

RAISE UP OREGON: A STATEWIDE EARLY CHILDHOOD SYSTEM PLAN

2024 -2028



The report is issued by the
Oregon Early Learning Council

Acknowledgements

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For more information

<https://www.oregon.gov/delc/about-us/Pages/raise-up-oregon.aspx>

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EXPLANATION OF SYMBOLS

	Early Learning Council (ELC)
	Department of Early Learning and Care (DELCL)
	Higher Education Coordinating Commission (HECC)
	Oregon Department of Education (ODE)
	Oregon Department of Human Services (ODHS)
	Oregon Health Authority (OHA)
	Oregon Housing and Community Services (OHCS)





LETTER OF TRANSMITTAL

Dear Governor Kotek and All Oregonians:

The first few years of children's lives are key to their later health and development. This fact reinforces our commitment that doing well for young children and their families today shapes tomorrow and the future. *Raise Up Oregon: A Statewide Early Childhood System Plan 2024-2028* outlines meaningful actions to better serve the 43,000 children born each year in Oregon and their families. I am pleased to share this comprehensive plan that is informed by the science of child development, the realities of current inequitable systems, a powerful vision for the future, and successes and challenges to date.

The Early Learning Council partnered with family members, service providers, and state agencies - over 700 people who live and work in communities throughout Oregon - to develop this new edition of *Raise Up Oregon*. We were pleased to incorporate their insights, experiences, and ideas into the plan.

Likewise, state agencies made strong contributions to *Raise Up Oregon*. Indeed, this plan focuses on the critical role of the state and its work to best serve children and families during the prenatal-to-age-five period. *Raise Up Oregon* reflects the commitment of six agencies to work within their agencies and with their partners to prioritize early childhood. This represents a unique collaboration among the Department of Early Learning and Care (DELC), Higher Education Coordinating Commission (HECC), Oregon Department of Education (ODE), Oregon Department of Human Services (ODHS), Oregon Health Authority (OHA), and Oregon Housing and Community Services (OHCS).

At the same time, the state alone cannot and should not be the only partner in the work. Building an early childhood system must be done in partnership with the people, community organizations, and businesses that are the heart of our 36 counties. The concerted effort that it takes to nurture these partnerships is embedded in this plan.

Undergirding *Raise Up Oregon* is the acknowledgement of systematic inequities in access to services. The plan offers an intentional approach to addressing inequity in early childhood with specific attention to anti-racism, culturally specific services, engagement of families in the co-design of programs and services, tribal engagement, and rural needs.

I look forward to robust implementation of *Raise Up Oregon* and to celebrating as it guides Oregon's development of a comprehensive, equitable early childhood system.

Sincerely,

A handwritten signature in black ink that reads "Sue Miller". The signature is fluid and cursive, with the first name "Sue" and last name "Miller" clearly distinguishable.

Sue Miller
Chair, Early Learning Council

RAISE UP OREGON AT-A-GLANCE

SYSTEM GOAL 1: The early childhood system is equitable: integrated, accessible, inclusive, anti-racist, and family centered.

OBJECTIVE 1: Honor and recognize the sovereignty of the nine federally recognized tribal nations within Oregon and ensure strong government-to-government relationships to benefit tribal communities.

OBJECTIVE 2: Multi-agency partnerships are developed at the state and local levels to systematically support improved outcomes and streamlined access for all young children and their families.

OBJECTIVE 3: Early Learning Hubs are leveraged and resourced to advance regional early childhood systems that are equitable, integrated, accessible, inclusive, and family centered.

OBJECTIVE 4: The business, philanthropic, and non-profit communities champion and support the development of the early childhood system.

SYSTEM GOAL 2: All families with young children are supported to ensure their well-being.

OBJECTIVE 5: Families with young children are supported in knowing about and accessing a full range of services that meet their needs and are culturally and linguistically responsive.

OBJECTIVE 6: Families with young children have increased access to economic supports.

OBJECTIVE 7: All families have access to support for their physical, social, emotional, behavioral, and oral health.

OBJECTIVE 8: Families have expanded access to culturally and linguistically responsive and specific family preservation strategies, resources, and programs focused on the prenatal-to-five population.

OBJECTIVE 9: Affordable housing is available statewide for all families with young children.

OBJECTIVE 10: All parents and families are supported and engaged in enabling their children to thrive.

SYSTEM GOAL 3: All children are thriving in early childhood and beyond.

OBJECTIVE 11: Families have access to high-quality, culturally, and linguistically responsive birth-to-five pediatric health care services.

OBJECTIVE 12: Families have access to high-quality, culturally, and linguistically responsive birth-to-five social and emotional supports.

OBJECTIVE 13: Young children with developmental delays and disabilities are identified early and provided with inclusive services to reach their full potential.

OBJECTIVE 14: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) and affordable early learning and care that meets their needs.

OBJECTIVE 15: The early childhood workforce is diverse, culturally responsive, high quality, and well compensated.

OBJECTIVE 16: Children and families experience supportive transitions and continuity of services across early learning and care and public education (K-12) settings.

INTRODUCTION

Investing In Oregon's Young Children: Multi-Sector Solutions Grounded in Science and Equity

Oregon is home to 269,534 children, from birth to kindergarten-entry age.ⁱ Our state is in the process of changing how it supports young children and their families and, in doing so, putting itself on a path to an even brighter future. Overwhelming evidence tells us that investing in young children and their families has a lasting, positive impact across their lifetime. *Raise Up Oregon: A Statewide Early Childhood System Plan 2024-2028* is grounded in equity, the science of child development, and a firm understanding that it takes leaders from early care and education, health, higher education and workforce development, housing, human services, and public education—along with families, communities, and the public and private sectors—to work together during this critical period of children's lives.



Essential Components of Oregon's Prosperity and Sustainability

44 percent of young children five and below in Oregon are children of color, a four percent increase since 2019.

Racial equity and early childhood. Oregon's young child population is racially and ethnically diverse and is becoming more so — 44 percent of young children five and below in Oregon are children of color, a four percent increase since 2019.ⁱⁱ Racial inequities are present for young children from day one, shaped by historical policies and systems that have underrepresented, marginalized, and excluded people of color (e.g., racial segregation, redlining, systemic economic inequalities). As inequities persist, the consequences are dramatic, with, for example, Black, Latino/a/x, and other people of color having shorter life spans.ⁱⁱⁱ Careful and

active attention to anti-racist structures, policies, and practices is critical to the equitable development of Oregon's early childhood system and is part and parcel of the comprehensive approach set forward in *Raise Up Oregon*.^{iv}

Gender equity and early childhood. Families, and especially mothers, find it challenging to participate in the workforce when they cannot find reliable, affordable early care and education.^v Yet, this is the number one reason that women are leaving or changing jobs.^{vi} For women to be on equal footing in the Oregon workforce and to address our workforce shortage crisis, we must attend to the breadth and depth of early childhood issues covered in *Raise Up Oregon*.

Oregon's economy and early childhood. Oregon businesses, whether small or large, benefit when Oregonians can readily and affordably secure early childhood services in the areas of health and mental health, early care and education, and human services. When these services are not accessible, families cannot reliably engage in the workforce, and they can be distracted from work as they seek to find, navigate, and pay for these services. The toll on businesses, and our economy, is significant. According to the US Chamber of Commerce, \$3 billion is lost annually due to employee absenteeism resulting from child care breakdowns and workforce turnover. The lack of child care costs businesses up to 20 percent of an hourly employee's salary and up to 150 percent of a manager's salary.^{viii} Early childhood investment is an economic investment for Oregon.

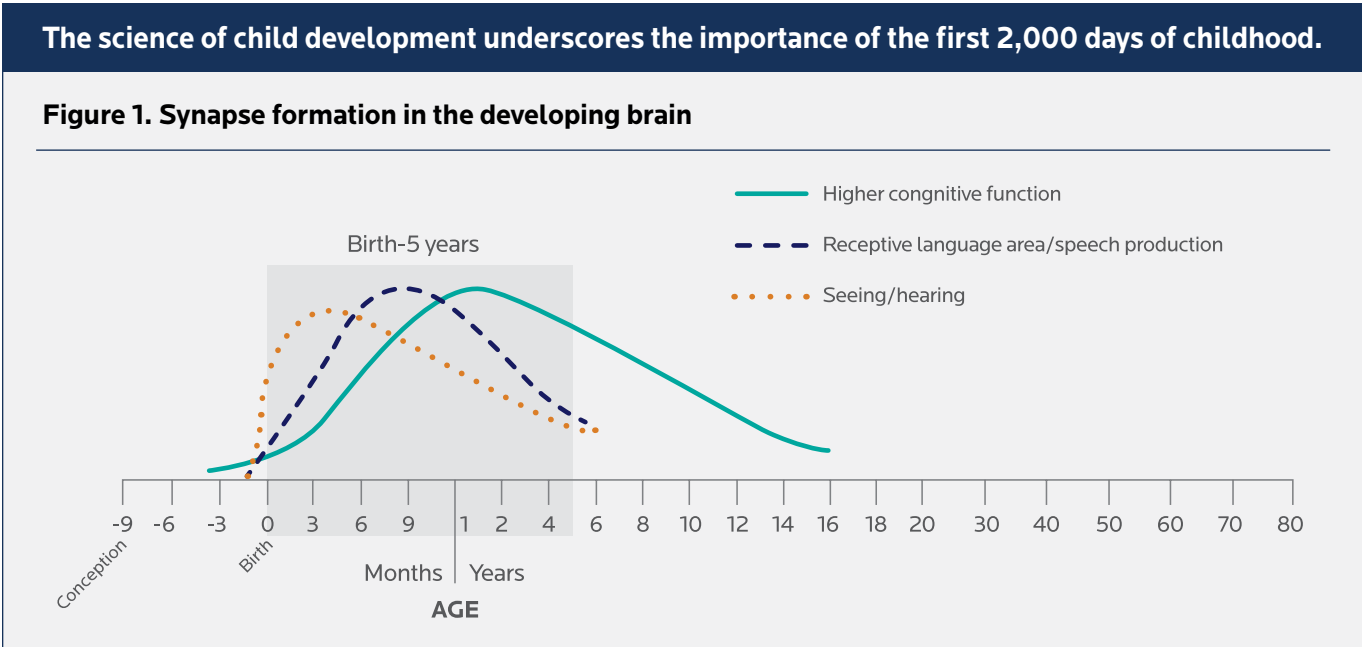
The lack of child care costs businesses up to 20 percent of an hourly employee's salary and up to 150 percent of a manager's salary.

Benefits for children and families. Direct public investments in the health, stability, and early care and education of young, low-income children have a high yield for children, families, and the economy. This holds true for investments across sectors. Young children from birth through age five who participate in Medicaid, known as the Oregon Health Plan, have a meaningful improvement in their adult health status.^{ix} Participation in early care and education programs positively impacts employment and income level, and reduces the likelihood of contact with the criminal justice system later in life.^{xxixii} Initiatives that put more money into the hands of families with young children (e.g., cash transfers, Earned Income Tax Credits, Child Tax Credit) decrease families' economic hardships^{xixxiv} and positively affect children's earnings as adults.^{xv} One study examining 133 changes in US policy across sectors found that direct investments in young children provide the highest return, with multiple benefits for the children themselves, as well as increased tax revenue and reduced public-sector transfer payments.^{xvi} It is critical for public sectors to coordinate investments in young children, as outlined in *Raise Up Oregon*.

Young children from birth through age five who participate in Medicaid, known as the Oregon Health Plan, have a meaningful improvement in their adult health status.

Putting more money into the hands of families decreases family economic hardship and positively impacts children's earnings as adults.

Brain building starts at birth. Brain science helps us understand the importance of children's earliest years and why the accessibility and quality of the early childhood system and its services are meaningful for them, their families, and our economy. Brain science makes clear that the first 2,000 days of a child's life—the time between birth and kindergarten entry—represent the most consequential period in human development. From birth to age three, a child's brain makes one million new neural connections every second. The rapid pace of synapse formation in the brain sets the architecture for future health and learning. During this time, children are establishing critical attachment to caregivers as well as learning to communicate with others and regulate their emotions. The quality of their relationships, experiences, and interactions matters greatly. While these years represent a remarkable period of opportunity, they are also a period of intense vulnerability. Adverse conditions, such as inadequate nutrition and housing, poor maternal health, or a lack of positive early experiences and nurturing relationships have a lasting detrimental effect on the developing brain, even if a child's circumstances are improved later in childhood. Brain science guides the comprehensive, cross-sector approach to supporting young children and their families of *Raise Up Oregon*.

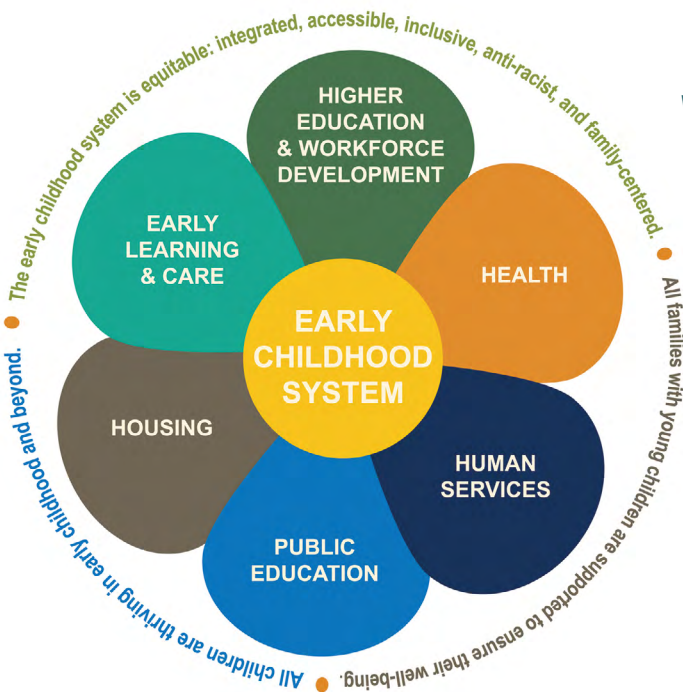


Source: Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). From Neurons to Neighborhoods: The science of early childhood development. Washington, DC, US: National Academy Press. Retrieved from <https://www.nap.edu/read/9824/chapter/1>.

WHAT IS RAISE UP OREGON?

What is Raise Up Oregon: A Statewide Early Childhood System Plan?

Raise Up Oregon: A Statewide Early Childhood System Plan 2024-2028 is a statewide strategic plan focused on actions that state agencies can use in partnership with families, communities, and the private sector to build a comprehensive early childhood system that achieves the following vision and goals:



Vision: All of Oregon's young children, prenatal to age five, experience an early start that results in positive health, education, and life outcomes regardless of zip code, race, and family income.

System Goal 1: The early childhood system is equitable: integrated, accessible, inclusive, anti-racist, and family centered.

System Goal 2: All families with young children are supported to ensure their well-being.

System Goal 3: All children are thriving in early childhood and beyond.

The early childhood system includes the full set of supports that young children and their families need to grow and thrive. These supports include the areas of physical and mental health, housing, social services, and early learning and care. Because a comprehensive early childhood system must address all these domains and do so in a way that respects and empowers families, *Raise Up Oregon* calls out the specific and collaborative contributions that multiple agencies must commit to building this system. These agencies include the Department of Early Learning and Care (DELIC), Higher Education Coordinating Commission (HECC), Oregon Department of Education (ODE), Oregon Department of Human Services (ODHS), Oregon Health Authority (OHA), and Oregon Housing and Community Services (OHCS).

The early childhood system includes the full set of supports that young children and their families need to grow and thrive.

Raise Up Oregon starts from the recognition that access to the supports that young children and their families need and deserve has not been equitably distributed and that state agencies must take deliberate and focused actions to rectify these historical disparities.

Raise Up Oregon recognizes that the state is only a part of the early childhood system and that the early childhood system also includes community partners and families. While the focus of *Raise Up Oregon* is on the commitments that state agencies need to make to build a comprehensive early childhood system, it also recognizes that it is in communities, and with community-based organizations and families themselves, where the most important work happens. Much of *Raise Up Oregon* focuses on

specific actions required of agencies to better support and partner with communities and community-based organizations, as well as to empower communities and families more fully as designers of the early childhood system.

The Early Learning Council has the responsibility to coordinate a unified and aligned early childhood system. *Raise Up Oregon* is the roadmap for meeting this obligation based on the following principles:

 <p>Ensure that the early childhood system embeds racial, economic, and geographic equity and inclusion.</p>	 <p>Build an early childhood system inclusive of all children and their families.</p>	 <p>Elevate the voices of communities and families in the design and implementation of the early childhood system.</p>
 <p>Be jointly accountable across all sectors and work together to positively impact outcomes for all young children and their families.</p>	 <p>Ensure equitable and affordable access to culturally responsive, anti-racist services for young children and their families.</p>	 <p>Ensure high-quality implementation and continuous improvement of early childhood policy, program, funding, services, and practices for young children and their families.</p>

The Council is also responsible for monitoring progress in achieving *Raise Up Oregon*'s vision. As part of this responsibility, the Council convenes leadership from its six partner agencies to identify their early childhood priorities, facilitate cross-agency collaboration on implementation, and address barriers and opportunities as they arise. The Council will be working with its agency partners to release progress reports based on tracking and monitoring data related to achieving the objectives identified in the plan. The Council will continue to be a champion for *Raise Up Oregon* and Oregon's work to build a comprehensive early childhood system.

Progress to Date: Highlights of Key Wins 2019-2023

The upheaval of the past five years has not deterred Oregon from focusing on the essential work called for in the first edition of *Raise Up Oregon*, which covered the years 2019 through 2023. While we celebrate the foundational accomplishments of that period, we know it is essential to continue to work on behalf of Oregon's young children and their families. We highlight below eight examples of the progress made thus far. A more complete list celebrating sixteen wins can be found in Appendix C.

The upheaval of the past five years has not deterred Oregon from focusing on the essential work called for in the first edition of *Raise Up Oregon*.

Establishing the Early Learning Council's Home Visiting System Committee

The Early Learning Council appointed a standing Home Visiting System Committee to advance the development and alignment of Oregon's statewide comprehensive home visiting service network. Membership includes two Council members (who serve as co-chairs) and leaders from DELC, OHA, ODHS, ODE, OHCS, tribal nations, philanthropic organizations, Early Learning Hubs, and coordinated care organizations (CCOs).

