

# The Children's Agenda: Pathways Out of Poverty for Children to Achieve Their Full Potential

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STATE OF OREGON  
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## Vision

*All Oregon children living in poverty have pathways to rise to the middle class and achieve their full potential*

## Executive Summary

*Children rely on successful adults and safe, stable environments to grow up to be successful adults themselves. Strong communities provide the support both kids and their families need to be successful: family wage jobs, good schools, stable and affordable housing, quality childcare, and accessible health care. The Governor envisions that all Oregonians have access to these building blocks for a successful life.*

*To accomplish this, we must focus on reducing poverty and supporting family stability by using a two-generation approach that supports both vulnerable kids and their families. We must create a more resilient system that recognizes the precarious conditions facing kids and families in poverty: they are often one accident, health issue, job loss or large rent increase away from having a major disruption to their lives. To truly close the*



*opportunity gap, the system and our services must tackle the disproportionate representation of communities of color living in poverty. We must design our social services to meet the cultural needs of our families.*

*Governor Brown convened her Children's Cabinet in 2017 to create pathways toward prosperity for our children and families living in poverty. The Cabinet is made up of leading experts in health, housing, human services, early learning, and education from the public, private, and non-profit sectors. Working collaboratively, the Cabinet has identified the highest priority concerns and existing gaps in services for working families and their children. The Cabinet identified evidence-based solutions that provide the biggest return on investment toward helping families achieve success.*

*The Governor's Children's Agenda builds on existing programs to both: a) address root causes of family instability, and b) create a more resilient safety net that helps kids and families who face increased challenges.*



*The core components of the Children's Agenda are:*

- 1. Prioritize ending children's homelessness by providing greater housing stability for families with children.*
- 2. Ensure 100 percent of children have health care coverage.*
- 3. Integrate substance use disorder treatment and behavioral health programs for families.*
- 4. Increase quality, affordable childcare so kids are safe and educated while parents are working.*
- 5. Provide preschool for kids in poverty so they start kindergarten ready to learn.*
- 6. Ensure every child has a quality education by lowering class sizes for K-3 and have longer school years for all of Oregon's schools.*
- 7. Help parents get a better job to support their families through training and apprenticeship programs for the jobs of the future.*
- 8. Finalize a comprehensive child welfare system based on positive human development and safely reduce the need for foster care.*



## Background and Accomplishments

In the United States today, poverty, race, and geography are often inextricably linked. These three factors too often prove to be fortune tellers of a child's future. A defining feature of the American Dream is upward income mobility: the ideal that children have a higher standard of living than their parents. Unfortunately, American children's prospects of earning more than their parents have fallen from 90 percent to 50 percent over the past half century.<sup>1</sup> Governor Brown believes that by providing children and their families with the necessary building blocks, supports, and incentives, we can restore this dream in Oregon. When we fail to provide these foundational components to families, we all pay in increased health care costs, higher crime, homelessness, and an overburdened foster care system. Our businesses also suffer as they struggle to meet workforce needs. Despite the hard work, best intentions and costly interventions of many people to help children and families, we have failed to change the trajectory for many of these children. This must change.

1. <http://www.equality-of-opportunity.org>

2. National Center for Poor Children, Who are America's Poor Children? By Vanessa R. Wight, Michelle Chau, and Yumiko Aratani, January 2010 [http://www.nccp.org/publications/pub\\_912.html](http://www.nccp.org/publications/pub_912.html)

3. The Poverty Agenda. Oregon Business Council. Fall 2017; Oregon Office of Economic Analysis

Families with children under five are twice as likely to experience poverty; families with children under five make up 16.5 percent of all families, but they make up 33.5 percent of families in poverty.<sup>2</sup> These numbers are even more disparate for children of color and those in rural areas. More than 25 percent of Oregon's African American population lives in poverty, compared with 11 percent of non-Hispanic white Oregonians. Geographically across Oregon, the percent of people below the poverty line ranges from 10 percent in Clackamas County to 25 percent in Malheur County. Most people in poverty live in urban areas, but a higher share of individuals in rural counties are poor.<sup>3</sup>



