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## Agenda

### Health Care Integration Workgroup

Tuesday, March 10, 2020

9:30 – 11:00am

1. Welcome and Introductions
2. Special Guest Speaker: Intern Katy Berns
  - Adverse Childhood Experiences (ACES)
  - Adverse Childhood Experiences (ACES) and How to Prevent them
3. Digital Safety for Kids & Teens
  - Review of last month's discussion
  - Numbers from events:
    - 1<sup>st</sup> presentation (2-7 yo) - 26 attended
    - 2<sup>nd</sup> presentation (8-17 yo) – 50 attended
4. Public Charge Rule
  - Rule took effect on Monday, February 24
  - Public Charge Fact Sheets
5. Reach Out Oregon
  - What is Reach Out Oregon?
  - Website, Warmline
6. Oregon's Sustainable Health Care Cost Growth Target Committee
  - What is SHCCGTC?
7. OHA Coronavirus Update
8. Student Success Act: Coordinated Enrollment
  - Hub Collaborative
  - Timeline
  - Coordinated Enrollment Specialist
9. Oregon Preschool Development Grant
  - SNAC Committee

**2020 meetings - 2nd Tuesday of each month from 9:30 – 11 AM**

Inform and facilitate the alignment of EL Hub outcomes with health care sector initiatives.

- Strengths & Needs Assessment
- State Mapping

10. Strategic Plan Outcome Measures – Lynn

11. Oregon Nutrition Day Conference

12. Next meeting: Tuesday, April 14, 2020, 9:30-11:00am, Samaritan Pediatrics, 777 NW 9<sup>th</sup> Street, Corvallis

**2020 meetings - 2nd Tuesday of each month from 9:30 – 11 AM**

Inform and facilitate the alignment of EL Hub outcomes with health care sector initiatives.

# Know the FACTS about Public Charge!

The new federal public charge rule will take effect on February 24, 2020. It will **NOT** be retroactive.

The Oregon Department of Human Services wants you to **know the facts about Public Charge** before making decisions to go without public benefits that are vital for your health and health of your families:

- 1. Public Charge does not apply to every immigrant.**
- 2. Many public benefits don't count toward Public Charge.**
- 3. Public benefits your children or family members get don't count against you in the Public Charge test.**
- 4. Just getting public benefits alone does not make you a public charge.**
- 5. Stay informed. Things could change. You are not alone.**  
**There is help. For legal help visit:**  
**[oregonimmigrationresources.org](http://oregonimmigrationresources.org) or call 1-800-520-5292.**





## ¡Conozca los HECHOS sobre CARGA PÚBLICA!

La nueva regla federal de carga pública entra en vigor el 24 de febrero de 2020.  
**No** será retroactiva.

El Departamento de Servicios Humanos de Oregon quiere que **usted sepa los hechos sobre carga pública** antes de cancelar sus beneficios públicos que son importante para su salud y la de su familia:

- 1. La CARGA PÚBLICA no se aplica a todos los inmigrantes.**
- 2. Muchos beneficios públicos no cuentan hacia la CARGA PÚBLICA.**
- 3. Los beneficios públicos que reciben sus hijos u otros miembros de la familia no cuentan para determinar si usted es CARGA PÚBLICA.**
- 4. Simplemente obtener beneficios públicos para si mismo no lo hace una carga pública.**
- 5. Manténgase informado. Las cosas podrían cambiar. No está solo. Hay ayuda. Para ayuda legal visite [oregonimmigrationresource.org](http://oregonimmigrationresource.org) o llame al 1-800-520-5292**



# REACH OUT OREGON



Reach Out Oregon is providing a statewide telephone and chat service providing support for parents and caregivers. Individuals can call or chat online about their children who experience emotional, behavioral, or physical health, intellectual or development disabilities, or educational issues. The Parent “warmline” is available at 833-REACHOR (833-732-2467) to provide support by phone or via the Reach Out Oregon website at <https://www.reachoutoregon.org/> for chat, email and Facebook messaging. Hours are noon to 7pm Tuesday through Thursday, and messages can be left at any time. The service is staffed by certified Family Support Specialists who have training and personal experience in parenting children with emotional, developmental or physical health concerns. Parents and caregivers can get assistance with navigating the complex and complicated system of services, day-to-day practical tools for parenting children with challenging behaviors or issues, and just plain support and understanding from someone who “has been there.”



Oregon Family Support Network Mission Statement: We are families and youth working together to promote mental, behavioral and emotional wellness for other families and youth through education, support, and advocacy.

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Salem, OR 97302  
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Oregon's Sustainable Health Care Cost Growth Target Committee, appointed by Governor Kate Brown, has recommended that Oregon's annual target for health care spending growth be set at 3.4%. The first year of the target would be 2021. This is the first step in setting an expectation that health care costs can't continue to grow faster than the state's economy and wages. The committee's recommendations must be approved by the Oregon Health Policy Board and the Legislature.