Continuous Oregon Health Plan Enrollment for Children from Birth to Age Six

OHA established continuous health insurance coverage for children from birth to six through the Oregon Health Plan (OHP) to ensure and stabilize young children's access to health care coverage and participation in well-child visits.

Supporting Children's Social-Emotional Health

Children's social-emotional health is being supported through CCO 2.0, including a new metric focused on children under six. The Oregon Pediatric Improvement Partnership (OPIP) developed this metric with independent funding from partners like the Ford Family Foundation. OHA has supported implementation through data sharing and technical assistance to CCOs.

Co-locating Affordable Housing and Child Care Services

Oregon Housing and Community Services (OHCS) spurred interest across the public and private sectors to foster the co-location of affordable housing with early learning and care services for families. \$10 million has been awarded and a pilot is moving forward.

Reducing Out-of-Home Child Welfare Placements through Family Preservation

ODHS expanded Family Preservation as an approach to supporting children and families in the community. These efforts include collaborating with community partners, tribal nations, and state agencies to provide cross-sector supports to increase family well-being and reduce out-of-home placements of children.

Improving Access to Services through One Integrated Eligibility System for Families

ODHS implemented the ONE Integrated Eligibility (ONE-IE) System to allow families to complete a single online or in-person application for Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Employment Related Day Care (ERDC), and Oregon Health Plan (Medicaid/OHP). Families no longer have to apply separately for these programs.

Increasing Families' Access to Child Care

Employment-Related Day Care (ERDC) was expanded to increase family income eligibility and lower co-pays, which are now capped at seven percent of a family's income. Families participating in ERDC are also able to enroll in Temporary Assistance for Needy Families (TANF) simultaneously, allowing families to participate in both cash assistance and subsidized child care.

Creating New Department of Early Learning and Care

Effective July 2023, the Early Learning Division in the ODE and the Employment Related Day Care (ERDC) program in ODHS combined to become the Department of Early Learning and Care (DELC). The creation of DELC allows the expansion and strengthening of the early learning and care system to better serve Oregon's children, families, and early learning providers.

DEVELOPING RAISE UP OREGON

INITIAL PLAN DEVELOPMENT • (Spring 2021-December 2022)

EARLY LEARNING COUNCIL
Community Listening Sessions reach

33 FAMILIES
(Multnomah, Jackson, Josephine Counties)



ANALYZE
70
REPORTS

including needs assessments,
community engagement
findings, and strategic plans
from ODE, ODHS, OHA,
OHCS, and ELD/DELIC



COMMUNITY ENGAGEMENT • (January – April 2023)

EARLY LEARNING HUBS ENGAGE NEARLY

700 diverse families
and early
childhood professionals/
providers throughout Oregon



EARLY LEARNING COUNCIL

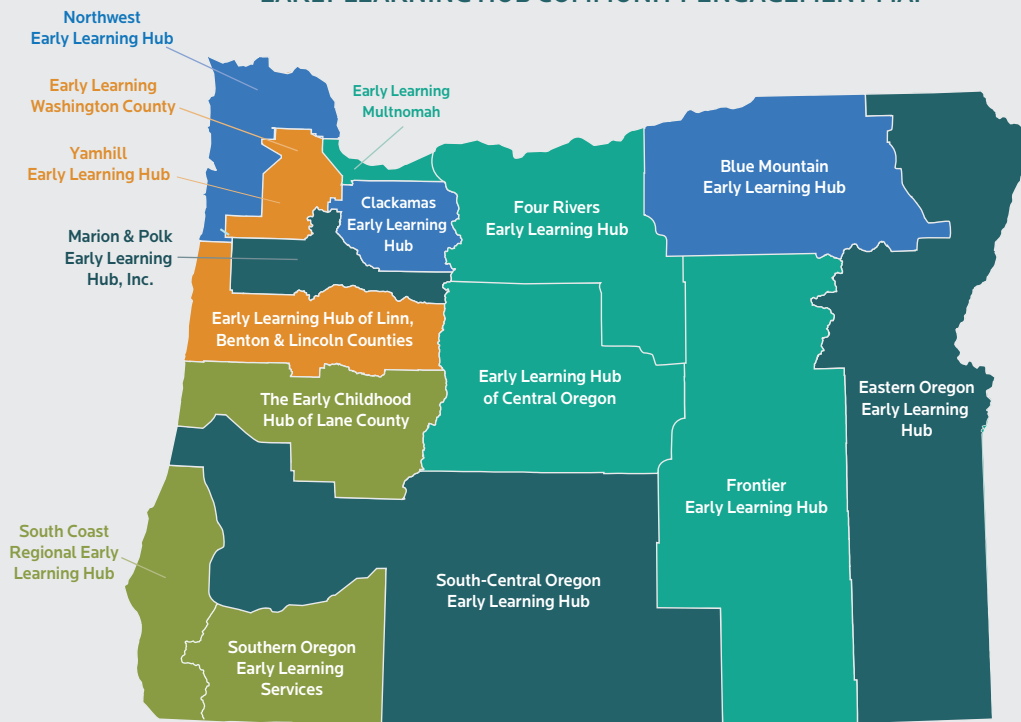
engages business and philanthropy,
research partners, home visiting,
Tribal Early Learning Alliance, State Interagency
Coordinating Council, and Early Learning Hubs

PUBLIC PORTAL GARNERS

60
COMMENTS



EARLY LEARNING HUB COMMUNITY ENGAGEMENT MAP



- HEALTH:**
Linn, Benton & Lincoln
Washington
Yamhill
- HOUSING:**
Lane
South Coast Regional
Southern Oregon
- HUMAN SERVICES:**
Eastern Oregon
Marion & Polk
South-Central Oregon
- PUBLIC EDUCATION:**
Blue Mountain
Clackamas
Northwest
- EARLY CARE AND EDUCATION:**
Central Oregon
Four Rivers
Frontier
Multnomah

PLAN REVISIONS AND ADOPTION • (May-June 2023)

PLAN REVISIONS SHARPEN FOCUS ON:

Anti-racism | Engagement of families in the co-design of programs and services
Social, emotional, and behavioral services | Culturally specific services
Tribal engagement | Rural needs | Community-based family navigation



COUNCIL ADOPTS



*Raise Up
Oregon
2024-2028*

SYSTEM GOAL 1:

THE EARLY CHILDHOOD SYSTEM IS EQUITABLE: INTEGRATED, ACCESSIBLE, INCLUSIVE, ANTI-RACIST, AND FAMILY CENTERED.

OBJECTIVE 1: Honor and recognize the sovereignty of the nine federally recognized tribal nations within Oregon and ensure strong government-to-government relationships to benefit tribal communities.

Strategy 1.1: Support the implementation of the Oregon Tribal Early Learning Alliance.



1.1.1 Bring together all Tribal Affairs coordinators across state agencies to coordinate work and align engagement strategies.

1.1.2 Coordinate and streamline processes for tribal nations to engage with agencies and access funding.

1.1.3 Identify available resources for tribal nations to coordinate services within their communities.

Strategy 1.2: Bring together all Tribal Affairs coordinators across state agencies to coordinate their early childhood work and align engagement strategies.



1.2.1 Coordinate and streamline processes for tribal nations to engage with agencies and access funding.

1.2.2 Identify available resources for tribal nations to coordinate services within their communities.

Strategy 1.3: Promote and preserve tribal culture in coordination with Oregon Tribal Early Learning Alliance.



1.3.1 Reframe policies and goals related to tribal communities and tribal nations with strengths and resiliency.

Strategy 1.4: Dedicate portions of programmatic funding to ensure tribal nations have access to resources, recognizing and respecting the timelines and processes of the government-to-government relationship.



1.4.1 Consult with the nine federally recognized tribal nations within Oregon and the Department of Justice to ensure that tribal communities are not asked to waive their sovereignty as a condition of receiving funds.

OBJECTIVE 2: Multi-agency partnerships are developed at the state and local levels to systematically support improved outcomes and streamlined access for all young children and their families.

Strategy 2.1: Align family and community engagement and culturally specific partnership strategies across all six agencies.



2.1.1 Share information about each agency's family and community engagement approach and identify opportunities for collaboration.

2.1.2 Share information about each agency's early childhood culturally specific partnership approach and identify opportunities for collaboration.

2.1.3 Fund tribal communities to resource tribal families as advocates across the state's early childhood system.

Strategy 2.2: Coordinate supports for young children and their families across agencies in support of ODHS' Family Preservation Initiative.



2.2.1 Expand Family Preservation Demonstration from three sites to statewide.

2.2.2 Coordinate responses and connections to resources for families involved in Family Preservation with unstable housing.

2.2.3 Engage Oregon Tribal Early Learning Alliance in review of Family Preservation strategies and incorporate feedback.

2.2.4 Engage home visiting and relief nurseries in the statewide expansion of Family Preservation demonstration sites.

2.2.5 Engage Early Learning Hubs in a statewide expansion of Family Preservation demonstration sites.

2.2.6 Explore opportunities for data sharing between child welfare and other support services to support Family Preservation sites.

2.2.7 Implement categorical eligibility for child care assistance for families enrolled in Temporary Assistance for Needy Families (TANF).

2.2.8 Include families involved with the child welfare system in child care assistance.

Strategy 2.3: Increase access to One Eligibility/Oregon Eligibility Partnership for use by other programs serving young children and their families.



2.3.1 Explore access to One Eligibility information for use by other state programs and community partners in determining eligibility.

2.3.2 Seek to include other early childhood programs in One Eligibility, such as Preschool Promise, Oregon Prekindergarten, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), etc.

2.3.3 Explore housing and rental assistance eligibility as part of One Eligibility.

Strategy 2.4: Align early literacy development standards and practices between grades K-2 and early learning and care.



2.4.1 Review and update Early Learning and Development Standards, including birth to three.

2.4.2 Develop and implement training and technical to support implementation of early literacy standards and practices.

2.4.3 Coordinate statewide early literacy initiatives between K-12 and early learning and care.

Strategy 2.5: Create successful pathways for children's enrollment and participation in Early Intervention/ Early Childhood Special Education (EI/ECSE) through partnerships with the health, child welfare, and early learning and care sectors.



2.5.1 Continue partnerships with ODE, ODHS, and OHA to ensure that children entering the child welfare system have screening and follow-up support for EI/ECSE services.

Strategy 2.6: Implement a locally developed, state-supported system to coordinate home visiting services.



2.6.1 Address barriers to statewide and regional coordinated home visiting systems.

2.6.2 Develop local systems capacity for home visiting coordination.

Strategy 2.7: Implement expanded housing, nutrition, and climate-related supports as part of the 1115 Medicaid Waiver.



2.7.1 Collectively engage and co-create the 1115 Medicaid Waiver implementation plan for children and families.

2.7.2 Consult with communities in the development and implementation of the 1115 Medicaid Waiver services that impact children and families.

2.7.3 Develop and implement the tracking of the 1115 Medicaid Waiver services for children and their families.

2.7.4 Explore the opportunity to include early childhood in Community Information Exchanges.

Strategy 2.8: Co-locate affordable housing and early childhood programs.



2.8.1 Launch the Co-location of Affordable Rental Housing and Early Care & Education (CARE) program that provides grants and loans to early childhood providers to upgrade or add facilities to affordable rental units.

2.8.2 Increase the capacity of developers and early learning providers to plan and execute co-location projects.

2.8.3 Prioritize and remove barriers from affordable rental, homeownership, and shelter development programs to strengthen connections to family and early childhood programs.

2.8.4 Identify co-location opportunities for Oregon Health Plan families with children into regulated affordable housing units.

Strategy 2.9: Advance higher education workforce solutions that meet early childhood system needs and support a diverse workforce.



2.9.1 Implement recommendations for home visiting workforce development.

2.9.2 Develop nursing, health care, oral health, and behavioral health pipelines focused on families with young children.

2.9.3 Incentivize and provide grants to higher education to provide early childhood workforce degrees and credentials.

2.9.4 Preserve existing early childhood programs in higher education.

2.9.5 Address barriers to articulation and transfer for the early childhood workforce.

2.9.6 Incorporate Career Technical Education (CTE) as a pathway for the early childhood workforce.

Strategy 2.10: Include information needs of the early childhood system in data use and sharing agreements across state agencies.



2.10.1 Review existing data use and sharing agreements to identify whether early childhood systems needs are addressed, and address gaps.

2.10.2 Ensure tribal nations have access to data that is collected from tribal communities.

OBJECTIVE 3: Early Learning Hubs are leveraged and resourced to advance regional early childhood systems that are equitable, integrated, accessible, inclusive, and family centered.

Strategy 3.1: Early Learning Hubs convene early childhood system partners across sectors, families, and community organizations to co-develop community strategic vision and plans, and to support partners in implementation and problem-solving.



3.1.1 Early Learning Council invites Early Learning Hubs to discuss progress of regional early childhood system building.

3.1.2 Early Learning Council invites Early Learning Hubs to discuss and offer recommendations to address barriers to regional early childhood system building.

Strategy 3.2: Early Learning Hubs engage families and community organizations, prioritizing those who are historically under-represented, in the development and implementation of state early childhood policies and programs.



3.2.1 Early Learning Council invites Early Learning Hubs to discuss progress engaging families and community organizations.

3.2.2 Early Learning Council invites Early Learning Hubs to discuss and offer recommendations to address barriers to engaging families and community organizations and prioritize those who are historically under-represented.

Strategy 3.3: Early Learning Council engages with the Early Learning Hubs to inform state design and implementation of the early childhood system and development of council priorities.



3.3.1 Early Learning Council partners with Hubs to meet in the community to gather information from community organizations and families.

Strategy 3.4: Agencies provide public resources to Early Learning Hubs and engage their regional and local offices to successfully implement these strategies.



3.4.1 Early Learning Council helps develop a shared understanding of the Hubs across state agencies.

3.4.2 Early Learning Council works with state agency partners to determine how each agency can work in partnership with the Early Learning Hubs to advance its early childhood priorities.

3.4.3 Early Learning Council helps develop a cross-agency funding proposal.

OBJECTIVE 4: The business, philanthropic, and non-profit communities champion and support the development of the early childhood system.

Strategy 4.1: Build the supply of child care through public-private partnerships involving business, philanthropy, non-profits, and state and local government.



4.1.1 Early Learning Council engages the business, philanthropy, and non-profit sectors to discuss and develop opportunities.

4.1.2 Early Learning Council engages with Oregon's Workforce Development Initiatives.

4.1.3 Early Learning Council serves as a bridge connecting private and public efforts to expand child care.

Strategy 4.2: Support services that promote families' well-being, e.g., paid leave, health insurance, apprenticeships, family wage jobs, and home visiting.



4.2.1 Conduct outreach and raise awareness about services.



SYSTEM GOAL 2:

ALL FAMILIES WITH YOUNG CHILDREN ARE SUPPORTED TO ENSURE THEIR WELL-BEING.

OBJECTIVE 5: Families with young children are supported in knowing about and accessing a full range of services that meet their needs and are culturally and linguistically responsive.

Strategy 5.1: Create or strengthen coordinated, family-centered intake and referral processes into home visiting, and from home visiting into other desired services.



5.1.1 Establish Family Connects Oregon in every community to provide referrals to home visiting programs and other desired services.

5.1.2 Include key referral partners, including hospitals and prenatal providers, in the development of coordinated home visiting intake and referral.

5.1.3 Provide guidance and policy for consistent coordinated home visiting intake.

5.1.4 Determine if there are referral gaps from Healthy Families Oregon to other services and close them.

Strategy 5.2: Expand navigators in a coordinated, efficient manner across the early childhood system.



5.2.1 Establish funding for locally designed, community-based navigators.

5.2.2 Map the navigation programs, processes, and funding and share with agencies and local implementers to take steps to improve coordination, funding, and efficiency from a family perspective.

5.2.3 Establish a robust network of Community Health Workers in each community.

5.2.4 Strengthen and expand navigators and coordinators through the 1115 Medicaid Waiver and ensure alignment with other early childhood system navigators.

5.2.5 Expand family navigators and family skills builders to meet the needs of families and connect them to services outside of special education.

5.2.6 Fund tribal nations to have service navigators embedded within tribal communities.

Strategy 5.3: Promote service locations that are more accessible to communities.



5.3.1 Work across the six agencies to offer incentives for local providers to work together and offer services at the same location.

5.3.2 Co-locate maternal and child health public health and nutrition services in “one-stop” service locations for families with young children.

5.3.3 Connect families with Health-Related Social Needs coverage in Oregon Health Plan.

5.3.4 Expand the use of embedded staff in community-based locations such as hospitals, schools, correctional facilities, or homeless shelters.

5.3.5 Utilize mobile units to travel to where they are needed to increase accessibility to services.

Strategy 5.4: Support Connect Oregon statewide.



5.4.1 Support linking home visiting to the Connect Oregon referral system where available.

5.4.2 Align new 1115 Medicaid Waiver Community Information Exchange with Connect Oregon to ensure compatibility.

Strategy 5.5: Fully implement continuous Medicaid/Oregon Health Plan enrollment for children from birth to age six.



5.5.1 Launch birth-to-age-six Continuous Eligibility.

5.5.2 Evaluate the impact of Continuous Eligibility on children and families.

5.5.3 Disseminate information and facilitate linkages for the maternal and child health population to enroll in and maintain Medicaid for families with children from birth to age six.

5.5.4 Continue to monitor early childhood and kindergarten readiness metrics for coordinated care organizations (CCOs) to ensure children are getting access to needed preventive and screening services.

5.5.5 Identify opportunities for early childhood programs to share information on continuous eligibility.

OBJECTIVE 6: Families with young children have increased access to economic supports.

Strategy 6.1: Implement the ending of full family sanctions of Temporary Assistance for Needy Families (TANF).



6.1.1 Track implementation of ending full family sanctions of TANF and course correct as needed.

6.1.2 Ensure full TANF is available when an adult re-engages.

Strategy 6.2: Support implementation of paid family leave and state Earned Income Tax Credit (EITC).



6.2.1 Provide regular updates and information to agency-administered programs, community partners, and families on the state's paid family leave and state tax navigation and completion program options and how to get assistance.

Strategy 6.3: Expand categorical eligibility for child care assistance to new populations such as those who are houseless, experiencing domestic violence, and child welfare-involved families.



