

Early Childhood and Family Investment Transition Report

Prepared for:

Governor John Kitzhaber

Prepared by:

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January 23, 2011

Early Childhood and Family Investment Transition Report

Executive Summary

Oregon's best opportunity for distinction and success in the global economy of the 21st century is creating a world-class education system that starts early and produces results.

Every year about 45,000 children are born in Oregon. Roughly 40% of these children are exposed to a well-recognized set of socio-economic, physical or relational risk factors which adversely impact their ability to develop the foundations of school success. These include poverty, unstable family backgrounds, substance abuse, criminal records and negative peer associations. Today, Oregon spends approximately \$380 million per year on services for children ages 0 to 5, not including healthcare, K-12 and tertiary human services (welfare, child protection and behavioral health treatment). Oregonians can and should expect a return on this investment.

Currently there are also a wide range of public, private and non-profit programs, services and organizations focused on early childhood care and education. Although some of these programs and services are delivering very good results, our state does not consistently track these results. The programs and services do not work in concert and some are disconnected from the K-12 education system. In short, our current system is neither integrated nor accountable.

Based on the Governor's charge, the goal of the Early Childhood and Family Investment team was to **integrate state funded services, agencies and structures to ensure that every child enters school ready and able to learn, enters first grade ready to read, and leaves first grade reading**. After five work sessions and surveying current research and statewide stakeholders in early childhood programs and services, we make the following bold and innovative recommendations to improve early childhood services in Oregon. The recommendations include significant changes in the ways in which we identify, deliver, and fund services so that a more efficient, accountable approach is used which delivers measurable results. Our recommendations support an integrated, collective, financially accountable approach and outline changes in three areas:

- A. Early identification and support
 - a. Ensure early identification of families and children for critical, identified indicators of risk.

Transition Team Goal: Integrate state funded services, agencies and structures to ensure that every child enters school ready and able to learn, enters first grade ready to read, and leaves first grade reading.

- b. Establish neighborhood catchment areas at elementary school sites where a Family Support Manager will coordinate support services for families and children.
 - c. Outcomes, services and resources will be managed by 5 regional entities at an average cost per child of \$10,500 per biennium.
- B. Shared measurement and accountability
- a. Convert current contracts with early childhood service providers to performance-based contracts with accountability for reaching identified goals. Disproportionality must be addressed in the efficacy of services and performance contracts should require measured progress.
 - b. Outcome measures should be required for the following developmental domains: child health; child language, literacy and learning; social-emotional development; parent, family and support development; and cognitive development.
 - c. A kindergarten readiness assessment and early learning benchmarks should be adopted.
 - d. An integrated statewide data system should be ready to deploy for this work on January 1, 2012.
- C. Budget and governance
- a. Create an Early Childhood System Director in the Governor's Office and an Early Learning Council to consolidate multiple existing efforts, funding streams and administrative structures.
 - b. Data on the return on this investment must be collected and evaluated on a consistent platform at regular intervals to insure results are produced.

The changes recommended by this report are significant. Many of them will be difficult to make. Other groups have recommended some of them for more than 20 years. And some of them will be resisted – even by those who currently serve our youngest children. But we cannot afford to wait to implement them.

If the appropriate investment is made, coupled with a successful service delivery system and accountability for defined outcomes, children will enter the Oregon education system with the skills and developmental assets required to complete their education and enter the workforce. Our investment will be returned through productive and responsible citizens. If we wait, or fail to implement these changes, we put at risk the future prosperity of our state by failing to produce a globally competitive workforce.

Early Childhood and Family Investment Transition Report

Introduction

Oregon's best opportunity for distinction and success in the global economy of the 21st Century is by creating a world-class education system that starts early and produces results.

Children are born learning. The research about how our brains work and how we learn is indisputable: the foundation of academic success lies in the early childhood years – before pre-kindergarten, before preschool, indeed from birth. To maximize learning, all children must develop cognitive, language, sensory, motor and attention skills. But they also need to be exposed to the experiences and social interactions that are essential to encourage the underlying brain development upon which literacy, healthy relationships, and other abilities are built. This starting point, which is different than the one upon which our current education system is based, reflects current research and science and the consensus of leaders in the early childhood and education fields.

Every year, about 45,000 children are born in Oregon. Roughly half of them are exposed to a well-recognized set of socio-economic, physical, or relational risk factors, which adversely impact their ability to develop the foundations of school success. These include poverty, unstable family backgrounds and inconsistent parenting, substance abuse, criminal records among other family members, and negative peer associations. If not addressed, these risk factors have an almost linear correlation with school failure, school dropout, substance abuse, social dependency and involvement in the criminal justice system. They also set lifestyle patterns that lead to the chronic conditions that account for most of the costs in our health and criminal system. These factors, known as “social indicators” are set during the early years of a child's life. Ultimately, these indicators produce a workforce that struggles to compete successfully in a global economy and a citizenry that is a liability rather than an asset to Oregon's future.

These factors are overrepresented in children of color. Across the United States, more African American young men are in prison than graduate from high school. A black male born in 2001 has a one in three chance of being imprisoned in his life (Children's Defense Fund, 2010). According to the Center for Disease Control and Prevention, American Indian/Alaska Native males in the 15 to 24 year old age group have a much higher suicide rate than any other cultural group. In a state desirous of a growing economy, we must aspire to the very best for our all our children from the very beginning of their lives: strong families, comprehensive healthcare, and world-competitive education.

Transition Team Goal: Integrate state funded services, agencies and structures to ensure that every child enters school ready and able to learn, enters first grade ready to read, and leaves first grade reading.

Today, Oregon spends approximately \$380 million total funds¹ per year on services for children ages 0 to 5, not including healthcare, K-12 and tertiary human services (such as public welfare, child protection or behavioral health treatment). Oregonians can and should expect a return on their investment. Our investment goal should be the reasonable, definable expectation that **children are ready to learn when they enter school and ready to read in first grade**. In order to ensure this level of readiness, all children need supports, experiences and interactions that enable learning. When those supports are not available from families, communities or natural helpers, publicly funded services must be deployed.

Currently there is a wide range of public, private and non-profit programs, services and organizations focused on early childhood care and education. There are additional providers of healthcare, mental health, physical health and addiction services. Although some of these programs and services are delivering very good results, we do not consistently track these results. The programs and services do not work in concert, and some are disconnected from the K-12 education system. In short, our current system is neither integrated nor accountable.

However, with appropriate management and documented, measurable outcomes, our return on investment can be tracked. Though we have many fine efforts throughout the state today, and many highly committed individuals working hard to produce results, we do not have the data set, the performance indicators or the integration of services required to guarantee reasonable results to the recipients (children and families) or the investors (taxpayers and citizens of Oregon). In short, we have lofty goals and spend millions of dollars, but we do not have integrated services with measured results supporting our investment. This report focuses on what Oregon needs to do to ensure that children meet the measurable goal of **ready to learn and ready to read in first grade**. Failure to realize this goal jeopardizes our children's and our state's economic future. We can do better.

