool expansion resources.



Priorities

The Early Learning Council, at its 2020 retreat, adopted the following priorities for championing in 2021. These priorities were shared with Governor Kate Brown for consideration in the Governor's Recommended Budget 2021-2023. The Early Learning Council will continue advocating for resources and policies that build capacity and equity into the entire early learning system.

Goal I: Children Arrive Ready for Kindergarten

To ensure that children can thrive during their infant, toddler and preschool years, the Council prioritizes both policy and budget initiatives with a critical focus on early care and education—inclusive of child care, public preschool and services for children with developmental delays and disabilities.

The Council is particularly concerned about publicly funded efforts to increase the supply of quality, affordable early care and education, and note several concrete steps with budget and legislative implications for the upcoming session:

1. Increase the supply of quality, affordable, culturally responsive child care
2. Adopt new models for funding for early care and education, based on the cost of services, including a living wage for providers
3. Protect funding and COVID-related policy changes in ERDC
4. Expand Baby Promise, OPK and Preschool Promise
5. Identify resources for early care and education facilities
6. Expand access to mental health consultation in early care and education in order to strengthen social-emotional supports and reduce suspension and expulsion

At the policy level, Council priorities include:

7. Develop a diverse, culturally responsive, high quality early care and education workforce through implementation of professional learning pathways; access to post-secondary education; and trainings in social and emotional learning
8. Develop policies and supports to reduce expulsion and suspension of infants, toddlers and preschoolers in early care and education settings
9. Implement the safe sleep campaign across agencies (child welfare, public health, early learning)
10. Revise and strengthen the Kindergarten Assessment and Early Learning and Kindergarten Guidelines to ensure that their purpose is clear, they are culturally responsive and support positive child development
11. Improve inclusion for children with developmental delays and disabilities in child care as well as public preschool
12. Support culturally responsive kindergarten transition practices and culturally-responsive curricula from infants through the early grades

Goal 2: Children Are Raised in Healthy, Stable and Attached Families

Babies, toddlers and preschoolers thrive within the context of their families and their communities. The Early Learning Council champions a comprehensive approach that simultaneously supports young children and their families.

Priorities with near-term budget and legislative implications include:

1. Co-locate early childhood facilities and affordable housing
2. Expand the ability to use housing dollars to contract with community-based organizations
3. Continue to grow Universally Offered Home Visiting for all new parents
4. Establish a behavioral/mental health workforce for families with young children

Policy initiatives are also consequential in this area, and include:

5. Support the inclusion of early childhood efforts within the Families First Plan including Parent-Child Interaction Therapy (PCIT) and home visiting
6. Achieve specific focus, performance measures and investments in early childhood for both physical and behavioral health within the CCOs
7. Ensure essential workers, including early care and education providers, are getting all the early childhood and family supports that they need
8. Support cross-sector collaboration to ensure that comprehensive services are directed to families as well as young children

Goal 3: The Early Learning System is Aligned, Coordinated, and Family Centered

There are many public agencies that must work together to assure that Oregon is successful at implementing systems and comprehensive services for young children and their families. In the first year of implementing *Raise Up Oregon*, greater emphasis was placed on securing immediate gains in the first two goal areas. Cross-agency work has started, and each agency has stepped forward to identify its own priorities for infants, toddlers and preschoolers and their families. There are significant opportunities for this work in the coming year.

Budget and legislative initiatives that are Council priorities follow:

1. Advance an independent early learning state agency focusing on early care and education, bringing together the disparate early care and education programs scattered in Early Learning Division, Oregon Department of Human Services, and Oregon Department of Education
2. Ensure availability of direct contracting with local organizations and culturally specific organizations across all agencies as part of a strategy for deepening the partnerships between the state and local community-based organizations
3. Reduce silos for accessing services across the various agencies, services and systems

Policy work priorities include:

4. Escalate cross-agency, cross-sector work, including shared professional development with a focus on supporting the social-emotional health of young children and their families

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5. Improve contribution of parents and providers to service and system design by developing effective ways of engaging parents and providers
6. Continue and elevate local partnerships in rural, suburban and urban communities that are cross-agency, cross-sector
7. Create a Tribal Early Learning Hub
8. Support homeless data tracking to include young children
9. Continue to encourage CCOs to deepen their partnerships with Early Learning Hubs and early education sector
10. Advocate for CCOs to have representation from early care and education community
11. Continue to support ODHS's ONE integrated eligibility system

Early Learning Council Members

Sue Miller

Chair, Early Learning Council

Angie Blackwell

Early Childhood Program Manager, Confederated Tribes of Grand Ronde

Katy Brooks

President, Bend Chamber of Commerce

Peter Buckley

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George Mendoza







Superintendent, La Grande School District

Dr. Peg Miller

Medical Director, Juliette's House;
Pediatrician, Willamette Valley Medical Center












Objectives and Strategies Implementation


Legend

	Strategies with a focus on infants and toddlers.
	Oregon Housing and Community Services (OHCS)
	Oregon Department of Human Services (ODHS)
	Oregon Department of Education (ODE)
	Oregon Health Authority (OHA)
	Early Learning Division


Goal I: Children Arrive Ready for Kindergarten



Objective 1: Families are supported and engaged as their child’s first teachers.

Strategy	Progress
1.1 Expand parenting education and family supports	
<p>1.1.1 Expand availability and access to community-based parenting education by building on the philanthropic investment in the Oregon Parenting Education Collaborative (OPEC)</p>	<ul style="list-style-type: none">  First-time state investment in parenting education through \$1M in Student Success Act (HB 5047) <ul style="list-style-type: none">  Builds on philanthropic investment in Oregon Parent Education Collaborative (OPEC), which will serve an estimated additional 640 families  Early Learning Hub’s Early Care and Education (ECE) sector plans used to prioritize populations for the new parenting education funds  Due to COVID, all parenting education delivered virtually this year  ODHS-CW and ELD working to promote the early childhood development phone application VROOM with case workers and foster parents
<p>1.1.2 Create an Equity Fund to support community-based, culturally specific organizations to extend their reach in providing culturally specific parenting and early learning supports in their communities</p>	<ul style="list-style-type: none">  First-time state investment to create an Early Childhood Equity Fund (ECEEF) of \$10.8M through the Student Success Act (HB 5047/HB 3427) <ul style="list-style-type: none">  Early Learning Council adopted administrative rules for ECEF in 2020  Grants awarded in 2020 include: <ul style="list-style-type: none">  5 capacity-building planning grants to culturally specific organizations  28 program grants to 24 unique culturally specific organizations  The ECEF will serve over 3,000 children and families across the state, including children from three Tribal Nations (Confederated Tribes of Warm Springs, Confederated Tribes of Grand Ronde, and Cow Creek Band of Umpqua)

