Oregon's Infant Toddler State Self-Assessment Toolkit

March 2018

Acknowledgements

Numerous individuals, organizations and agencies contributed to Oregon's Infant Toddler State Self-Assessment process and the completion of this toolkit. For full membership and staffing of Oregon's Infant Toddler State Self-Assessment Workgroup, please see pages 57-58. Additional contributors to the State Self-Assessment process are listed on pages 58-59. Sincere apologies to anyone we missed, and a huge thank you to all who participated in this process!

Notes on Oregon's Use of the Toolkit

Data was gathered using *Infants and Toddlers in the Policy Picture: A Self-Assessment Toolkit for States,* developed by the ZERO TO THREE Policy Center (October 2015). The full toolkit is available online at: http://www.zerotothree.org/public-policy/self-assessment-toolkit.html

Oregon's Infant Toddler State Self-Assessment process included some modifications to the Toolkit:

- Additional data points were added to the tool at the request of workgroup members and other stakeholders. These are noted in the left-hand column.
- The Zero to Three tool provides links to data sources and existing numbers for most national comparisons; the Oregon team added additional data sources when they were available for more recent data or to provide information on disparities within each data point.

This document contains existing state data and policy and program information. Data in this tool was collected by staff from multiple roles, agencies and organizations. While every effort has been made to ensure accuracy, please be aware that due to the duration and cross-sector nature of the assessment it is possible that the tool may contain incorrect or out of date information.

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OVERVIEW OF FAMILIES WITH INFANTS AND TODDLERS IN OREGON

This section can be completed by a state agency or statewide organization for better understanding of the demographics of infants and toddlers in the state. The information required is available in state databases as well as in the following sources:

- ZERO TO THREE (ZTT), *State Baby Facts* [50-State Profiles]: www.zerotothree.org/public-policy/state-community-policy/infant-and-toddler-state-fact-sheets.html
- National Center for Children in Poverty (NCCP), *Early Childhood State Profiles*: www.nccp.org/profiles/early_childhood.html
- The Annie E. Casey Foundation's KIDS COUNT Data Center: http://datacenter.kidscount.org/

Demographic	Oregon	National Comparison[1]	Source for State Data	Comments
D1. Total population under age 3	**138,213**	11,886,860	ZTT *State Baby Facts*	
D2. Percent of children less than 18 years old who are infants and toddlers	**16%**	16%	ZTT *State Baby Facts*	
D3. Children less than 4 years old by race/ethnicity	**NH American Indian/Alaska Native: 1%** **NH Asian: 4%** **NH Black: 2%** **Hispanic or Latino: 22%** **NH Native Hawaiian or Pacific**	NH American Indian/Alaska Native: 1% NH Asian: 5% NH Black: 14% Hispanic or Latino: 26% NH Native Hawaiian or Pacific Islander: <.5%	KidsCount Data Center/US Census Bureau 2016 population estimates	Oregon adult population (age 18+) by race for diversity comparison: NH American Indian/Alaska Native: 1% NH Asian: 4% NH Black: 2% Hispanic or Latino: 10% NH Native Hawaiian or other Pacific Islander: <.5% NH White: 80% NH Two or More race groups: 2%

[1]Source for national all data in this table, unless indicated otherwise: ZERO TO THREE, *State Baby Facts*, updated June 2015. Original sources available online at: www.zerotothree.org/public-policy/state-community-policy/baby-facts/related-docs/state-baby-facts-2015-references.pdf