And we are poised to do better. According to Jack Shonkoff, author of the well-respected Neurons to Neighborhoods report:

“Although public understanding of the impact of early experience on brain development has grown dramatically in the 10 years since From Neurons to Neighborhood was published, our ability to improve the lives of vulnerable, young children across the country has not increased at the same pace. What we need right now are creative, new initiatives guided by bold leaders who have the willingness to try new things, the courage to take risks, the commitment to measure the right outcomes, the wisdom to learn from both successes and disappointments, and the vision to create the future of early childhood policy and practice.” Washington, D.C., 2010.

¹ This equates to \$760 million per biennium.

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Section 1 –Team Work Plan

The Early Childhood Team was given the following charge:

Recommend changes to our existing systems (including services, agencies and resources) in order to:

1. Maximize our investment by consolidating and aligning existing services and resources (including healthcare, family support, child care and Pre-K education, etc.) with a keen focus on early school readiness and success.
2. Develop approaches for the early identification of those most in need.
3. Coordinate public, private, and not-for profit services through local elementary schools and; to the greatest extent possible reorganize them so that they are delivered by trusted, culturally sensitive community-based organizations.
4. Establish a tracking system to monitor efforts, measure progress, evaluate outcomes and ensure accountability.
5. Establish an Early Childhood Coordinating Council in the Governor’s Office to monitor the effort and ensure ongoing effectiveness and efficiency in the use of resources.
6. Maximize our investment in child welfare by focusing investments on keeping families together and children out of foster care (focusing on parental supports and community services).

The Team met five times in work sessions to consider this charge and make recommendations. Research was conducted outside Team meetings, including consultation with experts and review of efforts underway in other states. Two analysts from the Budget and Management Division of the State Department of Administrative Services also supported the Team’s work.

In addition, to ensure informed and representative recommendations, members of the Early Childhood and Family Investment Team sent their charge to over 80 organizations with a stake in early childhood wellness and requested their response. Recipients were asked to forward the request to additional organizations for feedback. A second, repeated request was sent to organizations representing communities of color when the initial feedback was insufficient. Participants responded with their names and organization, and answered the following questions:

- 1) What opportunities does the charge provide?
- 2) What concerns do you have about the charge?
- 3) If you were making recommendations to Governor-elect Kitzhaber, based on the charge, what would be your number-one recommendation?

A total of 175 individuals and organizations responded to the request. Respondents represented a wide range of perspectives, including:

- 30% from county programs or organizations
- 19% from non-profit organizations

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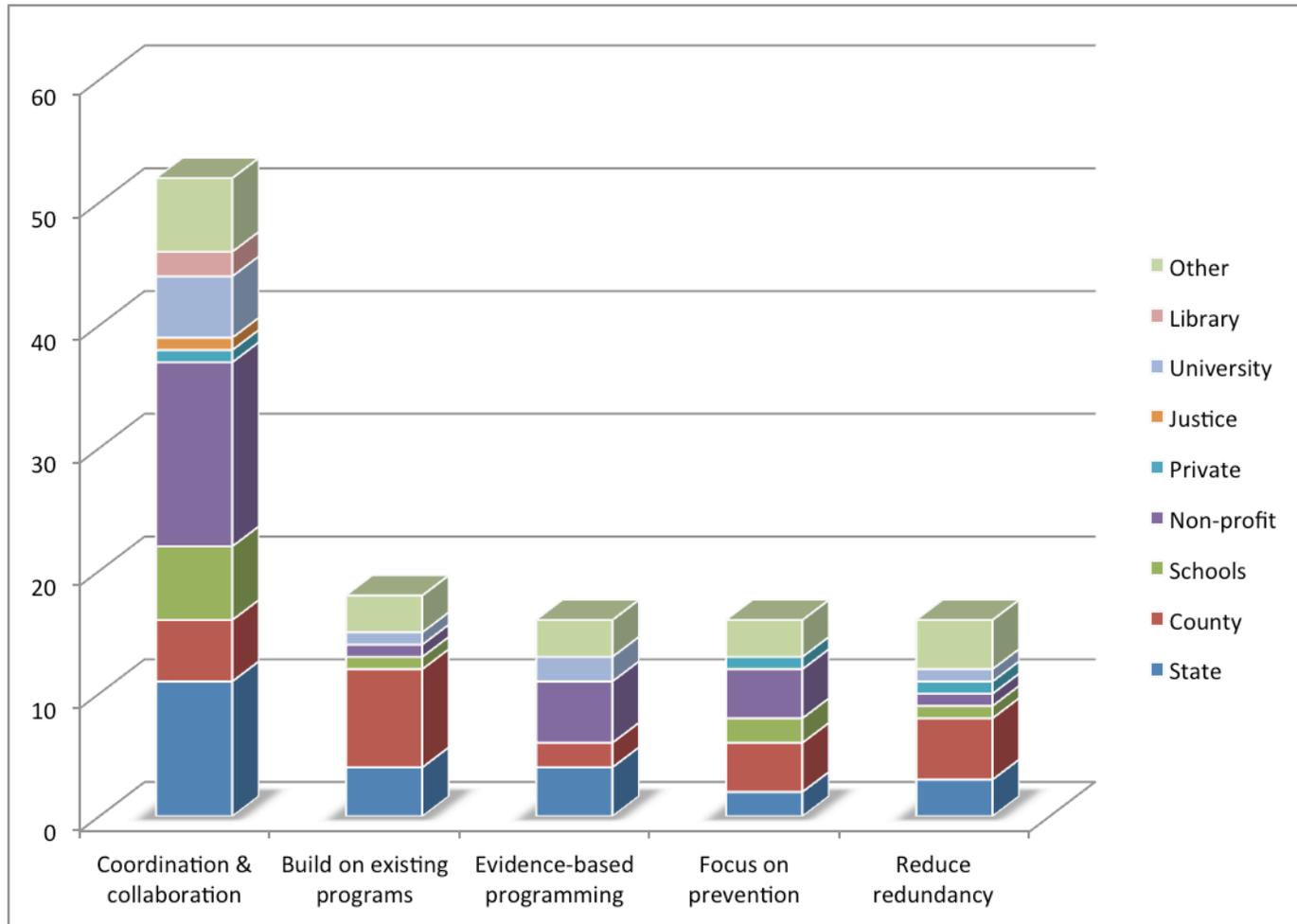
- 12% from State of Oregon departments and programs
- 11% from schools and school districts
- 8% were either unidentified or from other types of organizations
- 7% from universities and colleges
- 6% from private organizations
- 3% from libraries
- 3% from Relief Nurseries
- 2% from justice

Overall, respondents were positive about the opportunity for increased collaboration and coordination across service providers and increased partnerships. Respondents were encouraged by the focus on prevention and family focus. There was significant concern about lack of funding and resources, as well as concern that administrative and bureaucratic procedures will inhibit the successful and efficient implementation of a more integrated system. Additionally, many respondents noted historical barriers, “turf wars” and similar issues as hindrances to successful coordination. Some expressed concern about coordinating services in elementary school catchment areas (although no school respondent mentioned this concern). Respondents urged building on existing programs, infrastructure, partnerships and expertise. Investing in professional development, having clear goals and metrics for measuring success, and using evidence-based practices were also highly encouraged.