Strategy	Progress
<p>1.2 Scale culturally responsive home visiting</p>	
<p> 1.2.1 Expand access to Oregon’s current array of evidence-based and evidenced-informed targeted home visiting programs so that more families have access to these supports, prioritizing those families in historically underserved communities</p>	<ul style="list-style-type: none"> ● Expanded Healthy Families Oregon (home visiting) by \$2M for 2020-2021 through the Student Success Act (HB 5047) <ul style="list-style-type: none"> • 1,961 families served in 2019; 109 families turned away between January and June 2020 due to lack of capacity; 250 additional families will be served with expansion dollars • Expansion of 250 additional families starts January 2021; all 16 programs are eligible to apply ● Continued serving families through the federal Maternal, Infant Early Childhood Home Visiting (MIECHV) grant: <ul style="list-style-type: none"> • Early Head Start Home Base: 185 children • Nurse Family Partnership: 467 children • Healthy Families Oregon: 263 children
<p>1.2.2 Expand access to professional learning opportunities and address compensation for home visitors in order to build a strong, culturally diverse workforce and increase retention</p>	<ul style="list-style-type: none"> ● OHA developed a comprehensive workforce development plan in tandem with Early Learning Hubs with 2020 funding for training on cultural responsiveness ● ODE partnering with OHA on home visiting professional development through the MIECHV advisory committee

Objective 2: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) affordable early care and education that meets their needs.


Strategy	Progress
<p>2.1 Expand access to, and build the supply of, high-quality (culturally responsive, inclusive, developmentally appropriate) affordable infant-toddler early care and education that meets the needs of families</p>	<ul style="list-style-type: none"> ● State Health Improvement Plan (SHIP) shared strategy: “Ensure access to and resources for affordable, high-quality, culturally responsive child care and caregiving.”
<p> 2.1.1 Create, scale, and sustain a statewide, high-quality infant and toddler child care program with a focus on children in historically underserved communities</p>	<ul style="list-style-type: none"> ● Baby Promise pilot launched to build supply of high-quality infant/toddler care by Child Care Resource and Referral agencies contracting directly with providers and providing quality supports <ul style="list-style-type: none"> • 20 children enrolled in 2020 pilot with capacity for over 1,000 at full implementation • 33 programs in diverse communities participating • In 2019 HB 2024 provided permanent statutory authority for Baby Promise

Strategy	Progress
 <p>2.1.2 Create shared service networks within rural and urban communities to better scale infant and toddler care</p>	<p>Local examples of shared services underway in several communities to support child care include:</p> <ul style="list-style-type: none"> • Three to five pilots for shared services underway in Coos/Curry with support of Oregon Community Foundation • Central Oregon Child Care Accelerator launched a shared services project, the Micro-Center Nexus Pilot
 <p>2.1.3 Increase state investment in Early Head Start by expanding Oregon Pre-Kindergarten as a prenatal-to-five program</p>	<ul style="list-style-type: none"> ● Amended Oregon Pre-Kindergarten (OPK)(HB 2025) to expand services to prenatal to age three; provided \$22.5M in Student Success Act (HB 5047) to serve an additional 1,000 infants and toddlers through Early Head Start model

Strategy	Progress
<p>2.2 Expand access to, and build the supply of, high-quality (culturally responsive, inclusive, developmentally appropriate) affordable preschool that meets the needs of families</p>	
<p>2.2.1 Expand preschool programs (i.e., Oregon Pre-Kindergarten, Preschool Promise, Early Childhood Special Education) to serve more children, especially those in historically underserved communities</p>	<ul style="list-style-type: none"> ● Expanded Oregon Pre-Kindergarten (OPK) by \$44.4M annually and Preschool Promise (PSP) funding by \$30.8M annually to serve an additional 2,628 children statewide through Student Success Act (HB 5047) • Early Learning Council adopted revised OPK and PSP administrative rules to support expansion • Enrollment capacity for PSP expanded from 1,300 to 3,910 children; statewide need is 30,000 <ul style="list-style-type: none"> • Expanded PSP from 9 to all 16 Early Learning Hub regions with 200 grantees • Hubs ECE sector plans informed expansion • Additional participation among tribal nations occurred • Expanded OPK funding for more programs to offer full school-day care <ul style="list-style-type: none"> • Moved from 5% (343 preschool-aged children) to 35% (2,758 preschool-aged children) of OPK providers offering longer hours • American Indian/Alaska Native (AI/AN) Head Start grantees expanded participation

Strategy	Progress
<p>2.2.2 Align policies across Oregon’s three state preschool programs (i.e., Early Childhood Special Education, Oregon Pre-Kindergarten, and Preschool Promise) to facilitate blended funding models</p>	<ul style="list-style-type: none"> ● Oregon Pre-Kindergarten and Preschool Promise aligned compensation policies on for Lead Teachers and Teaching Assistants
<p>2.2.3 Expand use of child care assistance contracts for wraparound care for preschool programs so that they meet the needs of working families</p>	
<p>2.2.4 Support Early Learning Hubs to create coordinated preschool enrollment processes</p>	<ul style="list-style-type: none"> ● Early Learning Hubs started coordinated enrollment with Preschool Promise in 2020; expansion anticipated next year to include Oregon Pre-Kindergarten, Baby Promise, Early Intervention/Early Childhood Special Education, and K-12

Strategy	Progress
<p>2.3 Strengthen child care assistance programs</p>	
<p>2.3.1 Unify policy-making and policies across all child care assistance programs. This includes Employment Related Day Care (ERDC), Temporary Assistance for Needy Families (TANF) child care, and contracted child care assistance</p>	<p>The 2019 Legislature established the Task Force on Access to Quality Affordable Child Care (HB 2346) to make recommendations to address how to increase eligible families’ use of child care subsidies; expanding access to high-quality, subsidized child care for families that are currently ineligible for subsidized child care and cannot afford or access child care</p> <ul style="list-style-type: none"> ● ODHS-SSP started implementation of ONE Integrated Eligibility (ONE IE) system, a one-stop platform for families to identify eligibility across multiple programs, including SNAP, TANF, ERDC and OHP. Pilot phase began in 2020 with full implementation in 2021

Strategy	Progress
<p>2.3.2 Increase resources for child care assistance programs so that: 1) reimbursement rates meet the cost of delivering quality care across all types of care and ages, and 2) participating families pay no more than 7% of their income</p>	<ul style="list-style-type: none"> ● Study underway on the cost of delivering quality care <ul style="list-style-type: none"> • Results will be used to inform child care subsidy rate setting and future early learning investment ● ODHS-SSP focused on several subsidy child care policy changes for families during COVID-19 including: <ul style="list-style-type: none"> • Waived family copays through 2020 • Increased family income limit for new applicants • Expanded absent day policy and allowed for temporary closures • Telephonic application and signature <p>The permanency of policies after COVID-19 depends on availability of funding. Note that policy change options are restricted during ONE IE implementation</p>
<p> 2.3.3 Ensure child care assistance policy results in continuity of care, particular for infants and toddlers</p>	
<p>2.3.4 Ensure child care assistance policy reflects the scheduling needs of families</p>	<ul style="list-style-type: none"> ● ODHS-SSP Employment Related Day Care (ERDC) piloted incentives for child care providers to offer weekend and evening hours from 7 p.m. to 6 a.m.