6.3.1 Develop an implementation plan for expanding eligibility for child care assistance.

6.3.2 Develop working partnerships with state agencies to ensure full implementation for expanding eligibility for child care assistance.

OBJECTIVE 7: All families have access to support for their physical, social, emotional, behavioral, and oral health.

Strategy 7.1: Increase equitable access to reproductive, maternal, and prenatal health services.



7.1.1 Collaborate with Title V well woman care and Oregon MothersCare efforts.

7.1.2 Work with 211info to support families' access to supports for their health.

Strategy 7.2: Improve access to culturally and linguistically responsive and specific, multi-generational approaches to physical, social, emotional, behavioral, and oral health.



7.2.1 Implement increased integration of physical, behavioral, and oral health care within coordinated care organizations (CCOs), including expansion of culturally specific providers, translation, and interpretation services.

7.2.2 Design and implement equity implementation plan for Family Connects Oregon.

7.2.3 Review and improve the Child and Family Behavioral Health contracting process to increase accessibility to all community providers, including culturally specific organizations.

7.2.4 Convene local partners to support implementation and expansion of the Pyramid Model.

7.2.5 Crosswalk Early Learning and Kindergarten Guidelines with the implementation plan for Oregon's K-12 Social-Emotional Learning Standards.

7.2.6 Expand School Medicaid billing for eligible non-IDEA health services (e.g., Section 504 plans) and additional staff, such as Licensed Professional Counselors/Family Counselors, Licensed Behavioral Specialists, Nutritionists, and Respiratory Therapists.

7.2.7 Review and improve Comprehensive School Counseling Programs to provide wrap-around supports and services for children transitioning to kindergarten.

Strategy 7.3: Improve access to nutritional support including breastfeeding and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).



7.3.1 Collaborate with Title V Maternal and Child Health breastfeeding and food insecurity efforts.

7.3.2 Connect families with Health-Related Social Needs coverage of Oregon Health Plan for nutrition.

7.3.3 Support center-based and family-based Child Care and Adult Food Program.

7.3.4 Continue tribal-led partnership to develop Supplemental Nutrition Assistance Program (SNAP) education, recipes, and education materials promoting First Foods.

7.3.5 Fund tribal nations to support First Food programs, recognizing and honoring tribal culture and connections to the land and environment.

7.3.6 Continue SNAP community partner outreach contracts that support the community awareness building of SNAP resources to families.

Strategy 7.4: Improve utilization of community health workers and doulas.



7.4.1 Strengthen the integration of community health workers and doulas on care teams providing community-based access for families.

7.4.2 Develop a sustainable payment model by opening more procedure codes that would help pay for services that are in their scope of practice being rendered by doulas.

7.4.3 Integrate community health workers and doulas into home visiting services to extend the home visiting workforce.

OBJECTIVE 8: Families have expanded access to culturally and linguistically responsive and specific family preservation strategies, resources, and programs focused on the prenatal-to-five population.

Strategy 8.1: Continuously consult and coordinate with tribal nations to collaborate on creating and funding family preservation services that meet the culturally specific needs of tribal communities and inform potential evidence-based practices for implementation.



8.1.1 Consult with the Oregon Tribal Early Learning Alliance to adopt culturally responsive and supportive home visiting services that meet the needs of tribal communities.

8.1.2 Provide support to tribal nations in Motivational Interviewing and Family Spirit.

Strategy 8.2: Increase access to evidence-based, culturally responsive and culturally specific early childhood programs (e.g., Relief Nurseries, parenting education, home visiting programs) proven to reduce abuse and neglect for families at imminent risk of entering the child welfare system.



8.2.1 Initiate and grow contracts with culturally specific organizations, especially Black/African American and Indigenous, to expand family preservation services.

8.2.2 Foster a deeper connection with families of color and other marginalized populations to better understand the opportunities and barriers around access to evidence-based, culturally responsive, and culturally specific early childhood programs.

8.2.3 Increase funding to support statewide parenting education programming, professional development, and collaboration with Black/African American and Indigenous communities.

8.2.4 Provide home visiting services for families with infants who are in Child Protective Services (CPS), and for all families in Family Preservation, through nursing services for infants, the SafeCare® curriculum, Family Advocacy and Support Tool (FAST), and Adverse Children's Experiences' (ACE) education teaching module.

8.2.5 Explore co-location of relief nursery sites in local offices.

8.2.6 Improve compensation/rates for early learning and care prevention initiatives.

8.2.7 Focus parenting education and home visiting expansion on culturally specific models and programs.

8.2.8 Establish a coordinated home visiting system linked to local systems of services and care.

8.2.9 Invest in, promote, and implement behavioral health evidence-based practice, best practices, and promising models.

8.2.10 Determine continued opportunities to invest in, promote, and implement behavioral health practices, best practices, and promising models such as mental health consultation, Parent-Child Interaction Therapy, Child-Parent Psychotherapy, Collaborative Problem Solving, and Parent Management Training – Oregon.

Strategy 8.3: Improve coordination between Child Welfare and other key agency partners.



8.3.1 Implement the Child Welfare provisions of the 1115 Medicaid Waiver.

8.3.2 Expand access to child care assistance for child welfare-involved families.

8.3.3 Continue to improve the referral and follow-up between local Early Intervention and Child Welfare.

8.3.4 Create training and engagement opportunities to ensure Child Welfare Program Managers know how to maximize engagement with Early Learning Hubs.

8.3.5 Create collaboration agreements and processes between Child Welfare and Public Health to enhance family support and prevent child maltreatment.

8.3.6 Define and deliver early learning and care supports for infants and toddlers in the child welfare system, as well as in self-sufficiency programs.

OBJECTIVE 9: Affordable housing is available statewide for all families with young children.

Strategy 9.1: Incorporate preferences through the Qualified Allocation Plan (QAP) and other affordable housing funding program frameworks for developers to build and provide units, spaces, and services required by families with young children.



9.1.1 Conduct outreach as part of the QAP on what is most important for families to have connected to their housing, e.g., unit size, service provision, etc.

9.1.2 Include recommendations and findings from outreach into the initial QAP draft for review with internal and external stakeholders.

9.1.3 Find connections to other affordable housing funding program frameworks to incorporate the priorities from the outreach conducted.

9.1.4 Conduct best practices research on the potential for priority selection for families with children in family-sized units.

Strategy 9.2: Incentivize developers in rural and other underserved areas to prioritize and work towards meeting the need for affordable housing for local families with young children.



9.2.1 Conduct outreach to understand specific housing needs families with young children have in rural communities.

9.2.2 Identify levers and funding resources that can connect to the types of developments that work to meet those needs.

9.2.3 Continue outreach and evaluation of differences in the various regions of rural Oregon and work to identify ways to vary the types of interventions for family needs in those areas.

9.2.4 Continue to foster and build relationships with tribal communities and the Early Learning Hub network to work towards continued improvement and evaluation in this area, including dedicated housing for indigenous communities.

Strategy 9.3: Identify and modify state and local regulatory barriers to co-locating affordable housing with services and resources that help families with young children.



9.3.1 Approach relevant state agencies such as Department of Consumer and Business Services (DCBS), State Fire Marshall, Department of Land Conservation and Development (DLCD) to review state and local barriers and create solutions for co-locating affordable housing with services.

9.3.2 Track, monitor, and study local pilots for viability and scaling of co-location of housing with services for families with young children.

9.3.3 Conduct analysis of family child care regulations to support success of co-location with housing.

OBJECTIVE 10: All parents and families are supported and engaged in enabling their children to thrive.

Strategy 10.1: Expand parenting and family education.



10.1.1 Expand the use of parent mentoring programs.

10.1.2 Provide parenting support and resources in collaboration with the Resettlement Agencies.

10.1.3 Prioritize funding for providers who support families in early childhood.

10.1.4 Invest in supporting culturally responsive parenting education opportunities available in multiple languages.

10.1.5 Develop systems to gather input from families to inform the parenting and family education offerings and approach.

10.1.6 Continue to support Oregon Parenting Education Collaborative.

10.1.7 Address the parenting education needs of families living in rural communities.

10.1.8 Establish coordination and collaboration between the coordinated home visiting system and parenting education system.

10.1.9 Leverage flexible Oregon Health Plan Health-Related Services and Social Determinants of Health funding for community care organizations (CCOs) to support parenting education.

10.1.10 Support the Parent Training and Information Center (PTI).

Strategy 10.2: Increase access to home visiting, prioritizing culturally responsive programs.



- 10.2.1** Establish Family Connects in all communities.
- 10.2.2** Invest in the expansion of home visiting programs, such as Families First's Parents as Teachers and Nurse-Family Partnership and DELC's Healthy Families Oregon.
- 10.2.3** Provide supports through TANF home and community family coach visits.
- 10.2.4** Ensure communities are impacting the array and organization of home visiting services.
- 10.2.5** Integrate home visiting into other existing early learning and care programs.
- 10.2.6** Develop systems to gather input from families to inform the approach to building a coordinated home visiting system.
- 10.2.7** Increase coordination between Early Intervention/ Early Childhood Special Education (EI/ECSE) and home visiting system.

Strategy 10.3: Build or strengthen regional structures that ensure family leadership in the co-creation of policies, recommendations, and strategies that guide home visiting coordination.



- 10.3.1** Use best practices from ODHS' Regional Demonstration Projects community and family engagement.
- 10.3.2** Family Leaders participate in the development of an amendment to the Oregon Title IV-E Prevention Plan.
- 10.3.3** Coordinate family and parent engagement across DELC and partner agencies.
- 10.3.4** Build capacity at the community level to develop the system of family and parent engagement.
- 10.3.5** Leverage the current community engagement approach of Maternal and Child Health Title V to inform the home visiting system.
- 10.3.6** Support the State Interagency Coordinating Council for the ongoing development of statewide Early Intervention/ Early Childhood Special Education (EI/ECSE) services for young children and their families.
- 10.3.7** Leverage Local Interagency Coordinating Councils (LICCs) to inform the home visiting system.

Strategy 10.4: Increase equitable access for the professional development of home visitors.



- 10.4.1** Expand opportunities for all supervisors to be trained in reflective supervision across the home visiting system.
- 10.4.2** Expand home visiting workforce development and training opportunities related to children with special health needs and children experiencing intellectual or developmental disabilities.
- 10.4.3** Expand opportunities for supervisors and home visiting workforce related to family violence.
- 10.4.4** Expand home visiting workforce development and training opportunities related to cultural competency and mental health.

Strategy 10.5: Increase collaboration among home visitors, home visiting leaders, and cross-sector partners.



- 10.5.1** Establish and support a sustained and coordinated home visiting system at the state and regional level.



SYSTEM GOAL 3:

ALL CHILDREN ARE THRIVING IN EARLY CHILDHOOD AND BEYOND.

OBJECTIVE 11: Families have access to high-quality, culturally, and linguistically responsive birth-to-five pediatric health care services.

Strategy 11.1: Increase and improve equitable access to early childhood oral health.



11.1.1 Collaborate with coordinated care organizations (CCOs) to expand efforts to provide fluoride varnish during well-child visits in primary care for children from birth to five.

11.1.2 Provide oral health education and training to early learning and care providers.

Strategy 11.2: Ensure birth-to-five health care services are comprehensive, accessible, high quality, and culturally and linguistically responsive.



11.2.1 Collaborate to support the development and implementation of the EPSDT child health benefit.

11.2.2 Monitor roll-out of EPSDT benefit and denied claims to ensure medically appropriate and medically necessary treatment is provided.

11.2.3 Add children's respite services to the Medicaid state plan.

11.2.4 Directly engage and incorporate feedback from communities of color.

11.2.5 Develop and maintain a feedback loop for families and advocates.

Strategy 11.3: Ensure implementation support for trauma-informed care and resilience training and professional development for all pediatric providers participating in the Oregon Health Plan.



11.3.1 Work with the Oregon Pediatric Society and Boards to determine training and professional development opportunities for pediatric providers.

11.3.2 Assess the contractual requirement for adherence to trauma-informed practice requirements and develop a Policy Implementation Plan (PIP) to address any gaps.

11.3.3 Provide necessary support trainings to meet the contractual requirements of trauma-informed practice.

Strategy 11.4: Ensure implementation support for all pediatric providers participating in the Oregon Health Plan to screen for trauma history and resilience factors.



11.4.1 Provide training on screening for trauma history and resilience factors for pediatric providers related to family violence and sexual violence abuse.

11.4.2 Assess the contractual requirement for adherence to trauma-informed practice requirements and develop a Policy Implementation Plan (PIP) to address any gaps.

Strategy 11.5: Increase the supply of clinical mental health providers who reflect the communities that they serve and are trained in and provide infant early childhood mental health clinical services.



11.5.1 Identify increased funding for Portland State University's scholarship program for Infant/Toddler Mental Health Graduate Certificate with prioritization of applicants from communities of color, LGBTQ+, and linguistic diversity.

OBJECTIVE 12: Families have access to high-quality, culturally, and linguistically responsive birth-to-five social and emotional supports.

Strategy 12.1: Ensure trauma-informed care and resilience training and professional development for professionals working in pediatric physical health, behavioral health, child welfare, human services, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), and early learning and care settings.



12.1.1 Continue trauma-informed care and resilience training across the child welfare programs.

12.1.2 Expand and improve trauma-informed care and resilience training for early learning and care professionals.

12.1.3 Continue Oregon Early Childhood Inclusion Initiative

Community and Program Implementation Teams in support of local implementation of cross-sector initiatives, such as the Pyramid Model or the Inclusion Indicators, to advance collaboration and improve outcomes for children experiencing disability.

12.1.4 Implement the Infant and Early Childhood Mental Health (IECMH) & Early Intervention (EI) state action plan focused on strengthening IECMH efforts, including a focus on professional development related to trauma-informed care for early intervention home visitors.

12.1.5 Align with the State Health Improvement Plan trauma work to mitigate trauma by promoting trauma-informed systems and services that assure safety and equitable access to services and avoid re-traumatization.

Strategy 12.2: Provide culturally responsive and culturally specific infant and early childhood mental health (IECMH) supports in early learning and care, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), child welfare, and health.



12.2.1 Implement and grow IECMH consultation for early learning and care programs.

12.2.2 Expand support for and participation in Infant Mental Health Endorsement among home visitors, early childhood providers, child welfare workers, etc.

12.2.3 Support the Pyramid Model in early learning and care and EI/ECSE.

12.2.4 Determine continued opportunities to invest in, promote and implement behavioral health practices, best practices, and promising models such as mental health consultation; Parent-Child Interaction Therapy; Child-Parent Psychotherapy; Collaborative Problem Solving; and Parent Management Training – Oregon.

12.2.5 Work with community-based organizations to refer children in child welfare to community home visiting programs, such as Family Connects, Nurse-Family Partnership, Babies First, and CaCoon for children with complex medical needs.

Strategy 12.3: Include social, emotional, and trauma-responsive screening in all health, child welfare, human services, Early Intervention/Early Childhood Special Education (EI/ECSE), early learning and care programs, and home visiting programs.



12.3.1 Continue screening and support for behavioral and mental health disorders, trauma, physical health, and learning differences for families in TANF.

12.3.2 Continue family coach and family assessment trauma-informed interactions for families in TANF.

12.3.3 Continue distribution of free electronic social-emotional screener (Ages and Stages Questionnaire and Ages and Stages Questionnaire-Social Emotional) for use by families and providers.

12.3.4 Educate, through licensing and professional development system, child care programs about the availability of tools for social, emotional, and trauma-responsive screening.

12.3.5 Provide early learning and care programs with tools and training to engage with families in a trauma-informed manner and support referrals.

12.3.6 Provide training to providers related to family violence and sexual violence abuse.

OBJECTIVE 13: Young children with developmental delays and disabilities are identified early and provided with inclusive services to reach their full potential.

Strategy 13.1: Increase outreach and completed referrals for Early Intervention/Early Childhood Special Education (EI/ECSE).



13.1.1 Finalize the revisions to the Universal Referral Form for EI/ECSE.

13.1.2 Engage in regular review of referral numbers and explore improvements in outreach strategies.

13.1.3 Complete the update to the medical eligibility document and training materials for use by pediatricians and Early Intervention programs.

Strategy 13.2: Broaden eligibility criteria for Early Intervention (EI).



13.2.1 Share community perspective with State Interagency Coordinating Council (SICC) and the Early Learning Council.

13.2.2 Analyze funding and staffing needed to broaden eligibility criteria for EI.

13.2.3 As appropriate, seek statutory changes to broaden eligibility criteria for EI.

Strategy 13.3: Increase the number of children with developmental delays and disabilities receiving services in typical early childhood settings.



13.3.1 Continue inclusion approach carried out by Oregon Early Childhood Inclusion (OECI) Initiative Community and Program Implementation Teams.

13.3.2 Provide and expand inclusive training and coaching for early learning and care programs.

13.3.3 Implement enhanced licensing requirements for care plans for children with special needs.

13.3.4 Continue high-needs add-on rate within the child care assistance program.

13.3.5 Explore increasing resources for Inclusive Partners to allow for start-up and ongoing support for early learning and care programs enrolling children with developmental delays and disabilities.

13.3.6 Plan a new funding approach across early learning and care and Early Intervention/Early Childhood Special Education (EI/ECSE) funding that increases support for children while in their early learning and care settings.

Strategy 13.4: Update Early Intervention/Early Childhood Special Education (EI/ECSE) personnel standards to prepare professionals who provide services and support to young children who have developmental delays and disabilities and their families, across home, classroom, and community settings.



13.4.1 Adopt the Council for Exceptional Children Division of Early Childhood's (DEC) EI/ECSE standards, which focus on the preparation of professionals who work with young children ages birth through 8 who have or are at risk for developmental delays and disabilities and their families, across home, classroom, and community settings.

13.4.2 Update EI/ECSE's Comprehensive System of Personnel Development to reflect the adoption of the Council for Exceptional Children Division of Early Childhood's (DEC) Standards and provide training and professional development for special educators and interventionists.

13.4.3 Adopt Council for Exceptional Children (CEC) Advanced Administrator Special Education Professional Leadership Standards for Supervisors/Administrators.

Strategy 13.5: Strengthen the alignment of early childhood special education, Early Intervention (EI) services, early learning and care, health, and home visiting through coordinated governance.