The Sustainable Health Care Cost Growth Target is modeled after a program in Massachusetts that has saved \$5.5 billion for consumers between 2013 and 2016. Rhode Island, Delaware, and Connecticut have also adopted similar programs.



- The Oregon Health Authority will begin weekly updates on persons under monitoring and persons under investigation for novel coronavirus, COVID-19, as state epidemiologists, local public health officials and federal partners continue their investigation of the disease that has sickened tens of thousands of people worldwide.

Beginning on Tuesday, February 25th, and continuing every, OHA will post data on persons under monitoring (PUMs) and persons under investigation (PUI) on its website, <http://healthoregon.org/coronavirus>. PUMs are individuals who do not have COVID-19 symptoms such as fever, cough or difficulty breathing, but who may have been exposed through a close contact with a confirmed case or travel to mainland China. PUIs are individuals with COVID-19 symptoms -- but not necessarily the virus -- who have had one of these exposures.

"We recognize people are very worried about COVID-19, particularly given that we don't know everything we wish we could know about how it's transmitted," said Lillian Shirley, director of the OHA Public Health Division. "People need to understand their real risks and feel confident the state and their local health departments are working hard to protect their health. We hope sharing these PUM and PUI data will help do that."

Shirley emphasizes there still are no cases of COVID-19 in Oregon. Because there are no cases, risk to the public remains low.

The posted data will include current numbers of Oregon PUMs, as well as cumulative numbers of PUMs who have been monitored since the outbreak began. It also will include numbers of persons for whom test results are pending, positive, and negative, and total tests performed.

If a person under investigation tests positive for COVID-19, OHA will notify the public through a statewide press release along with the person's county of residence.

More information on COVID-19 can be obtained by calling 211.





<b>FEBRUARY</b>	<b>MARCH</b>	<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>	<b>JULY</b>	<b>AUGUST</b>	<b>SEPTEMBER</b>	<b>ONWARD!</b>
2/24-25 Learning Collaborative			5/4 Intent to Awards Issued	6/1 Agreements Fully Executed			9/30 Preschool Promise fully enrolled, services started	

**HUB TASKS**



**ELD TASKS**

- » Create implementation guiding principles for selection priorities (discuss at Learning Collaborative)
- » Create draft position description (SRC share at Learning Collaborative)
- » Share timing of funding
- » Complete Hub coordinated enrollment grant scope of work
- » Determine selection priorities
- » Communicate with RFA applicants about coordinated enrollment placements
- » Create process to onboard eligible families that are already attending a PSP
- » Create minimum requirements for intake forms
- » Communicate with school districts on selection and placement
- » Create guidance on dialogue between Hub and Preschool Promise providers
- » Support K transition planning





KEY INDICATOR

03 Dual Language Learners

Rationale / Relevance

Research shows that young dual language learners are more successful in school and later in life when they develop strong language and literacy skills in both their home language and English.<sup>1</sup> While meeting the educational needs of children who speak languages other than English is an ongoing challenge to educational systems, supporting positive language development in children's home languages as well as English can have profound long-term benefits. Communities with higher proportions of dual language learners will need to expand the resources available to provide linguistically appropriate services to these families and children. These communities may also need to invest more resources in expanding the early learning provider workforce to ensure high-quality linguistically diverse providers are affordable and available to these families.

Oregon Overview

Approximately 21% of children 5-17 years old speak a language other than English. Counties range from a low of 3% to a high of 39%.

Important Note

Estimates of infants and children are based on the most recent available five-year U.S. Census Bureau's American Community Survey (ACS) data. However, these estimates have significant margins of error especially for small counties so must be interpreted with caution. See Appendix C for further information about Margin of Error.