Strategy	Progress
<p>2.4 Build the state’s capacity to ensure children are healthy and safe in child care</p>	
<p>2.4.1 Improve child care licensing standards</p>	<ul style="list-style-type: none"> ● Substantial progress made in redrafting child care licensing <ul style="list-style-type: none"> • Temporary emergency rules for COVID-19 promulgated

Strategy	Progress
<p>2.4.2 Improve child care licensing implementation by strengthening technical assistance and monitoring</p>	<ul style="list-style-type: none"> ● Strengthened technical assistance and monitoring: <ul style="list-style-type: none"> • HB 2027 provided ELD-Office of Child Care (OCC) with additional investigatory and licensing tools • Implemented new methods for communicating with parents about licensing violations, including safe sleep • Implemented new practices to ensure consistent application of licensing standards • Implemented new civil penalties for illegal provision of child care • Built a quality assurance team to focus on data-driven decision-making and process improvements • Legislature authorized additional staffing to support compliance ● In 2019, ELD joined the State Child Fatality Review Team, a joint effort between Maternal Child Health (OHA-MCH) and ODHS. The Team reviews child death cases to develop health and safety prevention strategies
<p>2.4.3 Coordinate investigations into serious violations in child care at the state and local level</p>	<ul style="list-style-type: none"> ● ELD and ODHS-OTIS implemented new policy and practice of conducting tandem investigations into allegations of child abuse in child care settings
<p>2.4.4 Identify and address gaps in current licensing authority, including who is subject to licensing</p>	<ul style="list-style-type: none"> ● ELD proposed legislation to address gaps and inconsistencies in background checks highlighted by Secretary of State (SOS) July 2020 audit

Strategy	Progress
<p>2.5 Improve the essential infrastructure for high-quality early care and education</p>	
<p>2.5.1 Conduct statewide facilities needs assessment to identify communities with a dearth of ECE facilities and invest accordingly</p>	

Strategy	Progress
<p>2.5.2 Identify how to open high-quality family child care and child care centers within affordable housing units and housing developments</p>	<ul style="list-style-type: none"> ● OHCS held a Housing Co-Location Convocation in January 2020 with 80+ attendees representing government, providers, businesses, and nonprofit stakeholder groups <ul style="list-style-type: none"> • HB 2032, which focused on co-location of early care and education with affordable housing, did not pass in the 2019 Legislative Session and COVID-19 interrupted further progress in 2020
<p>2.5.3 Create a regional plan for expanding access to and supply of high-quality infant, toddler, preschool early care and education, available at times that meet the needs of families, especially for infants, toddlers and preschoolers in historically underserved communities, under the leadership of Early Learning Hubs</p>	<ul style="list-style-type: none"> ● Early Learning Hubs completed regional sector plans for early care and education needs and priority populations as required by HB2024 and HB2025 <ul style="list-style-type: none"> • Many Hubs identified infant and toddlers in greatest need of care
<p>2.5.4 Use the state’s licensing and Spark programs to recruit and support providers, especially in rural communities and communities of color, to become licensed and implement foundational health, safety, and quality practices</p>	
<p>2.5.5 Expand resources for Spark to support additional ECE providers, including family, friend and neighbor caregivers, in implementing best practices in ECE</p>	

Objective 3: The early care and education workforce is diverse, culturally responsive, high-quality and well compensated.

Strategy	Progress
<p>3.1 Improve professional learning opportunities for the full diversity of the early care and education workforce</p>	
<p>3.1.1 Implement a competency-based professional early learning system that is culturally and linguistically relevant for educators, educational leaders, professional development, and training personnel</p>	<ul style="list-style-type: none"> ● New funding of \$12.5M in Student Success Act (HB 5047), later reduced to \$5.5M due to COVID-19, allocated to create competency-based professional early learning ● ODE – Early Intervention/Early Childhood Special Education <ul style="list-style-type: none"> • Added specialized positions, such as teachers for the deaf/blind, using federal funds • Teachers Standard Practice Commission (TSPC) is examining how licensure in early learning aligns with licensure with elementary education
<p>3.1.2 Tailor and scale supports for family, friend, and neighbor caregivers, especially for those participating in child care assistance programs</p>	<ul style="list-style-type: none"> ● ODHS-SSP hired a Provider Specialist to offer technical assistance to Employment Related Day Care providers to help them navigate the approval process, billing issues, and improving business practices
<p>3.1.3 Create competencies and professional learning opportunities that speak to the unique role of infant and toddler educators</p>	<ul style="list-style-type: none"> ● 33 Infant/Toddler Specialists hired through Child Care Resource and Referral agencies, using federal funds <ul style="list-style-type: none"> • Almost 1,000 child care providers will receive 45 hours of training from I/T Specialists ● Adoption of knowledge and core competencies did not move forward as intended due to priorities in responding to COVID-19
<p>3.1.4 Ensure communities have data needed to design and evaluate the effectiveness of professional learning for the diversity of the workforce – including across different settings</p>	<ul style="list-style-type: none"> ● ELD received a multi-year grant, starting 2021 to support evaluation of quality of adult-child interactions
<p>3.1.5 Increase the relevance and effectiveness of professional learning through job-embedded supports and the inclusion of culturally responsive pedagogy</p>	<ul style="list-style-type: none"> ● Hired Preschool Promise (PSP) Specialists in all Child Care Resource and Referral agencies that provide linguistically and culturally responsive technical assistance for PSP programs

Strategy	Progress
<p>3.2 Build pathways to credentials and degrees that recruit and retain a diverse early care and education workforce</p>	
<p>3.2.1 Fully implement all steps in the career pathways</p>	
<p>3.2.2 Partner with higher education institution to ensure degree programs reduce barriers to higher education and meet the needs of the current workforce, equitably addressing cultural, language, learning, and access needs</p>	
<p>3.2.3 Partner with higher education institutions to ensure degrees programs include curriculum that addresses the prenatal-to-five continuum</p>	
<p>3.2.4 Build upon existing scholarship programs to support more educators in entering the field and existing educators in attaining AA and BA degrees in early childhood</p>	<ul style="list-style-type: none"> Scholarships for early learning professional degrees will not move forward as intended by HB 2025 and HB 5047. Funding was cut due to COVID-19. The program has been maintained, but future scholarships will not be awarded until funding is allocated
<p>3.2.5 Increase the number of educators entering the field by expanding the opportunities for early care and education preparation in high school that can be leveraged in higher education</p>	