**“American children’s prospects of earning more than their parents have fallen from 90 percent to 50 percent over the past half century”**

We already know that education, stable housing, jobs, living wages, food security, access to health care, and affordable and safe childcare are the building blocks for families to thrive. Research shows that quality early education creates benefits that last a lifetime. Many of these early education programs have two generations of benefits, allowing the parent to build their career while offering the child the services they need to be successful. Investments made now will pay off in reduced social service and public safety costs along with increased productivity and a healthier workforce in the future.



## Housing

Housing stability is foundational: it enables families to best engage with enrichment, early learning, and other proven activities to help children succeed. Children living in higher-quality housing have higher kindergarten readiness scores.<sup>4</sup> The current housing market has made it increasingly difficult for Oregon families to provide the basic necessities for their children's futures, including a safe and stable roof over their heads.

4. Coulton, C., Richter, F., Kim, S., Fischer, R., Cho, Y. (2016). Temporal effects of distressed housing on early childhood risk factors and kindergarten readiness. *Children and Youth Services Review*, 68, 59-72.

5. National Low Income Housing Coalition, *The Gap: A Shortage of Affordable Homes*, (National Low Income Housing Coalition, 2018).

6. In the 2016-2017 school year 22,541 students in the state were homeless. The definition of homelessness used by the U.S. Department of Education includes individuals who lack a fixed, regular, and adequate nighttime residence, including those who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations, among other considerations.

One of the biggest drivers of increasing homelessness and housing instability in Oregon is the shortage of affordable rental units in the state, especially for the state's lowest-income residents. This shortage of affordable units has led to a high percentage of renters spending more than 50 percent of their incomes on rent, which is considered "severely housing cost burdened" and results in families having difficulty affording necessities such as food, clothing, transportation, and medical care.<sup>5</sup> Thirty-one percent of all renter household families in Oregon with children under five are spending more than half of their incomes on rent. For families earning less than 30 percent of Area Median Income, a staggering 84 percent of households are severely cost burdened. This means that these families have little or no cushion for basic necessities, and as a result are just one minor financial emergency away from losing their homes.

The Oregon Department of Education estimates that 23,000 children in Oregon schools are experiencing homelessness in some form, including students doubled up with friends and family members. In some counties more than 10 percent of students are experiencing a form of homelessness.<sup>6</sup>

Since entering office in 2015, Governor Brown has accelerated state efforts to develop affordable housing for the workforce. Under Governor Brown's leadership, and in collaboration with the



Legislature, Oregon has more than 7,800 new affordable homes under development in the Oregon Housing and Community Services (OHCS) pipeline in 2018 alone, which is a record number. These results are due to recent increased state investments in the Local Innovation and Fast Track (LIFT) housing program, Mental Health Housing Program, and the Document Recording Fee/General Housing Account Program (GHAP). More investment is needed from the state to build Oregon's housing supply while also creating a concerted approach to prevent and end homelessness for families with children.

### Health Care

Thanks to the leadership of many, Oregon effectively has health care coverage for 100 percent of children in the state, with poor children covered by the Affordable Care Act's Medicaid expansion and the Children's Health Insurance Program (CHIP). Unsurprisingly, Medicaid coverage is a very effective antipoverty program. In a 2017 study of various social programs' impact on poverty, Medicaid accounted for a 3.8 percentage point reduction in the poverty rate overall, and an even greater reduction for people of color. This is comparable to the combined effect of all social insurance programs and greater than the effects of non-health benefits and refundable tax credits.<sup>7</sup> The study showed that Medicaid coverage reduced poverty rates of Hispanics by 6.1 percentage points and African Americans by 4.9 percentage points.<sup>8</sup>

Oregon's experience with the development and implementation of coordinated care organizations who deliver Medicaid services demonstrates that it is possible to provide good health care access and improve population health, while also slowing the growth of health care spending. This innovative approach of state and federal governments setting clear and measurable outcome metrics while also allowing greater flexibility in funding streams allows local communities to better coordinate services and achieve the "triple aim" of Oregon's nationally recognized health care model.