Table 3. Children 5-17 who speak a language other than English

POPULATION L = LOW / LM = LOW MODERATE / HM = HIGH MODERATE / H = HIGH

County	#	Total Population	%	Margin of Error	Level
Baker	206	2,328	8.85	4.9 - 12.8	LM
Benton	2,003	11,056	18.12	15.5 - 20.8	HM
Clackamas	10,665	66,570	16.02	14.9 - 17.2	HM
Clatsop	621	5,380	11.54	9.2 - 13.9	LM
Columbia	259	8,450	3.07	1.6 - 4.5	L
Coos	702	8,596	8.17	6.2 - 10.1	LM
Crook	398	3,246	12.26	7.8 - 16.7	HM
Curry	229	2,549	8.98	3.8 - 14.2	LM
Deschutes	1,982	27,882	7.11	5.5 - 8.7	L
Douglas	675	15,453	4.37	2.8 - 5.9	L
Gilliam	*	321	*		NA
Grant	58	995	5.83	0.9 - 10.8	L
Harney	91	1,135	8.02	4.0 - 12.1	L
Hood River	1,600	4,145	38.60	32.9 - 44.3	H
Jackson	4,440	32,351	13.72	12.2 - 15.3	HM
Jefferson	978	3,980	24.57	20.0 - 29.2	H
Josephine	836	12,510	6.68	4.9 - 8.5	L
Klamath	1,174	10,249	11.45	9.5 - 13.4	LM
Lake	71	1,047	6.78	3.0 - 10.6	L
Lane	5,464	50,754	10.77	****	LM
Lincoln	907	5,841	15.53	12.5 - 18.6	HM
Linn	2,034	20,550	9.90	8.2 - 11.6	LM
Malheur	1,723	5,607	30.73	26.2 - 35.2	H
Marion	21,064	60,972	34.55	****	H
Morrow	801	2,255	35.52	29.7 - 41.4	H
Multnomah	31,018	108,397	28.62	****	H
Polk	2,452	13,945	17.58	14.9 - 20.2	HM
Sherman	*	186	*		NA
Tillamook	448	3,656	12.25	7.9 - 16.7	LM
Umatilla	4,571	14,401	31.74	29.7 - 33.8	H
Union	222	4,241	5.23	3.3 - 7.1	L
Wallowa	32	923	3.47	0.8 - 6.2	L
Wasco	785	4,169	18.83	14.1 - 23.6	HM
Washington	28,308	100,341	28.21	27.3 - 29.1	H
Wheeler	*	168	*		NA
Yamhill	3,435	17,753	19.35	17.6 - 21.1	HM
<b>Oregon</b>	<b>130,299</b>	<b>632,402</b>	<b>20.60</b>	<b>20.2 - 21.0</b>	

Source: 2017 ACS 5-year estimates, Table B16007

Asterisk (\*) indicates data are suppressed due to small sample size; \*\*\*\* = ACS estimates controlled for these counties. See Appendix C for further information about Margin of Error.

1 <https://eclkc.ohs.acf.hhs.gov/culture-language/article/home-language-support>

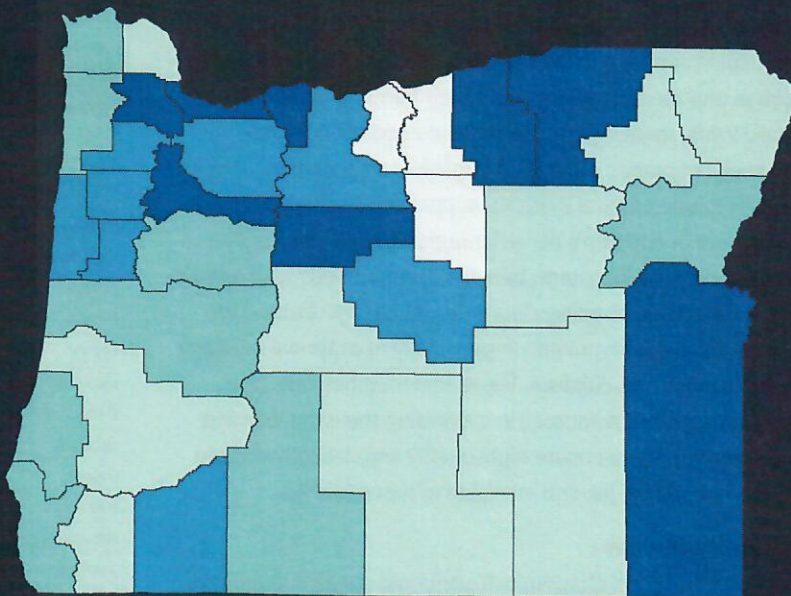


### Map 2. Children 5-17 who speak a language other than English

- Low** 3.07-8.02%
- Low-Moderate** 8.03-12.25%
- High-Moderate** 12.25-19.35%
- High** 19.35-38.60%
- Not Available**

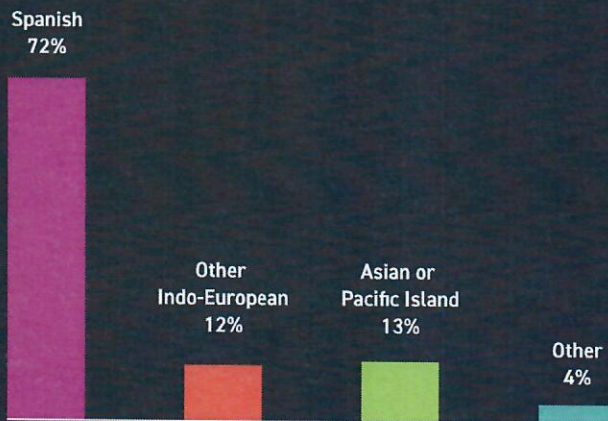
#### State Total

130,299  
21%



### Figure 2. Percentage of 5-17 year olds speaking the following languages

*of those who speak a language other than English*



Data Information: Percentages of each non-English language category are for the population of children aged 5-17 who speak a language other than English. Numerators are number of children 5-17 who speak Spanish, Other Indo-European language, Asian or Pacific Island language, or Other language. Denominator used for each of these language categories is the number of children who speak a language other than English. Counties are assigned a Population Level based on their relationship to the state average of children 5-17 years old who speak a language other than English. Counties above the state average are in the High-Moderate Population or High Population categories while counties below the state average are either in Low-Moderate Population or Low Population categories.