Strategy	Progress
3.3 Compensate and recognize early childhood educators as professionals	
<p>3.3.1 Create educator compensation requirements that align with kindergarten education compensation across publicly funded ECE programs (i.e., OPK, PSP, contracted slots) and increase public investment to implement those requirements</p>	<ul style="list-style-type: none"> ● The Early Learning Council approved aligned compensation requirements for Preschool Promise and Oregon Pre-Kindergarten educators as required by HB 2025
<p>3.3.2 Create financial incentives for ERDC and TANF child care providers to support compensation that is aligned with kindergarten educators, and increase public investment to support implementation</p>	<ul style="list-style-type: none"> ● Study underway on the cost of delivering quality care <ul style="list-style-type: none"> • Results will be used to inform child care subsidy rate setting and future early learning investment
<p>3.3.3 In collaboration with Early Learning Hubs and other partners, create understanding of the role and impact of early childhood educators among policy-makers and the public</p>	<p>Early Learning Council issued resolution on need to support child care under COVID-19 as essential infrastructure of Oregon</p>



Strategy	Progress
3.4 Improve state policy to ensure early care and education work environments guarantee professional supports	
<p>3.4.1 Incorporate professional supports (e.g., paid planning time, paid professional development time, compensation, wellness and health benefits) into program standards</p>	<ul style="list-style-type: none"> ● Preschool Promise (PSP) and Oregon Pre-Kindergarten (OPK) include paid planning time, paid professional development time, and compensation as part of contractual requirements.

Strategy	Progress
<p>3.4.2 Collect and use data to improve professional supports (e.g., paid planning time, paid professional development time, compensation, wellness and health benefits)</p>	<ul style="list-style-type: none"> ● ELD obtained federal grant to implement workforce survey to inform further development of professional supports


Objective 4: Early childhood physical and social-emotional health promotion and prevention is increased.


Strategy	Progress
<p>4.1 Ensure prenatal-to-age-five health care services are comprehensive, accessible, high quality, and culturally and linguistically responsive</p>	
<p>4.1.1 Improve access to patient-centered primary care homes for all young children</p>	<ul style="list-style-type: none"> ● Coordinated Care Organization (CCO) 2.0 launched in 2020 and requires quality metrics reporting on children, including well child visits and behavioral health indicators. CCOs deliver Oregon’s Medicaid Managed Care program. Priorities focus on physical, behavioral, and oral health for children, families and adults with public insurance. CCO 2.0 Reporting and deliverables did not move forward as intended due to COVID-19 so only incentive metrics will be reported in 2020-21 <ul style="list-style-type: none"> • OHA implemented an emergency waiver to allow families to stay enrolled in Medicaid for longer due to COVID-19
<p>4.1.2 Strengthen the early childhood focus of Coordinated Care Organizations (CCOs) by adding Early Learning Hub representation on CCOs’ governing boards or using other tools to improve relationships and coordination</p>	<ul style="list-style-type: none"> ● Ongoing work in implementation to improve relationships and coordination between Early Learning Hubs and CCOs. Additional effort is needed for sustained improvement

Strategy	Progress
<p>4.1.3 Increase the integration of physical, behavioral, and oral health for young children</p>	<ul style="list-style-type: none"> ● OHA was awarded a federal Integrated Care for Kids (InCK) grant in 2020 for integration of physical, behavior and oral health care for children in five counties ● ● As part of a broader measurement strategy related to the health sector’s role in kindergarten readiness endorsed by the Metrics & Scoring Committee, and in partnership with Children’s Institute, the Oregon Pediatric Improvement Partnership, and the Early Learning Division, OHA is working to create a CCO-level metric on improving the social-emotional health of children under age six
<p>4.1.4 Incentivize high-quality, evidence-based pediatric care, including rural communities</p>	<ul style="list-style-type: none"> ● Used health care payment reforms to support the social needs of patients through State Health Improvement Plan (SHIP) shared strategy ● All CCOs are developing Value-Based Payments (VBPs): <ul style="list-style-type: none"> • By 2023, providers must have maternity VBPs and by 2024, providers must have children’s VBP’s • Three VBPs piloted in InCK, fully implementing in 2023

Strategy	Progress
<p>4.2 Increase capacity to provide culturally responsive social-emotional supports to young children and their families</p>	
<p> 4.2.1 Increase access to culturally responsive mental health services by ensuring there are diverse providers with expertise in children birth through age five</p>	<ul style="list-style-type: none"> ● ● OHA and ODHS-SSP implemented a mental health and behavioral health pilot program with emphasis on increased access for disproportionately impacted communities (BIPOC/tribal) (HB 2032) <ul style="list-style-type: none"> • ODHS-SSP hired a Health Refugee Coordinator to increase access for health-related and services for refugee families, including mental health services/supports ● ODE partnered with the Summer Institute, a professional development program, to expand its summer offerings to include racial equity and culturally competent practices
<p> 4.2.2 Train home visitors, mental health professionals, and early care and education providers in relationship-based infant mental health and equity approaches</p>	<ul style="list-style-type: none"> ● OHA offered relationship-based infant mental health training to home visitors, mental health professionals and early care and education providers through development of cross-sector reflective supervision <ul style="list-style-type: none"> • Scholarships available through Portland State University for students or home visitors to complete certified infant mental health training


Strategy	Progress
<p>4.2.3 Focus on children whose families are affected by substance abuse and family separation, including by ensuring access to community health workers</p>	<p>● ODHS-SSP worked on Oregon’s Family First Prevention Plan to provide supports to children and families at imminent risk of entering the foster care system. The federal Family First Prevention Services Act (2018) allows states to use additional federal resources to support prevention services.</p> <ul style="list-style-type: none"> • Collaborative work groups are organized on service array, target population, continuous quality improvement, and policy and practice. Service array includes birth-five programs and target population includes 5,000 children under the age of five. • Prevention plan will be submitted for federal approval in Fall 2020

Strategy	Progress
<p>4.3 Increase and improve access equitable access to early childhood oral health</p>	
<p>4.3.1 Increase access to and address disparities in prevention and treatment dental services for young children</p>	<p>● Every five years, Oregon conducts a maternal, child and adolescent health needs assessment to assess priorities to include for the Title V block grant. For 2021-2025, oral health was not included in the selected list of priority areas of focus. However, Title V funds will continue to provide support to the State Oral Health Program so it can continue leveraging funds and opportunities to support oral health for pregnant women and children as there is little other funding for population-based child oral health work</p>
<p> 4.3.2 Advance provider trainings such as First Tooth and Maternity Teeth for Two</p>	<p>● COVID-19 has impacted the implementation of oral health provider trainings. This work has been put on pause in the interim</p>
<p>4.3.3 Continue integration of oral health services in early care and education settings</p>	

Strategy	Progress
<p>4.4 Strengthen coordination among early care and education, health, and housing to promote health and safety for young children</p>	
<p>4.4.1 Provide health consultation across ECE settings</p>	
<p> 4.4.2 Collaborate to support families and ECE providers in implementing safe sleep practices</p>	<ul style="list-style-type: none"> ● ● ● A cross-agency Safe Sleep workgroup was created to develop statewide plan to implement Safe Sleep practices across sectors. The workgroup brings together state agencies and representatives from culturally specific organizations <ul style="list-style-type: none"> • The ELD has allocated \$250k to support the Safe Sleep campaign ● ODHS-CW has implemented new policies requiring Child Welfare case workers to complete Safe Sleep training by October 2020
<p>4.4.3 Identify areas of shared accountability across housing, health and ECE, and expand joint activities that promote environmental health, injury prevention and safety, physical activity and healthy foods</p>	

Objective 5: Young children with social-emotional, developmental, and health care needs are identified early and supported to reach their full potential.