13.5.1 Develop shared expectations and strategies for serving children in child care programs, including center- and home-based.

13.5.2 Leverage the Oregon Early Childhood Inclusion (OECI) State Leadership Team as a mechanism to advance cross-agency partnerships.

13.5.3 Strengthen the connection between the State Interagency Coordinating Council (SICC) and the Early Learning Council.

13.5.4 Develop agreement and protocols between DELC and ODE to address issues including data sharing.

13.5.5 Establish a coordinated home visiting system linked to local systems of services and care.

13.5.6 Develop an ODDS and OHA five-year plan inclusive of health equity.

OBJECTIVE 14: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) and affordable early learning and care that meets their needs.

Strategy 14.1: Expand the availability of early learning and care, including workforce, facilities, and transportation.



14.1.1 Develop and implement early learning facilities fund.

14.1.2 Improve workforce recruitment for early learning and care centers and homes.

14.1.3 Coordinate with relevant agencies to address local planning, building code, and zoning barriers.

14.1.4 Increase the availability of transportation services, through investments and shared services models, for families to access early childhood services and programs that meet their needs.

14.1.5 Explore community-driven co-created strategies for shared services models for transportation to access early childhood services.

14.1.6 Address regulatory barriers and requirements for shared services transportation models.

Strategy 14.2: Increase state support and investment in quality early learning and care.



14.2.1 Expand infant-toddler early learning and care services.

14.2.2 Expand access to child care assistance for families.

14.2.3 Expand access to publicly funded early learning and care services.

14.2.4 Support the financial stability and quality of child care programs.

Strategy 14.3: Preserve and expand federal funding for quality early learning and care.



14.3.1 Early Learning Council communicates with federal partners about the need for improved federal investment.

Strategy 14.4: Improve professional development opportunities for the full diversity of the early learning and care workforce, inclusive of all settings.



14.4.1 Complete the core competencies for the early learning and care workforce, and link these to professional development sponsored by DELC.

14.4.2 Make the Pyramid Model training available for the entire early learning and care workforce.

14.4.3 Expand access to multi-language professional development opportunities.

14.4.4 Expand access to coaching beyond publicly funded early learning and care programs.

14.4.5 Align professional development supports provided by ODE and DELC for publicly funded programs.

14.4.6 Support alternative certification routes for Early Childhood's Early Intervention/Early Childhood Special Education (EI/ECSE) Supervisors and Specialists.

Strategy 14.5: Build pathways to credentials and degrees that recruit and retain a diverse early learning and care workforce.



14.5.1 Expand the number of Consortium Models with a focus on the early childhood workforce in higher education pathway programs through Future Ready Oregon.

14.5.2 Expand navigators to help people attain degrees and credentials.

14.5.3 Implement the higher education scholarship program.

14.5.4 Assess and revise the career pathways in the Oregon registry to promote accessibility.

14.5.5 Improve acceptance and alignment of degrees from other countries as well as acceptance of credit for prior learning.

14.5.6 Address barriers to credit transfer for early learning and care education workforce.

14.5.7 Enable community colleges to deliver applied B.A. degrees in early childhood/early learning.

14.5.8 Integrate culturally specific approaches into higher education for the early learning and care workforce.

Strategy 14.6: Ensure child care licensing and compliance is rooted in equity, facilitates the application approval process, and supports child care providers to be successful in caring for Oregon's children.



14.6.1 Strengthen trusting relationships between providers, particularly from communities that have been historically marginalized, and DELC.

14.6.2 Build and use regulatory tools and technical assistance that supports providers of all types, including those that have been historically marginalized, to be successful in implementing licensing requirements.

14.6.3 Collect data and develop meaningful key performance measures to enhance operational excellence.

14.6.4 Listen to providers to inform and improve licensing policy and practices.

14.6.5 Adopt and implement plain language, consistent new rules for all types of child care that is overseen by DELC.

Strategy 14.7: Increase inclusion opportunities for children with developmental delays and disabilities in early learning and care settings.



14.7.1 Educate providers and families about legal requirements around inclusion.

14.7.2 Support early learning and care providers to use welcoming practices for all families.

14.7.3 Continue Oregon Early Childhood Inclusion Initiative (Community and Program Implementation Teams) including the use of Pyramid Model and Inclusion Indicators.

14.7.4 Coordinate and align resources for professionals and programs to support inclusion.

14.7.5 Continue inclusion of culturally and linguistically responsive practices as part of Early Childhood's Early Intervention/Early Childhood Special Education (EI/ECSE) annual Service Area Plans.

Strategy 14.8: Prevent suspension and expulsion in early learning and care settings through infant and early childhood mental health consultation and professional development supports.



14.8.1 Create and implement ongoing advisory, co-design, and feedback opportunities that include early learning and care providers, parents and family members, and people from historically underserved/marginalized communities.

14.8.2 Create and implement the regional service system for infant and early childhood mental health consultation.

14.8.3 Implement professional development supports, including trauma-informed focus, for technical assistance professionals supporting the Oregon suspension and expulsion approach.

14.8.4 Ensure pathways to increase, develop, and support the infant and early childhood mental consultant workforce.

14.8.5 Identify shared approaches to preventing suspension and expulsion across DELC, OHA, and ODE, such as shared professional development and coordination of regional partners.

14.8.6 Continue implementation of the Pyramid Model in early learning and care programs and Early Intervention/Early Childhood Special Education (EI/ECSE).

14.8.7 Invest in culturally responsive, adapted Evidence-Based Practice (EBP) models supporting communities of

color, LGBTQIA2S+, and individuals who are experiencing intellectual and developmental disabilities, without identified family, or houseless.

14.8.8 Invest in tribal nations to provide support to indigenous children experiencing pushout in child care and early grades.

Strategy 14.9: Reduce family financial burden for access to early learning and care.



14.9.1 Explore higher family income eligibility levels for all DELC programs.

14.9.2 Provide early learning and care at the time of day (i.e., evenings/nights) and on the days of the week that families want.

14.9.3 Pursue extended hours for publicly funded programs, including partnerships between publicly funded programs and child care.

Strategy 14.10: Implement the Co-location Fund for affordable housing and early learning and care and expand statewide.



14.10.1 Award contract to administer Co-location of Affordable Rental Housing and Early Care & Education (CARE) program, including expectations for statewide expansion.

14.10.2 Work with the Co-location of Affordable Rental Housing and Early Care & Education (CARE) contractor to stand up the program and build relationships with key partners.

14.10.3 Develop a robust working partnership between OHCS and DELC to facilitate effective outreach and address barriers.

14.10.4 Leverage and align with early learning facilities and start-up opportunities.

14.10.5 Develop working relationships, through the Early Learning Hubs, between housing developers and early learning and care programs.

14.10.6 Address regulatory barriers and requirements in the execution of the Co-location Fund.

14.10.7 Involve licensing as a partner to provide information and support.

14.10.8 Support early learning and care program start-up opportunities.

14.10.9 Develop working relationships, through the Hubs, between housing developers and early learning and care programs.

14.10.10 Ensure the participation of new providers in the child care assistance program.

14.10.11 Address regulatory barriers and requirements in the execution of the Co-location Fund.

14.10.12 Engage experienced professionals (e.g., architects) with knowledge about the design of early learning and care environments that meet child development and regulatory needs.

Strategy 14.11: Compensate and recognize early childhood educators as professionals.



14.11.1 Create professional, competitive all-staff compensation expectations across publicly funded early learning and care programs and increase public investment to implement those requirements.

14.11.2 Implement Alternative Rate Methodology for child care assistance.

14.11.3 Create financial incentives for child care providers participating in child care assistance to support professional, competitive compensation and increase public investment to support implementation.

14.11.4 In collaboration with Early Learning Hubs and other partners, create an understanding of the role and impact of early childhood educators among policymakers and the public.

14.11.5 Explore strategies for increasing compensation in child care programs that are not funded by DELC.

OBJECTIVE 15: The early childhood workforce is diverse, culturally responsive, high quality, and well compensated.

Strategy 15.1: Improve professional development opportunities for the full diversity of the early childhood workforce.



15.1.1 Remove inequitable exclusionary criteria for workforce entry.

15.1.2 Continue to expand the number of Community Health Workers who are certified and reimbursed for services.

15.1.3 Increase early childhood workforce development opportunities to ensure availability and access to a broad, flexible array of effective services and supports in all regions of the state.

15.1.4 Continue offering a wide array of professional development opportunities to Early Intervention/Early Childhood Special Education (EI/ECSE) staff including a focus on the Council for Exceptional Children (CEC) Division of Early Childhood's (DEC) Recommended Practices, Inclusion, Pyramid Model Coaches and Racial Equity in Part C.

15.1.5 Fund targeted supports for indigenous educators within the early childhood system, including mentorship and tribal early educator supports.

15.1.6 Incorporate sovereignty into trainings for early childhood educators, especially in majority white institutions and organizations, to promote the respect and celebration of tribal cultures.

Strategy 15.2: Build pathways to credentials and degrees that recruit and retain a diverse early childhood workforce.



15.2.1 Establish connections with higher educational institutions for pathways to a career in early childhood and remove barriers that limit access to the educational goal.

15.2.2 Continue to offer an alternative pathway for licensure/endorsements for Early Childhood Specialists or Supervisors for Early Intervention/Early Childhood Special Education (EI/ECSE) for Programs to support staff recruitment and retention and increase racial, ethnic, and linguistic diversity in the early childhood special education workforce.

15.2.3 Work with regional coordinators, districts, and schools to develop Career and Technical Education programs of study in early childhood.

15.2.4 Revise the statute for the Speech-Language Grant Program to help address the critical shortage of speech-language pathologists and speech-language pathology assistants.

15.2.5 Collaborate with Title V Maternal and Child Health (MCH) Workforce Development initiative to identify pathways and supports for diverse communities to engage with both MCH and early childhood workforce opportunities.

OBJECTIVE 16: Children and families experience supportive transitions and continuity of services across early learning and care and public education (K-12) settings.

Strategy 16.1: Update the Early Learning and Kindergarten Guidelines to ensure a consistent framework across educational settings.



- 16.1.1** Complete the revision of the Early Learning and Kindergarten Guidelines.
- 16.1.2** Include birth through three in the Early Learning and Kindergarten Guidelines.
- 16.1.3** Align the Early Learning and Kindergarten Guidelines with the K-12 Social Emotional Learning Framework and Standards.
- 16.1.4** Design the Early Learning and Kindergarten Guidelines to encompass a whole-child approach and to ensure the needs of children from historically underserved/marginalized communities are met.
- 16.1.5** Create a dissemination and implementation plan for the Early Learning and Kindergarten Guidelines that meet the needs of all children and families and all types of early learning and care programs.

Strategy 16.2: Establish an integrated system of support for the provision of joint professional development opportunities for the early learning and care workforce and K-2 educators.



- 16.2.1** Provide joint professional development to administrators of early learning and care and K-2.
- 16.2.2** Enhance opportunities at the Hub level to facilitate and fund shared professional development.
- 16.2.3** Build better connections between ODE and DELC offered professional development so that they are accepted by sponsoring organizations.
- 16.2.4** Cultivate opportunities for early learning and care and public-school professionals to come together through conferences, etc.
- 16.2.5** Include implicit bias training as part of the implementation of the Early Learning Transition Check-in (ELTC).

Strategy 16.3: Align policies and programs to provide supportive transitions and continuity of services from early learning and care to K-12 settings.



- 16.3.1** Implement statewide the Early Learning Transition Check-in (ELTC).
- 16.3.2** Support the use of portfolio information from early learning and care programs by K-12 educators.
- 16.3.3** Fully implement federal requirements for agreements between K-12 and early learning and care programs.
- 16.3.4** Develop opportunities, coordinated through the Hubs, for connections between early learning and care and K-12 to foster transition connections for children, families, and educators.
- 16.3.5** Provide support to early learning and care programs and school districts to facilitate kindergarten registration.
- 16.3.6** Address the transition timing for children moving from Early Childhood Special Education (ECSE) to kindergarten.
- 16.3.7** Support the collaboration between early learning and care and K-12 school districts for children transitioning from Early Childhood Special Education (ECSE) to kindergarten.
- 16.3.8** Disseminate the “Jump Start Kindergarten Toolkit: Resources for Implementing a High-Quality Summer Kindergarten Transition Program” statewide.
- 16.3.9** Encourage collaboration of summer transitioning into kindergarten programs between district staff and their early learning and care regional and local teams.

APPENDIX A:

Oregon Early Learning Council (June 2023) and Raise Up Oregon Agency Implementation Coordination Team

MEMBERS OF THE OREGON EARLY LEARNING COUNCIL

Sue Miller	Chair, Early Learning Council
Dave Baden	Interim Director, Oregon Health Authority
Andrea Bell	Executive Director, Oregon Housing and Community Services
Angela Blackwell	Early Childhood Program Manager for the Confederated Tribes of Grande Ronde
Katy Brooks	CEO, Bend Chamber of Commerce
Peter Buckley	Program Manager, Southern Oregon Success
Ben Cannon	Director, Higher Education Coordinating Commission
Alyssa Chatterjee	Director, Department of Early Learning and Care
Colt Gill	Deputy Superintendent of Public Institution, Oregon Department of Education
Anne Kubisch	President and CEO, Ford Family Foundation
Kali Thorne Ladd	CEO, Children's Institute
George Mendoza	Superintendent, La Grande School District
Margaret Miller, MD	Medical Director, Juliette's House
Soobin Oh	Co-Director, Teaching Preschool Partners
Liesl Wendt	Deputy Director, Oregon Department of Human Services

MEMBERS OF THE RAISE UP OREGON AGENCY IMPLEMENTATION COORDINATION TEAM

Gwyn Bachtle	Programs Manager, Department of Early Learning and Care
William Baney	Deputy Administrator, Oregon Department of Human Services
Chelsea Bunch	Director of Equity, Diversity and Inclusion, Oregon Housing and Community Services
Mitchell Hanoosh	Senior Policy Analyst, Oregon Housing and Community Services
Chelsea Holcomb	Director of Child and Family Behavioral Health, Oregon Health Authority
Stephanie Jarem	Director of Health Policy, Oregon Health Authority
David Mandell	Chief of Policy and Research, Department of Early Learning and Care
Alexa Pearson	Director of Standards & Instructional Support, Oregon Department of Education
Catherine Stelzer	Education Program Coordinator, Oregon Department of Human Services
Serena Stoudamire	Deputy Director and Chief of Programs, Department of Early Learning and Care
Cate Wilcox	Maternal & Child Health Manager, Title V Director, Public Health Division, Oregon Health Authority
Kara Williams	Director of Inclusive Services, Oregon Department of Education

APPENDIX B: GLOSSARY

1115 Medicaid Waiver: The 1115 Medicaid Waiver allows state Medicaid programs to operate outside of the standard Medicaid program. This waiver will make Oregon the first state to allow continuous enrollment of children on the Oregon Health Plan (OHP) from birth to age six. This means starting January 1, 2023, families do not need to renew to keep children covered and can get the health care their child needs in their most formative years.

211Info: 211info is a private, community-based nonprofit organization funded by state and municipal contracts, foundations, donations, and community partners in Oregon and Southwest Washington. 211info is an information and referral warm line that serves Clark, Cowlitz, Skamania, and Wahkiakum counties in Washington and the entire state of Oregon. It helps empower communities by helping people identify, navigate, and connect with the local resources they need.

Adverse Childhood Experiences (ACEs): Early childhood experiences influence the developing brain, and adversity/trauma during sensitive periods of development can create toxic stress and interrupt normal brain development. Adverse childhood experiences (ACEs) are a root cause of many social, emotional, physical and cognitive impairments that lead to increased incidence of developmental delays and other problems in childhood, as well as adult health risk behaviors (e.g. smoking, alcoholism), mental illness (e.g. depression and suicide), diseases (e.g. heart disease, cancer, diabetes), disability, and premature mortality.

Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire - Social Emotional. (ASQ-SE) - The ASQ provides a quick check of early development, ages one month through five years. The ASQ-SE provides a quick check of a child's early social emotional development, ages from 1 month to six years. Results from the ASQ and ASQ-SE help determine if a child's development and social emotional development is on schedule or if further evaluation is needed.

Alternative Rate Methodology: An alternate rate-setting structure that is determined by operating cost rather than market price, and develop subsidy rates that will give families access to more child care providers.

Anti-Racist: A person who actively opposes systems of prejudice based on race with the intent to dismantle systems, policies, practices, or procedures to redistribute power in an equitable manner.

Babies First!: Babies First! Is a nurse home visiting program that provides supports for pregnant people and families with babies and young children up to age 5. Babies First! helps ensure that parents, caregivers, families and babies have the support and information they need to be healthy and connects them with desired services.

Baby Promise: This program offers free, high-quality early care and education for infants and toddlers from low-income families in Oregon. Baby Promise serves children ages six weeks to three years, is a publicly funded program and complements other early learning programs such as Preschool Promise and Oregon Pre-Kindergarten.

Birth Through Five Literacy Plan (HB 3198): As part of the Early Literacy Success Initiative, the Department of Early Learning and Care shall establish and implement the Birth Through Five Literacy Plan. (1) The purposes of the plan are to: (a) Expand culturally specific early literacy programs for children from birth through five years of age by: (i) Encouraging family and caregiver engagement; and (ii) Providing research-aligned, developmentally appropriate professional training and coaching for direct service staff in early literacy. (b) Promote the capacity of programs that engage parents and children from birth through five years of age in early literacy and that are available equitably and statewide. (c) Expand and develop language revitalization efforts by federally recognized Indian tribes in this state. (2) Under the plan, the department shall distribute grants from the Birth Through Five Literacy Fund that align to the outcomes and indicators that exist across

kindergarten readiness and culturally-specific parent and child support programs.

CaCoon Program: The CaCoon Program is a nurse home visiting program that focuses on the child, birth through age 20, with complex health conditions that results in the need for specialized medical, educational, vocational, and social services, as well as the impact of those needs on the family. The primary service of the program is care coordination. Services are provided primarily in the home, but may also occur at the Health Department, in the hospital, or by phone.

Career and Technical Education (CTE): Career and Technical Education (CTE) embraces education, passion, and curiosity to fuel the future for Oregon students. CTE programs use 21st century technology to support students in acquiring technical skills, professional practices, and academic knowledge critical for career success in high-wage, in-demand careers.

