



# Early Learning Council Meeting

Thursday, January 28, 2016

9:00am\*

ODE Room 251 A&B

255 Capitol St NE

Salem, OR 97310

Members of the public who want to give public testimony must sign in.  
Each individual speaker or group spokesperson will have 2 minutes.  
Electronic testimony may be submitted to [Alyssa.Chatterjee@state.or.us](mailto:Alyssa.Chatterjee@state.or.us).

## **AGENDA**

- I. Board Welcome and Roll Call  
Acting Chair Bobbie Weber
- II. ELC Strategic Plan Adoption – *Action Item*  
Acting Chair Bobbie Weber  
Megan Irwin, Early Learning System Director
- III. Salary Guidelines for Preschool Promise – *Discussion Item*  
Eva Rippeteau, Ad-hoc Committee Chair  
David Mandell, Director of Policy & Research, ELD  
Gwyn Bachtle, Preschool Promise Program Coordinator, ELD
- IV. Planning for 2017-19 Legislative Session – *Discussion Items*
  - a. Legislative Process Update  
Lisa Pinheiro, Early Learning Policy Specialist, ELD  
David Mandell, Director of Policy & Research, ELD
  - b. P-3 Alignment Policy Brief  
Brett Walker, P-3 Alignment Specialist, ELD
  - c. Early Childhood Professional Development Policy Brief  
Dawn Woods, Director of Child Care, ELD

*10 minute break – distribute lunches (working lunch)*

- V. Child Care Development Fund (CCDF) State Plan – *Discussion Item*  
Bobbie Weber, Child Care and Education Committee Chair  
David Mandell, Director of Policy & Research, ELD  
Dawn Woods, Child Care Director, ELD

### **VI. Consent Agenda – *Action Item***

- a. Acknowledge Receipt of Written Committee Reports
  - i. Best Beginnings Committee Membership Recommendation

- VII. Child and Family Well-being Measures Overview – *Discussion Item*  
Tim Rusk, Child and Family Well-being Measures Workgroup  
Dana Hargunani, Child and Family Well-being Measures Workgroup

PAM CURTIS  
*Early Learning Council  
Chair*

HARRIET ADAIR

MARTHA BROOKS

JANET  
DOUGHERTY- SMITH

TIM FREEMAN

KALI THORNE-LADD

CHARLES McGEE

EVA RIPPETEAU

LYNNE SAXTON

TERI THALHOFER

CLYDE SAIKI

BOBBIE WEBER

SALAM NOOR

MEGAN IRWIN  
*Early Learning  
System Director*

## VIII. Public Testimony

## IX. Adjournment

***\*Times Approximate. Items may be taken out of order, meeting may convene early, and breaks may be added as needed.*** All meetings of the Early Learning Council are open to the public and will conform to Oregon public meetings laws. The upcoming meeting schedule and materials from past meetings are posted [online](#). A request for an interpreter for the hearing impaired or for accommodations for people with disabilities should be made to **Alyssa Chatterjee at 971-701-1535 or by email at [Alyssa.Chatterjee@ode.state.or.us](mailto:Alyssa.Chatterjee@ode.state.or.us)**. Requests for accommodation should be made at least 48 hours in advance.

## **Board Action Summary**

### **AGENDA ITEM: Strategic Plan Adoption**

#### **Summary of Recommended Board Action**

**ACTION:** Strategic plan revision adoption

**ISSUE:** On the docket is a revised copy of the 2015-2020 strategic plan, updated each year in the fall and adopted in January, based on Council input.

**BACKGROUND:** In 2015 the ELC created a 2015-2020 strategic plan to guide its policy work, with the intention to update it each fall and approve it each spring. The plan contains only high level strategies and tactics tied to each Council goal, with each standing working committee responsible for the detailed work plan to accomplish each strategy.

#### **ACTION PRECEDING RECOMMENDED BOARD ADOPTION:**

Original drafting of plan took place in October 2015. In September 2015, ELC members reviewed the plan in detail and offered suggested revisions. In October, November and December 2015 ELC members were sent copies of the revised plan four times and asked to send feedback. Feedback that was compiled by December 31, 2015 was incorporated into this draft which is now up for adoption so that committee work can move forward in a focused way in 2016.

#### **BOARD MEMBER PRESENTING REPORT FOR ADOPTION:**

Megan Irwin, Early Learning System Director

#### **CONTACT:**

[Megan.irwin@state.or.us](mailto:Megan.irwin@state.or.us)

# Oregon's Early Learning System

## Positive early experiences. A lifetime of learning. Results for Oregon.

The Oregon Early Learning Council was created in 2011 by the Legislature to build a coordinated, connected and outcomes focused statewide early learning system. The Council guides efforts to streamline state programs, provides policy direction to meet early learning goals statewide and provides oversight of services supporting children and families across Oregon.

The Council is committed to making measurable progress to ensure that all Oregon children enter kindergarten ready to succeed and are raised in stable families with caregivers to whom they are attached. The Council is also committed to ensuring services and systems are coordinated and aligned to support achieving these goals.

In doing its work, the Early Learning Council is committed to:

- Strategies that focus on children who are over-represented in the academic achievement gap and under-represented in accessing strong services and supports. Note that the ELC's priority population is: all children of color, all children experiencing poverty, all children experiencing developmental delays or disabilities, all children learning English as an additional language.
- Listening to stakeholders across the state and acting on what we hear and learn from them.
- Focusing on results and using data to drive decisions.
- Having the courage necessary to make change.
- Holding onto a sense of urgency.
- Focusing its message and broadening its communication.

This strategic plan acts as a high level guide for the important work of the Council. It is intended to be a living document to which additional activities and strategies may be added in response to changes in the early childhood landscape. Once adopted, the Council will review progress on key strategies at each business meeting and review/update the plan in its entirety annually. Action plans for each strategy are led by the standing committees of the Council: The Best Beginnings Committee, The Child Care and Education Committee, The Equity Implementation Committee and the Measuring Success Committee and the Executive Committee. Additionally, some strategies are led by a joint committee made up of members of the Council and the Oregon Health Policy Board.

As of January 2016, the members of the Oregon Early Learning Council are:

Pam Curtis (chair), Harriet Adair, Martha Brooks, Janet Dougherty-Smith, Tim Freeman, Kali Thorne-Ladd, Charles McGee, Salam Noor, Eva Rippeteau, Lynne Saxton, , Teri Thalhofer, Roberta Weber.

Updated and adopted: January 2016

## Early Learning Council 2015 – 2020 Strategic Plan

### Goal 1: Ready children - All children enter kindergarten with the skills, experiences and supports to succeed

#### Success Metrics

- Standards are completed.
- 40% of providers licensed; 30% at C2Q; 15% at 3 star, 10% at 4 star, 5% at 5 star in the quality rating improvement system.
- Increase #/% of children in focus population on subsidy in 3,4, and 5 star programs.
- Increase # of license exempt early learning providers participating in training and professional supports by 25%.
- Increase “career ready” workforce by 25%, increase AA holding work force by 15% and increase BA holding workforce by 10%. (“Career ready” is defined here as obtaining at least a certificate in the state’s career lattice system.)
- Providers of color are proportionally represented in "career ready" workforce.
- Increase by 33% the number of children grades K-3 who are in schools that have
  - a. aligned curricula.
  - b. aligned professional development standards.
  - c. seamless, connected services and transition to kindergarten.

Strategy	Tactic(s)	Key Partners	Executive Sponsor	Timeline
<b>Strategy 1.1 Develop a supply of high quality, community based early learning programs focused on the ELC’s priority population of low income children and children of color.</b>	1A. Implement a Quality Rating Improvement System for licensed/regulated early learning and development programs in Oregon; continually evaluate implementation impact and adjust to overcome challenges/barriers based on learnings.	WOU, CCR&R, CBOs who work with child care providers, Head Start Association, AFSCME	Child care and education committee	Full implementation by June 2017; ongoing improvement
	1B. Develop quality community-based early learning development programs using support systems recognized by/responsive to the culture of our priority population.	CBOs who work with these providers; CCR&R	Child care and education committee	Full implementation by June 2017
	1C. Strengthen and support "family friends and neighbor" providers enhanced training and professional development, in line with feedback from communities, newly re-authorized federal rules and Oregon HB 2015.	DHS, SEIU, CBOs who work with these providers.	Child care and education committee	Jan. 2017
	1D. Develop and implement the Head Start Early Learning Outcomes Framework as one unified set of Early Learning Standards for all early learning and development programs.	Oregon Center for Career Development, OAEYC, Head Start Association, ODE, WOU.	Child care and education committee	Jan. 2016

### Early Learning Council 2015 – 2020 Strategic Plan

<b>Strategy 1.2 Ensure equitable access for children and families to quality early learning and development programs for children in the ELC's priority population</b>	1E. Develop and implement a range of mixed delivery preschool models that includes but not limited to family and center-based care, OPK programs, community-based organizations and public/private schools.	Hubs, CCR&R, CBOs	HBB 3880 Ad-hoc advisory	Sept. 2016 (with ongoing improvement)
	1F. Connect Oregon's "Employment Related Day Care" child care subsidy program to quality early learning and develop a tiered reimbursement approach to ERDC and expand access to children/families within the ELC's priority population.	DHS	Child care and education committee	March 2016
	1G. Make changes to contracted slots program, in line with program evaluation, to better support the ELC's priority population.	DHS	Child care and education committee	Jan. 2017
<b>Strategy 1.3 Provide parents with the information and support they need to meet the developmental and educational needs of their children and the child care needs of their families.</b>	1H. Develop a statewide early learning services referral system to ensure that families can connect with the services they need when they need them.	DHS, CCR&R, Hubs, OHA, Parenting hubs	ELD staff, following recommendations of 2015 parent referral committee adopted by the ELC in March 2015.	July 2016
<b>Strategy 1.4 Develop robust educational and certification pathways for early learning providers</b>	1I. Create and sustain "portable" "stackable" and transferable degrees/pathways to degrees for early learning programs at community colleges and 4-year colleges/universities, accessible regardless of geography.	HECC, community colleges, private colleges & universities, Oregon Center for Career Development.	Child care and education committee	Dec. 2020
	1J. Ensure pathways are accessible, affordable and supportive of non-traditional students through strategies such as coaching, mentoring, etc.	HECC, community colleges, private colleges & universities, Oregon Center for Career Development.		
	1K. Establish a statewide apprenticeship program for early childhood professionals, early childhood teachers and program or center directors.	HECC, community colleges, Oregon Center for Career Development, AFSCME		

Early Learning Council 2015 – 2020 Strategic Plan

<b>Strategy 1.5 Build a consistent approach and aligned pathway between early childhood services (beginning at age 3) and K-3 education.</b>	1L. For the 2017 legislative session, develop best practice strategies among early learning and development programs, Early Learning Hubs and elementary schools for strong kindergarten transition.	ODE	Executive Committee with Full Council	May 2016; ongoing
	1M. Adopt standards that connect and align standards and instructional practices from early learning and development programs through the early grades of elementary school.	ODE, Hubs, CBOs	Executive Committee with Full Council	May 2016

## Early Learning Council 2015 – 2020 Strategic Plan

### Goal 2: Stable and Attached Families - Families have the information and support they need to nurture and prepare their children for school

#### Success Metrics

- Policy agenda adopted.
- Family Stability included as a lens in policy making.
- FRM is consistently operationalized across the state.
- 50% increase in high-risk families served.
- 35% decrease in substantiated child abuse and neglect in focus population.
- 50% of families and caregivers who receive information about family role in child development report behavior changes.
- 80% of children/families receiving developmental screening before age 3.

Strategy	Tactic(s)	Key partners	Executive Sponsor	Timeline
<b>Strategy 2.1 Strengthen community supports for family health and well being</b>	2A. Increase access to all home based services through child-driven home based services coordination so that children and families have access to the best program for their needs, by developing common outcomes and a common screening tool for all state funded home based programs	OHA, DHA	Best Beginnings Committee	July 2016
	2B. Identify state level policy changes that support family well-being and stability.	Family Forward Oregon, SEIU, AFSCME, Faith-based communities, Physical/mental health/therapists	Best Beginnings Committee	Dec. 2020
	2C. Develop and oversee a financial incentive set-aside for Hubs to collaborate with CCOs, DHS and community partners.	DHS, OHA	Measuring Success Committee	Dec. 2015
	2D. Finalize and implement statewide screening tool and assessment protocol.	DHS, OHA	Best Beginnings Committee	July 2016 – July 2017
	2E. Develop best practice referral pathways statewide.	DHS, Housing & Community Services, ODE, OHA	Best Beginnings Committee	July 2017
	2F. Develop a “family stability lens” to use as a filter for policy decisions and implementation of legislation.	DHS, Housing & Community Services, OHA, community partners	Best Beginnings Committee	July 2017
	2G. Solidify screening connection/referral process between EI/ECSE and early learning programs.	ODE, SICC	Best Beginnings Committee	July 2017



## Early Learning Council 2015 – 2020 Strategic Plan

### Goal 3: Early Learning Services and Services are Coordinated and Aligned

#### Success Metrics

- Hubs making meaningful progress on accountability metrics.
- Contracts and state dollars aligned to both statewide and local goals.
- MOUs implemented and working.
- Statewide screening and referral protocols are established.
- Early Learning Passport exists and is operational.
- Comprehensive Children’s Budget exists and is driving policy and at state and local level.
- Data system exists and is operational.

Strategy	Tactic(s)	Key Partners	Executive Sponsor	Timeline
<b>Strategy 3.1 Strengthen birth through 3rd grade policy, planning and service coordination.</b>	3A. Support and continually improve local system building work through the Early Learning Hubs.	Hubs, DHS, OHA	Executive Committee	Ongoing
	3B. Develop and approve an approach to contracting and contract administration for programs assigned to ELD that advances equity and system coordination goals.	ELD, contractors in network	Equity Committee	March 2016
	3C. Create a developmental passport that shows the progressive path of positive child & family development tasks/outcomes beginning pre-birth through 3rd grade with 3rd grade culminating in on-track 3 <sup>rd</sup> grade reading score.	ODE (data team), OEIB, OHA, DHS, DOHAD	Executive Committee	July 2020
<b>Strategy 3.2 Strengthen systems that support cost-effective results driven services.</b>	3D. Biennial development of comprehensive children's budget.	ODE fiscal, OHA, DHS, DAS	Executive Committee	Next due date – July 2017 for 17-19 biennium
	3E. Develop early learning data system.	ODE data team; OEIB , DHS, DAS	Measuring Success Committee	July 2017

## Early Learning Council 2015 – 2020 Strategic Plan

### Goal 4: The Early Learning Council is accountable/accessible to its constituents

#### Success Metrics

- 25% increase in stakeholder opportunities to give feedback and inform early learning policy through Early Learning Council.
- Increase Hub and Provider understanding of focus populations, as measured by:
  - Implementation of recommendations resulting from evaluation of equity strategies in programs and Hubs; and
  - Self reported use of equity toolkit by 100% of Hubs.