Strategy	Progress
<p>5.1 Ensure adequate funding of and access to a range of regional and community-based services, including Early Intervention/ Early Childhood Special Education Services</p>	
<p>5.1.1 Increase funding so that Early Intervention/Early Childhood Special Education services are at an adequate level to support the positive development of children with special needs</p>	<ul style="list-style-type: none"> ● Early Intervention/Early Childhood Special Education (EI/ECSE) received \$37.5 million in additional funding through the Student Success Act (HB 5047) in order to improve the level of services for children under the age of five who have been identified with a disability or developmental delay <ul style="list-style-type: none"> • COVID-19 has delayed full implementation due to children not being physically present in school. Delay disproportionately impacts children who have high needs, are non-English speaking or are children of color

Strategy	Progress
<p>5.1.2 Review the criteria used to determine whether a child is eligible for Early Intervention/ Early Childhood Special Education services and make and implement recommendations regarding the appropriate eligibility thresholds to ensure that all children needing these services are able to access them</p>	
<p> 5.1.3 Provide the array of services available to infants, toddlers, and families that need additional supports</p>	<ul style="list-style-type: none"> ● ● Inclusive Partners (IP) program has changed to eliminate confusion of referrals, provide more continuity and refer more children to the program <ul style="list-style-type: none"> • IP works with parents or providers of children that have higher needs within childcare settings such as children with special needs
<p>5.1.4 Enable integration of Early Intervention and Early Childhood Special Education with other funding streams so that children are served in inclusive settings</p>	<ul style="list-style-type: none"> ● LEAP inclusion model funded and served additional EI/ECSE children in Wasco County ● OPK and Preschool Promise updated policies and protocols for implementing inclusionary practices

Strategy	Progress
<p>5.2 Continue to prioritize screening through the health system and build pathways from screening to a range of community-based services and supports for children and families</p>	
<p>5.2.1 Improving screening</p>	<ul style="list-style-type: none"> ● The CCO Metrics & Scoring Committee voted to retire the metric on percentage of children up to age 36 months enrolled in CCOs who receive developmental screening based on the high level of performance on this metric in Oregon, and in anticipation of adding a measure on successful referral to follow-up at a future date. OHA continues to track this measure ● Social Determinants of Health (SDoH) Screening: A workgroup reporting to the OHA Metrics and Scoring Committee is currently in development for a proposal for SDoH screening, including identifying and/or addressing individual health-related social needs through screening (i.e., food insecurity, housing)

Strategy	Progress
<p>5.2.2 Scale successful approaches to build community-based referral systems from screening to services that meet the diverse needs of young children and families</p>	<ul style="list-style-type: none"> ● OHA was awarded a federal Integrated Care for Kids (InCK) grant in 2020 for integration of physical, behavior and oral health care for children in five counties ● OHA initiated universally offered home visiting through Family Connects which includes screening

Strategy	Progress
<p>5.3 Prevent expulsion and suspension by strengthening state policies and supports to early care and education programs</p>	
<p>5.3.1 Align policies across ECE programs and K-12 regarding suspension and expulsion</p>	
<p>5.3.2 Improve data systems to track suspension and expulsion across the birth-to-five early learning system and early grades, disaggregated by race and other critical indicators</p>	<ul style="list-style-type: none"> ● Oregon Pre-Kindergarten, Preschool Promise, Baby Promise Providers required to report on children transitioning out of programs
<p>5.3.3 Provide culturally responsive mental health consultation to ECE providers</p>	<ul style="list-style-type: none"> ● ● ● Cross-agency workgroup with ELD, OHA and ODE developing a plan for statewide access to culturally responsive mental health consultation for early care and education programs ● ODHS Inclusive Partners (IP) offers consultation services to providers caring for eligible children Douglas County, with support from the Ford Family Foundation, developing pathways for greater access to Mental Health Consultation for ECE in rural communities
<p>5.3.4 Increase access to anti-bias early childhood education training for ECE providers</p>	

Objective 6: Children and families experience supportive transitions and continuity of services across ECE and K-12 settings.

Strategy	Progress
<p>6.1 Establish shared professional culture and practice between early care and education and K-3 that supports all domains, including social-emotional learning</p>	
<p>6.1.1 Support Professional Learning Teams consisting of both early learning and kindergarten to grade 3 (K-3) educators, including elementary school principals and ECE directors</p>	<p>● ● ODE and ELD sponsored the statewide early learning conference of the Coalition of Oregon School Administrators (COSA) for early learning and kindergarten to grade 3 educators</p> <p>Miller Foundation supported new prek-3 alignment initiative in selected communities and districts</p>
<p>6.1.2 Support school districts in aligning attendance, curriculum, instructional, and assessment practices across the prenatal-to-third grade continuum with a focus on high-quality (culturally responsive, inclusive, developmentally appropriate)</p>	<p>● ● Work commenced on Governor’s directive to align standards across all preschool programs, regardless of setting and state funding stream</p>
<p>6.1.3 Scale and expand the work of Early Learning Hubs and local communities through KPI and local funding sources, to support social-emotional learning across the P-3 continuum</p>	<p>● Provided resources to tribal nations to pilot kindergarten transition activities</p>



Strategy	Progress
<p>6.2 Improve the Oregon Kindergarten Assessment to better support decision-making between early learning and K-12 stakeholders</p>	
<p>6.2.1 Enhance the Kindergarten Assessment (KA) process for children whose home language is not English and who are emerging bilingual children, focusing first on children whose home language is Spanish</p>	<ul style="list-style-type: none"> ● Administration of Oregon Kindergarten Assessment suspended in Fall 2020 due to COVID-19 ● The work to reassess and revise the Oregon Kindergarten Assessment has also been delayed due to COVID-19
<p>6.2.2 Provide sufficient support to school districts to ensure that the assessment is administered properly and in ways that are developmentally appropriate</p>	<ul style="list-style-type: none"> ● Administration of Oregon Kindergarten Assessment suspended in Fall 2020 due to COVID-19 ● The work to reassess and revise the Oregon Kindergarten Assessment is delayed due to COVID-19
<p>6.2.3 Improve the communications and data analysis/interpretation tools for the KA so policymakers, Early Learning Hubs, providers of early learning services, school districts, and elementary schools have access to timely, accessible, and actionable data that supports regional and local decision-making</p>	<ul style="list-style-type: none"> ● The work to reassess and revise the Oregon Kindergarten Assessment is delayed due to COVID-19
<p>6.2.4 Develop a Kindergarten Entry Family Survey that enables families to provide information about their children’s experiences and provides a more holistic picture of children’s development</p>	

GOAL 2: Children are Raised in Healthy, Stable, and Attached Families


Objective 7: Parents and caregivers have equitable access to support for their physical and social-emotional health.