Child Care and Adult Food Program (CACFP): The Child and Adult Care Food Program (CACFP) provides reimbursement for nutritious meals and snacks served to eligible children in child care centers, family day care homes, schools, Head Starts, emergency shelters and afterschool programs, as well as to eligible adults in adult care centers.

Child Care Center: A child care facility that provides care and education to children in a commercial setting.

Child Care Facility: Any facility that provides child care to children, including a child care center, certified family child care home, and registered family child care home. It includes those known under a descriptive name, such as nursery school, preschool, kindergarten, child play school, before or after school care, or child development center. This term applies to the total child care operation and includes the physical setting, administration, staff, equipment, program, and care of children.

Child-Parent Psychotherapy (CPP): Child-Parent Psychotherapy is for children aged birth through six years who have

experienced trauma. Trauma can include maltreatment, sexual abuse, sudden loss of a loved one, or exposure to domestic violence. The central goal of CPP is to support and strengthen the child-parent relationship.

Child Protective Services (CPS): Child Protective Services responds to reports of child abuse in Oregon. Trained CPS workers review and respond to each report of child abuse to determine whether abuse occurred, whether the child is safe, and whether the family needs supportive services.

Collaborative Problem Solving: The goal of this project is to help Oregon families, especially those in rural and underserved areas, strengthen positive relationships and build the skills needed for success at home, at school, in the community, and in life.

Co-location of Affordable Rental Housing and Early Care and Education (CARE)

Program: The CARE Program is an incentive program that provides funding, technical assistance, and matchmaking services to encourage the co-location of affordable housing developments with facilities and spaces for early care and education. The program is administered by Oregon Housing & Community Services and is currently contracted to a third party (Build Up Oregon — partnership headed by Craft3) for day-to-day management.

Community Information Exchange (CIE): Community Information Exchange (CIE) is a network of collaborative partners using a multidirectional technology platform to connect people to the services and supports they need. Partners may include human and social service, health care, and other organizations.

Connect Oregon: Connect Oregon is a type of CIE that is used to coordinate care among a network of health and social care providers. Partners in the networks are connected through a shared technology platform, Unite Us, which enables them to send and receive electronic referrals, address people's social needs and improve health across communities.

Continuous Eligibility: Continuous eligibility does not require Medicaid members to re-enroll to receive benefits. The state of Oregon provides continuous Medicaid coverage for eligible children under the age of six, and 24 months of continuous coverage for eligible Oregonians who are six and older.

Coordinated Care Organization (CCO):

A CCO is a managed care organization that oversees a network of all types of health care providers (physical health care, addictions, mental health care, and dental care providers) who work together in their local communities to serve people who receive health coverage under the Oregon Health Plan (Medicaid). CCOs focus on prevention and helping people manage chronic conditions, such as diabetes. This helps reduce unnecessary emergency room visits and supports people in being healthy.

Department of Early Learning and Care (DELCLC):

The Department of Early Learning and Care (DELCLC) is a new Oregon state agency that supports the development and well-being of all Oregon children and ensures families in every corner of the state have access to high-quality early learning and care. DELCLC also supports child care professionals by providing technical assistance, professional development opportunities, business services, licensing, grants, and other resources.

Division of Early Childhood (DEC):

The Division for Early Childhood (DEC) promotes policies and advances evidence-based practices that support families and enhance the optimal development of young children (0-8) who have or are at risk for developmental delays and disabilities. DEC creates the Early Interventionist/Early Childhood Special Educator (EI/ECSE) Standards, which represent the first standards to focus specifically on the preparation of professionals who work with young children ages birth through eight who have or are at risk for developmental delays and disabilities, and their families, across home, classroom, and community settings.

Early Childhood Special Education (ECSE):

ECSE is specialized instruction that is provided by trained early childhood special education professionals to preschool children with disabilities in various early childhood settings such as preschool, child care, Oregon Prekindergarten, and Head Start, among others and requires the development of an Individualized Education Plan. ECSE is authorized by the federal Individuals with Disabilities Education Act (IDEA).

Early Head Start: Early Head Start provides early, continuous, intensive, and comprehensive child development and family support services to low-income

pregnant women, infants, toddlers, and their families.

Early Intervention (EI): Services that are designed to address the developmental needs of infants and toddlers with disabilities, ages birth to three years, and their families. Early Intervention services are generally administered by qualified personnel and require the development of an Individualized Family Service Plan (IFSP). Early Intervention is authorized by the federal Individuals with Disabilities Education Act (IDEA).

Early Learning Council (ELC): In 2011 the Oregon Legislature created the ELC to provide policy direction and oversee and coordinate Oregon's comprehensive early learning system. The council also serves as the policy rulemaking body for all programs administered by the Early Learning Division. Council members are appointed by the governor for a term of four years.

Early Learning Hubs: The 2013 Legislature authorized creation of 16 regional and community-based Early Learning Hubs to make support more available, accessible, and effective for children and families, particularly those from historically underserved communities. Hubs bring together the following sectors to improve outcomes for young children and their families: early education, K-12, health, human services, and business.

Early Learning and Kindergarten

Guidelines: Oregon's Early Learning and Kindergarten Guidelines are for everyone who interacts with children ages three-six. Through alignment of and, in some cases, adjustments or additions to the goals and progressions identified in the Head Start Early Learning Outcomes Framework and the standards identified in the Common Core State Standards for Kindergarten, this document offers a shared view of and common vocabulary for child development and learning from age three through the end of kindergarten. The Early Learning and Kindergarten Guidelines include a continuum of development and learning in five domains: approaches to learning, social-emotional development, language and communication, literacy, and mathematics.

Early Learning Transition Check-In: The redesigned "Kindergarten Assessment" will collect a statewide snapshot of data about children and families as they begin

kindergarten. The primary purpose will be to inform state-level decisions about Oregon's early learning and care sector. The redesigned components will also meaningfully support families in building relationships with their kindergarten educators by inviting them to share about their experiences before kindergarten.

Early Periodic Screening Diagnostic and Treatment (EPSDT): EPSDT is a Medicaid program whereby all Medicaid members under 21 years of age are screened for age-appropriate development and referred to diagnostic and treatment as identified. This includes screenings, checkups, tests, follow-up care, and all medically necessary and medically appropriate services.

Equity: Equity acknowledges that not all people, or all communities, are starting from the same place due to historical and current systems of oppression. Equity is the effort to provide different levels of support based on an individual's or group's needs to achieve fairness in outcomes. Equity requires the redistribution of resources, power, and opportunity.

Family Advocacy and Support Tool (FAST): The Family Advocacy and Support Tool (FAST) is a family-based version of the suite of TCOM tools that include the Child and Adolescent Needs and Strengths (CANS), the Adult Needs and Strengths Assessment (ANSA), and the Readiness Inventory for Successful Employment (RISEmploy).

Family-Based Child Care: Family-Based Child Care Home or "Home-Based" means care and education for children in a residential setting.

Family-Centered: Ensure that all types of families are centered and actively engaged, especially voices of families historically left unheard, across service systems to enhance their capacity to care for and protect their children. It focuses on children's safety and needs within the context of their families and communities and builds on families' strengths to achieve optimal outcomes.

Family Connects: Family Connects Oregon is an evidence-based, nurse home visiting program for all families with newborns. Through nurse home visits, parents are connected to services as identified with the nurse and family. The mission is to connect families with resources that nurture their whole family and support their child.

Family Preservation: An approach to equitably serving families and children in their homes and communities instead of foster care, through collaborative efforts between community agencies, families, tribal nations, Child Welfare and Self-Sufficiency Programs using values-based engagement, concrete supports and connections, and tailored services.

Family Spirit: The Family Spirit Program is an evidence-based and culturally tailored home visiting intervention delivered by Native American paraprofessionals as an Indigenous solution to supporting caregivers during pregnancy and early childhood. Caregivers gain knowledge and skills to achieve optimum development for their children across the domains of physical, cognitive, social-emotional, language learning, and self-help.

Fluoride Varnish: Fluoride varnish is a dental treatment that can help prevent tooth decay, slow it down, or stop it from getting worse. Fluoride varnish is made with fluoride, a mineral that can strengthen tooth enamel (outer coating on teeth). A small amount is brushed on the top and sides of each tooth, hardens quickly, and then is brushed off after 4-12 hours. It supports strong tooth enamel and helps prevent tooth decay.

Health-Related Social Needs (HRSN): Refers to the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. They include things such as housing instability, housing quality, food insecurity, employment, personal safety, lack of transportation and affordable utilities, and more. Some of these services are now covered by Medicaid.

Healthy Families Oregon: Healthy Families Oregon is an accredited multi-site state system with Healthy Families America (HFA) that provides family support and parenting education through home visiting, and is Oregon's largest child abuse prevention program.

Higher Education Coordinating Commission (HECC): The State of Oregon's Higher Education Coordinating Commission (HECC) is the primary state entity responsible for ensuring pathways to postsecondary education success for Oregonians statewide and serves as a convener of the groups and institutions working across the public and private higher education arena.

Historically underserved/marginalized communities: Refers to communities that the Early Learning Council Equity Implementation Committee identified as African American, Asian and Pacific Islander, English Language Learners, Geographically Isolated, Immigrants and Refugees, Latino/a/x, Tribal Communities, and Children with Disabilities, Economic Disparities, or of Incarcerated Parents/Parental Figures.

Inclusive Partners: Inclusive Partners is a statewide program that works to empower Oregon's child care providers to create environments that encourage full participation for all children. Regardless of provider type or funding stream, Inclusive Partners provides technical assistance, consultation, and support so families of children with higher needs can play, work, and learn together.

Individuals with Disabilities Education Act (IDEA): A law that makes available a free appropriate public education to eligible infants, toddlers, children, and students ages birth to 21 with disabilities throughout the nation and ensures special education and related services for those children.

Individualized Education Program (IEP): The Individualized Education Program (IEP) describes the plan for the student's educational program, including current performance levels, student goals, and the educational placement and other services the student will receive to ensure access to the Free Appropriate Public Education to which they are entitled. In Oregon, the IEP is used from kindergarten entry through age 21.

Individualized Education Program (IEP) Team: The members of this multidisciplinary team write a child's IEP.

Individualized Family Service Plan (IFSP): An IFSP is an individualized plan, created in partnership with a child's family, that states the family's desired outcomes for their child and themselves and lists the early intervention or early childhood special education services and supports that will help meet those outcomes. The plan describes when, where, and how services are delivered. In Oregon, the IFSP is used from birth to kindergarten entry.

Infant and Early Childhood Mental Health Consultation (IECMHC): Infant and early childhood mental health consultation (IECMHC) is an intervention that teams a

mental health professional with early care and education staff and families. This team works on ways to help promote the social and emotional development of the young children in their care.

Inclusion: Inclusion means that everyone is able to take part in the same activities, enjoy the same experiences, and have the same access to opportunity within their communities, regardless of ability.

Integrated: The cross-sector collaboration that focuses on children's comprehensive development: physical, cognitive, social and emotional, and linguistic development.

Motivational Interviewing (MI):

Motivational Interviewing is an evidence-based approach to behavior change. It is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation towards a specific goal and empower individuals to change by reaching the definition they assign to, the importance they place on, and their capacity for change.

Navigator: An entity/individual that assists families by connecting them with services and programs, such as accessing and enrolling in child care and early learning programs. Navigators assist across agencies and connect families to resources.

Nurse Family Partnership: Nurse Family Partnership is an evidence-based nurse home visiting program that seeks improvements in the health and lives of first-time moms and their children affected by social and economic inequality. The program has specially educated nurses regularly visit first-time moms, starting early in the pregnancy and continuing until the child's second birthday.

Oregon Department of Education (ODE):

ODE is responsible for implementing the state's public education policies. The department is overseen by the governor, acting as state superintendent of public instruction, with an appointed deputy superintendent acting as chief administrator.

Oregon Department of Human Services

(ODHS): The Oregon Department of Human Services (ODHS) is Oregon's principal agency for helping people living in Oregon achieve well-being and independence. ODHS provides direct services to more than one million individuals each year. These services

are a key safety net for people in diverse communities across Oregon.

Oregon Early Childhood Inclusion

(OEI) Initiative: OEI is a comprehensive statewide initiative aimed at facilitating the establishment and accessibility of high-quality inclusive preschool and child care settings. Collaborating with existing and interconnected promotion, prevention, and intervention initiatives, the OEI aims to enhance the knowledge, skills, and capacities of professionals, parents, and community members to support and implement inclusive practices in early care and education environments.

Oregon Early Childhood Inclusion

(OEI) State Leadership Team: The OEI State Leadership Team is comprised of representatives from various state and local programs and agencies, and is responsible for guiding the implementation of inclusive practices in early care and education environments for young children and families.

Oregon's Early Literacy Framework: This framework provides for a strong foundation for readers and writers (kindergarten through 5th grade). Standards are in development, but here are the current links: Oregon's Early Literacy Framework (K-5) and Oregon's Early Learning and Kindergarten Guidelines.

Oregon Health Authority (OHA): Oregon Health Authority is the state agency at the forefront of work to improve the lifelong health of Oregonians through partnerships, prevention, and access to quality, affordable health care. It includes most of the state's health and prevention programs such as Public Health, Behavioral Health, Oregon Health Plan, and Healthy Kids, as well as public-private partnerships.

Oregon Health Plan (OHP): The Oregon Health Plan (OHP) is Oregon's Medicaid and Children's Health Insurance Program. It provides health care coverage for Oregonians from all walks of life. This includes working families, children, pregnant adults, single adults, and seniors.

Oregon Housing and Community Services

(OHCS): Oregon Housing and Community Services is Oregon's housing finance agency, providing financial and program support to create and administer programs that provide housing stabilization – from preventing and ending homelessness, assisting with

utilities to keep someone stable, to financing multifamily affordable housing, and encouraging homeownership.

Oregon MothersCare (OMC): Oregon MothersCare is a program that supports healthy pregnancies by connecting pregnant people to prenatal care and other resources in their communities.

Oregon Prenatal-to-Kindergarten (OPK):

The Oregon Prenatal-to-Kindergarten (OPK) program is an early child development and preschool program with comprehensive services that serves children prenatal through five and their families who live at or 100% below the federal poverty level, including children who are in foster care or considered houseless. This program provides infant, toddler, and preschool programming, with wrap-around services that focus on the whole child: cognitive, developmental, and socio-emotional supports; medical and dental screenings and referrals; nutritional services; mental health services; parent engagement opportunities; and referrals to social service providers for the entire family.

Oregon Tribal Early Learning Alliance

(OTELA): The Oregon Tribal Early Learning Alliance was formed to honor the government-to-government relationship between tribes and the state, provide resources and promote best practices for tribal early learning providers, and provide our tribal children with culturally sensitive and language enriched educational access.

ONE Eligibility: The ONE Eligibility system provides choice and convenience in how people in Oregon apply for and manage their medical, food, cash, and child care benefits. Currently, with One Eligibility, those living in Oregon can submit one application to be considered for: OHP, SNAP, TANF, ERDC, Temporary Assistance for Domestic Violence Survivors, and Refugee cash assistance.

Parent-Child Interaction Therapy

(PCIT): Parent - Child Interaction Therapy is a therapeutic intervention intended for children ages two through six years, and their parents. It is nationally recognized as one of the most effective treatments for young children experiencing significant social, emotional, or behavioral problems.

Parent Management Training – Oregon:

The Parent Management Training Oregon Model is an evidence-based intervention that helps parents strengthen families at

all levels (children, youth, parents, and couples). It promotes parenting and social skills and prevents, reduces, and reverses the development of moderate to severe conduct problems in children and youth.

Preschool Promise: A high-quality state preschool program serving three- and four-year-old children living in families at or below 200% of the federal poverty guidelines. It was created by the 2015 Oregon Legislature with a commitment to supporting all of Oregon's young children and families with a focus on equity and expanding opportunities to underserved populations. The program is administered by Early Learning Hubs throughout the state, bringing together early learning programs operated by Head Start, K-12, licensed child care, and community-based child care in a mixed-delivery model.

Publicly funded early learning and care programs: These programs receive **funding** through grant or contract, federal, state, or local governmental funds for early learning and care services. Public funding comes from a federal, state, or other publicly funded agency. Public funding is money that comes from the government, often through taxes, that's used to help the public through goods and services.

Pyramid Model: The Pyramid Model is a framework of evidence-based practices for promoting young children's healthy social and emotional development. The Pyramid Model provides guidance for: early childhood special education personnel, early intervention personnel, early educators, families, and other professionals.

Qualified Allocation Plan: The QAP sets out the state's eligibility priorities and criteria for awarding federal tax credits to housing properties. The QAP is a tool advocates can use to influence how their state's share of annual low-income housing tax credits is allocated to affordable housing properties.

Registered Family Child Care Home: This home is the residence of the provider. There is a current Family Child Care Registration at the address and an individual who provides care in the family living quarters.

Relief Nurseries: Relief Nurseries seek to prevent the cycle of child abuse and neglect through early intervention that focuses on building successful and resilient children, strengthening parenting

skills, and preserving families by offering comprehensive and integrated early childhood therapeutic and family support services. Relief Nursery services are available to children from birth through five and their families. Relief Nursery services are trauma informed, non-stigmatizing, voluntary, strength based, culturally responsive, and designed to achieve appropriate early childhood development and healthy and attached family functioning.

SafeCare®: This is an evidence-based training curriculum for parents that provides direct-skill training to parents in child behavior management, home safety training, and child health care skills to prevent child maltreatment.

Social-Emotional Learning: Social-Emotional Learning is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions.

State Interagency Coordinating Council (SICC): The State Interagency Coordinating Council (SICC) ensures interagency coordination and supports the ongoing development of quality statewide services for young children and their families. The Council advises, advocates, and collaborates on state, local, and individual levels to maximize each child's unique potential and ability to participate in society. The Council works to improve the quality of life for children who experience disability according to each family's value system.

Suspension and expulsion: According to recent research data, young children in early childhood settings are being expelled or suspended at a high rate, and children of color and children with disabilities are disproportionately affected. The high rate of suspension and expulsion harms children and families, causing negative outcomes in children's development, health, and education.

Temporary Assistance for Needy Families (TANF): This program provides concrete and economic support, including cash assistance that families can use to foster economic stability and well-being. The amount and

type of assistance a family gets depends on income and family size.