Results are depicted in Graphs 1 and 2 on the following pages. A complete summary of feedback received can be found in the Attachment Section.

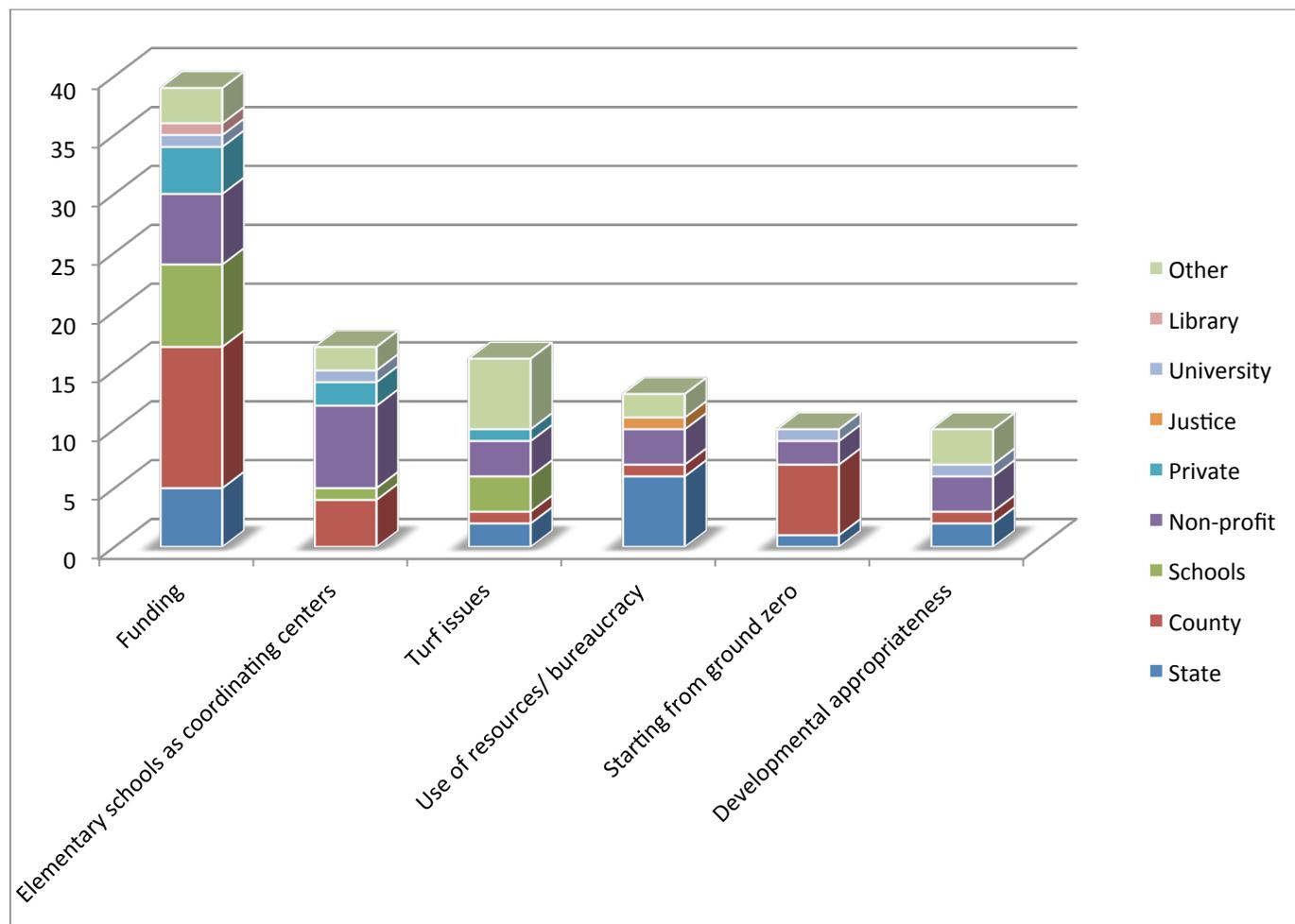
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Graph 1: Opportunities identified by respondent type



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Graph 2: Concerns identified by respondent type



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Section 2 – Findings and Recommendations

The scale and complexity of Oregon's education, health and social support systems has thwarted attempted reforms for decades and the requisite infrastructure for measuring and evaluating results to support investment has never been built. There have been multiple and heroic efforts among legislators, non-profits, former governors, business leaders and agencies. Many of these have made important individual improvements, yet system-wide progress has not been obtained. Successful examples in addressing complex social problems have demonstrated that individual players must change their operating models and work together to impact complex problems within performance-based models. The underlying system in which they operate must also fundamentally change.

Our current systems are oriented toward finding and funding a solution embedded within a single organization, with the hope that the most effective will be replicated and their impact widely extended. Oregon has more than half-a-dozen agencies operating dozens of programs for early childhood care and education – each with concomitant local governance structures. Although it is unknown how many are exclusively social service oriented, our state also has 28,000 non-profits trying to invent solutions to major and complex social problems. Our state identifies organizations to provide services, and if evaluation happens at all, it is focused on the services the agency delivers (not impact on the problem) in isolation of the numerous other organizations that may also influence the issue. We must focus on outcomes/results for children and families as opposed to process indicators. There are exceptions and there are successes, but the net composite result is insufficient, given the amount of resource expended.

Ron Heifetz, a co-founder of the Center for Public Leadership at the John F. Kennedy School of Government, Harvard University, describes social problems as "adaptive problems" – they are complex, the answer is not known, and even if it were, no single entity has the resources or authority to bring about the necessary change. Ensuring our children are successful in school is an adaptive problem. Reaching an effective solution requires learning by the stakeholders involved in the problem, who must then change their own operations in order to create a solution.

Shifting to an approach of collective impact across systems is not merely a matter of encouraging more collaboration or public-private partnerships. Oregon has done that repeatedly. It requires a systemic approach that drives to results through disciplined integrated management of the relationships between organizations and progress toward shared objectives. It necessitates changes in the structures, accountabilities and business or operating model of state government. And it requires that non-profit management organizations have the skills and resources to assemble, coordinate, measure and report the specific elements necessary for collective action to succeed. These skill sets may not be available in every organization. When they are not available,

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the state must stay focused on attaining desired results, while the service delivery organization focuses on making the changes necessary to obtain the skill sets.

The recommendations of the Early Childhood and Family Investment Team build on Oregon's historical attempts to improve early childhood services and coordination. The recommendations support an integrated, collective, financially accountable approach and outline needs in three areas:

- A. Early identification and support
- B. Shared measurement and accountability
- C. Budget and governance

A. Early Identification and Support

Oregon's youngest children fall in the moderate- to high-risk categories in many U.S. socio-demographics. For example, nation-wide, 30% of children under the age of six live in families with incomes below 150% of the Federal Poverty Level (FPL). In Oregon, that number is 36% for the same age group (National Center for Children in Poverty, 2011). Our children of color fare worse than Caucasian children. And, our existing processes to identify and assist these children are largely uncoordinated and under-performing.