Strategy	Progress
7.1 Increase equitable access to reproductive, maternal, and prenatal health services	
7.1.1 Increase access to traditional health workers (e.g., doulas) and home visiting services	<ul style="list-style-type: none"> ● CCO 2.0 contracts require additional support around Traditional Health Workers (THWs, e.g., doulas), including requiring THW liaison positions to support workforce TA, development, and reimbursement models ● Nurse Family Partnership (NFP) Home Visiting Program provided phones to pregnant women during COVID-19, which increased use and engagement
7.1.2 Address the needs of women impacted by substance use disorder (SUD), such as through integrated prenatal care and SUD treatment, as well as those of infants affected by neonatal abstinence syndrome	<ul style="list-style-type: none"> ● Funding of \$2.5M for addiction and recovery services for pregnant people suffering from Substance Use Disorder through the Project Nurture program (HB 2257 of the 2019 Legislative Session)

Strategy	Progress
7.2 Improve access to culturally and linguistically responsive, multi-generational approaches to physical and social-emotional health	
7.2.1 Reduce the financial burden of health care cost to families	

Strategy	Progress
 7.2.2 Expand accessible and culturally responsive systems that support family unity while addressing parent co-occurring health, mental health, addiction, and/or parenting strategies	
 7.2.3 Improve access to health care for families who are pregnant or have young children	<ul style="list-style-type: none"> ● Coordinated Care Organizations (CCOs) working to provide improved language access and culturally responsive services. For 2021, OHA requiring meaningful language access to culturally responsive healthcare services to receive incentive payment as a health equity measure
7.2.4 Ensure a continuum of services for children and their caregivers when families are affected by mental health conditions and substance use disorders (SUD)	<ul style="list-style-type: none"> ● ODHS-SSP created implementation guide to help local communities operationalize multi-generational approaches ● ODHS-SSP shifting away from the benchmark of an adult in the family system having a job to looking at the challenges of the entire family system
7.2.5 Handle the cross-generational transmission of trauma by identifying and addressing adverse childhood experiences	
7.2.6 Increase partnership between Coordinated Care Organizations (CCOs) and community health workers to enable access	<ul style="list-style-type: none"> ● CCO 2.0 contracts require additional support around Traditional Health Workers (THWs, e.g., doulas), including requiring THW liaison positions to support workforce TA, development, and reimbursement models


Strategy	Progress
<p>8.1 Create a universal connection point for families with newborns</p>	
<p>8.1.1 Build, in partnership with local communities, Early Learning Hubs, Coordinated Care Organizations, and public health agencies, a system to deliver home visits for all families with newborn children that provides parenting information and helps families with deeper needs to connect to additional services</p>	<ul style="list-style-type: none"> ● Oregon legislature passed and funded Universally Offered Home Visiting (UOHV) in 2019 (SB 526). Universally Offered Home Visiting will provide voluntary nurse visits to all families with newborn children, and help families identify and connect with additional supports they may need <ul style="list-style-type: none"> • UOHV in pre-implementation in eight communities covering 18 counties. Services start in 2021 • Commercial health plans required to offer home visiting in 2021, as services are available in the community • COVID-19 response delayed the start of service delivery to 2021

Strategy	Progress
<p>8.2 Provide paid family leave</p>	
<p> 8.2.1 Provide paid family leave to all families with a newborn or newly adopted child to support the development of bonding and attachment during this critical window</p>	<p>Family Medical Leave Insurance Program passed in the 2019 Legislative Session (HB 2005)</p> <ul style="list-style-type: none"> • Oregon Employment Department developing rulemaking with completion expected in 2022 • Contributions into program begin 2022; benefits begin 2023 • All workers who have earned at least \$1,000 in the look-back year will receive up to 12 weeks of paid leave with birth parents receiving an additional two weeks • Minimum-wage and low-wage workers receive 100% wage replacement; tiered reimbursement beginning for individuals earning \$20/hour

Objective 9: Families with young children who are experiencing adversity have access to coordinated and comprehensive services.

Strategy	Progress
<p>9.1 Expand and focus access to housing assistance and supports for families with young children</p>	
<p>9.1.1 Expand and focus housing subsidy for families with young children, starting with families with children prenatal to 12 months of age who are experiencing unsheltered homelessness</p>	<ul style="list-style-type: none"> ● \$10.5M in funding for a pilot program between OHCS and ODHS-SSP to provide housing stabilization services to families receiving TANF (HB 2032 of 2019 Legislative Session) was repealed due to COVID-19 budget crisis
<p>9.1.2 Expand the supply of affordable housing and rental assistance for families with children by exploring new programs and working with providers to establish priorities for assisting families with young children</p>	
<p>9.1.3 Strengthen relationships between Early Learning Hubs, Community Action Agencies, Oregon Department of Human Services (ODHS) field offices and local housing authorities to focus on families with infants and toddlers</p>	

Strategy	Progress
<p>9.2 Provide preventive parenting support services to reduce participation in the child welfare system</p>	
<p>9.2.1 Increase access to evidence-based early learning programs (e.g., Relief Nurseries, parenting education, home visiting programs) proven to reduce abuse and neglect for families at imminent risk of entering into the child welfare system</p>	<ul style="list-style-type: none"> ● ODHS – CW worked on Oregon’s Family First Prevention Plan to provide supports to children and families at imminent risk of entering the foster care system. The federal Family First Prevention Services Act (2018) allows states to use additional federal resources to support prevention services <ul style="list-style-type: none"> • Collaborative work groups are organized on service array, target population, continuous quality improvement, and policy and practice. Service array includes birth-five programs and target population includes 5000 children under the age of five • Prevention plan will be submitted for federal approval in Fall 2020 ● Relief Nurseries allocated \$2.8M in Student Success Act (HB 5047) to serve an additional 1,000 children <ul style="list-style-type: none"> • Three new Relief Nurseries to open in rural areas and six new satellite nurseries • Service expansion (additional classrooms, outreach services) for existing locations • Current compensation model not competitive with other publicly funded programs such as PSP and OPK
<p>9.2.2 Expand access to family coaches for local parenting support organizations including community-based, culturally responsive organizations</p>	
<p>9.2.3 Collaboratively develop community-based early child abuse and maltreatment prevention plans</p>	<ul style="list-style-type: none"> ● ODHS-CW running pilots on treatment and in-treatment services for parents; developing additional in-home services; and piloting child wellness standards outlined by SB 171 in 2019 Legislative Session