Thriving: Thriving is positive physical, mental, cognitive, and social well-being characterized by strong minds and bodies, positive identity, feelings of self-worth, and hope for the future. Children thrive in the context of vibrant communities, healthy environments, and caring families and relationships. Racial justice, equity, and inclusion are foundational practices that support optimal child development.

Title V Maternal and Child Health (MCH)

Block Grant: Title V is the only federal program devoted to improving the health of all women, children, and families. It provides funding to state maternal and child health (MCH) programs, which serve 35 million women and children in the US. It also includes designated funding for children and youth with special health care needs.

Title V Well Woman Care: Well Woman Care is one of nine priority areas of the Title V block grant. It focuses on ensuring women's health before, during, and after pregnancy.

Trauma-Informed Care (TIC): TIC is an approach used in working with children exposed to traumatic events or conditions. Children exposed to trauma may display heightened aggression, poor social skills, and impulsivity; they also may struggle academically or engage in risk taking or other challenging behaviors. Service providers and family members that are trained in TIC learn effective ways to interact with these children, such as helping them cope with traumatic "triggers," supporting their emotion regulation skills, maintaining predictable routines, and using effective behavior management strategies.

Universal Referral Form: The Universal Referral Form (URF) for early intervention and early childhood special education (EI/ECSE) is a standardized form that primary care clinicians can use to refer children to EI/ECSE. The purpose of the URF is to provide key information to EI/ECSE and obtain consent for two-way communication between EI/ECSE and pediatric partners to support timely and successful referrals.

Well-being: This refers to the whole well-being of people, families, and communities, especially those being left behind due to race, age, disability, identity, and place.

APPENDIX C:

Progress to Date: Key Wins 2019-2023

The upheaval of the past five years has not deterred Oregon from focusing on the essential work called for in the first edition of *Raise Up Oregon*, which covered the years 2019 through 2023. We celebrate the foundational accomplishments during this period even as we know it is essential to continue the work for Oregon's young children and their families.

BUILDING OREGON'S EARLY CHILDHOOD SYSTEM

Committing to a Shared Vision for Early Childhood Across Oregon State Agencies

Through *Raise Up Oregon*, leaders from six state agencies committed to the vision that a state early childhood system requires come together to coordinate, align, and collaborate so that the full set of supports that young children and their families need to grow and thrive exists.

Engaging Family Voice in State Early Childhood System

State agencies within Oregon's early childhood system have enhanced their engagement of family voices and communities to inform policies, programs, and practices. Over the last few years, DELC, ODE, OHCS, ODHS, and OHA conducted community engagement sessions that, along with community listening sessions led by the Early Learning Council, informed *Raise Up Oregon: A Statewide Early Childhood System Plan 2024-2028*.

Direct Funding to Culturally Responsive and Community-Based Organizations

DELC, ODE, OHCS, ODHS, and OHA created direct funding relationships with culturally responsive and community-based organizations to more equitably serve communities.

Establishing the Early Learning Council's Home Visiting System Committee

The Early Learning Council appointed a standing Home Visiting System Committee to advance the development and alignment of Oregon's statewide comprehensive home visiting service network. Membership includes two Council members (who serve as co-chairs) and leaders from DELC, OHA, ODHS, ODE, OHCS, tribal nations, philanthropic organizations, Early Learning Hubs, and coordinated care organizations (CCOs).

HEALTH

Continuous Oregon Health Plan Enrollment for Children from Birth to Age Six

OHA established continuous health insurance coverage for children from their birth to age six through the Oregon Health Plan (OHP) to ensure and stabilize young children's access to health care coverage and participation in well-child visits.

Addressing Health-Related Social Needs

OHA successfully secured funding to support recipients of Medicaid (Oregon Health Plan) to have secure housing, food, and climate supports. Implementation of funds is ongoing, and OHA plans to roll out services beginning in 2024.

Establishing and Expanding Universally Offered Home Visiting

Universally Offered Home Visiting, using the national model Family Connects, began offering services to families of newborns in 2021. To deliver Family Connects, OHA is partnering with local communities and Early Learning Hubs to connect families with comprehensive supports.

Improving Maternal and Child Health through Traditional Health Workers

OHA updated CCO 2.0 (coordinated care organizations) for Medicaid to expand innovative ways of improving maternal and early childhood health, such as traditional health workers, i.e., doulas and community health workers.

Supporting Children's Social-Emotional Health

Children's social-emotional health is being supported through CCO 2.0, including a new collaboration between OHA and DELC to create a CCO-level metric for improving the social-emotional health of children under age six. In addition, DELC secured funding to hire over 50 infant-early childhood mental health consultants statewide to prevent the suspension and expulsion of young children from early learning and care settings. DELC assembled a cross-sector team to develop collaboration between state agencies on early intervention and infant-early childhood mental health efforts.

HOUSING

Co-locating Affordable Housing and Child Care Services

Oregon Housing and Community Services (OHCS) spurred interest across the public and private sectors to foster the co-location of affordable housing with early learning and care services for families. \$10 million has been awarded and a pilot is moving forward.

HUMAN SERVICES

Reducing Out-of-Home Child Welfare Placements through Family Preservation

ODHS expanded Family Preservation as an approach to supporting children and families in the community. These efforts include collaborating with community partners, tribal nations, and state agencies to provide cross-sector supports to increase family well-being and reduce out-of-home placements of children.

Improving Access to Services through One Integrated Eligibility System for Families

ODHS implemented the ONE Integrated Eligibility (ONE-IE) System to allow families to complete a single online or in-person application for Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Employment Related Day Care (ERDC), and Oregon Health Plan (Medicaid/OHP). Families no longer must apply separately for these programs.

Initiating Statewide Paid Family Leave

The statewide insurance program administered by the Oregon Employment Department provides up to 12 weeks of paid leave beginning in 2023. The approach ensures that the 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 have the same access to paid leave as higher-income earners, an important step in building equity at birth.

EARLY LEARNING AND CARE

Creating New Department of Early Learning and Care

Effective July 2023, the Early Learning Division in the ODE and the Employment Related Day Care (ERDC) program in ODHS combined to become the Department of Early Learning and Care (DELIC). The creation of DELIC allows the expansion and strengthening of the early learning and care system to better serve Oregon's children, families, and early learning providers.

Expanding Early Learning and Care Programs

The creation of the Early Learning Account, through the 2019 Student Success Act, increased access to early learning and care programs administered by DELC. These programs include the Early Childhood Equity Fund, Healthy Families Oregon (HFO), Oregon Prenatal to Kindergarten (OPK), Preschool Promise, Relief Nurseries, and parenting education.

Increasing Families' Access to Child Care

Employment-Related Day Care (ERDC) was expanded to increase family income eligibility and lower co-pays, which are now capped at seven percent of a family's income. Families participating in ERDC are also able to enroll in Temporary Assistance for Needy Families (TANF) simultaneously, allowing families to participate in both cash assistance and subsidized child care.

Increasing Investments in and Access to Early Intervention/Early Childhood Special Education

As a result of the 2019 Student Success Act, Early Intervention/Early Childhood Special Education (EI/ECSE) in ODE received a significantly increased investment to expand access to equitable services and supports for infants, toddlers, and children with developmental delays and disabilities and their families. In addition, the Oregon Early Childhood Inclusion State Leadership Team supported increased access to inclusive early learning environments for young children with disabilities by increasing and enhancing inclusive practices across Oregon.

Introducing Jump Start Kindergarten

ODE distributed grants starting in 2022 to school districts to offer the Jump Start Kindergarten program that prepares Oregon's educators, schools, districts, communities, and systems to receive and support all young children and their families in the transition from preschool to kindergarten. In May 2023, ODE released the Jump Start Kindergarten Toolkit for use by school districts across the state.

Identifying Early Childhood Needs Through Early Learning Hubs Sector Plans

Early Learning Hubs piloted Coordinated Enrollment for Preschool Promise and Head Start, and created regional sector plans that map early childhood priorities to inform the distribution of preschool resources.

APPENDIX D:

Chart of Short-term (2024) Objectives and Strategies

SYSTEM GOAL 1: The early childhood system is equitable: integrated, accessible, inclusive, anti-racist, and family centered.

OBJECTIVE 1: Honor and recognize the sovereignty of the nine federally recognized tribal nations within Oregon and ensure strong government-to-government relationships to benefit tribal communities.

Strategy 1.3: Promote and preserve tribal culture in coordination with Oregon Tribal Early Learning Alliance.

OBJECTIVE 2: Multi-agency partnerships are developed at the state and local levels to systematically support improved outcomes and streamlined access for all young children and their families.

Strategy 2.2: Coordinate supports for young children and their families across agencies in support of ODHS' Family Preservation Initiative.

Strategy 2.3: Increase access to One Eligibility/Oregon Eligibility Partnership for use by other programs serving young children and their families.

Strategy 2.4: Align early literacy development standards and practices between grades K-2 and early learning and care.

Strategy 2.5: Create successful pathways for children's enrollment and participation in Early Intervention/Early Childhood Special Education (EI/ECSE) through partnerships with the health, child welfare, and early learning and care sectors.

Strategy 2.6: Implement a locally developed, state-supported system to coordinate home visiting services.

Strategy 2.7 - Implement expanded housing, nutrition, and climate-related supports as part of the 1115 Medicaid Waiver.

Strategy 2.8: Co-locate affordable housing and early childhood programs.

Strategy 2.9: Advance higher education workforce solutions that meet early childhood system needs and support a diverse workforce.

OBJECTIVE 3: Early Learning Hubs are leveraged and resourced to advance regional early childhood systems that are equitable, integrated, accessible, inclusive, and family centered.

Strategy 3.1: Early Learning Hubs convene early childhood system partners across sectors, families, and community organizations to co-develop community strategic vision and plans, and to support partners in implementation and problem-solving.

Strategy 3.2: Early Learning Hubs engage families and community organizations, prioritizing those who are historically under-represented, in the development and implementation of state early childhood policies and programs.

Strategy 3.3: Early Learning Council engages with the Early Learning Hubs to inform state design and implementation of the early childhood system and development of council priorities.

Strategy 3.4: Agencies provide public resources to Early Learning Hubs and engage their regional and local offices to successfully implement these strategies.

OBJECTIVE 4: The business, philanthropic, and non-profit communities champion and support the development of the early childhood system.

Strategy 4.1: Build the supply of child care through public-private partnerships involving business, philanthropy, non-profits, and state and local government.

Strategy 4.2: Support services that promote families' well-being, e.g., paid leave, health insurance, apprenticeships, family wage jobs, and home visiting.

SYSTEM GOAL 2: All families with young children are supported to ensure their well-being.

OBJECTIVE 5: Families with young children are supported in knowing about and accessing a full range of services that meet their needs and are culturally and linguistically responsive.

Strategy 5.1: Create or strengthen coordinated, family-centered intake and referral processes into home visiting, and from home visiting into other desired services.

Strategy 5.2: Expand navigators in a coordinated, efficient manner across the early childhood system.

Strategy 5.3: Promote service locations that are more accessible to communities.

Strategy 5.4: Support Connect Oregon statewide.

Strategy 5.5: Fully implement continuous Medicaid/Oregon Health Plan enrollment for children from birth to age six.

OBJECTIVE 6: Families with young children have increased access to economic supports.

Strategy 6.1: Implement the ending of full family sanctions of Temporary Assistance for Needy Families (TANF).

Strategy 6.2: Support implementation of paid family leave and state Earned Income Tax Credit (EITC).

OBJECTIVE 7: All families have access to support for their physical, social, emotional, behavioral, and oral health.

Strategy 7.1: Increase equitable access to reproductive, maternal, and prenatal health services.

Strategy 7.2: Improve access to culturally and linguistically responsive and specific, multi-generational approaches to physical, social, emotional, behavioral, and oral health.

Strategy 7.3: Improve access to nutritional support including breastfeeding and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Strategy 7.4: Improve utilization of community health workers and doulas.

OBJECTIVE 8: Families have expanded access to culturally and linguistically responsive and specific family preservation strategies, resources, and programs focused on the prenatal-to-five population.

Strategy 8.2: Increase access to evidence-based, culturally responsive, and culturally specific early childhood programs (e.g., Relief Nurseries, parenting education, home visiting programs) proven to reduce abuse and neglect for families at imminent risk of entering the child welfare system.

Strategy 8.3: Improve coordination between child welfare and other key agency partners.

OBJECTIVE 9: Affordable housing is available statewide for all families with young children.

Strategy 9.3: Identify and modify state and local regulatory barriers to co-locating affordable housing with services and resources that help families with young children.

OBJECTIVE 10 - All parents and families are supported and engaged in enabling their children to thrive.

Strategy 10.1: Expand parenting and family education.

Strategy 10.2: Increase access to home visiting, prioritizing culturally responsive programs.

Strategy 10.3: Build or strengthen regional structures that ensure family leadership in the co-creation of policies, recommendations, and strategies that guide home visiting coordination.

Strategy 10.4: Increase equitable access for the professional development of home visitors.

Strategy 10.5: Increase collaboration among home visitors, home visiting leaders, and cross-sector partners.

SYSTEM GOAL 3: All children are thriving in early childhood and beyond.

OBJECTIVE 11: Families have access to high-quality, culturally, and linguistically responsive birth-to-five pediatric health care services.

Strategy 11.1: Increase and improve equitable access to early childhood oral health.

Strategy 11.2: Ensure birth-to-five health care services are comprehensive, accessible, high quality, and culturally and linguistically responsive.

Strategy 11.3: Ensure implementation support for trauma-informed care and resilience training and professional development for all pediatric providers participating in the Oregon Health Plan.

Strategy 11.4: Ensure implementation support for all pediatric providers participating in the Oregon Health Plan to screen for trauma history and resilience factors.

OBJECTIVE 12: Families have access to high-quality, culturally, and linguistically responsive birth-to-five social and emotional supports.

Strategy 12.1: Ensure trauma-informed care and resilience training and professional development for professionals working in pediatric physical health, behavioral health, child welfare, human services, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), and early learning and care settings.

Strategy 12.2: Provide culturally responsive and culturally specific infant and early childhood mental health (IECMH) supports in early learning and care, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), child welfare, and health.

Strategy 12.3: Include social, emotional, and trauma-responsive screening in all health, child welfare, human services, Early Intervention/Early Childhood Special Education (EI/ECSE), early learning and care programs, and home visiting programs.

OBJECTIVE 13: Young children with developmental delays and disabilities are identified early and provided with inclusive services to reach their full potential.

Strategy 13.1: Increase outreach and completed referrals for Early Intervention/Early Childhood Special Education (EI/ECSE).

Strategy 13.3: Increase the number of children with developmental delays and disabilities receiving services in typical early childhood settings.

Strategy 13.4: Update Early Intervention/Early Childhood Special Education (EI/ECSE) personnel standards to prepare professionals who provide services and support to young children who have developmental delays and disabilities and their families, across home, classroom, and community settings.

Strategy 13.5: Strengthen the alignment of early childhood special education, Early Intervention (EI) services, early learning and care, health, and home visiting through coordinated governance.

OBJECTIVE 14: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) and affordable early learning and care that meets their needs.

Strategy 14.2: Increase state support and investment in quality early learning and care.

Strategy 14.3: Preserve and expand federal funding for quality early learning and care.

Strategy 14.4: Improve professional development opportunities for the full diversity of the early learning and care workforce, inclusive of all settings.

Strategy 14.5: Build pathways to credentials and degrees that recruit and retain a diverse early learning and care workforce.

Strategy 14.6: Ensure child care licensing and compliance is rooted in equity, facilitates the application approval process, and supports child care providers to be successful in caring for Oregon's children.

Strategy 14.7: Increase inclusion opportunities for children with developmental delays and disabilities in early learning and care settings.

Strategy 14.8: Prevent suspension and expulsion in early learning and care settings through infant and early childhood mental health consultation and professional development supports.

Strategy 14.9: Reduce family financial burden for access to early learning and care.

Strategy 14.10: Implement the Co-location Fund for affordable housing and early learning and care and expand statewide.

Strategy 14.11: Compensate and recognize early childhood educators as professionals.

OBJECTIVE 15: The early childhood workforce is diverse, culturally responsive, high quality, and well compensated.

Strategy 15.1: Improve professional development opportunities for the full diversity of the early childhood workforce.

Strategy 15.2: Build pathways to credentials and degrees that recruit and retain a diverse early childhood workforce.

OBJECTIVE 16: Children and families experience supportive transitions and continuity of services across early learning and care and public education (K-12) settings.

Strategy 16.3: Align policies and programs to provide supportive transitions and continuity of services from early learning and care to K-12 settings.

APPENDIX E:

Objectives and Strategies by State Agency



DEPARTMENT OF EARLY LEARNING AND CARE

SYSTEM GOAL 1: The early childhood system is equitable: integrated, accessible, inclusive, anti-racist, and family-centered.

OBJECTIVE 1: Honor and recognize the sovereignty of the nine federally recognized Tribal Nations within Oregon and ensure strong government-to-government relationships to benefit tribal communities.

Strategy 1.1: Support the implementation of the Oregon Tribal Early Learning Alliance.

Strategy 1.2: Bring together all Tribal Affairs Coordinators across state agencies to coordinate their early childhood work and align engagement strategies.

Strategy 1.3: Promote and preserve tribal culture in coordination with Oregon Tribal Early Learning Alliance.

Strategy 1.4: Dedicate portions of programmatic funding to ensure tribal nations have access to resources, recognizing and respecting the timelines and processes of the Government-to-Government relationship.

OBJECTIVE 2: Multi-agency partnerships are developed at the state and local levels to systematically support improved outcomes and streamlined access for all young children and their families.

Strategy 2.1: Align family and community engagement and culturally specific partnership strategies across all six agencies.

Strategy 2.2: Coordinate supports for young children and their families across agencies in support of ODHS' Family Preservation Initiative.

Strategy 2.3: Increase access to One Eligibility/Oregon Eligibility Partnership for use by other programs serving young children and their families.

Strategy 2.4: Align early literacy development standards and practices between grades K-2 and early learning and care.

Strategy 2.5: Create successful pathways for children's enrollment and participation in Early Intervention/Early Childhood Special Education (EI/ECSE) through partnerships with the health, child welfare, and early learning and care sectors.

Strategy 2.6: Implement a locally developed, state-supported system to coordinate home visiting services.