Strategy	Tactic(s)	Key Partners	Executive Sponsor	Timeline
<b>Strategy 4.1 Ensure implementation of the equity lens across the ELC's work.</b>	4A. Identify and analyze service disparities for focus populations by hub region.	ODE, DHS, OHA, Hubs	Measuring Success; partnering with Equity Implementation	May 2016
	4B. Create positive, anti-racism, anti-bias and anti-privilege environments within the Early Learning Council, Early Learning Hubs and provider organizations. Provide training and support for individuals throughout the early learning system to promote knowledge, acceptance, inclusion, respect and strong community based partnerships.		Equity Implementation Committee	Ongoing
	4C. Validate and provide accountability to the ELD Equity Plan, measuring progress using the metrics established in the Protocol for Culturally Responsive Organizations.		Equity Implementation Committee and Measuring Success	Ongoing
	4D. Develop disaggregated data collection standards for a) Early Learning Hub Grantees b) Early Learning Hub Leadership c) The Early Learning Hub Provider Workforce d) The Early Learning Division Workforce e) The Early Learning Council.		Measuring Success	Dec. 2016
	4E. Use data to establish metrics toward becoming a more culturally responsive organization, per the domains found within the Protocol for Culturally Responsive Organizations (1) Organizational Commitment, Leadership & Governance 2) Racial Equity Policies & Implementation Practices 3) Organizational Climate, Culture & Communications 4) Service-Based Equity 5) Service-User Voice & Influence 6) Workforce Composition & Quality 7) Community Collaboration 8) Resource Allocation & Contracting Practice 9) Data, Metrics & Continuous Improvement)		Equity Implementation Committee; partnered with Measuring Success	July 2017
	4F. Develop and approve a data driven model for allocating resources that takes into consideration race, poverty and service access/service outcomes disparities in each service delivery area and use as the standard for making funding allocation decisions.		Measuring Success	July 2016
	4G. Sharpen the ELC's message and deepen the ELC's commitment to and presence in communities across the state. Develop consistent approach for listening to communities/incorporating feedback/vetting resulting action, and ensure perspectives from underserved communities are regularly heard at ELC meetings.	Hubs, CBOs	Full Council	Ongoing

## **Board Action Summary**

### **AGENDA ITEM: *Preschool Promise* Salary Requirements**

#### **Summary of Recommended Board Action**

**ACTION:** Discussion item to be followed by vote at the February meeting on methodology for determining minimum and target salary requirements for *Preschool Promise* lead teachers.

**ISSUE:** HB 3380 directs the Early Learning Council to establish minimum salary and target salary requirements for lead preschool teachers employed in *Preschool Promise* classrooms

**BACKGROUND:** During the February 25 Council meeting, the Early Learning Council will be asked to establish a methodology for setting minimum salaries and target salaries for *Preschool Promise* lead teachers. The purpose of this memo is to facilitate the Council's discussion of this issue at its January meeting by providing background information and identifying policy options. The Early Learning Division is currently developing a cost model to be used to allocate funds under the program and the salary guidelines established by the Council will be incorporated into that model.

**ACTION PRECEDING RECOMMENDED BOARD ADOPTION:** The *Preschool Promise* Ad Hoc Advisory Committee provided input on the methodology for determining salary requirements at their November and December meetings.

**BOARD MEMBER PRESENTING REPORT FOR ADOPTION:** Eva Rippeteau

**CONTACT:** David Mandell, Director of Policy & Research  
Gwyn Bachtel, *Preschool Promise* Program Coordinator



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**TO:** Early Learning Council

**FROM:** David Mandell, Director of Policy and Research  
Gwyn Bachtle, Preschool Promise Program Coordinator

**RE:** Establishing Minimum and Target Salaries for Preschool Promise teachers

**DATE:** January 19, 2016

## Introduction

### What does the ELC need to Decide?

HB 3380 directs the Early Learning Council to establish minimum salary and target salary requirements for lead preschool teachers employed in *Preschool Promise* classrooms. HB 3380 further states that minimum salaries may be differentiated by program type and that target salary requirements shall be comparable to lead kindergarten teacher salaries in public schools.

During the February 25 Council meeting, the Early Learning Council will be asked to establish a methodology for setting minimum salaries and target salaries for *Preschool Promise* lead teachers. The purpose of this memo is to facilitate the Council's discussion of this issue at its January meeting by providing background information and identifying policy options. The Ad Hoc *Preschool Promise* Advisory Committee provided input on this topic during their November and December meetings.

The Early Learning Division is currently developing a cost model to be used to allocate funds under the program and the salary guidelines established by the Council will be incorporated into that model.

## Background

The benefits of high-quality preschool are well-documented. Children who participate in high-quality preschool have strong academic and social-emotional skills, and more likely to succeed in school and life. Economists have shown that the benefits from investing in preschool result in a significant net positive return. ("The Benefits and Cost of Investing in Early Childhood Education." Robert Lynch and Kavya Vaghul. Washington Center for Equitable Growth. December, 2015.)

Research also demonstrates that the positive outcomes depend upon the quality of the program, and that adult-child interactions are the most significant driver of quality. HB 3380 specifies a number of program standards that are intended to support quality teacher-child interactions. These standards include class size, adult-child ratios and the requirement that lead teachers have a bachelor's degree.

Adequate compensation also supports quality adult-child interactions for three main reasons: It impacts the ability to (1) recruit teachers with the high-level qualifications specified in HB 3380; (2) retain those teachers; and (3) provide incentives for teachers who do not yet meet those qualifications to invest in further education and training.

The compensation gap between teachers who work in early childhood settings and those who work in K-12 is quite significant. The mean annual salary for a Kindergarten teacher in Oregon is \$56,000. For a Head Start teacher it is \$32,000 and for a child care worker \$23,000 (see Table 1). This gap makes it challenging for early childhood programs to compete with public schools when recruiting teachers. Analysis of Oregon data demonstrates that, "centers who paid the lowest wages had smaller percentages of teachers with degrees whereas those who paid the highest wages had larger percentages of teachers with associate's degrees or higher." (Oregon Early Learning Workforce: One Year Beyond Baseline Comparison of 2012 and 2013. Oregon Center for Career Development in Childhood Care and Education and Oregon Child Care Research Partnership, p. 28).

Low levels of compensation also contribute to high-turnover rates in early childhood programs. These turnover rates disrupt the invaluable relationships children build with teachers and also make it more difficult for programs to invest in long-term professional development of their staff. The Oregon Child Care Research Partnership reported: "[We] found an association between teacher wages and teacher retention. In centers with the lowest level of retention, the largest percentage (41%) also paid the lowest wage. In centers in the group with the highest level of retention, the largest percentage (40%) also paid the highest wage." (Oregon Early Learning Workforce: One Year Beyond Baseline Comparison of 2012 and 2013. Oregon Center for Career Development in Childhood Care and Education and Oregon Child Care Research Partnership, p. 33).

"Lower levels of compensation have been shown to be associated with higher teacher turnover, lower teacher morale, and lower levels of observed quality (Cochran, 2007; Torquati, Raikes, & Huddleston-Casas, 2007; Peisner-Feinberg et al., 2000). Stability of teachers and caregivers affects children both directly and indirectly. Directly, continuity in teachers is critical for children's ability to feel secure and to ensure that the adult knows the children. Indirectly, children are affected negatively when teachers and caregivers leave because of the negative impacts on staff morale and increased difficulty for remaining staff to train and integrate new teachers into the program. Nationally, as in Oregon, childhood care and education teacher wages are substantially lower than those occupations held by persons with similar education and experience (U.S. Bureau of Labor Statistics, 2013)."

From: "Oregon Early Learning Workforce: One Year Beyond Baseline Comparison of 2012 and 2013." Oregon Center for Career Development in Childhood Care and Education and Oregon Child Care Research Partnership, p. 27

The challenges posed by low levels of compensation in the field of early childhood are significant and systemic. About seventy percent of the funding for early childhood programs comes directly out of the pockets of parents in the form of tuition and child care payments. As a result, there is a persistent gap between what parents can afford and what early childhood programs are able to pay their teachers. This challenge cannot be fully resolved by *Preschool Promise* alone. In the short-run, as pointed out by the Ad Hoc Advisory Committee, the *Preschool Promise* salary requirements are likely to create situations in which *Preschool Promise* teachers and non-*Preschool Promise* teachers who are part of the same organization are paid at different rates. However, *Preschool Promise* does begin to address the need for career paths within early childhood that are better compensated. By creating more fairly compensated early childhood teaching positions for practitioners with a bachelor's degree, *Preschool Promise* provides an incentive to earn a degree and remain in the field.

## Oregon Salary Comparisons

Currently, preschool teacher salaries in Oregon average about fifty-five percent of kindergarten teacher salaries, not including benefits. The mean annual salary of a preschool teacher is \$30,380 where the mean annual salary of a kindergarten teacher is \$56,290.

*Data Source: US Bureau of Labor Statistics May 2014*

<b>Occupation Title</b>	<b>Mean Annual Salary</b>
<b>Kindergarten Teachers; Except Special Education</b>	\$56,290
<b>Preschool Teachers; except Special Education</b>	\$30,380
<b>Head Start lead Teachers</b>	\$32,380 *
<b>Childcare Workers</b>	\$23,610
<b>Child, Family, and School Social Workers</b>	\$43,600
<b>Special Education Teachers; Kindergarten and Elementary School</b>	\$61,140
<b>Special Education Teachers, Preschool</b>	\$68,810

Table 1

\*Head Start Lead Teacher Median Annual salary information obtained through "*Oregon & Washington Compensation & Benefits Study Findings*", 2015 Mockler Group: *Oregon & Washington Compensation & Benefits Study Findings*. Prepared for the Washington State Association of Head Start & ECEAP and the Oregon Head Start Association.

## Setting Salary Requirements: Minimum and Target

HB 3380 tasks the Early Learning Council with establishing guidelines for *Preschool Promise* lead teachers' minimum salary and target salary. In consideration of the legislative mandate and the Council's responsibilities for establishing those guidelines, the conversation has centered on salary only and not total compensation. Division staff, based on input from the Ad Hoc Committee and community engagement, has identified the following questions that need to be answered in setting these guidelines:

- What is the basis upon which the minimum and target salary should be set?
- Should the salary requirements vary by region?
- Should the salary requirements vary by teacher's education level?
- Should the salary requirements vary by provider setting?
- Should the salary requirements vary by classroom size?
- Should the salary be prorated for 'partial' classrooms in which a portion of the children are *Preschool Promise* and other children are funded by other sources?

Analyses of the issues related to each of the questions, as well as recommendations are provided below.

### What is the basis upon which the minimum and target salary should be set?

The Ad Hoc Committee considered three benchmarks:

- Minimum salary established as a percentile of the Oregon Kindergarten teacher salary (e.g., minimum salary set at the 10<sup>th</sup> percentile would equate to \$33,206)
- Target Salary established as a percentage of the Oregon Kindergarten Teacher Median Salary
- Salary requirements established as a percentage of Median Family Income
- Salary requirements established as a percentage of the median salary of a childcare provider, or preschool teacher.

HB 3380 states that "target salary requirements should be comparable to lead kindergarten teacher salaries in public schools." The first option, a percentage of median Kindergarten teacher salary, therefore, seems to reflect the legislative intent. In order to maintain comparability with educational levels, ELD staff recommends basing the salary scale on the median salary of kindergarten teachers with a bachelor's degree.

### Should salary requirements vary by region?

The Ad Hoc Committee also looked at whether there should be a single *Preschool Promise* salary guideline statewide, or whether guidelines should vary by region. An analysis of kindergarten teacher salaries found significant regional variation, with the median salary for Lane County at \$44,500 and Clackamas at \$63,874 (see Table 2). The Ad Hoc Committee recommended that salary guidelines reflect these regional variations.

## Oregon Kindergarten Teachers, Except Special Education (252012) by region:

Area	10 <sup>th</sup> percentile	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile	90 <sup>th</sup> Percentile	Average Annual
Oregon	\$33,206	\$44,636	\$56,548	\$68,716	\$76,623	\$56,308
Clackamas	\$47,639	\$54,361	\$63,874	\$74,136	\$104,249	\$66,980
East Cascades	\$31,051	\$50,571	\$58,307	\$68,003	\$75,227	\$56,870
Eastern Oregon	\$26,474	\$34,021	\$52,299	\$59,658	\$69,506	\$48,188
Lane	\$28,304	\$33,556	\$44,540	\$55,517	\$66,361	\$45,410
Mid-Valley	\$23,476	\$41,597	\$53,120	\$64,896	\$73,183	\$50,919
NW Oregon	\$30,902	\$40,850	\$55,506	\$63,162	\$76,744	\$54,000
Portland- Metro	\$40,504	\$46,364	\$60,383	\$72,189	\$84,204	\$60,180
Rogue Valley	\$31,603	\$41,776	\$49,473	\$65,028	\$73,083	\$51,144
SW Oregon	\$33,882	\$38,052	\$51,466	\$60,480	\$69,866	\$50,463

Table 2

Occupational wage data provided by the Oregon Employment Department represent first quarter 2015 wages. The data used to create these estimates came from the Occupational Employment Survey

ELD staff recommends that the salary requirements be set for the Hub regions, rather than vary by school district. Some Early Learning Hubs have upwards of twenty different school districts in their service delivery area, varying subsidy reimbursements rates, and cross county lines. Defining a 'region' for salary requirements was evaluated for efficiency, consistency and equity. Using the Hub service delivery areas (sixteen total across the state) as a 'region' was determined to be most appropriate.

### Should the salary requirements vary by teacher's education level?

HB 3380 requires lead teachers to have a bachelor's degree, but also recognizes that many teachers will need time to get there. As a result, HB 3380 also allows for waivers for this requirement, as long as the teachers submit a plan for completing a bachelor's degree and maintain adequate progress in meeting that plan. We anticipate that there will be a significant number of *Preschool Promise* teachers who are working towards, but have not yet received, their bachelor's degree.

Differentiating salary requirements by teacher's education level – CDA, Associate's degree, bachelors and master's – would both recognize and create incentives to support professional development.



### Should the salary requirements vary by program type?

HB 3380 states that ‘minimum salary requirements may be differentiated by program type,’ e.g., family child care, center-based child care, Head Start, public school. While HB 3380 allows for the possibility of differentiating salaries by program type, it is also built around the idea that quality early learning experiences can take place in all of these types of programs. Regardless of setting, all providers will be required to meet program standards and all teachers will be required to provide the same high quality experience for children and families. Establishing a different salary requirement by provider could potentially perpetuate the historical inequities in compensation that have been a part of the early learning workforce, since there is no differentiation in program requirements by provider. Because of these considerations, staff recommends not setting the salary requirement based on the type of program or its setting.

### Should the salary requirements vary by classroom size?

*Preschool Promise* classrooms, as stipulated by QRIS and licensing standards, are limited to no more than twenty children. There may be situations where *Preschool Promise* classrooms are even smaller. For instance, Certified Family Child Care Homes are limited to no more than sixteen children.

Having the same salary requirement regardless of class size could lead to a higher per child cost reimbursement based on class size.

While the recommendation was not to vary the salary requirements simply because of the *type* of program, the *size* of the classroom may require varying the salary requirement by classroom size, so that the per child cost covers the salary requirement. Alternatively, the cost per child might need to be increased to ensure the salary requirements are met.

### Should the salary be prorated for ‘partial’ classrooms in which a portion of the children are *Preschool Promise* and other children are funded by other sources?

As noted above, the *Preschool Promise* per child cost needs to cover the cost of the salary requirement. The cost-model that ELD staff is developing will incorporate the salary requirements adopted by the ELC. How this would work is pretty straightforward in a classroom in which all children are enrolled in *Preschool Promise* and funded by the state. HB 3380 allows for the possibility of classrooms that include *Preschool Promise* children and children funded by other sources, such as parent tuition or Head Start funding.

For classrooms that are not solely funded by *Preschool Promise*, the effect will be that teacher salaries are impacted (positively) by *Preschool Promise* funding. The tuition or alternative funding for the other children in the classroom/setting will also contribute to the teacher’s salary. When combining *Preschool Promise* funds and other funds (e.g., tuition for non-

*Preschool Promise* students) in a classroom/setting, the provider will be required to meet minimum teacher salary requirements.

Careful consideration needs to be taken so that any unintended negative consequences do not occur, such as providers increasing tuition for non-*Preschool Promise* children to cover salary requirements. One solution would be to prorate the salary requirements for classrooms where not all of the funding is from *Preschool Promise*.

## Waivers

As indicated earlier in this memo, HB 3380 allows for *Preschool Promise* providers to receive a waiver for some of the quality requirements outlined in the bill. Division staff anticipates administrative rules will be coming to the Council from the Child Care and Education Committee this spring that explains and details waiver requirements. To provide the Council with preliminary information on the waiver issue, the following is offered in advance of a more formal presentation of proposed administrative rules.