Hospitals, birth settings, and primary physicians' offices are the primary location that touches the majority of Oregon children before they enter school. Hospitals and child health primary care providers increasingly recognize the significant role they have for identifying and monitoring the strengths and risks of each family, infant and child that predicts future health trajectories. Yet, in 2008, the Commonwealth Fund ranked Oregon number 34 in the nation in child health system performance (Shea, Davis and Schor, 2008). The child health system has always been expected to provide standardized monitoring of developmental status of all children, yet universal efforts have been largely incomplete, inconsistent and uncoordinated across all systems.

Standardized screening dramatically increases the early identification rates of delays, disorders and disabilities well before school entry. Early intervention has been proven to make a difference for those children falling behind. Early detection of developmental challenges or behavioral delays in young children will benefit them, their families and our State long into the future. Child health providers also benefit from ensuring that children are healthy and achieving developmental milestones. And, studies have shown that the quality of care and parental satisfaction at developmental visits also increases. Researchers have found that school readiness at age six predicts a child's ability to benefit from academic instruction in elementary school. This body of research has also concluded that academic performance in elementary school is a major predictor of whether a child will complete high school. Educators know that many children who demonstrate academic problems and low achievement test scores as early as grade 3 will end up dropping out of school before graduation (Annie E. Casey Foundation, 2010).

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In addition, children who lack appropriate social skills at the time of entry to school frequently engage in behaviors such as aggression and bullying later on. Research also correlates third-grade reading to teen pregnancy, juvenile crime and other inappropriate and anti-social behaviors. Despite the importance of third-grade reading, Oregon falls in the bottom quartile of states whose fourth-graders are reading proficient (US Department of Education 2007). Our children of color fare worse: 85% of black children are unable to read and write at grade level in grade 3 (Children's Defense Fund, 2010).

The foundation for third-grade reading and other educational success is set in a child's earliest years and it is during these years that the family and community have the greatest influence. The Early Childhood and Family Investment Team is firmly committed to the belief that children are best raised by families and that provision of external supports must be driven by family needs and with a goal of family preservation.

The importance of relationships and strong parental attachment to promote the healthy development of children is well documented. The quality of a child's attachment from birth through preschool is related to "concrete, definable parental capacities, caregiving behavior patterns, and internal working models" (Cooper, G., Hoffman, K., & Powell, B., 2000). Furthermore, the quality of a child's attachment can be used to predict risk for social indicators of health such as "emotion-regulation struggles, behavior difficulties, and relationship problems as well as future academic difficulties," particularly for high-risk populations.

Longitudinal studies conducted at the University of Minnesota have found that a secure attachment serves as a protective factor for children from families who have experienced high stress, and an "early history of competence" in youth was characterized by a secure attachment at twelve and eighteen months (as cited in (Cooper, G., Hoffman, K., & Powell, B., 2000)). A young child's subsequent healthy development was directly related to "social competence with peers and teachers, impulse control, conduct disorders, anxiety, depression, dissociative disorders, and other psychiatric and legal problems" (Cooper, G., Hoffman, K., & Powell, B., 2000). These same factors are also closely related to early attachment relationships.

Every child's capacity to learn is shaped by individual experiences with nutrition, sensory and cognitive stimulation, and stable, loving relationships in which there is early exposure to language and books. These critical, development-promoting consequences of social, emotional and cognitive stimulation – or lack of them – should be of intense interest to all of us. We must start long before children enter school to ensure our children have the opportunity for early learning and to address the range of individual and family risk factors that are precursors to early conduct problems and antisocial behavior. High quality early learning experiences are among the very best investments

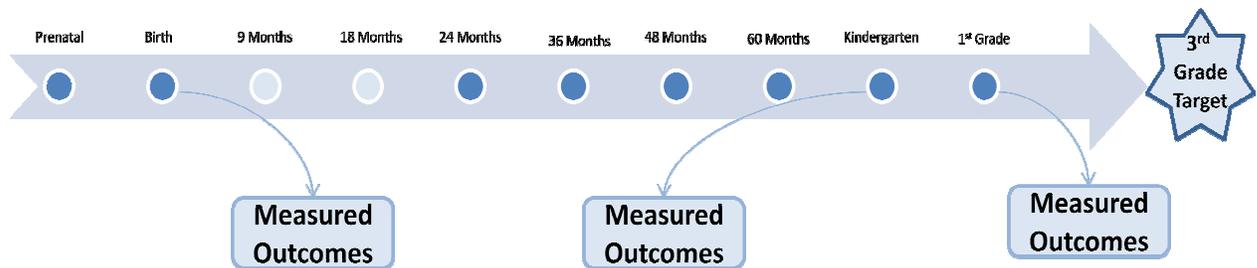
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we can make in reducing future costs associated with special education, abuse and neglect, health care, school dropout, teen pregnancy, welfare, and the criminal justice system and to create a qualified workforce for Oregon's future.

Recommendations

- 1) Utilize Oregon's health reform effort within Oregon Health Authority (OHA) to transform and strengthen the practice of perinatal, infant and young child health care by obliging, incentivizing and reimbursing hospitals, birthing centers and all primary care providers for comprehensive, coordinated and longitudinal screening of all families and children:
 - Prenatal / perinatal family risk/strength assessments
 - Maternal depression screening and monitoring
 - Standardized developmental and psychosocial screening and monitoring on current standards (such as ABCD II and AAP's Bright Future) and occurring at regular intervals: prenatal, birth, 9mo, 18mo, 24/30mo, and yearly till 1st grade.

Assessment & Early Identification



Children and their families identified by screening as needing assistance with developmental promotion services and supports will be referred, by consent, to a Family Support Manager in their neighborhood catchment area. (See also Recommendation 2). The assistance established by the Family Support Manager will be comprehensive, targeted, flexible, culturally appropriate, longitudinal, and measured.

- All assistance and services will be connected, coordinated and communicated with the child's medical home
- Oregon's health reform activities that expand care coordination will utilize the Family Support Managers for children and their families, as indicated, without duplication, but with coordination that brokers

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services and activities between community and the medical home to address both health, developmental and social risks.

Families with young children, who apply for TANF, WIC or Food Stamp assistances from the Department of Human Services, should be automatically referred to a Family Support Manager as a requisite for receiving assistance.

- 2) We estimate that a "cohort" of about 108,000² children aged 0-5 years will be in need of early childhood support each year. Some of their families will have primary issues (such as mental health or substance abuse disorders) that are better coordinated and provided by tertiary systems. We estimate that approximately 65% of the 108,000 families (or 70,000 per year) will need and consent to services primarily through Oregon's transformed early childhood system.

Services to support the learning readiness of these children and their families will be coordinated around the elementary school enrollment areas and will be scaled and budgeted to need. Family support managers will serve as advocates, resource managers and service brokers on behalf of families in these areas. We have selected elementary school catchment areas as the focal point for this effort for these key reasons:

- Access
- Approachability
- Connectivity to the K-12 infrastructure
- Connecting schools to the support structures in their communities.