7. Wagnerman, K. (2018, March) Research Update: Medicaid Pulls Americans Out Of Poverty, Updated Edition. Retrieved from <https://ccf.georgetown.edu/2018/03/08/research-update-medicaid-pulls-americans-out-of-poverty-updated-edition/>

8. 10.1377/hlthaff.2017.0331 Health Affairs, 36, No. 10 (2017): 1828–1837 ©2017 Project HOPE— The People-to-People Health Foundation, Inc. (Accessed 8/17/18).



## “We must break the cyclical and generational nature of addiction”

9. National Institute of Drug Abuse, <https://www.drugabuse.gov/related-topics/trends-statistics#supplemental-references-for-economic-costs>

10. Choi, N. G., DiNitto, D.M., Marti, C.N. & Choi, B. Y., Association of Adverse Childhood Experiences with Lifetime Mental and Substance Use Disorders Among Men and Women Aged 50+ Years, *International Psychogeriatrics* 29(3), 359-372, doi: 10.1017/S1041610216001800

11. Correia, M. (2013). Substance abuse data in child welfare. *Casey Practice Digest: Substance Use Disorders in Families with Young Children*. Casey Family Programs, Issue 5.

12. Preliminary data from the Child Welfare (CW) Capacity Project analysis – part of the CW Research Agenda – shows 71.9 percent of parents were involved with drugs or alcohol at the specific time of removal and 78.8 percent of parents had a drug or alcohol induced mental state which prohibited care of the child. Publication forthcoming.

### Addiction, Treatment, and Behavioral Health

The indiscriminate chronic disease of substance use disorder (SUD) plagues Oregon families from all backgrounds. Nationally, the abuse of tobacco, alcohol, and illicit drugs is estimated to be responsible annually for more than \$740 billion in costs related to crime, lost work productivity, and health care.<sup>9</sup> Not only is this disease costly to our state, but it also has a significant detrimental impact on children and families.

Parents and caregivers who suffer with SUD expose their children to adverse childhood experiences, thus increasing the probability that kids will suffer from the same chronic illness.<sup>10</sup> According to data in the Adoption and Foster Care Analysis and Reporting System, caregivers suffering from SUD is frequently reported as a reason for removal, particularly in combination with child neglect.<sup>11</sup> According to recent case reviews, nearly 75 percent of Oregon foster care placements involved parental substance use disorder.<sup>12</sup> We must break the cyclical and generational nature of addiction.

In 2017, the Governor created the Opioid Epidemic Task Force as part of a statewide effort to combat opioid abuse and dependency. The Task Force consists of medical experts, drug treatment specialists, and government officials. Their mission is to identify and implement efforts to address growing opioid misuse and abuse across the state. Among other things, the Task Force has prioritized reducing the number of



narcotic pills in circulation, improving access to high quality treatment, facilitating data sharing, and the promotion of cutting edge education efforts.

In January 2018, the Governor issued Executive Order 18-01, which declared substance abuse and addiction to be a public health crisis in Oregon and called for the Alcohol and Drug Policy Commission (ADPC) to create a state plan around addiction, prevention, treatment, and recovery. Shortly thereafter she signed into law a related bill (HB 4137) requiring that the ADPC provide the legislature with recommendations for a strategic plan for addiction prevention and recovery.