While the waivers offer opportunities for providers to participate in *Preschool Promise* while engaging in quality improvement, it is anticipated that resources will need to be allocated to support capacity building related to waivers. The bill states that a waiver can only be received if the provider is maintaining progress toward quality, is anticipated for the first years of the preschool program only, and is granted for one year at a time. HB 3380 directs the ELC to administer waivers.

The ELD shared a draft waiver process with the Ad Hoc Committee and from that discussion recommendations and questions were generated. The committee recommended using existing systems to the extent possible. These would include the Oregon Center for Career Development, the Child Care Resource and Referral system, and QRIS. Collectively these entities provide protocols and supports for continuous quality improvement and professional development.

Other recommendations and questions focused primarily on the roles of the provider, hubs, and the ELD in the waiver process, subsequent monitoring of progress toward quality, and accountability. Discussion also included questions on the role of the ELC in administering waivers.

To proceed with developing the waiver process, the ELD is seeking guidance from the Council on its preferred process to meet the legislative directive of ‘administering waivers’:

- Does the ELC want to designate and delegate authority to a Waiver Committee to receives and approves waiver requests?
  - Does the ELC want representation on this committee?

- Assuming a Waiver Committee is selected,
  - Does the ELC want to receive reports on the type of waivers approved, resources allocated, and status of Quality improvement plan progression?
  - If so, at what frequency? Annually? Quarterly?

# **Planning for 2017-19 Legislative Session**

*The following items are Discussion Items in preparation for the upcoming 2017-19 Legislative Session. No action will be taken on these items.*

- Legislative Process Update
- P-3 Alignment Policy Brief
- Early Childhood Professional Development Policy Brief

## **Board Action Summary**

**AGENDA ITEM:** Oregon Policy & Budget Development Process

### **Summary of Recommended Board Action**

**ACTION:** Informational Item

**ISSUE:** The Early Learning Council will play a significant role in the development of the 2017-19 policy agenda and budget as the Governor's appointed policy board overseeing early childhood education and services. The Council will engage in policy discussions over the next several months that will serve to inform the development of policies that support advancement of the Council's stated goals and priorities. The purpose of this memo is to provide Council members with definitions and an overview of the policy and budget development process, and identify some of the Council's opportunities to help shape the policy agenda.

**CONTACT:** David Mandell, Director of Policy & Research, ELD

## Title: Oregon's Policy & Budget Development Process

Staff Contact: David Mandell, Research and Policy Director, Early Learning Division  
Lisa Pinheiro, Policy Specialist, Early Learning Division

Date: January 19, 2016

The Early Learning Council will play a significant role in the development of the 2017-19 policy agenda and budget as the Governor's appointed policy board overseeing early childhood education and services. The Council will engage in policy discussions over the next several months that will serve to inform the development of policies that support advancement of the Council's stated goals and priorities. The purpose of this memo is to provide Council members with definitions and an overview of the policy and budget development process, and identify some of the Council's opportunities to help shape the policy agenda.

### What are Oregon's Legislative Policy and Budget Development Processes?

A Legislative Concept represents proposed statutory changes and identifies the problem the concept proposes to solve and how the concept intends to solve the problem. Legislative concepts and budgets are usually developed concurrently. Legislative Concepts usually fall into three categories:

- Major policy and program changes
- Minor policy and program changes
- "Housekeeping" meaning simply technical adjustments or corrections with no policy implications

The estimated fiscal and revenue impact of a legislative concept must be identified at the time of submission. If the legislative concept is approved by the Governor, the amount of the fiscal impact must be reflected and included in the Agency Request Budget.

#### Legislative Concept Development Timeline:

- January-February 2016: ELD Develops concepts in conjunction with state and local agencies and other stakeholders
- February-March 2016: Early Learning Council approves policy concepts
- March 10, 2016: ELD submits Legislative Concept requests to ODE Management
- April 10, 2016: ODE Management submits Legislative Concept Request to Department of Administrative Services (DAS)
- April-May 2016: DAS and Governor's Office reviews agency legislative concept requests
- April-July 2016: DAS, Governor's Office and ELD work to refine legislative concept requests
- June, 2016: DAS Submits approved legislative concepts to Legislative Counsel for drafting

A Policy Option Package represents proposed new investments in an agency budget. These new investments could fund a new or existing program.

Oregon operates under a biennial budget covering two fiscal years beginning July 1 of an odd-numbered year and ending June 30 of the next odd-numbered year. The budget development process has three major phases: Agency Request, Governor's Recommended and Legislatively Adopted.

The Agency Request and Governor's Recommended Budget process is generally executed within the following timeline:

- March-May 2016: ELD and ODE work closely with agency "funding teams"
- June-July 2016: ELD works with ODE on Agency Request Budget (ARB)
- August 2016: ELD/ODE works with DAS' Chief Financial Office budget staff on refinements to the budget and submits ARB to the Governor
- September-November 2016: Governor's Funding Decisions
- December 1, 2016: Governor releases Recommended Budget (GRB)

Much can happen between the times the policy packages (contained within the ARB) are submitted to the Governor and when the GRB is released. Even more variability exists in the legislative process as budget modifications happen between the time the GRB is released and final legislative approval.

### **When does the Division budget development process begin?**

Agencies begin budget development early in even-numbered years through development of an Agency Request Budget. This lays out agency finances and policies for consideration by the Governor.

### **When are agency budget requests due to the Governor?**

Agencies submit their budget request to the CFO by September 1 of even numbered years (ELD will receive specific budget instructions in March or April 2016).

### **What Makes up an Agency Budget?**

An agency's *Base Budget* is built on the current (e.g. 2015-17) Legislatively Approved Budget and includes any budget adjustments made through April of even-numbered years. This adjustment results in and is referred to as the *Legislatively Approved Budget*.

*Essential packages* describe budget adjustments that bring the base to *Current Service Level*. Inflation and phase-ins of legislatively approved program changes are examples. For example the ELD's 2017-19 biennial budget will include a "roll up" of Preschool Promise funding to maintain "current service level" across both years of the 2017-19 biennium.

### **What is Current Service Level?**

*Current Service Level* is an estimate of the cost to continue legislatively approved programs into the next biennium.

### **What Are Policy Packages?**

*Policy Packages* (sometimes referred to as Policy Option Packages) represent policy and program changes above or below the agency's *Current Service Level* budget. Policy Packages are developed to:

- Form new programs or expand, reduce, or end existing programs

- Implement partnership programs among agencies, including actions to formalize interagency program coordination efforts
- Transfer programs between agencies
- Establish or increase fees
- Implement agency reorganization or reinvention proposals
- Fund legislative concepts to be considered by the 2017 Legislative Assembly
- Implement or expand Information technology-related projects or initiatives

Early Learning Division staff is preparing policy papers on a number of topics for the Early Learning Council in order to prepare for these conversations. These policy papers will be presented to the Early Learning Council for discussion at their January, February and March meetings. Input from these discussions will be used to develop the Early Learning Division's Legislative Concepts (LCs) and Policy Option Packages (POPs).



## **Board Action Summary**

### **AGENDA ITEM** Strengthening P-3 Alignment Policy Brief

### **Summary of Recommended Board Action**

**ACTION:** Discussion item to inform policy development

**ISSUE:** Developing policy options to strengthen Oregon's P-3 alignment

**BACKGROUND:** The Early Learning Council has identified the need to strengthen Oregon's P-3 Alignment. Early Learning Division staff will be developing a "Policy Option Package" for the legislature to consider in 2017 that focuses on this topic. The purpose of the Strengthening P-3 Alignment Policy Brief is to provide background information for Council's discussion of this topic. Input from the Council's discussion will be used to develop the Policy Option Package on P-3 alignment.

**CONTACT:** Brett Walker, P-3 Alignment Specialist, ELD



## Policy Brief

Title: Strengthening P-3 Alignment

Staff Contact: Brett Walker [brett.walker@state.or.us](mailto:brett.walker@state.or.us) 503.378.5160

Date: January 28, 2016

**ISSUE:** Strengthening the connection between early learning and K-3 education (P-3) is a key strategy for ensuring that children have access to high quality, developmentally appropriate, and culturally responsive learning experiences through the pre-k and early elementary years. Aligned local early learning and K-3 systems create greater predictability for parents and caregivers, strengthen the professional capacity of child care providers and early elementary teachers, and provide seamless learning opportunities for children. While many communities throughout the state have made rapid progress towards connecting local early learning and K-3 systems, significant opportunity gaps persist, depriving many of Oregon’s youngest learners –particularly children of color and children who speak a language other than English in their homes-- of a strong and successful start to their K-12 academic experience.

**BACKGROUND:** Oregon has established a strong, although nascent, statewide foundation for aligned P-3 systems at the state, regional, and local levels. Across the state, local leaders are increasingly taking initiative to create seamless P-3 pathways in their own communities. These efforts across Oregon are focused on implementing research-based P-3 strategies, including:

- Programs that create a smooth transition between into kindergarten;
- Activities to engage families as partners in children’s learning and development, starting at birth and continuing through early elementary school; and
- Providing shared professional development opportunities for early childhood and elementary school educators.

At the state level, efforts are underway to align early learning and kindergarten standards, as well as to develop new kindergarten standards in the domains of social-emotional development and approaches to learning. Once complete, these aligned standards will create a foundation from which communities can develop seamless approaches to curriculum, instruction, assessment, and classroom practice across the P-3 spectrum. Additionally, the Oregon Legislature has recently made significant investments in both full-day kindergarten, increased funding for the Early Learning Kindergarten Readiness Partnership & Innovation program, and approved new funding to pilot a mixed-delivery preschool model, sending a clear signal that support for early learning and P-3 work is a top priority for State policymakers.

**POLICY ANALYSIS:** There is a growing recognition that achieving third grade success requires a strong continuum of supports throughout the pre-kindergarten to third grade years. This integrated set of supports includes programs that create a smooth transition into kindergarten for children and families, strategies for engaging families as equal partners in children’s education, and opportunities for shared

professional development between early learning providers and K-3 teachers. Underpinning these supports is a commitment on the part of local leaders to effectively facilitate cross-sector collaboration between early learning and K-3 education.

An integrated continuum of supports across the P-3 spectrum is vital to ensuring that children have access to the types of high-quality early learning experiences that contribute to overall kindergarten readiness. P-3 approaches also allow children to access learning pathways in which their experiences from one year flow seamlessly into the next. Parents and caregivers in communities that have aligned P-3 systems benefit from knowing that their children will experience a strong transition into kindergarten, and from having greater predictability about what their children's learning experiences will be. For early learning and K-3 educators alike, a systemic P-3 approach strengthens professional collaboration and developmentally appropriate instructional practice. Ultimately, a strong set of aligned supports at the local level across the P-3 continuum is essential for ensuring that all children enter kindergarten ready to succeed in school, that early opportunity gaps are closed, and that all children demonstrate academic proficiency by the end of third grade.

When school readiness, family engagement, and professional development supports are not aligned and integrated locally, there can be a significant disconnect in the pre-kindergarten experiences that children have and what will be expected of them when they enter the kindergarten classroom for the first time. When systemic, capacity-building approaches to engaging families as partners in children's learning and development are not in place across the P-3 spectrum, families are less likely to have access to information that will help them support their children's readiness to be successful in school, and are more likely to experience a lack of predictability as their children transition into kindergarten. A lack of aligned supports across the P-3 spectrum contributes to fewer families, early learning providers, K-3 teachers working together to support children's readiness to succeed in school, and, ultimately, to the perpetuation of an unacceptable educational status quo in which too few children are reading on grade level by the end of third grade and in which achievement gaps that are predictable on the basis of race, ethnicity, home language, and socio-economic status are allowed to persist.

While P-3 initiatives taking place in communities throughout Oregon have created significant momentum and opportunity for increased collaboration between early learning and K-3 education, there is nevertheless evidence to suggest that critical P-3 supports are not in place at a scale sufficient to eradicate the early opportunity gaps currently present within Oregon's educational system. For example, during the 2014-15 school year, 17.4% of kindergarten students in Oregon (approximately 7000 children) were chronically absent.<sup>i</sup> According to a recent report published by the non-profit organization Attendance Works, chronic absenteeism in kindergarten is predictive of students' future attendance patterns, while, unsurprisingly, children who attend school regularly in the early grades are more likely to become fluent readers and experience academic success. Furthermore, children experiencing poverty are significantly more likely to be chronically absent than children from middle class families, deepening disparities that already exist when children enter kindergarten.<sup>ii</sup>

This type of disparity is also borne out in statewide Kindergarten Assessment data. State level data from the 2014-15 school year indicates that children entered kindergarten able to correctly answer, on average, 8 of 16 questions in the Kindergarten Assessment's early math measure, and identify, on average, 17.7 English letter names and 6.6 English letter sounds within one minute. For African-American children, these averages fell to 7.2 on the early math measure and 5.9 for letter sounds. Encouragingly, African-American children did outpace the state average on letter names, with an average score of 18.5. However, the average scores for Hispanic children and children who qualify for free and reduced lunch are well below the statewide average on all three measures,<sup>iii</sup> clearly indicating

that there are gaps in access to high quality early learning experiences that contribute to kindergarten readiness for large groups of children in Oregon.

Significant differences in the average scores on the approaches to learning segment of the Kindergarten Assessment, which measures children's self-regulation and inter-personal skills, are not present between groups of students. However, kindergarten teachers are increasingly reporting significant challenging classroom behaviors from children that are preventing them from being able to effectively deliver instruction on a daily basis. This appears to be a particularly acute challenge as many districts and schools have transitioned to providing full-day kindergarten, which has been identified as a key component of the P-3 spectrum,<sup>iv</sup> in the 2015-16 school year, and highlights a need for strengthening the professional supports for P-3 educators to nurture children's social-emotional development.

Unfortunately, the disparities that are present between groups of students at kindergarten entry persist through third grade. In 2015, the first year in which the new Smarter-Balanced Assessment was administered as Oregon's statewide summative assessment, 45.6% of all 3<sup>rd</sup> graders scored at or above the proficiency benchmark. However, only 27.6% of African-American children, 26.9% of Hispanic children, and 33.4 % of children who qualify for free and reduced lunch scored at or above the proficiency benchmark. This same trend held true for 3<sup>rd</sup> grade math scores,<sup>v</sup> clearly indicating that the opportunity gaps that exist before children enter kindergarten continue through the early elementary years.

To interrupt this cycle and eliminate the disparities that are in place before children start school and which persist through third grade, strengthening supports across the P-3 continuum is essential. Through the Partnership & Innovation program, as well as through local funding streams, there are several strong models for supporting successful kindergarten transitions such as the Kids in Transition to School (KITS) program in Lane County and the Early Kindergarten Transition (EKT) program in Multnomah County. While supporting transitions is an important aspect of P-3 work, the focus of this policy brief is systemic supports that can span the full pre-k through third grade spectrum.

There remains a significant need to strengthen and support multiple aspects of the burgeoning P-3 approaches taking place around the state. Focusing on strengthening professional capacity in multiple areas—particularly around implementing developmentally appropriate and culturally responsive classroom practices, engaging families in ways that support children's learning and development, and leading P-3 efforts at the local level—provides an opportunity to leverage and build upon existing investments and initiatives, to sustain and improve existing P-3 efforts, and to achieve outcomes for children in ways that eliminate disparities in access and opportunity.

**EQUITY ANALYSIS:** If there are new investments in P-3 alignment, the Equity Lens would suggest that they be targeted first to children of color, children who are members of Oregon's Tribes, and children who are English learners, as each of these groups of children are most likely to be disproportionately represented by academic achievement gap data. Any interventions, initiatives, or programs that emerge from this policy analysis must be aligned with the goals and priorities focused on culturally responsive practice in the Early Learning Council's 2015 Equity Report. Targeting resources to communities engaged in implementing mixed-delivery preschool through Preschool Promise and/or P-3 strategies via the Partnership & Innovation program may be a reasonable approach to ensuring that resources support the Early Learning Council's equity goals, as each of these programs has been designed to target resources where they are most needed, particularly with children of color and English learners in mind.