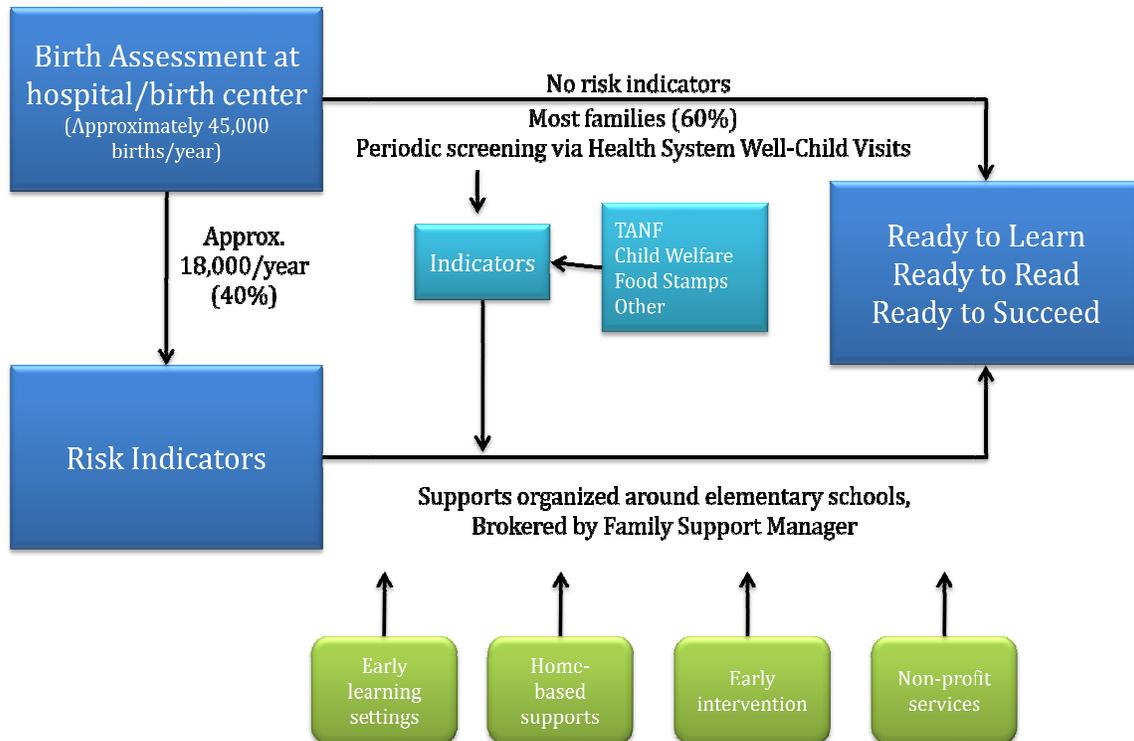
The majority of Oregon children attend public elementary schools. Their boundaries are a natural point-of-care because all children throughout Oregon live in school boundaries and most will attend them. Families will have ongoing relationships with these schools and they do not carry the stigma of other government offices. Many programs and services for younger children already co-locate at elementary school sites. The transition to kindergarten and first grade is critical, and it will be the responsibility of the Family Support Manager working in conjunction with the public elementary school.

This strategy embraces all providers and entities that can bring appropriate levels of accountability, cost-effective services, and measurable outcomes. We

² Approximately 40% of the 45,000 children born in Oregon each year are estimated to be "medium and high-risk." The number 108,000 equates to the sum of estimated medium and high-risk children ages 0-5 at any one point in time. This number also closely correlates with the numbers of young children at and below 150% Federal Poverty level. The estimated 70,000 children served equates to approximately 110% FPL. (National Center for Child Poverty, 2011)

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envision contracting with one entity accountable for managing and integrating results in each of five regions (See also Recommendation 4). These regional entities would not provide the services, but rather would be directly responsible for getting interested non-profit providers to produce desired results. All providers will be required to produce results within budget targets.



- 3) The model represented by these recommendations should be continued for children and families throughout school-aged years. Concepts should be integrated into health, prevention, education and human service systems touching the lives of school-age children and adolescents.
- 4) Outcomes, services and resources will be managed by 5 regional entities at an average per child cost of \$5,225 per year or \$10,500 per biennium. Regional accountability entities will replace current local governance organizations for the funds represented in Recommendation 12. Regions should have combined administrative overhead allocations not to exceed 15-20% (including service provider allocations). Regional accountability entities referenced in these recommendations should be aligned with regional structures referenced in other

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transition team reports (such as health and education) and across the re-engineering of state government. See also the diagram in the Attachment Section.

- 5) Given the focus on educational outcomes, and the early developmental milestones necessary to attain them, it is also critical that these recommendations be integrated into the work of health and human services across state government. Achieving kindergarten readiness and first grade literacy should also be a measurable focus for our health and human service systems. Specifically:
 - a. The Oregon Health Authority should address life span health and development by creating measurable child health outcomes aligned with the Governor's early childhood agenda.
 - b. Early Childhood System Director should have an equal role as the Oregon Health Authority within the Governor's office to manage the required alignment of system and health reform for child outcomes.
 - c. The Early Childhood System Director should focus and align the health reform efforts with the Oregon Health Authority, the Department of Human Services and the Oregon Education Investment Board. The Early Childhood System Director should also create public-private partnerships to accelerate leadership, innovation and implementation of these recommendations.
 - d. The Oregon Department of Human Services should adopt an approach to services that utilizes early identification; the same Family Support Manager role for tertiary services; and flexible resources that follow the child/family and are designed to be accountable and strengthen the foundation for lifelong success and learning. This approach should be seamless across state government so that:
 - Children with unfounded abuse/neglect are provided support through an early prevention system;
 - Families indicating they need assistance via TANF, food stamps or other systems are referred automatically to a Family Support Manager and provided early learning support for their young children; and
 - Children and families in the early childhood system, when needing tertiary care (such as mental health or substance abuse), are prioritized and can be assured of a smooth handoff to a similar service model and consistent approach.

Oregon's reform efforts as guided by the OHA for health and DHS for human services provide a unique opportunity to strengthen the role of health and human services in achieving Oregon's early learning goals. The American Academy of Pediatrics' current strategic agenda on Early Brain and Child Development is responding to the scientific knowledge of the last decade that clearly demonstrates that lifespan health has its

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foundations in early childhood. Thus, the goal of educational readiness becomes an outcome of the child health agenda to build healthy social-emotional and cognitive brain processes from birth (Center on the Developing Child at Harvard University, 2010) Since 95% of young children are seen within the child health system (public and private) in their first two years of life, healthcare provides a critical access point around which to organize and promote early brain and child development activities. The child health system's responsibility for prenatal, perinatal and post-natal identification of risk and resiliency for each child and family, the monitoring of developmental trajectories in early childhood and the efficient coordination and referral with Family Support Managers across health, service and education systems will help expand and build upon existing reform efforts.