Source: 2017 ACS 5-year estimates, Table B16007



# Conclusions & Recommendations

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## **Current Strengths, Opportunities & Challenges for Oregon's Early Learning System**

The PDG B-5 Strengths and Needs Assessment has identified a number of challenges for Oregon's Early Learning System and the ECE Sector. At the same time, there are opportunities to build on strengths and ongoing work to better support Oregon's children. These strengths and opportunities are summarized below.

### **Increasing Cultural & Linguistic Diversity**

While children and families from historically marginalized linguistic and racial/ethnic communities disproportionately face challenges in achieving positive academic and other outcomes, Oregon's rapidly changing demographic profile represents an opportunity for the state to more deeply cultivate and support this rich social heritage throughout its institutions and systems. Recent findings in national polls suggests that well over half of all Americans see increasing cultural and racial diversity as having positive effects on society<sup>1</sup>; economic analysis backs up this perception in terms of the positive overall economic impact of the immigrant workforce.

Further, linguistic and cultural diversity clearly exists statewide, calling for statewide investments and efforts to strengthen the ability of the Early Learning System and ECE Sector programs to provide linguistically and culturally appropriate services. While in the past Oregon's rural, and especially frontier, regions have not had significant shares of Oregon's diverse children and families, this has changed. These communities will need to be adequately resourced to provide appropriate services to the children living there.

### **Progress on Children's Health Insurance Coverage & Early Developmental Screening**

Oregon is a leader nationally in ensuring that children have health insurance, as well as in conducting early developmental screening for children. At the same time, community and stakeholder input suggests that there is much work to be done to build on these strengths, creating a stronger system that assists families whose children may have early developmental delays to engage in supportive services. Further, geographic areas in which screening rates are low should be addressed with focused efforts to ensure

these important early screenings are happening for all children.

### **Strong Cross-Sector Support for Coordinating Work for Children Ages 0-5**

In developing *Raise Up Oregon*, the ELD has ensured strong cross-sector support at every phase, and there is a strong commitment across state agency partners to working collaboratively to implement *Raise Up Oregon* strategies and monitor progress. This commitment is reflected in the ELD's governance structure (the cross-agency Early Learning Council) and the progress shown in creating shared cross-sector outcome metrics (Measuring Success) and implementation teams (Raise Up Oregon Interagency Implementation Committee).

### **Oregon's Current Political Landscape**

In moving forward, it is important to call out the current political landscape which reflects widespread support for early childhood. This culminated in the Spring of 2019 with the Oregon legislature's historical passage of House Bill 3427, the Student Success Act (SSA), which invests \$2 billion dollars in Oregon's education system. Notably, 20 percent of that budget, or \$400 million, will fund the Early Learning Account (ELA) and thus support early childhood programs and services—a clear recognition of the importance of starting early to close opportunity gaps and set kids on a path to success.

The ELD is responsible for implementing the majority of the investments made through the ELA. These investments will ensure that more of Oregon's youngest children in low-income families can enter school ready to learn. Annual funding of \$200 million will support the expansion of existing early care and education programs for infants, toddlers, and preschoolers and their families. In addition, the funding creates new programs, including an Equity Fund, a parenting education program, and a new state investment in the early childhood workforce. This investment—when paired with current programs—will help the ELD reach approximately 15,000 children, or 15 percent of children living in low-income families and approximately 60 percent of families in poverty.

The SSA will build on those aspects of the ECE Sector and Early Learning System that are working well, and strengthen the ability of the ELD to proactively address the priority needs summarized below.

<sup>1</sup> <https://www.pewsocialtrends.org/2019/05/08/americans-see-advantages-and-challenges-in-countrys-growing-racial-and-ethnic-diversity/>; (Bove, V., & Elia, L., 2017. Migration, diversity, and economic growth. *World Development*, 89, 227-239.)



## **Key Findings: Unmet Needs for Children Birth-Five & their Families**

Findings in this report both underscore some of what is well-known to Oregon's state and local leaders, as well as pointing to areas where additional focused work is warranted.

### ***Priority areas for strengthening the ECE Sector:***

#### **Expanded funding for high-quality, affordable early childhood education programs for children from infancy to preschool.**

The SSA described above presents a tremendous opportunity to strengthen the availability of ECE Sector programs in Oregon. In doing so, however, it will be critical to make focused investments to ensure these programs are high quality and culturally and linguistically responsive. Research has long demonstrated that early learning programs can be highly effective in supporting children to start school with needed social, cognitive, and language skills. However, this research also makes it clear that to achieve such successes, programs must meet nationally recognized standards of quality. While high-quality early learning programs can help ameliorate community and family risk factors, low quality programs can have a detrimental impact on children's well-being. Supporting quality programs requires funding in two critical areas: first, for the professional development and continuous improvement programs that providers need to meet young children's needs and second, for pay increases that reflect the importance of this work and contribute to quality indirectly by retaining well-trained and competent early learning providers in the field. While there can be a tension between making investments in availability—funding more slots or programs—and the need to make investments in the workforce, both are critical in ensuring that Oregon can improve children's long-term academic success.