## Childcare, Preschool, and Schools

It is well-documented that universal high-quality prekindergarten and early childhood programs are especially beneficial for children from low-income families.<sup>13</sup> Three early childhood studies found a range of return on investment between four and nine times for every dollar invested in early childhood programs that target low-income kids.<sup>14</sup>

However, these opportunities are out of reach for many Oregon families due to availability and cost. Oregon's preschool programs only reach 30 percent of eligible families,<sup>15</sup> and relative to income, Oregon is among the least affordable states for infant and toddler childcare in the country.<sup>16</sup>

Oregon has several preschool programs that seek to get kids in poverty off to a strong start: Preschool Promise, Oregon Prekindergarten, and Early Childhood Special Education.

13. Gormley, W. T. Jr., Gayer, T., Phillips, D., & Dawson, B. (2005). The Effects of Universal Pre-K on Cognitive Development. *Developmental Psychology*, 41(6), 872-884.

14. Center on the Developing Child (2009). Five Numbers to Remember About Early Childhood Development (Brief). Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu).

15. Preschool Promise, Oregon Prekindergarten, and Early Childhood Special Education/Early Intervention.

16. ChildCare Aware. (2017). Parents and the High Cost of Child Care. Retrieved from [https://usa.childcareaware.org/wp-content/uploads/2017/12/2017\\_CCA\\_High\\_Cost\\_Report\\_FINAL.pdf](https://usa.childcareaware.org/wp-content/uploads/2017/12/2017_CCA_High_Cost_Report_FINAL.pdf).



## Child Welfare

In 2017, there were a total of 11,077 children in the state found to be victims of abuse and neglect. Almost half of these children were younger than age six and more than a quarter of them were under the age of three. Oregon's child welfare system is meant to be a last resort for children and families experiencing crisis. Unfortunately, the current system and its staffing levels are being overwhelmed by need. Caseloads for child welfare caseworkers are too high. A 2017 audit by Oregon's Secretary of State found that caseworkers have three to four times the number of children on their caseloads as they should. In order to meet the current need, Oregon should have approximately 1,860 caseworkers to serve children and families involved in child welfare. As of May 2018, only 1,509 caseworkers were allocated to serve the growing number of children in Oregon's care.<sup>17</sup>

In addition, Oregon's out-of-home foster care placement rate is higher than the national average. Too many children end up in substitute care and remain for too long. In 2017, there were 4,065 children who entered foster care in Oregon. Currently there are too few options for the Department of Human Services to support families without removing children from their family homes. Many children who end up in foster care could remain safely at home if given the appropriate resources for families to keep them safe.

Shortly after Governor Brown assumed office in February of 2015, serious child abuse and financial fraud allegations were brought against Give Us This Day, a Portland based facility. In response to these allegations, Governor Brown commissioned a comprehensive independent review of child safety in substitute care (known as "the Public Knowledge Report"<sup>18</sup>), which was released in September of 2016. The Public Knowledge Report concluded that more appropriate placements could prevent abuse of youth and children in substitute care, and a coordinated response to abuse for youth in care could lead to earlier intervention and prevention of future abuse.

17. June 2018 DHS Monthly Child Welfare Report to the Governor

18. <https://www.oregon.gov/DHS/DHSNEWS/CWIndependentReview/Child%20Safety%20Substitute%20Care%20Independent%20Review%20Final%20Report.pdf>



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In response to these findings and recommendations, the Governor directed the Department of Human Services (DHS) to develop the Unified Child and Youth Safety Plan, which was released in February 2017. In the summer of 2017, the Governor appointed Fariborz Pakseresht, a talented, proven leader to become the new Director of the Department of Human Services. She directed him to rebuild the agency, based on his proven successes at the Oregon Youth Authority, where he created a culture based upon the principles of Positive Human Development.

In September of 2017, Director Pakseresht hired Marilyn Jones, an experienced foster parent and adoptive parent of two children from the foster care system. Jones was the District Manager in Baker City, Oregon for many years before being appointed to lead the Child Welfare program. Jones is a proven leader with more than 20 years of experience in hiring, training, and coaching caseworkers.