Strategy 2.8: Co-locate affordable housing and early childhood programs.

Strategy 2.9: Advance higher education workforce solutions that meet early childhood system needs and support a diverse workforce.

Strategy 2.10: Include information needs of the early childhood system in data use and sharing agreements across state agencies.

OBJECTIVE 3: Early Learning Hubs are leveraged and resourced to advance regional early childhood systems that are equitable, integrated, accessible, inclusive, and family-centered.

Strategy 3.2: Early Learning Hubs engage families and community organizations, prioritizing those who are historically under-represented, in the development and implementation of state early childhood policies and programs.

Strategy 3.4: Agencies provide public resources to Early Learning Hubs and engage their regional and local offices to successfully implement these strategies.

OBJECTIVE 4: The business, philanthropic, and non-profit communities champion and support the development of the early childhood system.

Strategy 4.1: Build the supply of child care through public-private partnerships involving business, philanthropy, non-profits, and state and local government.

Strategy 4.2: Support services that promote families' well-being, e.g., paid leave, health insurance, apprenticeships, family wage jobs, and home visiting.

SYSTEM GOAL 2: All families with young children are supported to ensure their well-being.

OBJECTIVE 5: Families with young children are supported in knowing about and accessing a full range of services that meet their needs and are culturally and linguistically responsive.

Strategy 5.1: Create or strengthen coordinated, family-centered intake and referral processes into home visiting, and from home visiting into other desired services.

Strategy 5.2: Expand navigators in a coordinated, efficient manner across the early childhood system.

Strategy 5.3: Promote service locations that are more accessible to communities.

OBJECTIVE 6: Families with young children have increased access to economic supports.

Strategy 6.2: Support implementation of paid family leave and state Earned Income Tax Credit (EITC).

Strategy 6.3: Expand categorical eligibility for child care assistance to new populations such as those who are houseless, experiencing domestic violence, and child welfare-involved families.

OBJECTIVE 7: All families have access to support for their physical, social, emotional, behavioral, and oral health.

Strategy 7.3: Improve access to nutritional support including breastfeeding and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

OBJECTIVE 8: Families have expanded access to culturally and linguistically responsive and specific family preservation strategies, resources, and programs focused on the prenatal-to-five population.

Strategy 8.1: Continuously consult and coordinate with tribal nations to collaborate on creating and funding family preservation services that meet the culturally specific needs of tribal communities and inform potential evidence-based practices for implementation.

Strategy 8.2: Increase access to evidence-based, culturally responsive, and culturally specific early childhood programs (e.g., Relief Nurseries, parenting education, home visiting programs) proven to reduce abuse and neglect for families at imminent risk of entering the child welfare system.

Strategy 8.3: Improve coordination between Child Welfare and other key agency partners.

OBJECTIVE 9: Affordable housing is available statewide for all families with young children.

Strategy 9.3: Identify and modify state and local regulatory barriers to co-locating affordable housing with services and resources that help families with young children.

OBJECTIVE 10: All parents and families are supported and engaged in enabling their children to thrive.

Strategy 10.1: Expand parenting and family education.

Strategy 10.2: Increase access to home visiting, prioritizing culturally responsive programs.

Strategy 10.3: Build or strengthen regional structures that ensure family leadership in the co-creation of policies, recommendations, and strategies that guide home visiting coordination.

Strategy 10.4: Increase equitable access for the professional development of home visitors.

Strategy 10.5: Increase collaboration among home visitors, home visiting leaders, and cross-sector partners.

SYSTEM GOAL 3: All children are thriving in early childhood and beyond

OBJECTIVE 11: Families have access to high-quality, culturally, and linguistically responsive birth to five pediatric health care services.

Strategy 11.1: Increase and improve equitable access to early childhood oral health.

OBJECTIVE 12: Families have access to high-quality, culturally, and linguistically responsive birth to five social and emotional supports.

Strategy 12.1: Ensure trauma-informed care and resilience training and professional development for professionals working in pediatric physical health, behavioral health, child welfare, human services, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), and early learning and care settings.

Strategy 12.2: Provide culturally responsive and culturally specific infant and early childhood mental health (IECMH) supports in early learning and care, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), child welfare, and health.

Strategy 12.3: Include social, emotional, and trauma-responsive screening in all health, child welfare, human services, Early Intervention/Early Childhood Special Education (EI/ECSE), early learning, and care programs, and home visiting programs.

<p>OBJECTIVE 13: Young children with developmental delays and disabilities are identified early and provided with inclusive services to reach their full potential.</p>	<p>Strategy 13.3: Increase the number of children with developmental delays and disabilities receiving services in typical early childhood settings.</p> <p>Strategy 13.5: Strengthen the alignment of early childhood special education, Early Intervention (EI) services, early learning and care, health, and home visiting through coordinated governance.</p>
<p>OBJECTIVE 14: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) and affordable early learning and care that meets their needs.</p>	<p>Strategy 14.1: Expand the availability of early learning and care, including workforce, facilities, and transportation.</p> <p>Strategy 14.2: Increase state support and investment in quality early learning and care.</p> <p>Strategy 14.4: Improve professional development opportunities for the full diversity of the early learning and care workforce, inclusive of all settings.</p> <p>Strategy 14.5: Build pathways to credentials and degrees that recruit and retain a diverse early learning and care workforce.</p> <p>Strategy 14.6: Ensure child care licensing and compliance is rooted in equity, facilitates the application approval process, and supports child care providers to be successful in caring for Oregon's children.</p> <p>Strategy 14.7: Increase inclusion opportunities for children with developmental delays and disabilities in early learning and care settings.</p> <p>Strategy 14.8: Prevent suspension and expulsion in early learning and care settings through infant and early childhood mental health consultation and professional development supports.</p> <p>Strategy 14.9: Reduce family financial burden for access to early learning and care.</p> <p>Strategy 14.10: Implement the Co-location Fund for affordable housing and early learning and care and expand statewide.</p> <p>Strategy 14.11: Compensate and recognize early childhood educators as professionals.</p>
<p>OBJECTIVE 15: The early childhood workforce is diverse, culturally responsive, high quality, and well compensated.</p>	<p>Strategy 15.1: Improve professional development opportunities for the full diversity of the early childhood workforce.</p> <p>Strategy 15.2: Build pathways to credentials and degrees that recruit and retain a diverse early childhood workforce.</p>
<p>OBJECTIVE 16: Children and families experience supportive transitions and continuity of services across early learning and care and public education (K-12) settings.</p>	<p>Strategy 16.1: Update the Early Learning and Kindergarten Guidelines to ensure a consistent framework across educational settings.</p> <p>Strategy 16.2: Establish an integrated system of support for the provision of joint professional development opportunities for the early learning and care workforce and K-2 educators.</p> <p>Strategy 16.3: Align policies and programs to provide supportive transitions and continuity of services from early learning and care to K-12 settings.</p>

SYSTEM GOAL 1: The early childhood system is equitable: integrated, accessible, inclusive, anti-racist, and family centered.

OBJECTIVE 1: Honor and recognize the sovereignty of the nine federally recognized tribal nations within Oregon and ensure strong government-to-government relationships to benefit tribal communities.	Strategy 1.1: Support the implementation of the Oregon Tribal Early Learning Alliance. Strategy 1.2: Bring together all Tribal Affairs Coordinators across state agencies to coordinate their early childhood work and align engagement strategies.
OBJECTIVE 2: Multi-agency partnerships are developed at the state and local levels to systematically support improved outcomes and streamlined access for all young children and their families.	Strategy 2.1: Align family and community engagement and culturally specific partnership strategies across all six agencies. Strategy 2.9: Advance higher education workforce solutions that meet early childhood system needs and support a diverse workforce. Strategy 2.10: Include information needs of the early childhood system in data use and sharing agreements across state agencies.
OBJECTIVE 3: Early Learning Hubs are leveraged and resourced to advance regional early childhood systems that are equitable, integrated, accessible, inclusive, and family-centered.	Strategy 3.2: Early Learning Hubs engage families and community organizations, prioritizing those who are historically under-represented, in the development and implementation of state early childhood policies and programs. Strategy 3.4: Agencies provide public resources to Early Learning Hubs and engage their regional and local offices to successfully implement these strategies.
OBJECTIVE 10: All parents and families are supported and engaged in enabling their children to thrive.	Strategy 10.2: Increase access to home visiting, prioritizing culturally responsive programs.

SYSTEM GOAL 3: All children are thriving in early childhood and beyond.

OBJECTIVE 11: Families have access to high-quality, culturally, and linguistically responsive birth- to-five pediatric health care services.	Strategy 11.5: Increase the supply of clinical mental health providers who reflect the communities that they serve and are trained in and provide infant early childhood mental health clinical services.
OBJECTIVE 12: Families have access to high-quality, culturally, and linguistically responsive birth to five social and emotional supports.	Strategy 12.2: Provide culturally responsive and culturally specific infant and early childhood mental health (IECMH) supports in early learning and care, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), child welfare, and health.
OBJECTIVE 13: Young children with developmental delays and disabilities are identified early and provided with inclusive services to reach their full potential.	Strategy 13.4: Update Early Intervention/Early Childhood Special Education (EI/ECSE) personnel standards to prepare professionals who provide services and support to young children who have developmental delays and disabilities and their families, across home, classroom, and community settings.
OBJECTIVE 14: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) and affordable early learning and care that meets their needs.	Strategy 14.1: Expand the availability of early learning and care, including workforce, facilities, and transportation.
OBJECTIVE 15: The early childhood workforce is diverse, culturally responsive, high quality, and well compensated.	Strategy 15.1: Improve professional development opportunities for the full diversity of the early childhood workforce. Strategy 15.2: Build pathways to credentials and degrees that recruit and retain a diverse early childhood workforce.

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Strategy 2.1: Align family and community engagement and culturally specific partnership strategies across all six agencies.

Strategy 2.2: Coordinate supports for young children and their families across agencies in support of ODHS' Family Preservation Initiative.

Strategy 2.3: Increase access to One Eligibility/Oregon Eligibility Partnership for use by other programs serving young children and their families.

Strategy 2.4: Align early literacy development standards and practices between grades K-2 and early learning and care.

Strategy 2.5: Create successful pathways for children's enrollment and participation in Early Intervention/Early Childhood Special Education (EI/ECSE) through partnerships with the health, child welfare, and early learning and care sectors.

Strategy 2.6: Implement a locally developed, state-supported system to coordinate home visiting services.

Strategy 2.9: Advance higher education workforce solutions that meet early childhood system needs and support a diverse workforce.

Strategy 2.10: Include information needs of the early childhood system in data use and sharing agreements across state agencies.

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Strategy 3.4: Agencies provide public resources to Early Learning Hubs and engage their regional and local offices to successfully implement these strategies.

OBJECTIVE 4: The business, philanthropic, and non-profit communities champion and support the development of the early childhood system.

Strategy 4.2: Support services that promote families' well-being, e.g., paid leave, health insurance, apprenticeships, family wage jobs, and home visiting.

SYSTEM GOAL 2: All families with young children are supported to ensure their well-being.

OBJECTIVE 5: Families with young children are supported in knowing about and accessing a full range of services that meet their needs and are culturally and linguistically responsive.

Strategy 5.1: Create or strengthen coordinated, family-centered intake and referral processes into home visiting, and from home visiting into other desired services.

Strategy 5.2: Expand navigators in a coordinated, efficient manner across the early childhood system.

Strategy 5.3: Promote service locations that are more accessible to communities.

OBJECTIVE 7: All families have access to support for their physical, social, emotional, behavioral, and oral health.

Strategy 7.2: Improve access to culturally and linguistically responsive and specific, multi-generational approaches to physical, social, emotional, behavioral, and oral health.

Strategy 7.3: Improve access to nutritional support including breastfeeding and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

OBJECTIVE 10: All parents and families are supported and engaged in enabling their children to thrive.

Strategy 10.2: Increase access to home visiting, prioritizing culturally responsive programs.

Strategy 10.3: Build or strengthen regional structures that ensure family leadership in the co-creation of policies, recommendations, and strategies that guide home visiting coordination.

Strategy 10.4: Increase equitable access for the professional development of home visitors.

Strategy 10.5: Increase collaboration among home visitors, home visiting leaders, and cross-sector partners.

SYSTEM GOAL 3: All children are thriving in early childhood and beyond.

OBJECTIVE 12: Families have access to high-quality, culturally, and linguistically responsive birth to five social and emotional supports.

Strategy 12.1: Ensure trauma-informed care and resilience training and professional development for professionals working in pediatric physical health, behavioral health, child welfare, human services, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), and early learning and care settings.

Strategy 12.2: Provide culturally responsive and culturally specific infant and early childhood mental health (IECMH) supports in early learning and care, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), child welfare, and health.

Strategy 12.3: Include social, emotional, and trauma-responsive screening in all health, child welfare, human services, Early Intervention/Early Childhood Special Education (EI/ECSE), early learning, and care programs, and home visiting programs.

OBJECTIVE 13: Young children with developmental delays and disabilities are identified early and provided with inclusive services to reach their full potential.

Strategy 13.1: Increase outreach and completed referrals for Early Intervention/Early Childhood Special Education (EI/ECSE).

Strategy 13.2: Broaden eligibility criteria for Early Intervention (EI).

Strategy 13.3: Increase the number of children with developmental delays and disabilities receiving services in typical early childhood settings.

Strategy 13.4: Update Early Intervention/Early Childhood Special Education (EI/ECSE) personnel standards to prepare professionals who provide services and support to young children who have developmental delays and disabilities and their families, across home, classroom, and community settings.

Strategy 13.5: Strengthen the alignment of early childhood special education, Early Intervention (EI) services, early learning and care, health, and home visiting through coordinated governance.

OBJECTIVE 14: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) and affordable early learning and care that meets their needs.

Strategy 14.7: Increase inclusion opportunities for children with developmental delays and disabilities in early learning and care settings.

Strategy 14.8: Prevent suspension and expulsion in early learning and care settings through infant and early childhood mental health consultation and professional development supports.

OBJECTIVE 15: The early childhood workforce is diverse, culturally responsive, high quality, and well compensated.

Strategy 15.1: Improve professional development opportunities for the full diversity of the early childhood workforce.

Strategy 15.2: Build pathways to credentials and degrees that recruit and retain a diverse early childhood workforce.

OBJECTIVE 16: Children and families experience supportive transitions and continuity of services across early learning and care and public education (K-12) settings.

Strategy 16.1: Update the Early Learning and Kindergarten Guidelines to ensure a consistent framework across educational settings.

Strategy 16.2: Establish an integrated system of support for the provision of joint professional development opportunities for the early learning and care workforce and K-2 educators.

Strategy 16.3: Align policies and programs to provide supportive transitions and continuity of services from early learning and care to K-12 settings.

OREGON DEPARTMENT OF HUMAN SERVICES

SYSTEM GOAL 1: The early childhood system is equitable: integrated, accessible, inclusive, anti-racist, and family-centered.

OBJECTIVE 1: Honor and recognize the sovereignty of the nine federally recognized Tribal Nations within Oregon and ensure strong government-to-government relationships to benefit tribal communities.

Strategy 1.1: Support the implementation of the Oregon Tribal Early Learning Alliance.

Strategy 1.2: Bring together all Tribal Affairs Coordinators across state agencies to coordinate their early childhood work and align engagement strategies.

OBJECTIVE 2: Multi-agency partnerships are developed at the state and local levels to systematically support improved outcomes and streamlined access for all young children and their families.

Strategy 2.1: Align family and community engagement and culturally specific partnership strategies across all six agencies.

Strategy 2.2: Coordinate supports for young children and their families across agencies in support of ODHS' Family Preservation Initiative.

Strategy 2.3: Increase access to One Eligibility/Oregon Eligibility Partnership for use by other programs serving young children and their families.

Strategy 2.5: Create successful pathways for children's enrollment and participation in Early Intervention/Early Childhood Special Education (EI/ECSE) through partnerships with the health, child welfare, and early learning and care sectors.

Strategy 2.6: Implement a locally developed, state-supported system to coordinate home visiting services.

Strategy 2.7: Implement expanded housing, nutrition, and climate-related supports as part of the 1115 Medicaid Waiver.

Strategy 2.8: Co-locate affordable housing and early childhood programs.

Strategy 2.9: Advance higher education workforce solutions that meet early childhood system needs and support a diverse workforce.

Strategy 2.10: Include information needs of the early childhood system in data use and sharing agreements across state agencies.

OBJECTIVE 3: Early Learning Hubs are leveraged and resourced to advance regional early childhood systems that are equitable, integrated, accessible, inclusive, and family-centered.

Strategy 3.2: Early Learning Hubs engage families and community organizations, prioritizing those who are historically under-represented, in the development and implementation of state early childhood policies and programs.

Strategy 3.4: Agencies provide public resources to Early Learning Hubs and engage their regional and local offices to successfully implement these strategies.

OBJECTIVE 4: The business, philanthropic, and non-profit communities champion and support the development of the early childhood system.

Strategy 4.1: Build the supply of child care through public-private partnerships involving business, philanthropy, non-profits, and state and local government.

Strategy 4.2: Support services that promote families' well-being, e.g., paid leave, health insurance, apprenticeships, family wage jobs, and home visiting.

SYSTEM GOAL 2: All families with young children are supported to ensure their well-being.

OBJECTIVE 5: Families with young children are supported in knowing about and accessing a full range of services that meet their needs and are culturally and linguistically responsive.

Strategy 5.1: Create or strengthen coordinated, family-centered intake and referral processes into home visiting, and from home visiting into other desired services.

Strategy 5.2: Expand navigators in a coordinated, efficient manner across the early childhood system.

Strategy 5.3: Promote service locations that are more accessible to communities.

OBJECTIVE 6: Families with young children have increased access to economic supports.

Strategy 6.1: Implement the ending of full family sanctions of Temporary Assistance for Needy Families (TANF).

Strategy 6.2: Support implementation of paid family leave and state Earned Income Tax Credit (EITC).

Strategy 6.3: Expand categorical eligibility for child care assistance to new populations such as those who are houseless, experiencing domestic violence, and child welfare-involved families.