Issues facing our youngest children, and the need for connection between systems, are also illustrated by our public and child welfare statistics. About half of children (49%) who have founded cases of abuse are under the age of 6. Children under the age of 6 are also the children who are most frequently removed from their homes because of neglect, and who tend to stay the longest in out of home placements. In 2009, 12 of the 14 children who died from abuse/neglect were age 5 or under. Again, our children of color fare worse. They are over-represented in reports to child protective services, compared with their representation in the population. For example, American Indian/Alaska Native families are 2 times more likely, and Black families are 2.5 times more likely to be reported to child protective services in Oregon than their representation in the adult population. When abuse or neglect is founded, children of color are removed from their parents at higher rates than white children:

- American Indian/Alaska Native –51.4%
- Pacific Islander – 56.8%
- Black – 43.3%
- White – 40.1% (Murphy, Miller, and White, 2009)

Oregon's human service system also represents an important 'early identification' opportunity for the needs of young children. For example, in 2009, 40% of children in foster care had families on TANF for at least 2 months. Sixty-four percent of those children were under the age of 6. We should expect no less than efficient referral, coordination and 'hand-off,' using a consistent care-coordinator approach across systems and departments. Doing so would also build on existing reform efforts and extend the likelihood that our youngest children are ready to succeed.

B. Shared Measurement and Accountability

Oregon, like many other states, has a variety of early childhood programs. We spend approximately \$380³ million each year (\$760 per biennium) on primary and secondary prevention services for children ages 0-5. These services are funded through about a

³ This number does not include federal Head Start funds.

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half-dozen state agencies operating dozens of programs, each with parallel local governance structures. There are at least eight additional early childhood related coordinating 'councils' at the state level. And, approximately 185 state staff work on these efforts through programmatic, administrative and policy support (very few if any of the 185 provide direct services to children).

Due to the lack of measurement and accountability systems, it is difficult to identify the number of children and families served across these programs and multiple administrative structures. Although likely duplicated in some cases, the number is close to 40,000 per year (or about 37% of those estimated to need support). While some of these programs track results and produce very good outcomes, some do not.

Despite multiple and long-term attempts at coordination, these programs do not work in concert, and they are disconnected from the K-12 education system and health and human service systems. There is a lack of accountability in our ability to identify and track outcomes for the children and families served across these myriad programs.

The state needs composite outcome and result data to support continued investment and to ensure children are ready to read in first grade. In addition, by setting clear expectations for all providers and systems and evaluating their efforts on a regular and consistent basis, we can create a path to consistent and successful outcomes for the children they serve. Families want results with the least amount of interference in their lives. Communities want results to ensure their ongoing viability and quality of life. Payers, including the State of Oregon, have a vested interest in these challenging economic times in getting the highest possible return for their expenditures. At all levels, there is a critical need for integration, measurable outcomes and results. The majority of our investment must go to direct services, and we must require administration to be lean and accountable.

We propose a series of measures for results as well as a specified range of investment for the targeted population. In other words, we recommend determining an average rate of investment per child and requiring that a Family Support Manager, supported by a regional accountability structure, produce results for this investment. We also recognize that we must be willing to be good before we are perfect, and that moderate accountability progress with an imperfect model is preferable to a perfect model with no accountable progress.

Recommendations

- 6) No later than January 1, 2012, the state should convert its current contracts with providers of early childhood care and education services into performance-based contracts. Disproportionality must be addressed in the efficacy of these services and performance contracts must require measured progress. The conversion should be done in a manner that does not adversely affect the state's ability to

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continue to obtain federal funding, and with consideration of options to further maximize federal funding opportunities and increase flexibility in the use of such funds, including for preventive and in-home services. Performance-based contracts should be structured to hold service agencies accountable for measuring and achieving the following goals:

- a. Readiness to learn at kindergarten;
- b. Readiness to read entering first grade; and
- c. Reading when leaving first grade.

In addition, interim outcome measures should be incorporated in the following areas:

- Child health
- Child language, literacy and learning
- Social-emotional
- Parent, family, and support development
- Cognitive development

While there is variation and no one indicator is predictive of child success, these outcomes, correlated with developmental milestones and the desired goals, should be assessed and measured.

- 7) Oregon should adopt and implement a reliable and valid statewide kindergarten readiness assessment for policy planning and to track progress in reaching its school readiness goals, and replace the “readiness to learn survey” formerly conducted by the Department of Education. Oregon should be ready to pilot the school readiness assessment by November 2011. The school readiness assessment should:
 - a. Be administered statewide to a representative sample of children during the fall of their kindergarten year.
 - b. Address the full range of developmental domains predictive of later school success (i.e., physical well-being; language usage; approach to learning; cognition/general knowledge; social/emotional development; and motor development).
 - c. Be conducted by (or in close cooperation with) kindergarten teacher.
 - d. Draw on research-based models.
 - e. Include literacy assessment associated with first grade reading readiness

- 8) Oregon should develop a predictive benchmark for meeting state standards by the end of first grade in the common core areas. The benchmark should be connected to the range of developmental domains predictive of school success (outlined in Recommendation 6).

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- 9) If DAS, DHS or ODE has an integrated data system ready to deploy for this application, implement its use at the regional level on January 1, 2012. Otherwise, engage Oregon-based private sector partners to develop a statewide, child-based data system that tracks state expenditures and return on investment. The better able we are to connect data from the school readiness assessment to information about early childhood experiences (including health data) and to later school experiences, the more questions we will be able to answer, increasing our ability to effectively direct resources. It is essential that the development of a school readiness assessment be followed by and connected to the development of a better-coordinated early childhood data system. Oregon needs to build an early childhood data system that achieves all 10 of the fundamentals of a coordinated early care and education data system identified by the national Early Childhood Data Collaborative as listed below:
- a. Unique statewide child identifier
 - b. Child-level demographic and program participation information
 - c. Child-level data on child development
 - d. Ability to link child-level data with K–12 and other key data systems integrated with DHS and Education
 - e. Unique program site identifier with the ability to link with children and the ECE workforce
 - f. Program site data on structure, quality and work environment
 - g. Unique ECE workforce identifier with ability to link with program sites and children
 - h. Individual ECE workforce demographics, including education, and professional development information
 - i. State governance body to manage data collection and use
 - j. Cost/benefit analysis
 - k. Transparent privacy protection and security practices and policies

C. Budget and Governance

The need for additional funding was one of the primary pieces of feedback the Early Childhood and Family Investment Team received. The Team did not debate the need for additional funding. Ensuring our young children are ready and able to learn is the most solid foundation Oregon can have for our future economic and educational goals. We know that many early childhood interventions are successful. Now we must integrate these efforts to produce the outcomes we require. We need an accountability and measurement system that measures performance to target. More money without measurable outcomes is not a sustainable model and reflects little common sense.

As a result, we are not only proposing a series of measures for results, we are also proposing the integration and “flattening” of myriad administrative structures, and a specified range of investment for the targeted population. In other words, we

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recommend an average rate of investment per child and requiring the system to produce results for this investment, supported by one efficient accountability structure.

Recommendations

- 10) In accomplishing the conversion to performance-based contracts, the state should decrease the total number and type of local governance and accountability entities to five. Accountability entities should enter into subcontracts with licensed agencies to provide direct services (see Recommendation 6). A federally recognized tribe located in the state should be allowed to enter into a performance-based contract with a local accountability entity. Accountability entities should be responsible for:
 - a. Developing local services, organized around elementary schools, and integrated with health and education, which can be integrated by a Family Support Manager.
 - b. Monitoring child and family progress.
 - c. Monitoring quality of services.
 - d. Ensuring that services are provided in accordance with federal and state laws.
 - e. Participating in statewide data system.
 - f. Tracking the outcome of services at a family and system level.
 - g. Total combined overhead for regional accountability entity and all providers should not exceed 20% (e.g. 10% regional entity 10% provider there could be an incentive for even lower overhead expenditures).