## **POLICY ALTERNATIVES AND IMPLICATIONS:**

### **Supporting Developmentally Appropriate, Culturally Responsive Practice**

Strengthening the classroom environments and instructional practices of P-3 educators is an exciting area for growth in Oregon's P-3 efforts. Through Partnership & Innovation funding, some communities have created vertically aligned professional learning communities consisting of child care providers, pre-K teachers, Head Start providers, and K-3 teachers. While these P-3 professional learning teams have experienced some initial success in terms of helping practitioners to gain a deeper understanding of one another's realities, opportunities to deeply embed and align approaches to curriculum, instruction, formative assessment, and classroom environments across the P-3 continuum remain limited. Current efforts to align early learning and kindergarten standards open the door to deepen approaches to P-3 professional development in several key areas. First, given that this project has developed new kindergarten standards in the areas of social-emotional development and approaches to learning, there is an opportunity to intentionally focus professional supports across the P-3 spectrum around the developmental progressions in these domains in ways that did not previously exist. Next, there is an opportunity to revisit the ways in which communities support children's early language and literacy development, as the revised version of the *Head Start Learning Outcomes Framework*<sup>vi</sup> (which serves as Oregon's statewide standards for learning and development for children ages 3-5), provides greater depth and detail in these domains than the previous version. Finally, there is a significant opportunity to strengthen and support culturally responsive, trauma-informed classroom practice, as Oregon's efforts to align early learning and kindergarten standards have emphasized the learning and developmental progressions of English learners in ways that few other states have undertaken. There may also be an opportunity in the professional development space to explore partnerships with institutions of higher education to provide university level course credit to early learning providers for participating in P-3 professional learning communities.

### **Engaging Families as Partners in Children's Learning and Development**

There are several effective family engagement models that are currently being implemented in communities throughout Oregon as part of local P-3 alignment efforts, including innovative approaches designed to help parents and caregivers support children's early learning and development and transitions into kindergarten. However, at the state level, clear policy guidance focused on family engagement across the P-3 spectrum has yet to be fully articulated. As a result, many local approaches to family engagement remain focused on conducting one-time events or activities, are disconnected from children's learning and development, and are not likely to have a significant impact on improving child-level outcomes.

*The Dual Capacity-Building Framework for Family-School Partnerships* identifies four key areas of effective approaches to family engagement:

- Capabilities (human capital, skills, and knowledge);
- Connections (relationships and networks between and among staff and families);
- Confidence (staff and families' self-efficacy to effectively partner); and
- Cognition (assumptions and beliefs of staff and families).

Importantly, this model also emphasizes simultaneously building both the capacity of parents and caregivers to support children's learning and development, as well as the professional capacity of practitioners to effectively engage families and caregivers as equal partners,<sup>vii</sup> an element that is often missing in typical approaches to family engagement. This framework could provide a valuable foundation from which to shape formal policy guidance, investments, or expectations for family engagement strategies taking place as part of local P-3 efforts.

### **Strengthening Local P-3 Leadership**

Strong local leadership has been identified as an essential component of effective P-3 approaches.<sup>viii</sup> While it is critical that families, early learning providers, and elementary schools are equal partners in local P-3 efforts, visible leadership from both the district superintendent and elementary school principal are particularly important for moving P-3 efforts forward. Indeed, without the support and leadership of these key stakeholders, P-3 efforts are likely to lack the depth and breadth necessary to realize the type of systemic change necessary to ensure that all children are ready to succeed in kindergarten and to eliminate the disparities that exist between groups of children in the early elementary years. In communities such as Pendleton, McMinnville, Gladstone, and the David Douglas School District, among others, district and elementary school leaders have fully embraced and prioritized P-3 alignment as a key strategy for improving outcomes for children. There nevertheless remains a significant need to strengthen and support the professional capacity of local educational leaders to lead P-3 reform efforts, with a clear and intentional emphasis on building the capacity of elementary school leaders to support developmentally appropriate, culturally responsive classroom practice. This is particularly important, as many elementary school principals have a teaching background at the secondary level, and may not possess a deep understanding of early childhood development. There are models for supporting P-3 leadership from which Oregon can learn, including the P-3 Leadership Institute at the University of Washington and a newly launched Governor's P-3 Leadership Institute in Pennsylvania.<sup>ix</sup> Given the current momentum behind P-3 efforts throughout Oregon, strengthening the capacity of those leading these initiatives may be a valuable strategy for quickly scaling up effective practices.

**STAKEHOLDERS AFFECTED:** The primary stakeholders affected by this issue include families and caregivers of young children, providers of early learning services, community-based organizations, full day kindergarten teachers, early elementary teachers, district and school-level administrators, and early learning hubs.

**TIMELINE OF KEY ACTIVITIES/STAKEHOLDERS INVOLVED:** There have been several key milestones in the development of Oregon's P-3 systems over the last few years. In 2013, the Oregon Legislature approved funding for the Partnership & Innovation program. At the same time, several private foundations and non-profit organizations also invested in local P-3 efforts. As these programs launched, the Early Learning Division and private sector partners formed a collaborative, public/private partnership to support P-3 work throughout the state. Then, in 2015, the Oregon Legislature approved a \$27 million investment to pilot a mixed-delivery preschool model throughout the state. Also in 2015, the Early Learning Division and Oregon Department of Education launched a collaborative effort to formally align early learning and kindergarten standards for children's learning and development. The aligned standards and supporting resources will be publicly available in mid-2016. Finally, the new Federal Every Student Succeeds Act also prioritizes early learning, creating opportunities to expand access to pre-k, strengthen the early learning workforce, and improve early literacy systems across the P-3 spectrum.

## ADDITIONAL INFORMATION RESOURCES:

- Kauerz, K. & Coffman, J. (2013). *Framework for Planning, Implementing, and Evaluating PreK-3<sup>rd</sup> Approaches*. Seattle, WA: College of Education, University of Washington.
- Gearns, D., Leavell, K., Sullivan-Dudzic, L. (2010). *Making a Difference: 10 Essential Steps to Building a PreK-3 System*. Newbury Park, CA: Corwin Press.
- Foundation for Child Development PreK-3<sup>rd</sup>: Policy Briefs (November, 2010). Retrieved from: <http://fcd-us.org/resources/prek-3rd-policy-briefs>
- PreKindergarten-3<sup>rd</sup> Grade: A New Beginning for American Education. Retrieved from: <http://www.prek-3rd.org/index.html>
- *Early Learning Kindergarten Readiness Partnership & Innovation Evaluation Report* (2015). Prepared by Dr. Beth Green, Lead Evaluator. Retrieved from: <http://oregonearlylearning.com/p-3-alignment/>

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<sup>i</sup> Oregon Department of Education. (2015). Not Chronically Absent Report 2014-15. Retrieved from: <http://www.ode.state.or.us/search/page/?id=471>

<sup>ii</sup> Attendance Works. (2014). *Why Attendance Matters in Early Education Programs*. Washington, DC.

<sup>iii</sup> Oregon Department of Education. (2015). 2014-15 Statewide Kindergarten Assessment Results. Retrieved from: <http://www.ode.state.or.us/search/page/?=3908>

<sup>iv</sup> Foundation for Child Development. (2010). *PreK-3<sup>rd</sup>: Putting Full-Day Kindergarten in the Middle*. New York, NY: Kauerz, K.

<sup>v</sup> Oregon Department of Education. (2015). Statewide Assessment Results for 2014-15. Retrieved from: <http://www.ode.state.or.us/search/page/?id=471>

<sup>vi</sup> U.S. Department of Health & Human Services, Administration for Children & Families. (2015). *Head Start Early Learning Outcomes Framework Ages Birth to Five*. Washington, DC.

<sup>vii</sup> Kuttner, P., Mapp, K. (2013). *Partners in Education: A Dual Capacity-Building Framework for Family-School Partnerships*. Washington, DC: U.S. Department of Education.

<sup>viii</sup> National Association of Elementary School Principals. (2014). *Leading Pre-K-3 Learning Communities: Competencies for Effective Principal Practice*. Alexandria, VA.

<sup>ix</sup> Center for American Progress (2016). *A Different Way of Doing Business: Examples of Pre-K to Third Grade Alignment in Practice*. Washington, DC. Adamu, M. & Ullrich, R.

## **Board Action Summary**

### **AGENDA ITEM** Professional Development Policy Brief

### **Summary of Recommended Board Action**

**ACTION:** Discussion item to inform policy development

**ISSUE:** Developing policy options to strengthen Oregon's early childhood professional development system

**BACKGROUND:** The Early Learning Council has identified the need to strengthen Oregon's early learning professional development system. Early Learning Division staff will be developing a "Policy Option Package" for the legislature to consider in 2017 that focuses on this topic. The purpose of the Professional Development Policy Brief is to provide background information for Council's discussion of this topic. Input from the Council's discussion will be used to develop the Policy Option Package on professional development.

**CONTACT:** Dawn Woods, Child Care Director, ELD





**Early Learning Division** | 775 Summer St NE, Suite 300, Salem, OR 97301  
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## Policy Brief

Title: Professional Development Strategies for Optimum Child Outcomes

Staff Contact: Dawn Woods [Dawn.A.Woods@ode.state.or.us](mailto:Dawn.A.Woods@ode.state.or.us) (503) 947-1418

Date: December 15<sup>th</sup>, 2015

### ISSUE:

The first five years of life are a wondrous time of growth and development for young children. They learn at a rapid pace during these crucial years.. Their early learning experiences and environments have a profound impact on their development, readiness for Kindergarten and success in life.

The Early Learning workforce needs to be ready with the knowledge of child development, the skills and support to form secure attachments with young children in their care and the ability to stay current in the latest child development science and research. Although children are ready and eager to learn, many early childhood educators are not prepared to engage children in rich subject-matter experiences that lay the groundwork for success later in school and in the workplace.<sup>1</sup>

This policy brief focuses on professional development of the diverse early learning providers that parents choose and entrust the care of their children. Early learning providers need access to seamless and supportive pathways that are portable and stackable and result in achieving higher education degrees, certificates and credentials. Oregon will be supporting the quality of the environments they create for children in their care by supporting the early learning provider's education and compensation needs. Oregon will miss opportunities to affect the most crucial years of our early learners without a highly trained and fairly compensated early learning workforce.

### BACKGROUND:

While the educational requirements for working in early learning have historically been low, that is changing. Neither experience nor education is legally required to gain employment in most licensed early learning facilities. However, higher ratings on the Quality Rating and Improvement System (QRIS) require more highly trained staff. These educational requirements have been a barrier to many programs achieving higher star-ratings. There have been particular challenges for Head Start programs due to the structure of a program with multiple sites and the licensing rules and QRIS standards being site specific.

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<sup>1</sup> Institute of Medicine and National Research Council. *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. Washington, DC: The National Academies Press, 2015. doi:10.17226/19401

In 2015, the Oregon Legislature created a new publicly-funded preschool program called *Preschool Promise*. This requires that all lead teachers in this program have a bachelor's degree. The Legislature also recognized that most early learning providers have not yet achieved these educational levels and created a provision temporarily waiving that requirement so long as teachers can demonstrate that they have plans and are making adequate progress towards degree completion. *Preschool Promise* also raises questions about how to implement these degree requirements while creating a workforce that matches the diversity of the children and families being served.

The push for higher educational levels is in tension with the low level of compensation in early learning. A 2013 report showed that the average wage of a head teacher/caregiver in a child care center was \$10.00 – \$13.75 an hour. This wage creates a chasm between the early learning provider and higher education. There is little incentive to pursue further education once a provider is in the early learning workforce.

## RESEARCH FINDINGS:

Research indicates that both education and training are associated with more positive and stimulating teacher/caregiver behavior and positive child outcomes. Education and training that increases positive interactions between adults and children affects multiple areas of development (Pianta, 2006; Ramey et al., 2008).<sup>2</sup>

Research on the impact of professional development has been challenged by a lack of agreement on definitions and measures (Maxwell, Feild, & Clifford, 2006); methods and designs ill equipped to produce high levels of confidence in findings; small study samples from which findings cannot be generalized (Zaslow & Martinez-Beck, 2006); and a frequent focus on center-based preschools to the exclusion of other types of care or other age groups (Fiene 2002, 2003). Despite these and other limitations, research has consistently suggested that higher levels of provider education and training, particularly that which is child-specific, predict program quality in child care settings (Arnett, 1989; Cost, Quality, and Child Outcomes Study)<sup>3</sup>. Research shows that intensive, continuous and individualized training is more effective in changing teacher behavior than short term workshops<sup>4</sup>. This individualized training model is considered “relationship-based professional development” and can take the form of mentors, coaches, navigators, consulting and technical assistance.

### Current Work:

In 2014 – 2015, Oregon had the opportunity to support Early Learning Professional Development Projects in two regions through the Oregon Department of Education's Strategic Investments grant awards. Community colleges, universities and Child Care Resource & Referral agencies partnered to create seamless professional development pathways for early learning providers to earn college credits, certificates and degrees through articulation agreements across different types of professional development. Several innovative strategies were implemented, including coaches who offered relationship-based individualized intensive services. The coaches were trained in college systems, early childhood development and Oregon's child care system; they represented the cultural diversity of the population and connected with the more isolated and underserved early learning providers.

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<sup>2</sup> Weber, Bobbie, Ph.D. *Effective Investments in the Child Care and Early Education Profession*. A Review of Research Literature. Oregon State University; October 2008.

<sup>3</sup> Weber, Bobbie, Ph.D. *Effective Investments in the Child Care and Early Education Profession*. A Review of Research Literature: Oregon State University; October 2008.

<sup>4</sup> Weber, Bobbie, Ph.D. *Effective Investments in the Child Care and Early Education Profession*. A Review of Research Literature. Oregon State University; October 2008.

Testimonials overwhelmingly supported the effectiveness of this model to support college/work/life balance, encourage continuation of their academic pathways and achieve their career goals.

## **POLICY ANALYSIS:**

Building a high-quality professional development system with multiple pathways is an essential strategy for achieving the Early Learning Council's goal of all children arriving at kindergarten ready to succeed for the following reasons:

1. The first five years set the foundation for healthy growth and development, and the experiences children have during those years impact whether they arrive at school ready for success.
2. A high-percentage of children in Oregon under the age of five spends the majority of their time in out-of-home care.
3. Young children thrive when they are in nurturing settings filled with enriching, developmentally appropriate activities, and surrounded by caring, supportive adults.
4. The creation of those nurturing settings filled with enriching, developmentally appropriate activities requires specific knowledge, skills and competencies.
5. Early learning providers must also be equipped to serve diverse children and families, meeting their cultural and linguistic needs.
6. Early care and education providers who have access to high-quality professional development are more likely to have the knowledge, skills and competencies to create nurturing environments where children are more likely to develop the tools to be academically successful.

A high-quality early learning professional development system has the following components:

1. **Unified foundation of child development and early learning:** A quality professional development system should rest on a unified foundation of child development knowledge and competencies.
2. **Diversity and current research:** This foundation would incorporate the knowledge of working with diverse families and children, current science and child development knowledge, serving children with special needs, how to form secure attachments, best practices that support thriving children and parent engagement and span across all early learning provider roles.
3. **Continuum of professional development:** Oregon's early learning workforce consists of a wide variety of positions from unlicensed care givers, family child care providers, assistants/aides, teachers and child care center directors. They are at different stages in their professional development.
4. **Articulation among training and higher education institutions:** Providers need access to educational and certification pathways that fit their diverse learning, personal and professional needs, and support to navigate the higher education systems.
5. **Culturally and linguistically responsive:** The diversity of Oregon's current early care and education workforce is an asset, and as Oregon tries to increase the level of professional development of early learning providers, it needs to preserve and build upon that diversity.
6. **Relationship-based professional development (RBPD).** Intensive, continuous, and individualized training appears more likely to change teacher/caregiver behavior than short-term workshops.