Strategy	Progress
<p>9.3 Improve the nutritional security of pregnant woman and young children, particularly infants and toddlers</p>	
<p> 9.3.1 Promote breastfeeding</p>	<ul style="list-style-type: none"> ● Breastfeeding continues as a Title V maternal and child health priority into 2021-2025 <ul style="list-style-type: none"> • New breastfeeding peer support program opened in Josephine County, while Jackson County discontinued services, keeping the statewide total of peer support programs at six
<p>9.3.2 Improve connections between the Special Supplemental Nutrition Program for Woman, Infants and Children (WIC) and primary care medical homes and other community services</p>	<ul style="list-style-type: none"> ● Oregon WIC engaged communities to identify culturally appropriate foods to include in WIC benefits (e.g., tofu), and regularly applies to the federal government for waivers to cover culturally appropriate foods

Strategy	Progress
<p>9.4 Link high-quality early care and education, self-sufficiency, and housing assistance programs</p>	
<p>9.4.1 Implement strategies such as waitlist prioritization and incentives</p>	
<p>9.4.2 Develop innovative child care networks, connected to affordable housing complexes, to deliver high-quality early care and education</p>	<ul style="list-style-type: none"> ● In January 2020, OHCS held a housing convening that brought together 80+ attendees representing government, providers, businesses, and nonprofit stakeholder groups. However, COVID-19 derailed the energy cultivated by OHCS around co-location and forced the agency to focus on keeping families in housing rather than expanding services

GOAL 3: The Early Learning System is Aligned, Coordinated, and Family Centered

Objective 10: State-community connections and regional systems are strengthened.

Strategy	Progress
10.1 Ensure family voice in system design and implementation	
<p>10.1.1 Increase authentic input of family voice in the design and implementation of state policy and programming that welcomes all families</p>	<ul style="list-style-type: none"> ● ODHS-SSP shifted to use of human-centered design approach in family engagements, review of contracts with jobs providers and transition-aged youth, youth aging out of foster care <ul style="list-style-type: none"> • Family Service Review Commission will restart and ensure that it is driven by family voice ● State Interagency Coordinating Council (SICC) collaborating with partners to strengthen family voice <ul style="list-style-type: none"> • 20% of SICC members represent families • Families now participate in professional development opportunities • Biannual retreat with Local Interagency Coordinating Councils (LACCs) to ensure family voice
<p>10.1.2 Establish a mechanism, in collaboration with Early Learning Hubs, for authentic leadership in parent voice to inform Early Learning Council systems-building work</p>	<ul style="list-style-type: none"> ● Development of parent councils to inform the Early Learning Council delayed to winter 2020 due to COVID-19
<p>10.1.3 Work with Early Learning Hubs and their partners in developing local capacity to facilitate culturally responsive family engagement activities across their communities, prioritizing communities that have not yet been engaged</p>	<ul style="list-style-type: none"> ● Early Learning Hubs engaged families in development of ECE sector plans

Strategy	Progress
<p>10.2 Ensure family-friendly referrals</p>	
<p>10.2.1 Develop centralized systems locally to coordinate eligibility and enrollment of services across sectors, starting with early care and education (ECE)</p>	<ul style="list-style-type: none"> ● Early Learning Hubs started coordinated enrollment with Preschool Promise in 2020; expansion anticipated next year to include Oregon Pre-Kindergarten, Baby Promise, Early Intervention/Early Childhood Special Education, and K-12 ● ODHS-SSP started implementation of ONE Integrated Eligibility (ONE IE) system, a one-stop platform for families to identify eligibility across multiple programs, including SNAP, TANF, ERDC and OHP. Pilot phase began in 2020 with full implementation in 2021
<p>10.2.2 Develop shared principles for building a community-level, family-friendly, respectful, and easy-to-navigate referral system so that families can easily access services and supports</p>	<ul style="list-style-type: none"> ● Several efforts across OHA improving screening and wraparound supports for children and families: <ul style="list-style-type: none"> • Integrated Care for Kids (InCK) Model: Work includes adding foster care status and risk into the Children’s Health Complexity screening, two areas outside of health that will support increased screening for wraparound services • Social Determinants of Health (SDoH) Screening: A workgroup reporting to the OHA Metrics and Scoring Committee is currently in development for a proposal of an enhanced SDoH screening, including identifying and/or addressing individual health-related social needs through screening, i.e., food insecurity, housing

Strategy	Progress
<p>10.3 Further develop the local Early Learning Hub system</p>	
<p>10.3.1 Incentivize active participation across sectors on the Early Learning Hub Governance Boards to ensure investment in shared goals, policy, and programming as well as coordinated implementation across a region</p>	<ul style="list-style-type: none"> ● Continued to support strategies for robust representation on Early Learning Hub Governance Boards

Strategy	Progress
<p>10.3.2 Strengthen the Early Learning Hub role in informing community needs assessments that meet the requirements of each sector, supporting coordinated and aligned community planning and shared problem solving</p>	<ul style="list-style-type: none"> ● Hubs involved in planning for Universally Offered Home Visiting through Family Connects ● Hubs supported local school districts in submitting Student Investment Account plans ● Hubs and Child Care Resource and Referral agencies supported one another in local COVID-19 community planning
<p>10.3.3 Create ongoing feedback loops between the state sectors and communities to improve communication, policy implementation, and collaboration, and address barriers in order to make progress toward the three systems goals</p>	<ul style="list-style-type: none"> ● ELD has been hosting bi-monthly convenings with Hub and CCR&R directors for shared problem solving

Objective 11: Investments are prioritized in support of equitable outcomes for children and families.

Strategy	Progress
<p>11.1 Ensure resources are used to reduce disparities in access and outcomes</p>	
<p>11.1.1 Collect, analyze, and consolidate data, across agencies and communities, on disparities in access and outcomes related to the goals of this plan</p>	<ul style="list-style-type: none"> ● ODHS-ORRAI (Office of Reporting, Research, Analytics and Implementation) developing data warehouse which will combine OHP and ODHS data systems and help with predictive analytics to better determine gaps, resource allocation, and needs ● OHCS is focused on creating equitable, cross-sector data systems to inform policy implementation. <ul style="list-style-type: none"> • In a cross-sector effort with the ICS database and the Oregon Child Integrated Data Set (OCIDS) from OHSU • Engaging a data equity workgroup examining what populations struggle with rent burden, home ownership, or houselessness
<p>11.1.2 Share the results and recommendations for further improvement, including cross-sector funding opportunities</p>	

Strategy	Progress
11.2 Align and expand funding opportunities for culturally specific organizations	
<p>11.2.1 Develop a coordinated state approach to increasing the capacity of culturally specific organizations to seed and scale promising culturally responsive practices and programs in early childhood</p>	
<p>11.2.2 Expand funding of culturally specific organizations to implement early childhood programming and build partnerships with other programs</p>	<ul style="list-style-type: none"> ● Legislation proposed in 2021 will address inequitable housing outcomes for communities of color, allow agency flexibility in allocating dollars to culturally specific organizations, and define culturally specific and culturally responsive <ul style="list-style-type: none"> • In response to COVID-19, OHCS legislatively created the ability to disburse relief dollars to culturally specific organizations ● Early Childhood Equity Fund disbursing grants totaling \$10.4M annually beginning in September 2020 to culturally specific organizations across Oregon, serving over 3,000 children <ul style="list-style-type: none"> • Five Planning Grants • 28 Program Grants to 24 unique organizations • Three Tribal organizations included in program grantees • Part of HB 3427 / HB 5047 in 2019 Legislative Session

Objective 12: The alignment and capacity of the cross-sector early learning workforce is supported.