- 11) Beginning immediately, use the \$1.2 million in ARRA funds (currently for the state early childhood education council) to fund the transformation of the early childhood system, as led by an Early Childhood System Director in the Governor's Office. This position(s) will serve as a focal point for re-engineering and transforming Oregon's Early Childhood System and producing measurable results and cost/benefit analysis. This position will use existing funds, and build on the work already underway. In conjunction with the Governor and in coordination with related transformation efforts, this position will create a single oversight authority – The Oregon Early Learning Council. Many or most existing structures and coordinating councils will no longer be needed, including: Childcare Commission, Childcare Coordinating Council, Headstart Council, Early Childhood Education Council, Early Care and Coordination Council, Early Childhood Matters Council and Oregon Commission on Children and Families. Following necessary re-engineering, this work should be aligned into the Oregon Education Investment Board. Any council should exist to advise the Governor's Office on the transformation of the Early Childhood system.

- 12) Restore early childhood funds from current LAB, minus allotment adjustment (Legislatively Approved Budget with allotment reductions taken) to

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747,004,884—representing an additional biennial investment of \$44 million total funds. These funds should be focused on primary and secondary prevention for children under six, and spent, at the direction of the Governor's Office (as described above), to re-engineer the Early Childhood System in accordance with the recommendations of the Transition Team. Some of these programs may require federal or state flexibility and/or innovation in the manner in which requirements are addressed. Oversight, accreditation and licensing will need to continue for some programs.

- a. Oregon Pre-kindergarten and Early Head Start. Amend federal Memorandum of Understanding (MOU) to 1) create a template for outcomes and outcome measurement; 2) allow for flexibility in use of federal Head Start dollars; and 3) require coordination and transition planning for all children and their outcomes with the local education agencies
- b. Employment Related Day Care (EDRC) and any other child care subsidy. Oregon should change policy so that childcare settings incorporate a focus on developmental outcomes. Families receiving these funds should 1) participate in child assessment to determine needs of the child; and 2) when their children are not at developmental levels, access funds through a Family Support Manager for a high-quality preschool or early learning program. Focus on developmental outcomes could be accomplished via differential payments, contracting with specific providers for slots or other incentive mechanisms.
- c. Early Intervention/Early Childhood Special Education (EI/ECSE) Funds will be accessed by a Family Support Manager and linked to the health system.
- d. Childcare Division and Commission (see also b regarding childcare subsidies)
- e. Ready to Read Program
- f. Maternal and Child Health programs (including Babies First, Healthy Child Care Oregon, Maternity Case Management, etc.). Some of these programs will require federal flexibility, and/or innovation in meeting requirements.
- g. Even Start
- h. Special Education grants (for families with disabilities)
- i. Healthy Start
- j. Great Start
- k. Community Schools
- l. Oregon Commission on Children and Families (OCCF) System Development
- m. Children, Youth and Families grants
- n. Relief Nurseries

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- o. Family preservation and support
- p. Children's Wraparound

13) Data on the return for this investment must be collected and evaluated on a consistent platform, and at regular intervals. The infrastructure necessary to create an effective data and tracking system must be created first, not last. And, it must be done in conjunction with data efforts across the enterprise of state government. The characteristics of the data system should mirror that of the integrated, collective service approach described here. If data systems are allowed to be independent and separate (across health care, human services and education), the effort to create an effective, integrated service approach will not be successful. As a critical and foundational element, and if no other resources are available, we recommend investing an additional \$12 million in an effective data system that is shared across health, early childhood and education. Current systems for education and health have tracking capability, but need to be 1) integrated; 2) retooled to track return on investment; and 3) include early childhood. A "data warehouse" currently exists at DHS, with assets that could be used toward this effort. Oregon's private high-tech sector should be engaged to fulfill this recommendation.

Conclusion

Far too many Oregon children are growing up without the family and community supports to be successful, independent learners. A strategy for changing their stories, through a streamlined, accountable and sustained investment is a foundation for our efforts to ensure the economic, health and academic success of Oregonians. If we fail to make this kind of investment, we will accelerate the current trend of disinvestment in our human and education capital, and we will continue to see economic and human consequences downstream. Failing to create a competitive workforce fosters continuing economic instability. This is the kind of disinvestment that characterizes Oregon's current general fund.

This report represents bold and innovative changes necessary to reverse this trend. The recommendations include significant changes in the ways in which we identify, deliver, and fund services so that a more efficient, accountable approach is used which delivers measurable results. It recommends focusing on the delivery of services by streamlining our multiple attempts at coordination and making our multiple administrative and governance structures more efficient and accountable.

In the spirit of accountability, the Early Childhood and Family Investment Team believes the recommendations contained in this report should be measured for success. If implemented, the following outcomes should be achieved within one biennium (two years) of implementing the recommendations of this report:

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- Currently approximately 40,000 children 0-5 years receive primary and secondary early childhood services. Yet approximately 108,000 are estimated to need support. Within two years, at least fifty percent more, or 60,000 children, should be served.
- The average cost per child served should be reduced by 30% to be approximately \$5225 per child per year.
- It is estimated that between 25-33% of at-risk children will meet state reading benchmarks when they are revised in two years. By 2018, at least 70% of children served with these re-engineered services should meet state benchmarks for kindergarten and first grade.

Oregon cannot afford to wait to reverse our trend of expenditure and disinvestment. The longer we wait to start investing in early childhood through an efficient and accountable approach that addresses unhealthy patterns, behaviors and risk factors, – the harder and more expensive it becomes to deflect children back toward a healthy life trajectory, and the more significant our education and economic consequences. The changes recommended by this report are significant. Many of them will be difficult to make. And some of them will be resisted – even by those who currently serve our youngest children. But we cannot afford to wait. Because by changing the beginning, we can change our whole story. And the time is now.

“The future of any society depends on its ability to foster the education, health and well-being of the next generation. Today’s children will become tomorrow’s citizens, workers, and parents. When we invest wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship. When we fail to provide children with what they need to build a strong foundation for healthy and productive lives, we put our future prosperity and security at risk.”

—The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do, 2007 Center on the Developing Child at Harvard University

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Section 4 – Attachments

Themes from the Transition Team Survey

A total of 175 respondents participated in the survey. Respondents represented a wide range of perspectives, including:

- 30% from county programs or organizations
- 19% from non-profit organizations
- 12% from State of Oregon departments and programs
- 11% from schools and school districts
- 8% were either unidentified or from other types of organizations
- 7% from universities and colleges
- 6% from private organizations
- 3% from libraries
- 3% from Relief Nurseries
- 2% from justice

Opportunities

- 27% of respondents mentioned the increased or expanded coordination and collaboration of services. This included increased coordination between agencies, across service providers, and collaboration with communities. Respondents also noted the opportunity to “break down silos,” “remove historical barriers” to collaboration and improve communication between partners.
- 12% of respondents noted the opportunity to build on current infrastructure and strengthen, improve, or expand existing services. This is consistent with respondents concerns of “starting from ground zero.” In contrast, only one respondent (~1%) cited creating a new system as an opportunity.
- 10% of respondents cited using evidence-based programs and practices as an opportunity. This included the translation of research to practice, and fidelity of evidence-based programming.
- 10% of respondents cited the focus on prevention as an opportunity. Other responses included increased inclusion or integration of oral health, nutrition, mental health, prenatal care, universal screening, and universal pre-kindergarten.
- 10% of respondents cited the opportunity to reduce redundancies within the system as an opportunity by integrating services, focusing resources, reducing

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waste. An additional 2% of respondents noted the opportunity to identify service gaps, while 1% noted the opportunity to assess the current system.