Oregon has several components of a quality professional development system currently in place:

1. Oregon Registry core competencies
2. Career lattice (Oregon Registry)
3. Quality Rating Improvement System (QRIS)

4. Local articulation agreements between some community colleges and universities, creating portable and stackable degrees, certificates and credentials.
5. Credit for prior learning for CDA and/or Step 7 on the Oregon Registry
6. Incentives to continue to move up the career lattice, including education awards
7. Oregon Registry Online: statewide database warehouse that stores all submitted training and education. Child Care Providers can access and track their professional development progression

While Oregon has a robust career lattice through the Oregon Registry, Oregon's current system remains in many ways fragmented and incomplete:

1. **Low training requirements:** For the providers working in most licensed child care settings, the professional development expectations are from 0 – 15 hours per year, but with very little direction toward specific content.
2. **Low compensation:** Current compensation levels in the field are too low to encourage continuing professional development and lead to high-turnover rates. Like many of the children they serve, some of the early learning providers struggle financially and are from under-represented populations.
3. **Limited access to culturally responsive and non-English Professional Development curricula:** There is limited access to professional development opportunities that are developed in a culturally responsive manner that represent Oregon's diverse cultures and in languages other than English. This results in delays for professional development and limited opportunities for the diverse population of early learning providers. Additionally, current professional development curricula need accurate, timely and comprehensive translation.
4. **Career to College challenges:** Early learning providers, who often care for children for ten hours a day, have difficulty finding professional development opportunities that work with their schedule. Many enter the field without clear intentions of early learning as a career and find they have a passion and enjoy the work. At this point, obtaining a degree or credential is challenging due to the low wages and long hours. As non-traditional students, they need hours and locations that meet their professional and personal needs. Additionally, many are first generation college students and may need support in navigating the higher education system. The demanding schedules of working early learning providers also result in several years of attending 1-2 classes and accumulating enough credits to earn a degree.
5. **Disconnects in Professional Development pathways:** There remains significant fragmentation in the system which makes it challenging to connect professional development opportunities. While some local articulation agreements exist between community colleges and universities, statewide portable, stackable and transferable degrees and pathways are not available for all early learning providers.

Under Oregon's current fragmented and piecemeal early learning professional development system most providers are unable to obtain a degree and, for those who do, it is a challenging multi-year journey. These limitations are a barrier to the successful implementation of *Preschool Promise*. They are also a barrier to increasing the number of star-rated QRIS providers, and to ensuring that parents have access to child care that reflects their cultural and linguistic needs.

## EQUITY ANALYSIS:

Oregon has made addressing disparities in educational outcomes and remedying absence of culturally and linguistically responsive services a priority. Oregon Early Learning Division has implemented the Equity Lens as the foundation of all efforts. The Early Learning Council has adopted Strategy 1.2 of ensuring equitable access for children and families to quality early learning and development programs,

overcoming traditional barriers of race, culture, income and geography supports children, families and early learning providers. By increasing the supply of diverse high-quality early learning programs in areas where educational outcomes are lagging and/or there are child care and preschool deserts, children are more likely to be in enriching environments that promote their success, parents have choice in the child care that meets their diverse needs, and early learning providers are able to offer high-quality care. Optimal parental choice can only be realized if there is a highly-trained, culturally and linguistically diverse workforce to staff programs.

Oregon's opportunity and achievement gaps continue to persist as cultural and linguistic diversity grows throughout the state. Children of color make up over 30% of the birth to 5 year old population in the state and are growing at an inspiring rate. Nationally, it is estimated that in 2025, only 300,000 children will be white, while six million will be Latino<sup>5</sup>. In contrast, Oregon's Early Learning Workforce consists of 74% White, 15% Hispanic/Latino/Spanish, 1% American Indian, 3% African American, 4% Asian, 1% Native Hawaiian and 1% Multi-racial and Other<sup>6</sup>. Clearly, outreach to increase the numbers of early learning providers representing diverse cultures and meeting, if not exceeding, the percentage of young children of color is crucial and a priority action in professional development. This will take culturally diverse curricula, materials and supplies, classes offered in locations and at times that are convenient to the early learning providers and culturally and linguistically diverse coaches or mentors to support their continued academic and career pathways.

## **POLICY ALTERNATIVES AND IMPLICATIONS:**

The following recommendations addresses the barriers previously discussed and build off of the investments and policies Oregon has already implemented:

1. **Expand and solidify Career to College Pathways throughout Oregon.**
  - **Provides** portable, stackable and transferable degrees, certificates and credentials throughout the state through articulation agreements with community colleges and four-year universities.
  - **Supports** accessible, available and seamless education pathways for early learning providers that meet them where they are on the professional development continuum; increase in early learning providers obtaining Bachelor's Degrees and achieving QRIS 4 & 5 Star rating in their early learning programs.
2. **Create culturally and linguistically responsive coaches.**
  - **Provides** relationship-based professional development through intensive, continuous and individualized support and training. Coaches assist early learning provider-students to navigate the higher education system; access scholarships, incentives and educational awards; balance school/work priorities; practice newly learned skills in the early learning environment with immediate feedback and evaluation; and create an intentional professional development and career plan. It is vital that the coaches are reflective of the population they serve. This more fully supports professional development and career plans for these providers and gives inspiration as they continue to progress.
  - **Supports** the early learning provider-students to remain on their professional development pathways and reach their career goals; continuous learning and improvement through relationship-based professional development; the Equity Lens through culturally and

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<sup>5</sup> Building Early Childhood Systems in a Multi-ethnic Society: An Overview of Build's Briefs on Diversity and Equity. Build Initiative

<sup>6</sup> Oregon Early Learning Workforce Report 2014. Oregon Center for Career Development in Childhood Care and Education, Portland State University & Oregon Child Care Research Partnership, Oregon State University

linguistically responsive curricula, coaches and services; increase of diverse QRIS 4 & 5 Star rated Early Learning Programs with QRIS rating; Oregon Preschool Promise of comprehensive mixed delivery options for optimal parental choice.

3. **Create a core foundational training that provides consistent early learning knowledge:**

- **Provides** a shared multi-hour cohort training that consists of early learning foundational training that is portable and stackable with the CDA, Oregon Registry steps, college credits, QRIS goals, and compensation awards. Provides intensive and relationship based training that is guided by current research and best practices in child development, executive functions, working with diverse children and families (including dual language children), extensive and comprehensive diversity training, children with special needs and the Oregon professional development pathways, incentives and compensation opportunities.
- **Supports** early learning providers on their professional development pathways, goals related to Kindergarten readiness, 40/40/20 progression, career readiness, QRIS outcomes, culturally responsive and linguistically appropriate Professional Development pathways.

4. **Increase compensation to retain high-quality early learning providers.**

- **Provides** scholarships, incentives and educational awards to early learning providers participating in professional development.
- **Supports** affordable professional development and college education; retention in the field; motivation to start/continue on their educational pathways; increase of diverse 4 & 5 Star rated QRIS Early Learning Programs; Oregon Preschool Promise of comprehensive mixed delivery options for optimal parental choice.

## REFERENCES/ADDITIONAL INFORMATION RESOURCES:

Build Initiative Diversity & Equity Working Group. [Build Initiative](#) ; Strong Foundations for our Youngest Children. *Building Early Childhood Systems in a Multi-ethnic Society: An Overview of Build's Briefs on Diversity and Equity*.

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Oregon Center for Career Development in Childhood Care and Education, Portland State University & Oregon Child Care Research Partnership, Oregon State University. *Oregon Early Learning Workforce Report 2014*. 2015.

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## **Board Action Summary**

### **AGENDA ITEM: Child and Family Well-being Measures Overview**

## **Summary of Recommended Board Action**

### **ACTION:**

**ISSUE:** The Best Beginnings Committee of the ELC has been charged with developing recommendations in response to the Home Visiting Budget Note. A recommendation concerning outcome metrics is in the process of being developed. The outcome metrics will include one or more of the Child and Family Well-being measures. This information is important because the Child and Family Well-being measures were developed jointly by the ELC and OHPB. Also, since the ELC will be reviewing and making a decision concerning the proposed home visiting budget note recommendations, understanding the Child and Family Well-being will help add context to the discussion and ensuing decision.

**BACKGROUND:** The Joint Subcommittee of the Oregon Health Policy Board and Early Learning Council convened the Child and Family Well-being (CFWB) Measures Workgroup from September 2014 - September 2015. The workgroup's charge was to develop recommendations for a shared measurement strategy for children birth through 6 years and their families that informs:

- program planning
- policy decisions
- allocation of resources
- priority setting

# Child and Family Well-Being Measures Workgroup: Report and Recommendations



**DANA HARGUNANI**  
**TIM RUSK**

Early Learning Council Meeting  
January 28, 2016



# Background



- The Joint Subcommittee of the Oregon Health Policy Board and Early Learning Council convened the Child and Family Well-being (CFWB) Measures Workgroup from September 2014 - September 2015
- The workgroup's charge was to *develop recommendations for a shared measurement strategy* for children birth through 6 years and their families that informs:
  - ✦ program planning
  - ✦ policy decisions
  - ✦ allocation of resources
  - ✦ priority setting

## **Helen Bellanca, Co-Chair**

Associate Medical Director, Health Share of Oregon

## **Tim Rusk, Co-Chair**

Executive Director, Mountain Star Family Relief Nursery

### **Pooja Bhatt**

Early Learning Manager, United Way- Columbia Willamette

### **Sujata Joshi**

Project Director, NW Portland Area Indian Health Board

### **Cade Burnett**

Child & Family Services Director, Head Start, Umatilla-Morrow Counties

### **Martha Lyon**

Executive Director, Community Services Consortium for Linn, Benton and Lincoln Counties

### **Janet Carlson**

County Commissioner, Marion County

### **David Mandell**

Early Learning Policy and Partnership Director, Early Learning Division, Oregon Department of Education

### **Bob Dannenhoffer**

Interim CEO, Umpqua Community Health Center

### **Alison Martin**

Assessment and Evaluation Coordinator, Oregon Center for Children and Youth with Special Health Needs

### **Donalda Dodson**

Executive Director, Oregon Child Development Coalition

### **Katherine Pears**

Senior Scientist, Oregon Social Learning Center

### **Aileen Alfonso Duldulao**

Maternal and Child Health Epidemiologist, Multnomah County Health Department

### **T.J. Sheehy**

Research Director, Children First for Oregon

### **R.J. Gillespie**

Pediatrician and Medical Director, Oregon Pediatric Improvement Partnership

### **Bill Stewart**

Director of Special Projects, Gladstone School District

### **Andrew Glover**

Youth Villages, Inc.

### **Peter Tromba**

Policy Research Director, Oregon Education Investment Board

### **Matthew Hough**

Pediatrician and Medical Director, Jackson Care Connect CCO

### **Consultant: Michael Bailit**

**Staff: Dana Hargunani & Rita Moore**

# Workgroup Definitions



- *Child and family well-being* is the state of having generally positive experiences with education and employment, good relationships with family and friends, adequate financial resources to meet basic needs and wants, physical health and comfort, resiliency, freedom from chronic stressors such as discrimination and oppression, and a consistent sense of belonging to a community.
- *Child and family well-being* is when families are happy, healthy and successful in achieving their own life goals.

# Child and Family Well-being: Domains



- **Relationships:** Social-emotional development and relationships within the family as well as with the larger community
- **Economic Stability:** Economic characteristics of individuals as well as broader community economic characteristics
- **Community:** The environment within which children and families live
- **Comprehensive Person-Centered Health Care:** Physical health, behavioral health, and oral health
- **Early Childhood Care and Education:** Early learning and development experiences and outcomes for young children
- **Comprehensive Person-Centered System Integration:** System goal alignment and coordination and communication across systems in a way that meets the needs of families

# Measure Selection Criteria



- ✓ Evidence-Based and Promotes Alignment
- ✓ Actionable and Timely
- ✓ Outcomes-Related
- ✓ High Impact
- ✓ Transformative
- ✓ Appropriate for Audience
- ✓ Data are Readily Available
- ✓ Supports Racial and Ethnic Equity

# Workgroup Focus



- The workgroup focused on measures of the well-being of families with children from birth to six years of age
- Adult measures pertaining to health care needs were included in some instances since perinatal and parental health is a critical factor in children's well-being
- The workgroup included measures reflecting teen-aged populations when the measures had a strong relationship to the adolescent's future parenting

# Challenges



- Lack of available, valid measures in all areas of child and family well-being
- Incomplete data available for children; that which is available often paints a negative picture of childhood well-being
- Inadequate data on real-time adverse childhood experiences
- Data collection challenges hamper efforts to develop a “bundled” measure (of education and health measures) to assess kindergarten readiness

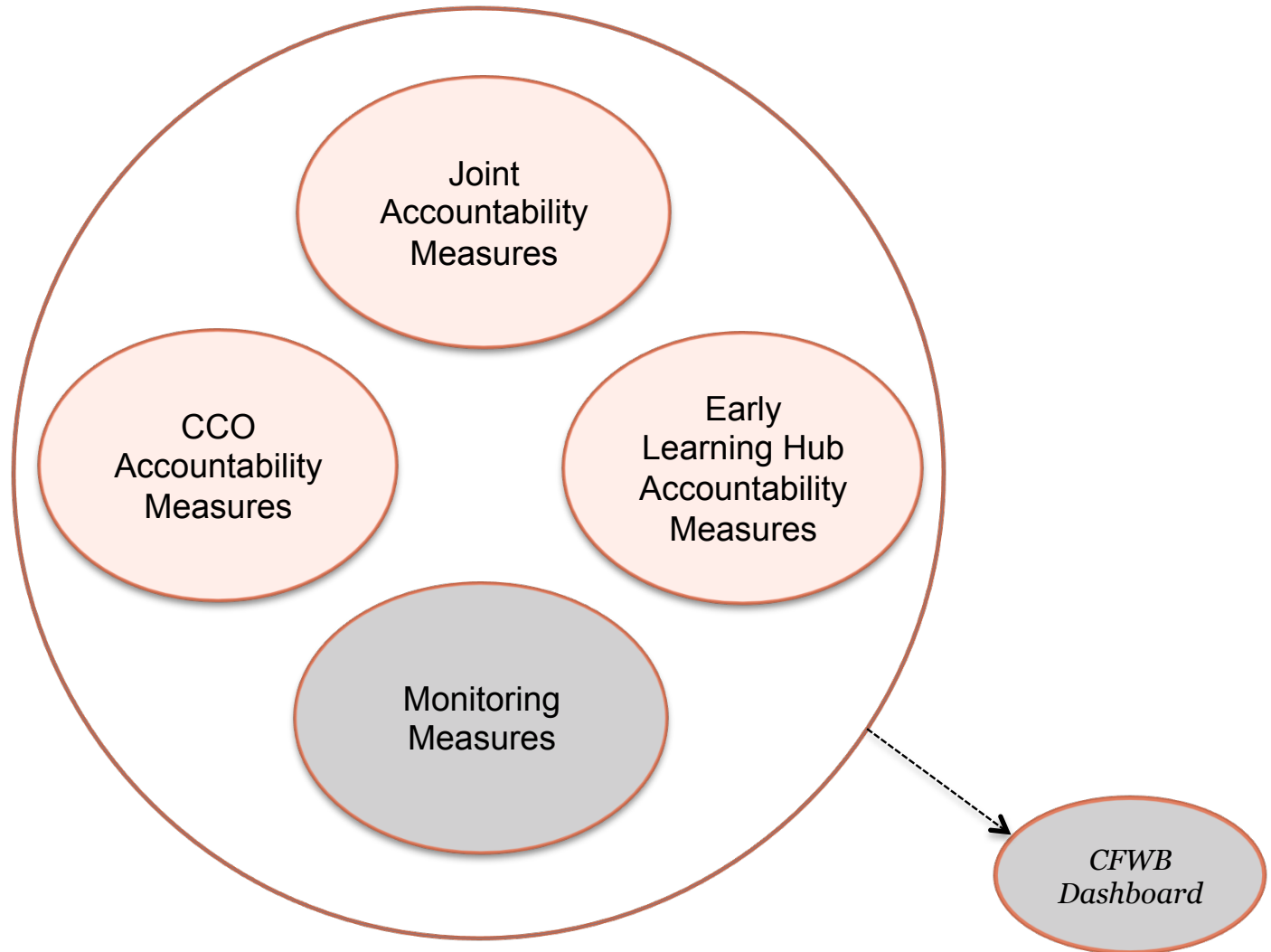
# Measure Types



- **Accountability Measures:** A set of cross-sector measures intended to assess the performance of Early Learning Hubs and Coordinated Care Organizations and to hold them accountable for progress in specific areas
- **Monitoring Measures:** Measures intended to assess and track factors that both indicate and contribute to child and family well-being at the state and local levels