Strategy	Progress
12.1 Support consistent, high-quality practice among all professionals in the family- and child-serving early learning workforce	
<p>12.1.1 Analyze existing core knowledge and competency frameworks or standards across disciplines for the family- and child-serving workforce to identify commonalities and gaps across sectors</p>	

Strategy	Progress
<p>12.1.2 Create and implement opportunities for shared professional learning across sectors in established areas of need (e.g., trauma-informed practices and family-centered referral pathways)</p>	
<p>12.1.3 Collaborate with the Higher Education Coordinating Commission and professional learning partners to incorporate identified areas of shared knowledge into curriculum</p>	

Strategy	Progress
<p>12.2 Improve cross-sector recruitment, retention, and compensation</p>	
<p>12.2.1 Through the Children’s Cabinet, require state agencies to report on the diversity of race/ethnicity, language, compensation, and working conditions of front-line staff within each sector</p>	
<p>12.2.2 Analyze data across the early learning workforce to determine common strengths and shared challenges regarding diversity, compensation, turnover, qualifications, and professional learning pathways in each sector</p>	
<p>12.2.3 Use data analysis to create and implement a plan based on common strengths and shared challenges</p>	

Objective 13: The business and philanthropic communities champion the early learning system.

Strategy	Progress
13.1 Educate business leaders on the economic value of early care and education to the Oregon economy	
13.1.1 Engage business leaders in addressing the lack of ECE programs necessary to support Oregon’s workforce, including the availability of high-quality, affordable child care	Regional Solutions Coordinators working cross sector on child care in many regions Local business communities, such as Bend Chamber of Commerce, taken on child care as a local priority
13.1.2 Demonstrate the value of early educators to leading businesses and business associations	
13.1.3 Share information on the return on investment of ECE in contributing to Oregon’s economy	

Strategy	Progress
13.2 Introduce business leaders to the science of early childhood development and the impact of public investment	
13.2.1 Share information on early childhood brain development and the impact of adverse childhood experiences	
13.2.2 Include business leaders as members of the Early Learning Council	<ul style="list-style-type: none"> ● Cross-sector leaders across the State successfully recruited to be a part of the nine-member Early Learning Council, notably the President of Bend Chamber of Commerce

Objective 14: The data infrastructure is developed to enhance service delivery, systems building, and outcome reporting.

Strategy	Progress
14.1 Strengthen data-drive community planning	
<p>14.1.1 Increase access to state and local data, and resources, to improve Hub capacity to use data in its planning to ensure the highest needs are met and that the greatest impact for children and families is achieved</p>	<ul style="list-style-type: none"> ● Early Learning Division launched the interactive Early Learning Map of Oregon (ELMO) to support data-driven regional planning for early care and education expansion
<p>14.1.2 Address data sharing and data governance barriers while protecting family privacy, that limit community access to data needed for decision-making</p>	
<p>14.1.3 Incorporate specific data on children of color and children from historically underserved communities</p>	<ul style="list-style-type: none"> ● ● OHA and ODHS required by legislation passed during the First Special Session of 2020 to collect and report data to track health inequities of COVID-19 on communities of color across the state
<p>14.1.4 Bring state and community leaders together to better understand data in order to track the well-being of children and families in communities, guide a process of quality improvement, and facilitate collaboration across sectors and partners</p>	

Strategy	Progress
14.2 Integrate early learning data into the Statewide Longitudinal Data System	
<p>14.2.1 Build state and program capacity to collect, monitor, and analyze data from early care and education programs in order to support quality improvements in the delivery of early care and education services and programs for children prenatal to kindergarten entry and their families</p>	<p>The Oregon Child Integrated Data Set (OCID), created in 2019, integrates data from across state agencies to provide a cross-program, longitudinal view of the well-being of children born in Oregon. This information is linked with birth records to show the trajectory of children’s well-being from birth and throughout their development</p>
<p>14.2.2 Use integrated data from the Statewide Longitudinal Data System to determine impacts of early childhood investment and identify the most effective strategies for supporting positive outcomes for children and their families</p>	<p>OCID team analyzing early childhood program participation and the risk and protective factors associated with early childhood outcomes</p> <ul style="list-style-type: none"> ● ● OHA and ODHS integrated data to identify children who are experiencing both health and social complexity. This analysis has also been broken down for children under the age of five <ul style="list-style-type: none"> • Oregon’s federal InCK grant initiative to build local referral and wraparound services for children with higher needs is using this analysis to help target resources
<p>14.2.3 Incorporate specific data on children of color and children from families in historically underserved communities</p>	<p>The OCID team is partnering with state agencies to be able to track race and ethnicity across programs and data sites</p>

Strategy	Progress
14.3 Develop and implement a population survey to track the well-being of children and families across Oregon	
<p>14.3.1 State agencies collaborate to finance, develop, and implement a population survey of Oregon families with young children that provides holistic information on their well-being</p>	<ul style="list-style-type: none"> ● In 2019 and in 2020, the Early Learning Division conducted a population survey of Oregon households with young children on their experiences accessing early care and education

Strategy	Progress
<p>14.3.2 Ensure that the survey is developed and implemented so as to provide accurate and holistic information on the well-being of families from historically underserved populations</p>	<ul style="list-style-type: none"> ● OHA working to support the National Survey of Children’s Health oversample by various race/ethnicity groups specific to Oregon

Strategy	Progress
<p>14.4 Create and use an early learning system dashboard to create shared cross-sector accountability for outcomes for young children and their families</p>	
<p>14.4.1 Create and regularly monitor an early learning system dashboard that fosters collective impact and shared cross-sector, cross-agency accountability for population-level outcomes for children and their families</p>	<p>The Early Learning System Dashboard is on track for release in 2021</p> <p>The Oregon Child Integrated Data Set (OCID) has released a publicly available Child Well-being Dashboard that allows users to filter data on health, education, child welfare, juvenile justice, and other key indicators by demographic and program information to reveal disparities, interactions, or trends</p>
<p>14.4.2 Incorporate specific data on children of color and children from historically underserved populations</p>	