#### **More focused early learning investments to support children in greatest need.**

While these data make it clear that Oregon's children on the whole are not meeting their potential to succeed during the early years, perhaps even more striking are the academic disparities in these outcomes for children from low-income environments and children from racial, ethnic, and linguistic minority groups. Additionally, resources should be targeted at counties that reflect both the highest overall family and community risk levels and lower access to quality early learning and other support services. While these are often rural/frontier communities, there is clearly variability that will require more nuanced local analysis.

#### **More supports for linguistically—and culturally—diverse families and providers.**

As noted above, programs, communications, and systems need to better meet the needs of linguistically- and culturally-diverse families. Results of prior focus groups repeatedly highlighted the lack of even such basic supports as translated communications and other program materials. Moreover, many providers who serve these communities lack access to evidence-based coaching, mentoring, and other supports for professional development. While Oregon's ELD has made a strong commitment to creating a mixed-delivery model for early learning programs, this creates additional challenges for the system. Specifically, they must develop ways to provide needed supports to home-based and other providers who may be less likely to be affiliated with existing professional development systems. At the same time, cultivating the strengths of these providers in working with culturally-diverse families represents an exciting opportunity to better meet the families' needs.

#### **More affordable and accessible professional development opportunities for early childhood care and education providers, especially those living in rural communities.**

At the same time, however, the system of supports for providers must also reflect principles of best practice for adult learning and behavior change—specifically, through investing in high-quality coaching, mentoring, and job-embedded professional learning that includes regular teacher observations and feedback. Again, increasing the number of opportunities is not sufficient—the type of professional development provided is critically important.



### **Increased pay and pay equity across early childhood settings and with teachers in the K12 system.**

As Oregon strives to increase quality in early learning settings, providers are increasingly asked to earn college degrees and other professional certifications. This process, while important, can be costly and time consuming for providers. Additionally, many early learning professionals who do obtain 4-year degrees do not stay in the early learning field, instead choosing higher-paying jobs in the K-12 sector. To truly retain a quality, highly educated workforce, expansions of policies such as those integrated into the state's Preschool Promise program requiring higher salaries for early learning professionals will be critical.

### **Increase engagement in Spark as a mechanism for increasing quality.**

Currently, as reflected in this report, the percentage of child care providers who have achieved a Spark rating of 3 is dismally low. Revisions of the Spark system to shift the focus towards continuous program improvement are ongoing. Moreover, results of this study found that program leaders (directors, owners) are not getting the help they need to provide ongoing, continuous quality improvement efforts for their programs. Thus, creating more pathways for ensuring that providers can successfully engage in quality improvement systems such as Spark—for example by increasing access to professional development opportunities as described above—will be important moving forward.

### **Expanded use of evidence-based supports and models for meeting children's social, emotional, and behavioral needs.**

The need for more and better models for supporting children's self-regulation, social-emotional, and behavior development is highlighted both by prior needs assessments and by the PDG B-5 Provider Survey data. This is particularly clear in the finding that early learning providers across a variety of settings are asking children to leave care at high rates. These providers include professionals working in both home-based and center-based models, and across geographic and cultural groups. At the same time, research shows us that the number one challenge reported by kindergarten teachers in helping young children to achieve early academic success is children's behavior. This points to several needs in the current early learning professional development system:

- ▶ **More evidence-based coaching, mentoring and support** for early learning providers focused on children's social-emotional development. Early childhood mental health consultation is one such approach, and one that could provide quality job embedded professional learning in tandem with training professionals to implement evidence-based social emotional learning curricula;
- ▶ **More training and professional development to develop a trauma-informed workforce** that can help address and ameliorate the effects of children's Adverse Childhood Experiences (ACEs);
- ▶ **Continued expansion and strengthening of evidence-based and evidence-informed programs focused on parenting practices** to support children's social emotional development at home;
- ▶ **More evidence-based and evidence-informed programs aimed at supporting children and families to successfully transition to kindergarten.** These programs can have significant benefits not only to children who have not been in formal preschool programs but also improve the likelihood of later school success by creating a more aligned path between 0-5 programs and K-12 programs.

### **Creating ECE sector programs that meet the full range of family needs for full-day, flexible and extended day programs.**

Data highlight the number of children living in families with working parents who are likely to need full-day early learning programs as well as programs that can more flexibly accommodate their work schedules. Oregon has an opportunity to do smaller-scale pilots of different models for providing more flexible services that could potentially be replicated or scaled up in subsequent years.