# Recommendation: Child and Family Well-being Measures Library



# Recommended Joint CCO and Hub Accountability Measures



- Kindergarten Assessment: Average Score by Domain
- Kindergarten Attendance Rate
- Rate of Follow-up to Early Intervention after Referral
- Preventive Dental Services for Children <4
- Well Child Visits for Children 3-6 Years
- Developmental Screening by 36 months
- Receipt of Needed Specialized Services Among Children and Youth with Special Health Needs

# Child and Family Well-being Dashboard

Domain	Measure
<b>Relationships</b>	<ul style="list-style-type: none"><li>• Child Abuse and Neglect per 1,000 Children</li><li>• Disproportionality in Foster Care</li></ul>
<b>Economic Stability</b>	<ul style="list-style-type: none"><li>• Child Poverty Rate</li><li>• Food Insecurity Among Children</li></ul>
<b>Community</b>	<ul style="list-style-type: none"><li>• Child Lives in a Supportive Neighborhood</li><li>• Rate of Crimes Against Persons, Property and Behavioral Crimes</li><li>• Adverse Childhood Experiences Among Adults</li></ul>
<b>Comprehensive Person-Centered Health Care</b>	<ul style="list-style-type: none"><li>• Developmental Screening by 36 Months</li><li>• Well-Child Visits for Children Ages 3 to 6</li></ul>
<b>Early Childhood Care and Education</b>	<ul style="list-style-type: none"><li>• Kindergarten Assessment: Average Score by Domain</li><li>• Early Childcare and Education Slots Available per 100 Children</li></ul>
<b>Comprehensive Person-Centered System Integration</b>	<ul style="list-style-type: none"><li>• Percentage of Children Lifted out of Poverty by Safety Net Programs</li><li>• Rate of Follow-up to Early Intervention after Referral</li><li>• Kindergarten Attendance Rate</li></ul>

# CFWB Workgroup Recommendations



1. Adopt the *definitions* and *domains* of child and family well-being.
2. Adopt the recommended child and family well-being *measures library*.
3. Implement a child and family well-being measures *dashboard*.
4. Encourage the Metrics & Scoring Committee, Oregon Health Authority, Early Learning Council and the Early Learning Division to consider child and family well-being *accountability measures* in their management and contracting arrangements with CCOs and Hubs.

# CFWB Workgroup Recommendations



5. The Joint Subcommittee, Oregon Health Authority, Early Learning Division of the Oregon Department of Education and Department of Human Services should periodically review performance for the *measures in the monitoring set*.
6. The Joint Subcommittee should support a *successor body* to the workgroup to serve as custodian of the child and family well-being measure sets.

# Recommended Work Ahead



- Explore opportunities for implementing the kindergarten readiness bundled measure (Appendix A).
- Identify improved measures that link to Adverse Childhood Experiences and the research on toxic stress.
- Explore future measure development related to incarcerated parents.

## Work Ahead (continued)



- Further integrate human services into this measurement strategy.
- Reinststate a household survey focused on child and family well-being.
- Explore additional key areas of child and family well-being measurement (Appendix F).

# Opportunity and National Perspective



- Unprecedented body of work
- Opportunity to meaningfully impact child and family well-being in addition to long-term health and education outcomes
- Opportunity to inspire and inform other state and national efforts



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# Child & Family Well-Being Measures Workgroup

## Final Report and Recommendations

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Prepared for:

The Joint Subcommittee of the  
Early Learning Council and the Oregon Health Policy Board

Submitted on September 11, 2015

## EXECUTIVE SUMMARY

Leaders and advocates across Oregon have rallied around national research that highlights the impact of early experiences on long-term well-being. Informed and inspired by this research, and based on the tenets of collective impact<sup>1</sup>, representatives of the Oregon Health Policy Board and Early Learning Council formed a joint body in 2012 to work together to advance a common agenda and shared goals that align Oregon's health and early learning transformation efforts. The Joint Subcommittee assigned to a technical advisory committee, the Child and Family Well-being Measures Workgroup, the development of a shared measurement strategy to inform program planning, policy decisions, and allocation of resources for child and family well-being in Oregon. This report summarizes the activities and results of the workgroup, including a recommended library of measures to support such a strategy.

The Child and Family Well-being Measures Workgroup adopted two definitions of child and family well-being (one long and one short), identified six well-being domains and adopted eight selection criteria to guide decisions about which measures it would endorse for inclusion in a final measure library and in specific component measure sets. The group researched, identified, and compiled potential measures for individual review, discussion, final selection, and classification as "accountability" or "monitoring" measures.

The workgroup met monthly from September 2014 through September 2015 and developed the following recommendations for consideration by the Joint Subcommittee:

1. Adopt the definitions of child and family well-being and associated domains.
2. Adopt the recommended 67-item child and family well-being *measure library*.
3. Implement the 15-item child and family well-being *measure dashboard* for high-level monitoring.
4. Encourage the Oregon Metrics and Scoring Committee, Oregon Health Authority, Early Learning Council and the Early Learning Division of the Department of Education to consider the child and family well-being measures in the *accountability measure sets* for their management and contracting arrangements with Coordinated Care Organizations and Early Learning Hubs.
5. Review performance for the measures in the *monitoring measure set* periodically.
6. Support a successor body to the workgroup to serve as custodian of the child and family well-being library and measure sets, and to adopt or develop other measures of interest as they become feasible.

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<sup>1</sup> See [www.fsg.org/approach-areas/collective-impact](http://www.fsg.org/approach-areas/collective-impact).

## I. BACKGROUND

In 2009, Oregon Governor John Kitzhaber signed House Bill 2009 creating the Oregon Health Policy Board, a nine-member board charged with overseeing and developing policy for the Oregon Health Authority. The Oregon Health Policy Board is responsible for broad health care payment and delivery system reform in Oregon. Two years later, Governor Kitzhaber signed Senate Bill 909, an education reform bill that established the Oregon Early Learning Council. The Early Learning Council directs the State's early learning programs and support services for children and families across Oregon.

In the fall of 2012, these two bodies formed the Joint Subcommittee to work collectively to identify a common agenda and achieve a set of shared goals as guided by the collective impact framework. Representatives from the Oregon Health Policy Board and Early Learning Council sit on the Joint Subcommittee, as well as leadership from the Oregon Health Authority, the Early Learning Division of the Department of Education, the Department of Human Services, and the Yamhill Community Care Organization and Early Learning Hub. Joint Subcommittee members develop and implement policies and strategies that coordinate and align Oregon's health, early learning and human services transformation efforts. By integrating policies, sharing resources, and aligning goals, the Oregon Health Policy Board and Early Learning Council intend to help children in Oregon get the health care, education and other services they need to thrive and be healthy.<sup>2</sup>

To advance its goals, the Joint Subcommittee appointed a technical advisory committee, the Child and Family Well-being Measures Workgroup, to develop recommendations for a shared measurement strategy focused on child and family well-being across Oregon. The Joint Subcommittee envisioned that the child and family well-being measures would inform program planning, policy decisions, and allocation of resources for children from birth to six years of age and their families. Policymakers and organizations at the state and local levels could use the measures to track progress against goals, identify opportunities for improvement, and prioritize their work. The workgroup agreed to identify a library of appropriate measures and to divide the measures into related and sometimes overlapping child and family well-being measure sets.

- 1) Accountability Measures: A set of cross-sector measures intended to assess the performance of Early Learning Hubs and Coordinated Care Organizations and to hold them accountable for progress in specific areas; although not a primary objective in measure set design, these measures could also be considered by the Oregon Department of Human Services for use in its performance-based contracting.
- 2) Monitoring: A measure set intended to assess and track factors that both indicate and contribute to child and family well-being at the state and local levels.

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<sup>2</sup> See [www.oregon.gov/oha/Pages/elc-ohpb.aspx](http://www.oregon.gov/oha/Pages/elc-ohpb.aspx).

The Child and Family Well-being Measures Workgroup, united in their dedication to ensuring positive child outcomes, included representatives with expertise in health care, early learning and education, human services, public health, and analytics. Helen Bellanca, Associate Medical Director at Health Share of Oregon, a Coordinated Care Organization, and Tim Rusk, Executive Director of Mountain Star Family Relief Nursery and leadership council member of the Early Learning Hub of Central Oregon, co-chaired the workgroup. A list of workgroup members and their affiliation follows below.

<b>Name</b>	<b>Title</b>	<b>Organization</b>
Helen Bellanca <i>Co-Chair</i>	Associate Medical Director	Health Share of Oregon
Tim Rusk <i>Co-Chair</i>	Executive Director	Mountain Star Family Relief Nursery
Pooja Bhatt*	Early Learning Manager	United Way - Columbia Willamette
Cade Burnett	Child & Family Services Director	Head Start, Umatilla-Morrow Counties
Janet Carlson	County Commissioner	Marion County
Bob Dannenhoffer	Interim CEO	Umpqua Community Health Center
Donalda Dodson	Executive Director	Oregon Child Development Coalition
Aileen Alfonso Duldulao	Maternal and Child Health Epidemiologist	Multnomah County Health Department
R.J. Gillespie	Pediatrician; Medical Director	Oregon Pediatric Improvement Partnership
Andrew Grover*	Assistant Director of Oregon Operations	Youth Villages, Inc.
Matthew Hough*	Pediatrician; Medical Director	Jackson Care Connect CCO
Sujata Joshi*	Project Director	Improving Data & Enhancing Access, Northwest Portland Area Indian Health Board
Martha Lyon	Executive Director	Community Services Consortium for Linn, Benton and Lincoln counties, on behalf of Community Action Partnership of Oregon
David Mandell	Early Learning Policy and Partnerships Director	Early Learning Division, Oregon Department of Education
Alison Martin	Assessment and Evaluation Coordinator	Oregon Center for Children and Youth with Special Health Needs, Oregon Health & Science University
Katherine Pears	Senior Scientist	Oregon Social Learning Center
T.J. Sheehy	Research Director	Children First for Oregon
Bill Stewart	Director of Special Projects	Gladstone School District
Peter Tromba	Policy and Research Director	Oregon Education Investment Board

\* Denotes a member who was unable to remain active for the full duration of the process.

Dana Hargunani, Child Health Director and Rita Moore, Policy Analyst, both with the Oregon Health Authority, provided staff assistance to the workgroup. Michael Bailit and Michael Joseph of Bailit Health provided additional support and expertise throughout the process, as did several state agency staff members with content and measurement expertise in areas considered by the workgroup.

The workgroup met on a monthly basis from September 2014 through September 2015 to develop and recommend a child and family well-being library and component measure sets that Early Learning Hubs (Hubs), Coordinated Care Organizations (CCOs), Department of Human Services, and other state and local leaders could use to support their efforts. This report details the endorsed measures, the process by which the measures were developed and recommendations for implementing and using the measures. It also suggests areas for future exploration and development.

## **II. DEFINITIONS**

The group adopted the following definitions to ensure a common understanding of key terms, and to guide planning, development, and decision-making.

### **Child and family well-being**

The group adopted two definitions of child and family well-being, including a long definition and a short definition. Each definition follows below.

- Child and family well-being is the state of having generally positive experiences with education and employment, good relationships with family and friends, adequate financial resources to meet basic needs and wants, physical health and comfort, resiliency, freedom from chronic stressors such as discrimination and oppression, and a consistent sense of belonging to a community.
- Child and family well-being is when families are happy, healthy and successful in achieving their own life goals.

The workgroup elected to focus on measures of the well-being of families with children from birth to six years of age. On occasion the workgroup elected to consider measures reflecting teen-aged populations when the measures had a strong relationship to the adolescent's future parenting abilities. In other instances, adult measures pertaining to health care needs were included since parental and perinatal health is a critical factor in children's well-being.

### **Domains**

Domains provide a framework for categorizing measures into primary focus areas. When choosing domains and measures, the workgroup agreed to include both positive elements (e.g., access) and deficits (e.g., unmet need) in the domain list. The workgroup identified and adopted the following six domains:

1. Relationships: Social-emotional development and relationships within the family as well as with the larger community
2. Economic Stability: Economic characteristics of individuals as well as broader community economic characteristics

3. Community: The environment within which children and families live
4. Comprehensive Person-Centered Health Care: Physical health, behavioral health and oral health, in keeping with Oregon's transformation efforts
5. Early Childhood Care and Education: Early learning and development experiences and outcomes for young children
6. Comprehensive Person-Centered System Integration: System goal alignment and coordination and communication across systems in a way that meets the needs of families

### **Measure selection criteria**

The workgroup applied measure selection criteria to assess whether measures qualified for inclusion in the final measure set. The workgroup individually evaluated each measure according to the following nine criteria:

1. Evidence-Based and Promotes Alignment: The measure has been endorsed by a national body and/or there is peer-reviewed research evidence supporting the measure's validity and reliability for the group being measured and the measure promotes alignment with state and/or national efforts specific to child and family wellbeing.
2. Actionable and Timely: The measurement results are available soon after the event(s) being measured and these results can be applied by those being measured or those conducting measurement to initiate change.
3. Outcome-Related: The measure addresses actual outcomes (e.g., dental decay addressed), or there is evidence that what is being measured has a strong association with or predicts a positive outcome (e.g., more young children being read to as a predictor of greater kindergarten readiness).
4. High Impact: The measure assesses a system attribute with significant impact on child and/or family well-being.
5. Transformative: Improving performance relative to the measure would positively transform service delivery.
6. Appropriate for Audience: The measure is meaningful and useful to those evaluating or monitoring the performance of the measured entity or system.
7. Data are Readily Available: The data for calculating the measure are readily available and the entity responsible for generating, calculating or otherwise obtaining measurements can do so with currently available resources and with large enough denominators to produce reliable results for the measured population.
8. Supports Racial and Ethnic Equity: The measure lends itself to stratification by race, ethnicity, gender, language and/or geography (e.g., county and sub-county) as appropriate to highlight relevant disparities that warrant action.

### III. MEASURE REVIEW PROCESS

To begin the process, the workgroup researched, identified, and compiled potential measures of child and family well-being measures. The workgroup drew measures from many sources, most of which were national measure sets in use in Oregon and across the country. The repository served as a dynamic resource for gathering candidate measures and key information about them in order to evaluate their potential value for inclusion in the final measure library. It included fields identifying the population (e.g., child or family), current use in Oregon, the measure's steward, data source, and current frequency of data reporting. Oregon Health Authority project staff used the repository to document the workgroup's deliberations of each measure. Project staff supplemented the measure repository over time with additional measures recommended by workgroup members and workgroup staff and consultants.