- 6% of respondents noted the systematic, holistic, comprehensive, or multidisciplinary approach of the charge as an opportunity.
- Other frequent opportunities included:
 - Early identification and intervention (5%)
 - Measured outcomes (5%)
 - Increased or expanded partnerships (5%)
 - Parent education and support (5%)

By Respondent Type

Most frequent opportunities identified State respondents:

- Coordination & collaboration (11)
- Building on current infrastructure, programs, partnerships (4)
- Evidence-based (4)
- Reducing redundancy (3)

Most frequent opportunities identified County respondents:

- Building on current infrastructure, programs, partnerships (8)
- Coordination & collaboration (5)
- Reducing redundancy (5)
- Integrating early childhood services with K-12 system (4)
- Focus on prevention (4)

Most frequent opportunities identified school/school district respondents:

- Coordination & collaboration (6)
- Improve/expand early childhood special education services (2)
- Focus on prevention (2)
- Providing targeted services (2)

Most frequent opportunities identified non-profit respondents:

- Coordination & collaboration (15)
- Evidence-based (5)
- Focus on prevention (4)
- Linking early childhood services to parents (4)
- Linking early childhood services to K-12 system (4)

Concerns

- 21% of respondents indicated concerns over funding. This included resource allocation, unfunded mandates, coordinating funding, sustainable funding, and shrinking resources.

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- 10% of respondents indicated concern with the concept of elementary schools tasked as coordinating centers. Many respondents cited already overburdened schools ill-equipped with the resources necessary to successfully manage this task. Other concerns included the disinterest of schools themselves with this task.
- 9% of respondents indicated concern with turf wars, or political infighting. An additional 5% of respondents were concerned with the process of managing coordination. Issues included different “cultures,” variability across programs, different funding requirements, resistance to change, and incentives for change.
- 7% of respondents indicated concern with additional resources lost in bureaucratic processes such as meetings and planning. Several respondents noted that similar process have been attempted in the past, but have resulted in little change.
- 7% of respondents indicated concern with “starting from ground zero” and/or failing to fully assess, understand, and recognize the current system. An additional 5% of respondents were concerned that this could lead to loss of services if leadership acted too quickly. One respondent noted that although some programs may appear similar, they provide different services.
- 6% of respondents indicated concern with the developmental appropriateness of the charge. The most frequent concern noted was that not all children are ready to read at the same age/stage and the developmental needs of the child should dictate the services provided. An additional 2% of respondents were concerned with the definition of “ready to learn” or “school readiness.”
- Other frequent concerns included:
 - Actionability (6%)

By Respondent Type

Most frequent concerns identified by State respondents:

- Funding (5)
- Ineffective use of resources on reorganization/bureaucracy (3)
- Performance measures (2)
- Developmental appropriateness (2)
- Loss of services (2)

Most frequent opportunities identified by County respondents:

- Funding (12)
- Redundancy of ECCC (5)
- Elementary schools as coordinating centers (4)
- Lack of recognition for current system (3)
- Center of authority/decision making at local level (3)
- Fully understand state and local programs before acting (3)

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Most frequent opportunities identified by school/school district respondents:

- Funding (7)
- Turf issues (3)
- Increased accountability of K-12 system (2)

Most frequent opportunities identified by non-profit respondents:

- Elementary schools as coordinating centers (7)
- Funding (5)
- Political will/follow-through (4)
- Developmental appropriateness (3)
- Turf issues (3)
- Cultural considerations (3)
- Starting from ground zero (2)
- Staffing needs (2)

Most frequent opportunities identified by private respondents:

- Funding (4)
- Elementary schools as coordinating centers (2)
- Need to be outcome driven (2)

Most frequent opportunities identified by library respondents:

- Exclusion of public libraries (2)

Most frequent opportunities identified by Relief Nursery respondents:

- Ineffective use of resources on reorganization/bureaucracy (2)
- Turf issues (2)

Recommendations

- 14% of respondents recommend building on existing programs and relationships. Respondents suggested identifying what is working (particularly at the county level), evaluating current programs, and utilizing existing collaborations.
- 6% of respondents recommend mandating and funding full day kindergarten for all children in Oregon.
- 5% of respondents recommend mandating the use of evidence-based programs, or utilizing evidence-based programming.
- 5% of respondents recommend investing in professional development of childcare providers and educators. This includes expanded training requirements for educators and care providers.
- Additional recommendations included:

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- Including all stakeholders in the process: families, communities, partners, children and families that have not been adequately served, etc. to ensure diverse perspectives (3%)
- Fund/provide universal pre-kindergarten (3%)
- Prenatal screening and prevention (3%)

By Respondent Type

Most frequent concerns identified by college/university respondents:

- Use evidence-based programs (3)
- Utilize ECE experts (2)
- Build on existing programs/work/collaborations (2)

Most frequent concerns identified by State respondents:

- Utilize ECMAC (3)
- Build on existing programs/work/collaborations (3)
- Professional development (childcare providers & educators) (2)
- Prenatal care (2)

Most frequent concerns identified by County respondents:

- Build on existing programs/work/collaborations (2)
 - Build on success of counties (5)
- Create one point of entry into system (2)
- Utilize CCF (2)

Most frequent concerns identified by school/school district respondents:

- Full day kindergarten (7)

Most frequent concerns identified by non-profit respondents:

- Build on existing programs/work/collaborations (7)
- Professional development (3)
- Range of services (2)
- Full day kindergarten (2)
- Engage families in early childhood education (2)
- Targeted programs (vs. universal) (2)
- Subsidize childcare (2)
- Create cabinet-level position (2)

Most frequent concerns identified by private respondents:

- Involvement from private sector in development and control of process (2)

Most frequent concerns identified by library respondents:

- Restore Ready to Read Grants (4)

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Most frequent concerns identified by Relief Nursery respondents:

- Evidence-based programs (2)

Overall, respondents were positive about the opportunity for increase collaboration and coordination across service providers and increased partnerships. Respondents were encouraged by the focus on prevention and family integrity. There was concern about lack of funding and resources, as well as a concern that administrative and bureaucratic procedures will inhibit the successful and efficient implementation of initiatives. Additionally, many respondents noted historical barriers, “turf wars” and similar issues as hindrances to successful coordination of services. Respondents urged building on existing programs, infrastructure, partnerships, and expertise. Investing in professional development, having clear goals and metrics for measuring success, and utilizing evidence-based practices were also highly encouraged.

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Regional Structure