### **Creating an integrated early childhood data system.**

As described in Section 2 of this report (Supports for Resiliency) the B-5 PDG Needs Assessment research team faced significant obstacles in identifying and successfully compiling important early learning and cross-sector data needed to more fully understand the unmet needs of Oregon's young children, their families, and the systems that serve them. The lack of consistently collected data reflecting even such basic information as enrollment in key publicly funded early learning programs and demographic information about those being served will continue to be a barrier to efforts to monitor progress and focus quality improvement. The



lack of an integrated client-level data system further impairs the effectiveness of the delivery system, a challenge that has been known in the state for decades. Without such a system, families must complete duplicative enrollment and eligibility forms and programs must operate without key information about the services that families might need and/or be using. This is a serious gap that needs to be addressed in order for the ELD to have critical, foundational information about the preschool services being provided through these programs and to help local programs to better help families navigate the complex early learning system and meet families' complex and overlapping needs.

## Priority Areas for Strengthening Cross-Sector & Other Systems Work to Support Healthy, Stable Families

### Childhood Poverty

Childhood poverty remains one of the most important risk factors undermining the well-being of Oregon's children. In Oregon, almost 1 in 4 young children are living in poverty, a rate exceeding national estimates of 17-20%. Supporting children who live in poverty through interagency work that ensures that their families have adequate supports to provide safe and stable housing, sufficient food and nutrition, and adequate health insurance and health care, is foundational to their well-being. Without these supports, the goals of improving school readiness and ensuring academic success are likely to remain out of reach. Such support work should recognize the realities of Oregon's working poor and the fact that childhood poverty in Oregon does not necessarily reflect low employment rates (although these certainly exist especially in some communities). Indeed, data in this report indicate that while the statewide rate of children living in families with no working parent is somewhat lower than might be expected compared to national statistics, more children are actually living in poverty.

### Housing and Homelessness

It is already widely known that Oregon is facing a housing crisis. Data in this report highlight the geographic areas with high rates of K-12 students who are homeless—many of which are in rural and frontier counties. Many counties face a combination of lack of affordable housing, low rates of families receiving housing subsidies, and high rates of homeless students. Safe and stable housing is fundamental to children's success in school and this area warrants significant cross-sector support for investment.

## More assistance to help early learning programs utilize braided and blended funding.

Use of multiple funding sources can allow programs to serve greater numbers of children, particularly children of color, children with special needs, and children from under-resourced environments. However, results of the PDG B-5 Provider Survey clearly show that some of the primary barriers to the use of multiple funding streams are the different standards and reporting requirements. Efforts to streamline the different requirements of multiple sources or to support providers in meeting those requirements could increase the efficient blending and braiding of early childhood funds.

## Ongoing Initiatives to Address Priority Needs in the Early Learning System

The three major areas in which the ELD is working towards improved quality within the ECE sector include: (1) Expanding opportunities for family voice; (2) Revising the state's QRIS system (Spark) to increase its usefulness for sustaining and increasing program quality; and (3) Strengthening inclusive practices across early learning programs. These are summarized below.

### Expanding Family Voice in Early Childhood Sector Planning and Decision Making

Because Oregon has invested in building regional early childhood systems through the Early Learning Hubs, the state will leverage these community systems for its strategy to strengthen family voice, leadership, and engagement in each region. Oregon proposes to more comprehensively integrate families into the ongoing governance and leadership of the Early Learning Hubs—providing opportunities for parents from each region of the state to be actively engaged in directing the expansion of the state's mixed delivery system. Parents of young children are already required members of the Stewardship Committees, which were formed by Early Learning Hubs to oversee and lead the development of comprehensive ECE Sector plans. The Regional Stewardship Committees are using PDG B-5 Needs Assessment data to determine which families and children will be prioritized for enrollment in publicly-funded, high-quality ECE programs, which puts family voice at the center of this key planning process. Additionally, the ELD is working to increase requirements and pathways for family voice and leadership in regional Hub governance. Currently, the plan for moving forward with ECE expansion is to ensure that all regional Hubs form, convene, support, and empower Parent Councils that will become a permanent component of the state's regional early learning system infrastructure and will functionally



be aligned with and linked to each Early Learning Hub's Governance Council.

### **Increasing Usefulness of Spark for Families**

Oregon's QRIS was launched in 2012, and was rebranded and revised in 2015 as part of the state's Early Learning Challenge grant. A validation study in 2018 showed little difference among Spark's rated tiers (3-5), which led to an examination of the program through engagement with parents and providers.<sup>1</sup> However, programs at levels 1 or 2 demonstrated generally lower quality care than programs at a 3-star or higher. The feedback from families was that Spark was not useful to them because (1) the standards did not resonate with them, including the fact that there were no standards around family engagement or cultural specificity; and (2) there were not enough top-rated programs in their communities—or even any rated programs. These conversations led to a plan to revise Spark, with a primary goal being to improve how information is communicated to parents.