The workgroup considered 245 possible child and family well-being measures and selected 67 for inclusion in the final library. When reviewing measures for the Comprehensive Person-Centered Health Care domain, the group discussed existing accountability metrics that have been adopted for CCOs. To promote alignment, Oregon Health Authority staff compiled a list of metrics focused on health care for young children including the existing CCO metrics (both the CCO incentive measures and state performance measures). Measures of adolescent health and wellness were generally not included unless they related to future parenting; otherwise, the workgroup mostly endorsed the existing CCO measures. The workgroup also reviewed and, as appropriate, aligned measure specifications with the state's Early Learning Hub and Department of Human Services measures.

To arrive at a final library of measures, the group reviewed all candidate measures individually for each of the identified domains. Through a high-level, "first pass" review, workgroup members discussed the potential use of each candidate measure and decided to include or exclude the measure.

Using the selection criteria, Bailit Health consultants and Oregon Health Authority staff evaluated the measures the workgroup initially endorsed, and assigned scores to each measure according to how well they met the measure selection criteria. The workgroup held additional discussions about those measures that did not align well with the selection criteria to decide if it wanted to retain or exclude those measures.

After the initial review, the workgroup examined the following questions:

- What are the potential units of measurement for the measure, e.g., state, region/county, CCO, Early Learning Hub?
- What is the performance time period(s) for each measure, e.g., monthly, quarterly, semi-annually, annually?
- How long after the performance period are measurement results reported?
- What are available national benchmarks, if any, and when and for what time periods are they reported?

The workgroup categorized the measures that remained as accountability or monitoring measures. The workgroup did not consider the accountability and monitoring categories mutually exclusive, e.g., a measure could be an Early Learning Hub accountability measure and a monitoring measure. Classification into the accountability measure sets involved identifying whether CCOs, Early Learning Hubs, or both should be the accountable entity. Ultimately, the workgroup identified measures for consideration by the Oregon Metrics and Scoring Committee and the Hub Metrics Workgroup/Early Learning Council, the entities with authority to determine accountability measures for Oregon's CCOs and Hubs, respectively. The workgroup envisioned that some measures would serve as accountability measures solely for Hubs or CCOs, while others would hold Hubs and CCOs jointly accountable. While not a primary objective in measure set design, the Oregon Department of Human Services may choose to adopt some child and family well-being accountability measures for use in its performance-based contracting.

### **Challenges**

During the measure identification and selection process, the workgroup confronted some challenges. These were some of the most vexing challenges:

- There were areas the group desired to assess, but could not identify an appropriate or valid measure that would yield meaningful results.
- Data on children only exist when a child has interacted with a system that collects information, creating an incomplete and often negative picture of childhood well-being in the state.
- Data gaps exist due to limited financial resources devoted to systematic collection, implementation, and monitoring of data points related to child and family well-being in the state.

The workgroup identified two measurement areas that are critically important for understanding child and family well-being in Oregon and which can serve as rallying points for aligned transformation efforts moving forward. Measure identification proved particularly challenging for both areas, however.

The first such area of particular interest to the workgroup was Adverse Childhood Experiences (ACEs) and other forms of toxic stress and the extent to which they shape child well-being in communities as well as lifelong health and well-being. These experiences can include physical, emotional and sexual abuse, racism, and other forms of discrimination, historical trauma and neglect and family dysfunction. There is perhaps nothing that impacts child and family well-being more than these issues, yet there is currently no real-time way to measure the extent to which ACEs are present in communities. The current state data source for ACEs is the public health Behavioral Risk Factor Surveillance Survey, which asks adults living in Oregon about what they experienced as a child. This measure is recommended for inclusion in a dashboard of priority measures, even though the adults surveyed may or not be parents, and the ACEs they



are reporting could be decades old. The workgroup felt that these adults are the caregivers, teachers and adults in children's lives currently and their own ACEs are part of children's environment. The limitations of this measure, and the fact that it is included in the recommended dashboard despite those limitations, speak to how strongly workgroup members felt about this issue. The workgroup recommends prioritization and development of a future ACEs measure that is more specific to communities and more actionable than that currently offered by the Behavioral Risk Factor Surveillance Survey.

The second area of interest to the workgroup was to create a "bundled" measure<sup>3</sup> of education and health measures to assess kindergarten readiness. This effort was intended to be the strongest example of how CCOs and Hubs could work together toward improving child and family well-being and having collective impact. The measure developed by the workgroup is outcome-focused (instead of process-focused), but requires the type of data collection and communication across sectors that currently is not feasible. The Joint Subcommittee previously reviewed the proposal and recommended delaying this type of bundled measure until data systems advance in their capacity to generate this type of measurement. See Appendix A for a detailed description of the bundled measure developed by the workgroup. As an alternative, the workgroup strongly recommends a set of "joint accountability" measures that transcend individual early learning and health care realms and which can drive collective impact towards kindergarten readiness.

#### IV. RECOMMENDATIONS

1. **Adopt the definitions and domains of child and family well-being.** A commonly accepted vernacular for discussing and assessing child and family well-being is necessary in order to devise and monitor the impact of strategies to effect improvements.
2. **Adopt the recommended child and family well-being measure library.** The measure library provides a compilation of valid and informative indicators of child and family well-being in Oregon. As a result, it can serve as a valuable resource and tool for monitoring, policymaking, management, and performance improvement.
3. **Implement a child and family well-being measure dashboard.** The workgroup recommends the implementation of a dashboard of select priority measures that together provide a portrait of child and family well-being and where measurement results will inform action, such as developing policies, establishing program priorities, and/or allocating resources. The Joint Subcommittee, Oregon Health Authority, Early Learning Division of the Department of Education, and Department of Human Services should review dashboard measures on a regular basis to identify implications for child and family well-being strategies in the state.

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<sup>3</sup> A "bundled" measure in this context is a composite measure made up of multiple individual measures. It can be calculated using multiple methods depending upon the nature of the component measures.

The workgroup recommends the dashboard be comprised of the following high priority measures:

Measure	Frequency
<b>I. Relationships</b>	
Child Abuse and Neglect per 1000 Children	Annual
Disproportionality in Foster Care: The percentage of children in out-of-home placement by race and ethnicity compared to overall percentage of the under-18 population by race and ethnicity	Annual
Children with an Incarcerated Parent per 1000 Children Ages 0-18	Annual
<b>II. Economic Stability</b>	
Child Poverty Rate: The percentage of children estimated to live in families with incomes at or below the Federal Poverty Level	Annual
Food Insecurity Among Children: The percentage of households with children that reported reduced quality, variety, or desirability of diet or uncertainty about having enough food for all household members	Annual
<b>III. Community</b>	
Child Lives in a Supportive Neighborhood: The percentage of survey applicants who respond in agreement to four questions regarding their neighborhood being supportive	Was every 4 years; now annual
Rate of Crimes Against Persons, Property and Behavioral Crimes: The Rate of Crime per 1,000 Population.	Annual
The percentage of Adults Who Have Had 4 or More Adverse Childhood Experiences	Annual
<b>IV. Comprehensive Person-Centered Health Care</b>	
The Percentage of Children Who Have Received Developmental Screening by 36 Months	Annual
The Percentage of Children Ages 3 to 6 That Had One or More Well-Child Visits with a PCP During the Year	Annual
<b>V. Early Childhood Care and Education</b>	
Kindergarten Assessment: Average Score by Domain <sup>4</sup>	Annual
Early Childcare and Education Slots Available per 100 Children	Biannual
<b>VI. Comprehensive Person-Centered System Integration</b>	
Percentage of Children Lifted Out of Poverty by Safety Net Programs Based on the Supplemental Poverty Measure	Annual, using a 3-year rolling average
Rate of Follow-up to Early Intervention after Referral	Annual
Kindergarten Attendance Rate	Annual

The workgroup recommends the dashboard measures be stratified when reported in order to assess possible disparities, with stratification minimally including race and ethnicity whenever possible.

<sup>4</sup> Final kindergarten assessment measure specifications to be aligned with those in development by the Oregon Department of Education/Early Learning Division.

4. **Encourage the Oregon Metrics and Scoring Committee, Oregon Health Authority, Early Learning Council and the Early Learning Division of the Department of Education to consider child and family well-being accountability measures in their management and contracting arrangements with CCOs and Early Learning Hubs, as is appropriate.**

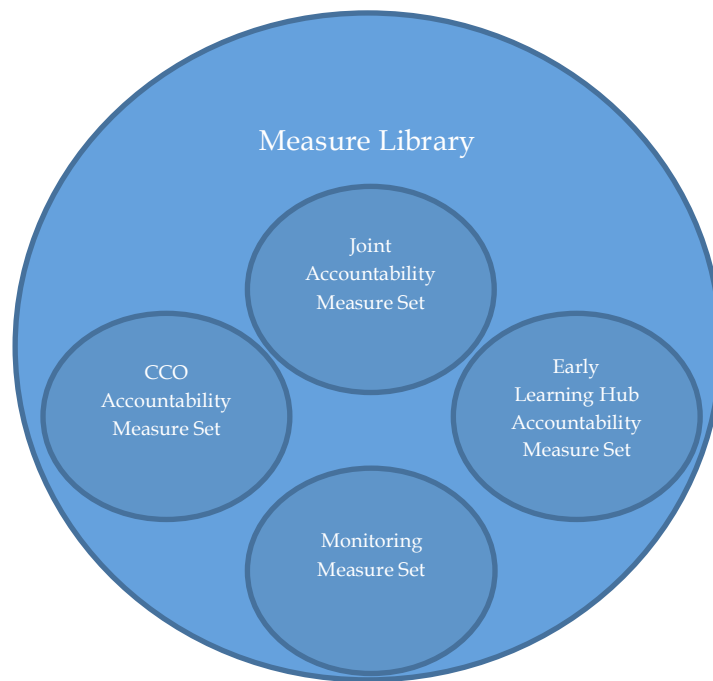
Thoughtful and reasonable systems for accountability are necessary to motivate and ensure substantive improvements in performance. The final, endorsed CCO, Early Learning Hub, and Joint Accountability measure sets are in Appendices B, C, and D, respectively.

The Department of Human Services does not currently utilize accountability measures in a similar manner as is used with CCOs or Early Learning Hubs. However, the workgroup recognizes that human services are critically important for assuring child and family well-being. As appropriate, the accountability measures recommended in this report may be considered by the Department of Human Services for use in its management and contracting arrangements.

5. **The Joint Subcommittee, Oregon Health Authority, Early Learning Division of the Department of Education and Department of Human Services should review performance for the measures in the monitoring measure set periodically, but without the same level of priority assigned to review of the recommended dashboard. Appendix E includes the endorsed monitoring measures.**
6. **The Joint Subcommittee should support a successor body to the workgroup to serve as custodian of the child and family well-being measure sets.** Ongoing modifications will be necessary as national measure sets change, new data sources become available, public policy priorities changes, and new opportunities for improvement present themselves.

Efforts to operationalize these recommendations should include, among other steps, making plans for measure generation, defining processes for dissemination of results to policy bodies and interested stakeholders (public and private), and defining processes for consideration of measurement results and taking action in response.

A visual depiction of the measure library and the individual measure sets contained within it follows below.



### **Future measure development recommendations**

In addition to the above recommendations, the workgroup noted specific areas of measure development that it was unable to address, but feels are worthy of exploration.

- The workgroup recommends exploring future opportunities for implementing the kindergarten readiness bundled measure (see Appendix A), including an approach to addressing current data collection limitations.
- As noted earlier, the workgroup is interested in exploring improved measures that link to Adverse Childhood Experiences (ACEs) and the research on toxic stress.
- Future measure development related to incarcerated parents is a high priority for the workgroup, including a measure that provides community-level monitoring of the percentage of Oregon parents who are incarcerated.
- Further integration of human services into a child and family well-being measurement strategy is an important next step in advancing and aligning policies, strategies, and programs designed to evaluate, monitor, and improve child and family well-being in Oregon. The initial target for this group's work focused on children from birth to age six, but there is a desire to incorporate further measures specific to younger children (birth to three years of age) as such measures become available.
- Many of the desired measures are not currently feasible due to existing limitations in data sources. Families are the only source of information on many critical issues. The workgroup strongly suggests that the state consider reinstating a household survey. A household survey focused on child and family well-being would allow communities to

get a more comprehensive understanding of the strengths of Oregon's families as well as their challenges. It would allow the state and stakeholders to monitor many of the desired but currently unavailable measures and provide more timely data on the experiences of families. In particular, a household survey would allow the state to capture critical information about child care access and cost to families, neither of which are measurable with current data sources. The survey could also be designed in a way that provides improved sampling across race, ethnic, geographic and other subpopulation levels in order to highlight disparities that need to be addressed.

- Multiple additional areas of measurement for child and family well-being warrant future consideration and exploration (see Appendix F).

## **V. CONCLUSION**

The recommended child and family well-being measures will enable the state and stakeholders to gain perspective on early learning, health and human service data points in the state for assessment, strategic planning and management. The measures promote cross-sector accountability and collective action toward a common goal of improving child and family well-being in the state. Local agencies should be encouraged to reference the measures set to guide decisions about disciplines and areas they should be monitoring, or to make comparisons across communities to identify where there may be an opportunity for reform. Entities that are not directly involved in early learning or early childhood health, for example departments of correction or the Governor's Reentry Council, may use the measures to make connections to their work and inform other transformative approaches to child and family well-being.

## Appendix A

### Kindergarten Readiness Bundle

The Child and Family Well-being Measures Workgroup identified *kindergarten readiness* as a key metric for both the health care delivery system and the early learning system. Whether or not children arrive at kindergarten ready to learn depends upon multiple health considerations (healthy growth and development, good dental care, control of chronic diseases), and also on whether or not they have acquired skills such as early literacy, numeracy and self-regulation. Kindergarten readiness depends on good health, family stability and community resources.

Measuring kindergarten readiness is a complex and daunting task. Indeed, some of the most important components of kindergarten readiness (such as healthy emotional bond with caregivers) are extremely difficult to measure. Nevertheless, the opportunity to build cross-sector accountability for kindergarten readiness is timely and unique in Oregon because of the joint transformation efforts in early learning and health care.

In April 2015, the workgroup presented the Joint Subcommittee with the following bundled measure proposal, including elements that meaningfully contribute to kindergarten readiness:

#### **Kindergarten Readiness Bundled Metric Components**

Denominator: Children who have their 5<sup>th</sup> birthday during the measurement year

##### Health Care Components

- Well-child check completed in past year
- Vision is normal or corrected
- Hearing is normal or addressed
- Immunizations are up to date
- Dental exam shows no active decay
- Children with a special health care need have a cross-system, family-centered, actionable shared care plan in place
- Family is screened for food insecurity/hunger
- Developmental screening has been completed in past year

##### Family components

- Parent/caregiver assessed for depression in past year
- Parent/caregiver assessed for substance use disorder in past year
- Parent/caregiver assessed for domestic violence in past year

##### Kindergarten Assessment components

- Children have behavior that facilitates learning (CBRS)
- Children have literacy skills
- Children have numeracy skills

Should the above kindergarten readiness bundle be implemented in the future, the workgroup recommends the following application:

- The measure should be implemented with a phased approach (see diagram below); the first two years should be dedicated to development and reporting only and not tied to an incentive pool.
- Year one implementation should focus on standardizing measure specifications via a technical advisory group.
- The kindergarten assessment (KA) should be further refined to address current limitations, such as the floor effect, before it is included as an accountability metric.
- Measures derived from the health system should be electronic health record (EHR)-based rather than measured through claims data.
- Measure should be an “all-or-nothing” measure, e.g., all components must be met to receive credit.
- At a minimum, measure should be disaggregated by race, ethnicity, and language
- Shared accountability for this metric will depend on the extent to which it is possible to build a shared incentive pool for both Hubs and CCOs.