Under the direction of Directors Pakseresht and Jones, the agency has begun to implement the Unified Child Safety Plan, tracking key measures of progress toward Child Welfare system reform. The

19. <https://www.oregon.gov/DHS/ABOUTDHS/Child-Safety-Plan/Documents/UCYSIP-2-28-17.pdf>

20. <https://www.oregon.gov/gov/policy/Documents/Child%20Welfare%20Agenda-GOVERNOR%20KATE%20BROWN.pdf>



Governor has also mandated a monthly progress report from DHS Child Welfare, with updates to a dashboard of key child welfare indicators, and progress on implementation of data-driven changes to practices of screening, triaging, and responding to reports of abuse and neglect.

The Governor has released a detailed policy agenda entitled [Child Welfare Policy Agenda: Protecting Children, Promoting Families and Ending the Cycle of Poverty.](#)



## Strategy

*Governor Brown has spent her life fighting for children and families in both Oregon's courtrooms and the Capitol. She served as an attorney for children and parents involved with the foster care system and as an advocate for women and children in Salem.*

*Now, as Governor, she is fighting to address the root causes of why Oregon has so many children in the foster care system, and for all our children as we work together to provide our families with opportunities to build brighter futures.*

*Governor Brown convened the Children's Cabinet in 2017 to move people up to the middle class and provide hope to Oregon families. The Cabinet is made up of leading experts in health, housing, human services, early learning, and education from the public, private, and non-profit sectors. Together, the Cabinet has identified the highest priority concerns and existing gaps in services for working families and children who live in poverty. The Cabinet worked together to develop evidence-based solutions that will provide the biggest return on investment toward helping families be successful.*

*We know the amount of time a child spends in poverty significantly predicts their circumstances later in life. In order to create opportunities so all kids can thrive, we need to make deeper investments in early care and education, health supports, and housing for families. Governor Brown's comprehensive Children's Agenda includes detailed policy agendas for housing, education and child welfare, summarized below.*



## The Governor's strategy for supporting Oregon's children and their families:

- ONE:** *Prioritize ending children's homelessness.*
- TWO:** *Ensure Oregonians have access to health insurance coverage and increase overall health outcomes for children.*
- THREE:** *Increase access to evidence-based mental health and addiction prevention, treatment, and recovery services.*
- FOUR:** *Increase access to quality, affordable child care.*
- FIVE:** *Expand high-quality preschool for low-income children.*
- SIX:** *Ensure every child has access to a quality education by lowering class sizes for grades K-3 and longer school years for all children.*
- SEVEN:** *Help parents get a better job to support their families.*
- EIGHT:** *Finalize a comprehensive child welfare system based on positive human development and safely reduce the need for foster care.*



## **ONE:** Prioritize ending children's homelessness

*Increase emergency rental assistance through the state emergency housing account and the state homeless assistance program, protect renters from no-cause evictions, make resource investments to help address outsized rent increases, and build and preserve more affordable homes for children and families.*

The current housing market has made it increasingly difficult for Oregon families to provide the basic necessities for their children's futures, including a safe and stable roof over their heads. There is a well-documented need to help provide families with young children safe, stable, better, and more affordable housing options. Housing stability is foundational: it enables families to best engage with children's enrichment, early learning, and other proven activities to help children succeed.

- A. Develop 2,200-2,600 units of affordable owner and rental housing, with incentives for family-sized units and tailored services for homeless families, by doubling the current investment to \$160 million of bonding capacity for the Local Innovation and Fast Track Housing (LIFT) Program.
- B. Dedicate resources to address the homeless crisis by raising the Continuing Service Level to \$50 million for Emergency Housing Assistance (EHA) and State Homeless Assistance Program (SHAP). OHCS is working with Oregon's Housing Stability Council and the Community Action Partnership of Oregon to incorporate national best practices and outcome-oriented approaches to build on the success of these resources, and to deliver the most impactful results for homeless individuals and families.