OBJECTIVE 7: All families have access to support for their physical, social, emotional, behavioral, and oral health.	Strategy 7.3: Improve access to nutritional support including breastfeeding and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
OBJECTIVE 8: Families have expanded access to culturally and linguistically responsive and specific family preservation strategies, resources, and programs focused on the prenatal-to-five population.	Strategy 8.1: Continuously consult and coordinate with tribal nations to collaborate on creating and funding family preservation services that meet the culturally specific needs of tribal communities and inform potential evidence-based practices for implementation. Strategy 8.2: Increase access to evidence-based, culturally responsive, and culturally specific early childhood programs (e.g., Relief Nurseries, parenting education, home visiting programs) proven to reduce abuse and neglect for families at imminent risk of entering the child welfare system. Strategy 8.3: Improve coordination between child welfare and other key agency partners.
OBJECTIVE 10: All parents and families are supported and engaged in enabling their children to thrive.	Strategy 10.1: Expand parenting and family education. Strategy 10.2: Increase access to home visiting, prioritizing culturally responsive programs. Strategy 10.3: Build or strengthen regional structures that ensure family leadership in the co-creation of policies, recommendations, and strategies that guide home visiting coordination. Strategy 10.4: Increase equitable access for the professional development of home visitors. Strategy 10.5: Increase collaboration among home visitors, home visiting leaders, and cross-sector partners.
SYSTEM GOAL 3: All children are thriving in early childhood and beyond.	
OBJECTIVE 12: Families have access to high-quality, culturally, and linguistically responsive birth- to-five social and emotional supports.	Strategy 12.1: Ensure trauma-informed care and resilience training and professional development for professionals working in pediatric physical health, behavioral health, child welfare, human services, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), and early learning and care settings. Strategy 12.2: Provide culturally responsive and culturally specific infant and early childhood mental health (IECMH) supports in early learning and care, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), child welfare, and health. Strategy 12.3: Include social, emotional, and trauma-responsive screening in all health, child welfare, human services, Early Intervention/Early Childhood Special Education (EI/ECSE), early learning and care programs, and home visiting programs.
OBJECTIVE 15: The early childhood workforce is diverse, culturally responsive, high quality, and well compensated.	Strategy 15.1: Improve professional development opportunities for the full diversity of the early childhood workforce. Strategy 15.2: Build pathways to credentials and degrees that recruit and retain a diverse early childhood workforce.

OREGON HEALTH AUTHORITY

SYSTEM GOAL 1: The early childhood system is equitable: integrated, accessible, inclusive, anti-racist, and family centered.

OBJECTIVE 1: Honor and recognize the sovereignty of the nine federally recognized tribal nations within Oregon and ensure strong government-to-government relationships to benefit tribal communities.

Strategy 1.1: Support the implementation of the Oregon Tribal Early Learning Alliance.

Strategy 1.2: Bring together all Tribal Affairs Coordinators across state agencies to coordinate their early childhood work and align engagement strategies.

OBJECTIVE 2: Multi-agency partnerships are developed at the state and local levels to systematically support improved outcomes and streamlined access for all young children and their families.

Strategy 2.1: Align family and community engagement and culturally specific partnership strategies across all six agencies.

Strategy 2.2: Coordinate supports for young children and their families across agencies in support of ODHS' Family Preservation Initiative.

Strategy 2.3: Increase access to One Eligibility/Oregon Eligibility Partnership for use by other programs serving young children and their families.

Strategy 2.5: Create successful pathways for children's enrollment and participation in Early Intervention/Early Childhood Special Education (EI/ECSE) through partnerships with the health, child welfare, and early learning and care sectors.

Strategy 2.6: Implement a locally developed, state-supported system to coordinate home visiting services.

Strategy 2.7: Implement expanded housing, nutrition, and climate-related supports as part of the 1115 Medicaid Waiver.

Strategy 2.8: Co-locate affordable housing and early childhood programs.

Strategy 2.9: Advance higher education workforce solutions that meet early childhood system needs and support a diverse workforce.

Strategy 2.10: Include information needs of the early childhood system in data use and sharing agreements across state agencies.

OBJECTIVE 3: Early Learning Hubs are leveraged and resourced to advance regional early childhood systems that are equitable, integrated, accessible, inclusive, and family centered.

Strategy 3.2: Early Learning Hubs engage families and community organizations, prioritizing those who are historically under-represented, in the development and implementation of state early childhood policies and programs.

Strategy 3.4: Agencies provide public resources to Early Learning Hubs and engage their regional and local offices to successfully implement these strategies.

OBJECTIVE 4: The business, philanthropic, and non-profit communities champion and support the development of the early childhood system.

Strategy 4.2: Support services that promote families' well-being, e.g., paid leave, health insurance, apprenticeships, family wage jobs, and home visiting.

SYSTEM GOAL 2: All families with young children are supported to ensure their well-being.

OBJECTIVE 5: Families with young children are supported in knowing about and accessing a full range of services that meet their needs and are culturally and linguistically responsive.

Strategy 5.1: Create or strengthen coordinated, family-centered intake and referral processes into home visiting, and from home visiting into other desired services.

Strategy 5.2: Expand navigators in a coordinated, efficient manner across the early childhood system.

Strategy 5.3: Promote service locations that are more accessible to communities.

Strategy 5.4: Support Connect Oregon statewide.

Strategy 5.5: Fully implement continuous Medicaid/Oregon Health Plan enrollment for children from birth to age six.

OBJECTIVE 6: Families with young children have increased access to economic supports.	Strategy 6.2: Support implementation of paid family leave and state Earned Income Tax Credit (EITC). Strategy 6.3: Expand categorical eligibility for child care assistance to new populations such as those who are houseless, experiencing domestic violence, and child welfare-involved families.
OBJECTIVE 7: All families have access to support for their physical, social, emotional, behavioral, and oral health.	Strategy 7.1: Increase equitable access to reproductive, maternal, and prenatal health services. Strategy 7.2: Improve access to culturally and linguistically responsive and specific, multi-generational approaches to physical, social, emotional, behavioral, and oral health. Strategy 7.3: Improve access to nutritional support including breastfeeding and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Strategy 7.4: Improve utilization of community health workers and doulas.
OBJECTIVE 8: Families have expanded access to culturally and linguistically responsive and specific family preservation strategies, resources, and programs focused on the prenatal-to-five population.	Strategy 8.1: Continuously consult and coordinate with tribal nations to collaborate on creating and funding family preservation services that meet the culturally specific needs of tribal communities and inform potential evidence-based practices for implementation. Strategy 8.2: Increase access to evidence-based, culturally responsive, and culturally specific early childhood programs (e.g., Relief Nurseries, parenting education, home visiting programs) proven to reduce abuse and neglect for families at imminent risk of entering the child welfare system. Strategy 8.3: Improve coordination between child welfare and other key agency partners.
OBJECTIVE 10: All parents and families are supported and engaged in enabling their children to thrive.	Strategy 10.1: Expand parenting and family education. Strategy 10.2: Increase access to home visiting, prioritizing culturally responsive programs. Strategy 10.3: Build or strengthen regional structures that ensure family leadership in the co-creation of policies, recommendations, and strategies that guide home visiting coordination. Strategy 10.4: Increase equitable access for the professional development of home visitors. Strategy 10.5: Increase collaboration among home visitors, home visiting leaders, and cross-sector partners.
SYSTEM GOAL 3: All children are thriving in early childhood and beyond.	
OBJECTIVE 11: Families have access to high-quality, culturally, and linguistically responsive birth- to-five pediatric health care services.	Strategy 11.1: Increase and improve equitable access to early childhood oral health. Strategy 11.2: Ensure birth-to-five health care services are comprehensive, accessible, high quality, and culturally and linguistically responsive. Strategy 11.3: Ensure implementation support for trauma-informed care and resilience training and professional development for all pediatric providers participating in the Oregon Health Plan. Strategy 11.4: Ensure implementation support for all pediatric providers participating in the Oregon Health Plan to screen for trauma history and resilience factors. Strategy 11.5: Increase the supply of clinical mental health providers who reflect the communities that they serve and are trained in and provide infant early childhood mental health clinical services.
OBJECTIVE 12: Families have access to high-quality, culturally, and linguistically responsive birth- to-five social and emotional supports.	Strategy 12.1: Ensure trauma-informed care and resilience training and professional development for professionals working in pediatric physical health, behavioral health, child welfare, human services, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), and early learning and care settings. Strategy 12.2: Provide culturally responsive and culturally specific infant and early childhood mental health (IECMH) supports in early learning and care, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), child welfare, and health. Strategy 12.3: Include social, emotional, and trauma-responsive screening in all health, child welfare, human services, Early Intervention/Early Childhood Special Education (EI/ECSE), early learning and care programs, and home visiting programs.

OBJECTIVE 13: Young children with developmental delays and disabilities are identified early and provided with inclusive services to reach their full potential.	Strategy 13.5: Strengthen the alignment of early childhood special education, Early Intervention (EI) services, early learning and care, health, and home visiting through coordinated governance.
OBJECTIVE 14: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) and affordable early learning and care that meets their needs.	Strategy 14.8: Prevent suspension and expulsion in early learning and care settings through infant and early childhood mental health consultation and professional development supports.
OBJECTIVE 15: The early childhood workforce is diverse, culturally responsive, high quality, and well compensated.	Strategy 15.1: Improve professional development opportunities for the full diversity of the early childhood workforce. Strategy 15.2: Build pathways to credentials and degrees that recruit and retain a diverse early childhood workforce.



OREGON HOUSING AND COMMUNITY SERVICES

SYSTEM GOAL 1: The early childhood system is equitable: integrated, accessible, inclusive, anti-racist, and family-centered.

OBJECTIVE 1: Honor and recognize the sovereignty of the nine federally recognized Tribal Nations within Oregon and ensure strong government-to-government relationships to benefit tribal communities.	Strategy 1.1: Support the implementation of the Oregon Tribal Early Learning Alliance. Strategy 1.2: Bring together all Tribal Affairs Coordinators across state agencies to coordinate their early childhood work and align engagement strategies.
OBJECTIVE 2: Multi-agency partnerships are developed at the state and local levels to systematically support improved outcomes and streamlined access for all young children and their families.	Strategy 2.1: Align family and community engagement and culturally specific partnership strategies across all six agencies. Strategy 2.2: Coordinate supports for young children and their families across agencies in support of ODHS' Family Preservation Initiative. Strategy 2.3: Increase access to One Eligibility/Oregon Eligibility Partnership for use by other programs serving young children and their families. Strategy 2.7: Implement expanded housing, nutrition, and climate-related supports as part of the 1115 Medicaid Waiver. Strategy 2.8: Co-locate affordable housing and early childhood programs. Strategy 2.9: Advance higher education workforce solutions that meet early childhood system needs and support a diverse workforce. Strategy 2.10: Include information needs of the early childhood system in data use and sharing agreements across state agencies.
OBJECTIVE 3: Early Learning Hubs are leveraged and resourced to advance regional early childhood systems that are equitable, integrated, accessible, inclusive, and family-centered.	Strategy 3.2: Early Learning Hubs engage families and community organizations, prioritizing those who are historically under-represented, in the development and implementation of state early childhood policies and programs. Strategy 3.4: Agencies provide public resources to Early Learning Hubs and engage their regional and local offices to successfully implement these strategies.
OBJECTIVE 4: The business, philanthropic, and non-profit communities champion and support the development of the early childhood system.	Strategy 4.1: Build the supply of child care through public-private partnerships involving business, philanthropy, non-profits, and state and local government. Strategy 4.2: Support services that promote families' well-being, e.g., paid leave, health insurance, apprenticeships, family wage jobs, and home visiting.

SYSTEM GOAL 2: All families with young children are supported to ensure their well-being.

OBJECTIVE 5: Families with young children are supported in knowing about and accessing a full range of services that meet their needs and are culturally and linguistically responsive.

Strategy 5.2: Expand navigators in a coordinated, efficient manner across the early childhood system.

Strategy 5.3: Promote service locations that are more accessible to communities.

OBJECTIVE 6: Families with young children have increased access to economic supports.

Strategy 6.2: Support implementation of paid family leave and state Earned Income Tax Credit (EITC).

Strategy 6.3: Expand categorical eligibility for child care assistance to new populations such as those who are houseless, experiencing domestic violence, and child welfare-involved families.

OBJECTIVE 9: Affordable housing is available statewide for all families with young children.

Strategy 9.1: Incorporate preferences through the Qualified Allocation Plan (QAP) and other affordable housing funding program frameworks for developers to build and provide units, spaces, and services required by families with young children.

Strategy 9.2: Incentivize developers in rural and other underserved areas to prioritize and work towards meeting the need for affordable housing for local families with young children.

Strategy 9.3: Identify and modify state and local regulatory barriers to co-locating affordable housing with services and resources that help families with young children.

OBJECTIVE 10: All parents and families are supported and engaged in enabling their children to thrive.

Strategy 10.2: Increase access to home visiting, prioritizing culturally responsive programs.

OBJECTIVE 14: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) and affordable early learning and care that meets their needs.

Strategy 14.1: Expand the availability of early learning and care, including workforce, facilities, and transportation.

Strategy 14.10: Implement the Co-location Fund for affordable housing and early learning and care and expand statewide.

APPENDIX F:

SOURCE DOCUMENTS: State Agency Plans Supporting *Raise Up Oregon*

DEPARTMENT OF EARLY LEARNING AND CARE

[PDG Strengths and Needs Assessment: Statewide Household Survey Results](#)

[Coordinated Enrollment Year 1 Evaluation \(includes Family Survey\)](#)

[Coordinated Enrollment Implementation Evaluation](#)

Coordinated Enrollment Guidebook

Professional Learning System Report

[PDG Provider Survey: The Effects of COVID-19 on Oregon's ECE Workforce and Programs](#)

[CCDF State Plan Feedback & Analysis](#)

[Centering Racial Equity: Design Considerations for Oregon's Statewide Infant and Early Childhood Mental](#)

[Health Consultation \(IECMHC\) Program](#)

[ECE Sector Plans](#)

[Hub strategic plans](#)

[Child Care Safety Portal Ad Hoc Committee Final Report](#)

[Year 1 of the ECEF Evaluation](#)



Oregon Department of
**Early Learning
and Care**

OREGON DEPARTMENT OF EDUCATION

OR B6 Fact Sheet-Preschool Environments

OR C3 & B7 Fact Sheet-Child Outcomes

[EI/ECSE Community Engagement Plan](#)

Part C State Systemic Improvement Plan

Part B State Systemic Improvement Plan

SB 53 Final Legislative Report

Oregon Early Childhood Inclusion-Indicators Initiative Annual Report

HB 2016 African American/Clack Student Success Plan

American Indian/Alaska Native Student Success Plan

English Learners Strategic Plan

Latina/A/X and Indigenous Student Success Plan

Part B 2019 State Performance Plan/Annual Performance Report

Part C 2019 State Performance Plan/Annual Performance Report

Oregon's Comprehensive System of Professional Development



OREGON
DEPARTMENT OF
EDUCATION

OREGON DEPARTMENT OF HUMAN SERVICES

[Child Welfare Vision for Transformation](#)

[2020 Child Welfare Data Book](#)

[Oregon Child Welfare Data Set 2020 Data Highlights](#)

[Oregon Child Abuse Hotline Annual Report 2021](#)

[Child and Family Services Plan 2020 - 2024](#)

[Child Welfare Annual Progress & Services Report 2022](#)

[Annual Budget Request for Title IV-B, CAPTA, etc. Federal Fiscal Year Funding](#)

[Social Services Block Grant: Report of Intended Use for Federal Fiscal Year 2021](#)

[CSH Youth Housing Needs Assessment Summary Report](#)

[Child Welfare Research Priorities](#)

[Child Welfare Research Agenda](#)

[ODHS Child Welfare Procedure Manual](#)

[Identifying Capacity Needs for Children within the Oregon Child Welfare System](#)

[Oregon Developmental Disabilities System Strategic Plan](#)

[Well-Being Initiative](#)

[Family First \(Oregon Title IV-E Prevention Plan\)](#)



OREGON HEALTH AUTHORITY

[OHA Community Engagement: Strategic Plan Report](#)

[State Health Improvement Plan \(Healthier Together Oregon\)](#)

[Medicaid 1115 Demonstration Application](#)

[Communications Engagement Feedback Analysis and Summary Report – Medicaid 1115 Waiver](#)

[2017 – 2020 Strategic Plan Final Progress Report](#)

[Findings and Recommendations – Committee Membership Workgroup, Oregon Health Policy Board](#)

[Health Complexity in Children – Statewide Summary and accompanying Cover Letter](#)

[Maternal and Child Health Data Book 2017](#)

[Growing Healthy Futures Strategic Plan 2020 – 2025 \(WIC\)](#)

[Moving Forward – 2021 Annual Report \(WIC\)](#)

[Guidance Document for Transformation & Quality Strategy](#)

[Oregon Annual Trends in Birth & Pregnancy 2010 -2020 Dashboard](#)

[Issue Brief: Community Information Exchange](#)

[OHA Community Engagement Strategies Checklist](#)

[Tribal Behavioral Health Strategic Plan](#)



OREGON HOUSING AND COMMUNITY SERVICES

[Breaking New Ground: Oregon's Statewide Housing Plan](#)

[Statewide Housing Plan Year 2 Strategies](#)

[Housing Outreach Report](#)



REFERENCES

- ⁱ Source: Census' American Community Survey (ACS), 2017-2021 5-year estimates, Table B09001. This figure is the estimated number of children under 6 years old in Oregon. The ACS table provides the Census estimates of the number of children under 5 years old and the number of children 5-9 years old. We estimated the number of 5-year-old children by dividing the number of children 5-9 years old by five. We then added the estimated numbers of children under 5 years old and 5-year-old children together to estimate the total number children under 6 years old.
- ⁱⁱ Source: Census' American Community Survey (ACS), 2017-2021 5-year estimates, Tables B01001B-I. Each ACS table provides the Census estimates of the number of children under 5 years old and the number of children 5-9 years old by race and ethnicity categories. We estimated the number of 5-year-old children in each category by dividing the number of children 5-9 years old by five. We then added the estimated numbers of children under 5 years old and 5-year-old children together to estimate the total number children under 6 years old in each category. We then calculated the percentage of children under 6 years old in the categories of Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, Hispanic/Latino, other race, and two or more races.
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RAISE UP OREGON: A STATEWIDE EARLY CHILDHOOD SYSTEM PLAN 2024 -2028



The report is issued by the Oregon Early Learning Council

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