### Timeline

Phase 1: Development	Phase 2: Reporting	Phase 3: Accountability
Develop specifications on each of the elements	Reporting required for Health Care Components and Family Components	KA components brought into bundle once ready
Build EHR-based data tools	Set benchmarks for all three components	Reporting on full bundle with incentive payment tied to performance in relation to benchmarks
CCOs and Hubs negotiate responsibility for elements and build cross-sector communication strategies		

Appendix B  
Recommended Child and Family Well-being  
Coordinated Care Organization (CCO) Accountability Measures<sup>5</sup>

Measure Name	Frequency of Data Update	Data Source
<b>The Percentage of Children Who Received Well-Child Visits in the First 15 Months of Life</b>	<b>Annual</b>	<b>Claims</b>
<i>The Percentage of Children Who Have Received Developmental Screening by 36 Months</i>	<i>Annual</i>	<i>Claims</i>
<b>The Percentage of Children Ages 3 to 6 That Had One or More Well-Child Visits with a PCP During the Year</b>	<b>Annual</b>	<b>Claims</b>
<i>Among CYSHCN<sup>6</sup> who needed mental health/counseling, percent of CYSHCN who received all needed care</i>	<i>Annual</i>	<i>CAHPS<sup>7</sup></i>
<b>Percentage of children less than 4 years of age on Medicaid who received preventive dental services from a dental provider in the year</b>	<b>Annual</b>	<b>Claims</b>
<b>Getting Care Quickly Composite - CAHPS 5.0H (child version including Medicaid and children with chronic conditions supplemental items)</b>	<b>Annual</b>	<b>CAHPS</b>
<i>Prenatal and Postpartum Care: Timeliness of Prenatal Care – The percentage of deliveries that received a prenatal care visit in the first trimester.</i>	<i>Annual</i>	<i>Claims and Clinical Data</i>
<i>Among CYSHCN who needed specialized services, percentage of CYSHCN who received all needed care.</i>	<i>Annual</i>	<i>CAHPS</i>
<i>Childhood Immunization Status: The percentage of children 2 years of age who have received specific immunizations.</i>	<i>Annual</i>	<i>Claims and ALERT<sup>8</sup></i>
<i>Adolescent Well-Care Visit: The percentage of adolescents ages 12-21 who had at least one well-care visits with a PCP.</i>	<i>Annual</i>	<i>Claims</i>
<i>Percentage of patients with an outpatient visits who had alcohol or other substance misuse screening, brief intervention and referral to treatment</i>	<i>Annual</i>	<i>Claims</i>

<sup>5</sup> Measures that are in italicized font are CCO incentive measures. Measures that are in boldface font are state performance measures per the state's CMS waiver.

<sup>6</sup> Children and Youth with Special Health Care Needs

<sup>7</sup> Consumer Assessment of Healthcare Providers and Systems survey version 5.0H (a child version including Medicaid and children with chronic conditions supplemental items). See [www.cahps.ahrq.gov/](http://www.cahps.ahrq.gov/).

<sup>8</sup> ALERT Immunization Information System. See <https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/alert/Pages/index.aspx>.



Measure Name	Frequency of Data Update	Data Source
<i>Percentage of women who adopted or continued use of effective contraception methods among women at risk of unintended pregnancy</i>	<i>Annual</i>	<i>Claims</i>
<i>Percent of Children with Sealants on Permanent Molars</i>	<i>Annual</i>	<i>Claims</i>
<i>Percent of Children with Mental, Physical and Dental Health Assessment within 60 Days for Children in DHS Custody</i>	<i>Annual</i>	<i>Claims and DHS Data (OrKids)</i>

## Appendix C

### Recommended Child and Family Well-being Early Learning Hub Accountability Measures

Measure Name	Frequency of Data Update	Data Source
<b>I. Relationships</b>		
Rate of Child Abuse and Neglect per 1000 Children	Annual	SACWIS <sup>9</sup>
Percentage of child population spending at least one day in foster care during federal fiscal year	Annual	SACWIS
<b>II. Comprehensive Person-Centered Care</b>		
<b>The Percentage of Children with Well-Child Visits in the First 15 Months of Life</b>	<b>Annual</b>	<b>Claims</b>
<i>The Percentage of Children Who Have Received Developmental Screening by 36 Months</i>	<i>Annual</i>	<i>Claims</i>
The Percentage of Children Ages 3 to 6 That Had One or More Well-Child Visits with a PCP During the Year	Annual	Claims
Percentage of children less than 4 years of age on Medicaid who received preventive dental services from a dental provider in the year	Annual	Claims
<i>Childhood Immunization Status: The percentage of children 2 years of age who have received specific immunizations.</i>	<i>Annual</i>	<i>Claims and ALERT</i>
<b>II. Early Childhood Care and Education</b>		
Percent of Children Meeting or Exceeding 3rd Grade Reading and Math Standards	Annual	Oregon Department of Education
Kindergarten Assessment: Average Score by Domain <sup>10</sup>	Annual	Oregon Department of Education
Availability of Rated Childcare Programs: Percent of regulated programs that have earned a step 3 or higher.	Biannual	QRIS <sup>11</sup>
Percentage of Children at Risk Enrolled in Rated Programs	Biannual	Childcare Research Partnership
Kindergarten Attendance Rate	Annual	Cumulative Average Daily Membership Collection

<sup>9</sup> Statewide Automated Child Welfare Information System. See [www.oregon.gov/dhs/children/child-abuse/.../sacwis\\_2003.pdf](http://www.oregon.gov/dhs/children/child-abuse/.../sacwis_2003.pdf).

<sup>10</sup> Final kindergarten assessment measure specifications to be aligned with those in development by the Oregon Department of Education/Early Learning Division.

<sup>11</sup> Quality Rating and Improvement System. See <http://triwou.org/projects/qr>.

Appendix D  
Recommended Child and Family Well-being  
Joint Coordinated Care Organization and Early Learning Hub  
Accountability Measures

Domain	Measure Name	Frequency of Data Update	CCO Accountability	HUB Accountability	Joint
V. Early Childhood Care and Education	Kindergarten Assessment: Average Score by Domain <sup>12</sup>	Annual		X	X
V. Early Childhood Care and Education	Kindergarten Attendance Rate	Annual		X	X
VI. Comprehensive Person-Centered System Integration	Rate of Follow-up to Early Intervention after Referral	Annual			X
IV. Comprehensive Person-Centered Health Care	Percentage of children less than 4 years of age on Medicaid who received preventive dental services from a dental provider in the year	Annual	X	X	X
IV. Comprehensive Person-Centered Health Care	The Percentage of Children Ages 3 to 6 That Had One or More Well-Child Visits with a PCP During the Year	Annual	X	X	X
IV. Comprehensive Person-Centered Health Care	The Percentage of Children Who Have Received Developmental Screening by 36 Months	Annual	X	X	X

<sup>12</sup> Final kindergarten assessment measure specifications to be aligned with those in development by the Oregon Department of Education/Early Learning Division.

IV. Comprehensive Person- Centered Health Care	Among CYSHCN who needed specialized services, the percentage who received all needed care	Annual	X	X	X
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## Appendix E

### Recommended Child and Family Well-being Monitoring Measures

Measure Name	Frequency of Data Update	Data Source
<b>I. Relationships</b>		
Rate of Child Abuse and Neglect per 1000	Annual	SACWIS
The Percentage of Adults Who Have Had 4 or Adverse Childhood Experiences (ACEs)	Annual	BRFSS <sup>13</sup>
Disproportionality in Foster Care: percentage of children in out-of-home placement by race and ethnicity compared to overall percentage of the under-18 population by race and ethnicity	Annual	U.S. Department of Health and Human Services, Children's Bureau, US Census Bureau Data
Absence of Repeat Maltreatment: percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization	Annual	SACWIS
Connections to Community - Percent of Children Ages 0-5 Who Go on Outings	Historically every 4 years, going forward annual	National Survey of Children's Health
Pregnancy Related - Intimate Partner Violence Composite	Annual data at the state level are usually available 6 mos after the end of the survey year. National benchmark data are usually available with a 2-year delay.	PRAMS <sup>14</sup>
Percentage of Children Living in Single-Parent Families	Annual	US Census American Community Survey
Children Served by Child Welfare Residing In Parental Home	Annual	SACWIS
Percentage of Child Population Spending at Least One Day in Foster Care During Federal Fiscal Year	Annual	SACWIS
Intimate Partner Violence - Healthy Teens: Responses to two Survey Questions: Percent of 11 <sup>th</sup> Graders Who	Biannual	Oregon Healthy Teens Survey

<sup>13</sup> Behavioral Risk Factor Surveillance System. See [www.cdc.gov/brfss/](http://www.cdc.gov/brfss/).

<sup>14</sup> Pregnancy Risk Assessment Monitoring System. See [www.cdc.gov/prams/](http://www.cdc.gov/prams/).

Measure Name	Frequency of Data Update	Data Source
Reported Being Forced to Have Sexual Intercourse When They Did Not Want to. Percent of 11 <sup>th</sup> Graders who Reported that Their Boyfriend or Girl Friend Physically Hurt Them.		
Rate of Emergency Department Visits Coded for Intimate Partner Violence	Annual, but with 18-22- month time lag for NEDS	OHA Oregon Emergency Department data/ AHRQ for NEDS <sup>15</sup> data
Connections to Community - Children Participate in Extracurricular Activities – Percent of Children Ages 6-17 who participated in one or more extracurricular activities.	Historically every 4 years, going forward, annual	National Survey of Children's Health
<b>II. Economic Stability</b>		
Child Poverty Rate: The percentage of children estimated to live in families with incomes at or below the Federal Poverty Level	Annual	US Census Bureau - American Community Survey
Percent of Total Population by Federal Poverty Level	Annual	Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2012 and 2013 Current Population Survey Annual Social and Economic Supplements
Homeless students: percentage of all public school students without a decent, safe, stable, or permanent place to live	Annual	Oregon Department of Education Homeless Student Data Collection
Median Family Income	Annual	U.S. Census Bureau American Community Survey
TANF Family Stability: rate per 1,000 of children receiving TANF who subsequently entered foster care within 60 days	Annual	Client Maintenance System and Child Welfare Data Warehouse
Percent of Children In Low-Income Working Families By Age Group	Annual	U.S. Census Bureau American Community Survey
Percent of Children Living in Households Where No Adults Work	Annual	U.S. Census Bureau American Community Survey
Food Insecurity Among Children: The percentage of households with children that reported reduced quality, variety, or desirability of diet or uncertainty	Annual	Feeding America

<sup>15</sup> Nationwide Emergency Department Sample. See [www.hcup-us.ahrq.gov/nedsoverview.jsp](http://www.hcup-us.ahrq.gov/nedsoverview.jsp).

Measure Name	Frequency of Data Update	Data Source
about having enough food for all household members		
Percent of Children in Low-income Households with a High Housing Cost Burden	Annual	U.S. Census Bureau American Community Survey
<b>III. Community</b>		
Use of Fluorinated Water: Percent of population on public water systems receiving fluorinated water.	Biannual	CDC Water Fluoridation Reporting System
Children with an Incarcerated Parent per 1,000 Children Ages 0-18	Annual	Family Survey
Rate of Crimes Against Persons, Property and Behavioral Crimes: The rate of crime per 1,000 population.	Annual	Oregon Uniform Crime Reporting
Child Lives in a Safe Community: Percent of Children that Live in a Safe Community.	Historically, every 4 years, going forward, annual	National Survey of Children's Health
Neighborhood Amenities: Percent of children that live in neighborhoods with some of the following amenities: sidewalks and walking paths, a park or playground, recreation center, library or bookmobile.	Historically every 4 years, going forward, annual	National Survey of Children's Health
Child Lives in a Supportive Neighborhood: Percent of children that live in neighborhoods that their parents feel are supportive.	Historically every 4 years, going forward, annual	National Survey of Children's Health
<b>IV. Comprehensive Person-Centered Health Care</b>		
Percent of Women who Report Being Informed About Maternal Depression During and/or After Pregnancy by a Healthcare Worker	Annual. National benchmark data are usually available with a 2-year delay.	PRAMS
Percentage of Live Births Weighing Less Than 2500 Grams	Annual	Claims
Pregnancy Rate Among Adolescent Females Ages 14 and under and 15-19	Annual	Oregon Birth Records
Percentage of Preconception and Pregnant Women who Reported Drinking Alcohol	Annual. National benchmark data are usually available with a 2-year delay.	PRAMS
Infant Death Rate per 1,000 live births	Annual	Death Certificates
Percent of Mothers who Reported Breastfeeding 8 Weeks After Delivery	Annual. National benchmark data are usually	

Measure Name	Frequency of Data Update	Data Source
	available with a 2-year delay.	PRAMS
Percentage of Persons (Families, Parents, Mothers, Children and Adolescents) with Medical Insurance	Annual	National Health Interview Survey
Rate of Non-medical Exemptions for Immunizations	Annual	Oregon Immunization Data and ALERT
Getting Needed Care Composite	Annual	CAHPS
<b>V. Early Childhood Care and Education</b>		
5-year Completion Rate (GEDs, modified, extended, adult high school diplomas)	Annual	Oregon Department of Education High School Completers
Exclusionary Discipline Rates	Annual	Oregon School Discipline Data collection
Frequency of Reading to Young Children: Percent of children ages 0-6 read to during the week.	Annual going forward	National Survey of Children's Health
Kindergarten Assessment: Average Score by Domain <sup>16</sup>	Annual	Oregon Department of Education
Child Care Affordability Index	Biannual	Biennial Oregon Market Price Survey
Childcare and Education Availability: Early Childcare and Education Slots Available per 100 Children	Biannual	Childcare Research Partnership
Availability of Rated Childcare Programs Percent of regulated programs that have earned a step 3 or higher.	Biannual	Childcare Research Partnership
Compensation of Early Learning Center Workforce: Median low and median high wages for early learning center teachers and number of benefits offered.	Biannual	Childcare Research Partnership
Percentage of Children at Risk Enrolled in Rated Programs	Biannual	Childcare Research Partnership
Early Intervention (EI)/Early Childhood Special Education (ECSE) Child Outcomes	Annual	EI/ECSE Referral Data through ecWeb <sup>17</sup>
<b>VI. Comprehensive Person-Centered System Integration</b>		
Percentage of Low-income Oregonians Served by SNAP	Annual	DHS Food Stamp Management Information System and Census estimates
Percentage of Eligible Foster Youth Not Served by Independent Living Program Services	Annual	SACWIS
Percentage of Children Lifted Out of Poverty by Safety Net Programs Based on the Supplemental		Census Data: Supplemental Poverty

<sup>16</sup> Final kindergarten assessment measure specifications to be aligned with those in development by the Oregon Department of Education/Early Learning Division.

<sup>17</sup> Oregon's EI/ECSE Data System



Measure Name	Frequency of Data Update	Data Source
Poverty Measure	Annual, using a 3-year rolling average	Measure Public Use Research Files and Current Population Survey

## Appendix F

### Future Considerations

The workgroup identified the following areas for further exploration in measure development by the recommended successor body to the workgroup.

#### Relationships

- Perception of valuing one's cultural difference
- Parental engagement
- Parental stress
- Domestic violence

#### Economic Stability

- Savings/financial assistance
- Access to transportation
- Income gap, or upward mobility measure
- Housing stability
- Parental education level

#### Community

- Teen connectedness
- Social capital
- Livability
- Walkability
- Access to recreation/parks
- Food deserts

#### Comprehensive Person-Centered Health Care

- Maternal depression screening and follow-up
- Access to culturally responsive care
- Health disparities<sup>18</sup>

#### Early Childhood Care and Education

- Access to parenting education
- Access to affordable child care

#### Person-Centered System Integration

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<sup>18</sup> The Oregon Health Authority reported that it had started work on a health equity composite measure for potential use with CCOs in 2017.

- Adequacy of service array
- Developmental screening and connected to resources
- Medicaid eligible and enrolled
- Shared care plan
- Obstetrician-to-pediatric care coordination
- Psychiatric medication follow-up for children in foster care
- Food insecurity screening and follow-up<sup>19</sup>

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<sup>19</sup> The Metrics and Scoring Committee's technical advisory workgroup is currently working to develop specifications for an EHR-based food insecurity screening and follow-up measure