### **Refining the Spark System for Continuous Quality Improvement**

Oregon is beginning a process to revise its QRIS system to strengthen the focus on continuous quality improvement for all provider types. Currently Spark is a static rating system where programs complete a binder-based portfolio—sometimes with the support of a Quality Improvement Specialist (QIS)—and receive a rating based on the contents of the binder that continues for the life of their program, unless there are findings determined through the licensing renewal process. Changing this approach will require building the capacity of QISs to provide practice-based/job-embedded support for both administrators and ECE educators. Oregon has been doing this in a variety of ways—including using the Ounce of Prevention's Lead, Learn, Excel training with communities of practice for all existing QISs. Oregon will implement this curriculum building on its existing credentialing curriculum for coaches and QISs.

### **Increasing Inclusive Practices Across the ECE Sector**

Oregon has received an additional \$75 million to support IDEA Parts B and C, and will use PDG B-5 funds to expand the use of inclusion specialists who can help ensure that these funds are used to increase the number of children in inclusive settings. Moreover, there is statewide and local work ongoing to increase access to evidence-based social emotional learning programs and curricula.

### **Improving Efficiencies in Program Funding and Administration**

Oregon has a long history of coordinating Federal and State funding. For example, Oregon utilizes state dollars to fund an expansion of the Head Start program and all slots are truly dual-funded. Oregon's Head Start Collaboration office has supported the development of an MOU with Region 10, which outlines aligned monitoring, technical assistance, professional development, and reporting to create a seamless blended funding model for Head Start grantees in Oregon.

Despite the progress to date, the state needs to do much more to address ECE program silos and promote the efficient use of resources to deliver ECE programs that meet the diverse needs of Oregon's children and families. The Strategic Plan has called for greater alignment and harmonizing of early intervention, state preschool, and CCDF child care assistance funds to scale inclusive ECE programs that meet the scheduling needs of working families.

To address these challenges, Oregon is using initial PDG B-5 funds to facilitate interviews with Early Intervention/Early Childhood Special Education (EI/ECSE) providers implementing supportive inclusion models throughout the state to document promising practices and regulatory barriers to blending and braiding funding. This work will be informed by a crosswalk of the most common regulatory differences in programmatic requirements for EI/ECSE and the major early learning funding streams, including eligibility criteria, priority populations, enrollment processes, funding levels, and payment mechanisms. The final report to ELD will include both programmatic as well as policy implications, and will identify the most pressing challenges, critical opportunities, and potential policy directions to increase providers' ability to successfully blend and braid EI/ECSE and other early learning funding streams.

### **Conclusions**

Over the past decade, Oregon's commitment to funding and strengthening its early childhood education sector has steadily grown, reaching an historic level this year with passage of the Student Success Act and Early Learning Account. The state now faces a number of challenges in ensuring that investments are made in a way that ensures that families have equitable access to affordable, high-quality early care and education services and that there is a well-prepared, high-quality, and diverse workforce. Addressing these challenges will take not just expanding the availability of ECE programs, but ensuring that expansion occurs in tandem with

<sup>1</sup> <https://health.oregonstate.edu/sites/health.oregonstate.edu/files/early-learners/pdf/research/qr-is-study-1-report-executive-summary.pdf>



quality improvement. There must be sufficient resources invested to make substantive changes in the infrastructure and systems that support quality programming and that dismantle systems that have created inequity in access and outcomes. With these goals in mind, Oregon is well-poised to make the courageous and strategic investments needed, guided by *Raise Up Oregon* and informed by the current strengths and needs assessment, as well as by the work planned for the months and years ahead.

## STRATEGIC PLAN OUTCOME MEASURES, 2015–2020

The scope of this plan is limited by a lack of key data, especially at the county level. As we continue to work together to improve oral health in our region, we will need to gather new data, identify new problems, and assess the effectiveness of our interventions. We believe that the strategies recommended in this plan will make these tasks easier to accomplish.

### Priority Area 1: Infrastructure

	Target Date
The Benton, Lincoln, Linn Regional Oral Health Coalition's oral health coordinator and a consultant complete a directory of regional oral health data	2016
All IHN-CCO boards and advisory bodies include at least one dental professional	2016
Oral health is comprehensively integrated into IHN-CCO activities, as described in <i>Infrastructure Objective 2, Strategy 1</i>	2017
Oral health coordinators serve each county through public health departments, nonprofits and other entities	2017
All school-based health centers (SBHCs) integrate oral health promotion and education	2018
All federally qualified health centers (FQHCs) integrate oral health promotion and education	2018

### Priority Area 2: Prevention And Systems Of Care

	Most Recent	2020 Target	Change %	Data Source
Pregnant women on OHP/Medicaid who had their teeth cleaned within the previous year	53.2% <sup>1</sup>	58.5%	10% ↑	IHN-CCO
Children 0 to 5 on OHP/Medicaid with a dental visit in the previous year	24.4% <sup>2</sup>	26.8%	10% ↑	IHN-CCO
Third graders on OHP/Medicaid with decay experience	58% <sup>3</sup>	52.2%	10% ↓	IHN-CCO
Children ages 6 to 9 on OHP/Medicaid with dental sealants on one or more permanent molars	38.1% <sup>3</sup>	41.9%	10% ↑	IHN-CCO
Eighth graders on OHP/Medicaid with decay experience	70.1% <sup>4</sup>	63.1%	10% ↓	IHN-CCO
11th graders on OHP/Medicaid with a dental visit in the previous year	74.5% <sup>4</sup>	81.2%	10% ↑	IHN-CCO
Adults 18 and older on OHP/Medicaid with a dental visit in the previous year	63.8% <sup>5</sup>	70.2%	10% ↑	IHN-CCO