**“Governor Brown has spent her life fighting for children and families in both Oregon’s courtrooms and the Capitol”**

- C. Prioritize the 23,000 homeless children currently attending Oregon schools with an intense focus on those students who are experiencing unsheltered homelessness. Governor Brown’s Children’s Cabinet, in conjunction with OHCS and the Department of Human Services’ Family Self-Sufficiency program, is encouraging interagency partnerships and coordination to support a \$20 million investment of flexible funding to achieve clear and measurable goals to permanently house more families with children.
- D. Preserve 400 units of existing, publicly-supported affordable housing by using \$25 million of bonding capacity. This investment is in alignment with data from the Oregon Affordable Housing Inventory and the publicly supported housing preservation program established by HB 2002 in the 2017 legislative session.
- E. Acquire at least 800 units in multifamily housing properties that offer rents at or below market rate, but do not currently have rent or income restrictions in place from public agencies, by using \$25 million of bonding capacity to create the “Acquisition of Naturally Occurring Affordable Housing” fund.



- F. Expand the individual development account program, which would approximately double the number of program graduates, to help families build assets and pathways out of poverty by increasing the tax credit cap from \$7.5 million to \$15 million annually.
- G. Build on successful strategies to increase low-income renters' access to and retention of private market rental housing, increase the resources to meet the housing needs of domestic violence survivors and their children, and enhance renters' access to legal resources by providing up to \$20 million in investments.

Complete details on the Governor's housing plans are available in [Housing Policy Agenda: Housing Stability for Children, Veterans, and the Chronically Homeless and Increased Housing Supply for Urban and Rural Communities](#).

## **TWO:** Ensure Oregonians have access to health insurance coverage and increase overall health outcomes for children

*We must continue to maintain health care coverage in Oregon, while at the same time sustaining the transformation of our overall system to further increase health outcomes at reasonable cost*

- A. Continue providing quality, affordable health care to 100 percent of Oregon children under 300 percent of the poverty line through Medicaid and the Children's Health Insurance Program (CHIP).
- B. Support home visitation programs that provide support to new parents and put them and their child on an early path to success.
- C. Provide culturally competent parenting supports to families by enhancing existing philanthropic and community-based partnerships.



- D. Work with coordinated care organizations to provide supplemental health screening for children and to provide childcare and transportation supports.
- E. Support community-based programs that build the capacity of parents and other professionals who work with children to support the mental and behavioral health needs of our children, especially in rural Oregon where access issues are significant.

Complete details on the Governor's plans for health care and behavioral health are available in [Healthy Oregonians: Sustaining the Oregon Model of Health Care Coverage, Quality, and Cost Management](#).

### **THREE:** Increase access to evidence-based mental health and addiction prevention, treatment, and recovery services

*Support services for families with young children, including a two-generation approach to treatment that simultaneously focuses on the needs of children and adults.*

- A. Include clear contracting standards for accountability and transparency in the delivery of behavioral health services provided through coordinated care organizations (CCOs) as part of new negotiated contracts.
- B. Complete the behavioral health workforce needs assessment called for in Oregon's Behavioral Health Collaborative report by February 2019, including licensed, unlicensed, certified, uncertified, and registered workforce.
- C. Expand in-home intensive behavioral health services for children and youth with specialized needs.



- D. Assess barriers to effective use of peer-delivered services and establish clear standards for effective and appropriate use of peer-delivered services as part of CCO re-contracting.
- E. Provide increased access to non-opioid alternative pain treatments.
- F. Reduce risk factors for suicide for Oregon youth and adults by implementing an Oregon Youth Suicide and Prevention Plan and an Adult State Suicide Prevention and Post-Prevention Plan.
- G. Create opportunities to train parents and other professionals who work with children to deliver culturally competent behavioral and mental health intervention services, particularly in rural Oregon.