Note: The outcome measures for this priority area align with those specified in *The Strategic Plan for Oral Health in Oregon: 2014–2020*. The sources for recent statewide data are listed below; data for OHP/Medicaid enrollees will come from IHN-CCO.

- Centers for Disease Control and Prevention, *Pregnancy Risk Assessment Monitoring System (PRAMS)*, 2011.
- Most recent data is from Centers for Disease Control and Prevention, *Pregnancy Risk Assessment Monitoring System 2 (PRAMS-2)*, 2011, and is specific to children ages 0 to 3. Future measurements will use Division of Medical Assistance Programs (DMAPI) data for children ages 0 to 5.
- Oregon Health Authority, *Oregon Smile Survey*, 2012.
- Oregon Health Authority, *Oregon Healthy Teens Survey*, 2013.
- Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System (BRFSS)*, 2010.



## Strategic Plan Preliminary Results – 2020 draft

### Priority Area 1: Infrastructure

	Target Completion Date	Status
The Benton, Lincoln, Linn Regional Oral Health Coalition's oral health coordinator and a consultant complete a directory of regional oral health data.	2016	Completed
All IHN-CCO boards and advisory bodies include at least one dental professional.	2016	Completed
Oral health is comprehensively integrated into IHN-CCO activities.	2017	In Progress, expected to be completed in 2020.
Oral health coordinators serve residents in each county through public health departments, nonprofits and other entities.	2017	Completed
All school-based health centers (SBHCs) integrate oral health promotion and education.	2018	Completed
All federally qualified health centers (FQHCs) integrate oral health promotion and education.	2018	Completed

### Priority Area 2: Prevention & Systems of Care

	Baseline	Current	2020 target	% Change Result	Data source	
Maintain or expand community access to optimally fluoridated water.	Benton	2	2	Sustain or increase	0%	Water Quality Report
	Lincoln	0	0	Sustain or increase	0%	Water Quality Report
	Linn	3	3	Sustain or increase	0%	Water Quality Report
Children 0 to 5 on OHP/Medicaid with a dental visit in the last year.	35.8%	34.8%	10%↑	2.8%↓	IHN-CCO	
Children 6 to 9 with decay experience.	52%	48.9%	10%↓	6%↓	OHA	
Children 6 to 9 on OHP/Medicaid with sealants on at least one permanent molar.	18.6%	21.7%	10pp↑	3.1pp↑	IHN-CCO	
Eighth graders with decay experience.	Benton	63.6%	56.3%	10%↓	11.5%↓	OHA
	Lincoln	73.2%	73.6%	10%↓	.5%↑	OHA
	Linn	72.6%	68.4%	10%↓	5.8%↓	OHA
11 <sup>th</sup> graders with a dental visit in the previous year.	Benton	79.4%	82.3%	10%↑	3.7%↑	OHA
	Lincoln	75.3%	69%	10%↑	8.4%↓	OHA
	Linn	72.1%	71.4%	10%↑	1%↓	OHA
Emergency Department/Urgent Care utilizations for nontraumatic dental pain.	3,635	3,000	10%↓	17%↓	Samaritan	

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## Oregon Nutrition Day Conference early bird registration now open!

1 message

**Moore Institute** <mooreinstitute@ohsu.edu>  
Reply-To: Moore Institute <mooreinstitute@ohsu.edu>  
To: leanne.trask@linnbenton.edu

Tue, Mar 3, 2020 at 2:21 PM



MOORE INSTITUTE

Early bird registration is now open! This year we are very excited to have Tessa Roseboom, Ph.D. as our keynote speaker. Roseboom's research focuses on the lasting health impacts of the WWII-era Dutch Hunger Winter on the Dutch society. She uses this information to advocate for effective nutrition for pregnant women and young children across the globe.

Other topics will include:

- The effects of nutrition on the long-term brain health of developing babies
- Fad diets and their implications for brain development and other health issues
- The importance of Native food sovereignty
- Addressing the unique needs of women inmates through prison gardens.

**Event details:** Thursday May 21, 2020 at OHSU Auditorium from 8:30 a.m. – 4:30 p.m. Early bird cost is \$50, including lunch (parking is an additional \$15). Cost will increase to \$60 (not including parking) after April 30.

[Register](#)

Oregon Nutrition Day will offer Continuing Professional Education Units from the Commission on Dietetic Registration. Certificates will be available the day of the event. We hope to see you there!

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