## Increase access to quality, affordable childcare

*Expand access to quality childcare for low-income, working families so they can continue to work knowing their children are safe and educated while in care.*

- A. Expand access to high-quality infant and toddler childcare for working parents across Oregon that meet their cultural, linguistic, and scheduling needs. This program will provide levers for the state to strengthen the quality of infant and toddler care for low-income families as well as address compensation for these providers.
- B. Increase child care subsidies for low-income working families.
- C. Increase funding to Early Intervention/Early Childhood Special Education programs which support children with developmental delays and disabilities.
- D. Support the stability and growth of Oregon's childcare provider community by providing business education and supports.



**“Governor Brown convened the Children’s Cabinet in 2017 to move people up to the middle class and provide hope to Oregon families”**

**FIVE:** Expand high-quality preschool for low-income children

*Ensure kids in poverty get the early support they need to enter kindergarten ready to learn.*

- A. Expand high-quality preschool in the next biennium to an additional 10,000 low-income children, and 40,000 children in this group by 2025; Provide support to and monitoring of preschool programs receiving State funds to ensure they meet quality and equity objectives.
- B. Support the preschool workforce by improving its cultural and linguistic diversity and continuing to improve compensation through the creation of degree pathways from the AA to BA level that include financial support, as well as supports needed to work full-time and complete a degree. In addition, we must support on-going high-quality professional learning for preschool educators.



## Lower class sizes for grades K-3 and lengthen school years for all children

- A. Improve class sizes in grades K-3 by reducing averages to 20 students in kindergarten and 23 in grades one to three, consistent with the Quality Education Model.
- B. Require a 180-day school year to ensure all Oregon children receive sufficient instructional time.
- C. Create safe and effective schools that ensure all students and families feel welcome, valued, and safe. Reduce chronic absenteeism and improve learning outcomes by targeting new investments to enhance schools' capacity to provide critical counseling and mental health support, wrap around services – including services collocated in schools – to serve students and their families; enhance trauma-informed social and emotional learning; and effective implementation of early indicator and intervention systems.

Complete details on the Governor's plans for education are available in [Education Policy Agenda: Every Oregon Student Engaged, Empowered, and Future Ready](#).



**“In order to create opportunities so all kids can thrive we need to make deeper investments in early care and education, health supports, and housing for families.”**

## **SEVEN:** Help parents get a better job to support their families

*Through the Governor's Future Ready Oregon initiative, increase training and apprenticeship programs for the jobs of the future that help adults get a better job.*

- A. Increase career-connected learning opportunities in all schools and community colleges.
- B. Expand registered apprenticeship opportunities in high-growth, non-traditional occupations (manufacturing, information technology, health care, and others).
- C. Support construction entrepreneurs to become licensed contractors and develop a skilled workforce, especially in rural areas.
- D. Support companies and workers in rural areas, communities of color and Oregon's nine tribes to increase the skills of individuals and fill in-demand jobs. Develop the core competencies needed across the health care industry for non-licensed, non-certified health care occupations and connect this training pathway to the broader health care career pathway, ensuring workers have on and off ramps as they continue to develop their skills.



## **EIGHT:** Finalize a comprehensive child welfare system based on positive human development and safely reduce the need for foster care

*Oregon's child welfare system is meant to be a last resort for children and families experiencing crisis. Unfortunately, the current system and its staffing levels are being overwhelmed by need. The Governor believes strongly that to improve the lives of Oregon's children we must focus on the root causes that are overloading the current system. But when kids do enter the foster care system, we must make sure the system responds to their unique needs and situation, and gives them and their families the best chance for future success in life. To achieve this, we must:*

- A. Quick, safe, and complete case management that provides more consistent and targeted support
- B. Promote healing for kids by providing the right placements
- C. Provide high-quality support for foster parents.
- D. Ensure caseworkers have the tools and resources to support families and protect children.
- E. Complete the centralization of Oregon's child abuse hotline.
- F. Improve outcomes for youth involved with the child welfare system and reduce the total lifetime expenditures on child welfare.

Complete details for the Governor's plans for improving Oregon's Child Welfare system are available in [Child Welfare Policy Agenda: Protecting Children, Supporting Families, and Ending the Cycle of Poverty](#).