	Islander: <.5% **NH White: 63%** **NH Two or More Race Groups: 7%**	NH White: 50% NH Two or More Race Groups: 5%		
D4. Percent of births to foreign-born mothers	**19% (2015)**	22%[2]	Oregon Vital Statistics, 2015 births	Data notes: Region and selected country of mother's birth by continent of father's birth. (volume 1, 2015, Table 2-12) 2015 Oregon births n = 45,656 2015 births to mothers born in the US n = 37,082 Race, ethnicity, and place of birth of mother by selected demographic characteristics, 2015 births – Table 2-13. (moms born in or outside of the US) Parent's language is not collected on Oregon birth certificate/vital statistics.
D5. Percent of infants and toddlers who live in families that are poor or near-poor	**25% poor (at or below 100% of the federal poverty level [FPL])** **26% near-poor (100%–200% of the FPL)**	25% poor (at or below 100% of the federal poverty level [FPL]) 23% near-poor (100%–200% of the FPL)	ZTT *State Baby Facts*	The percentage of children in Oregon under age 6 by race, living at or below 200% of the Federal Poverty Level: • 42% of White infants and toddlers • 71% of Black infants and toddlers • 70% of Hispanic infants and toddlers • 69% of American Indian/Alaska Native infants and toddlers • 43% Asian and Pacific Islander infants and toddlers Source: National Center for Children in Poverty 50-State Demographics Generator

[2] Annie E. Casey Foundation, KIDS COUNT Data Center, available online at: http://datacenter.kidscount.org/

D6. Percent of infants and toddlers living with an unmarried parent	**28%**	34%	ZTT *State Baby Facts*	
D7. Percent of mothers (of infants) who are in the labor force	**59%**	62%	ZTT *State Baby Facts*	
D8. Percent of children less than 6 years old whose mothers have a high school education or less	**31%**	34%[3]	NCCP *Early Childhood State Profiles*	
COMMENTS: Oregon Vital Statistics (birth certificate) data available for age of mother. 2015 Table 2-1 is births by age of mother. Table 2-13 has multiple characteristics including age and mother's place of birth. Table 2-17 is Prenatal Care by mother's age. Table 2-27 is age of mother by birthweight. Also Vital Statistics 2015 Tables 4-1 through 4-13 are specific to teen pregnancies.				

[3]National Center for Children in Poverty, 2015.

GOOD HEALTH

Policies that promote good health for infants and toddlers, including children's physical health, social–emotional health, and access to developmental screening, are critical in promoting long-term health and learning. For more information on state policy strategies to promote good health, additional ZERO TO THREE resources are available at: www.zerotothree.org/public-policy/policy-toolkit/good-health-policy-toolkit.html.

1. How are infants, toddlers, and their families doing?
This section can be completed by a state agency or statewide organization using the most recent data available from state data sources. The information required is available in state databases as well as in the following sources:

- ZERO TO THREE (ZTT), *State Baby Facts* [50 state profiles]: www.zerotothree.org/public-policy/state-community-policy/infant-and-toddler-state-fact-sheets.html
- The Annie E. Casey Foundation's KIDS COUNT Data Center: http://datacenter.kidscount.org/
- The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*: http://buildinitiative.org/TheIssues/DiversityEquity/50StateChartBook/50StateChartBookOverview.aspx

It may be helpful to seek stakeholder input for the Comments section.

Child & Family Data	**Oregon**	**National Comparison**[4]	**Disparities**[5] (Provide available data indicating any notable disparities by family income, race, ethnicity, or gender.)	**Comments** (Provide any relevant information on state context or trends.)	**Source for State Data**
G1. Percent of babies	**79%**	71%	Oregon Vital Statistics Data shows	Vital Statistics data is from the Oregon	Oregon Vital

[4]Source for national data in this table, unless indicated otherwise: ZERO TO THREE, *State Baby Facts,* updated June 2015. Original sources available at: www.zerotothree.org/public-policy/state-community-policy/baby-facts/related-docs/state-baby-facts-2015-references.pdf

[5]The following is a good source of state data on ethnic and racial disparities: The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*. Available online at: http://buildinitiative.org/TheIssues/DiversityEquity/50StateChartBook/50StateChartBookOverview.aspx

born to mothers receiving early prenatal care			79% percent of Oregon births in 2015 were to mothers receiving first trimester care. However, prominent disparities exist when looking at Inadequate Prenatal Care (Less than 5 prenatal visits or care began in the third trimester). Percentage of births with inadequate prenatal care, any mention race and ethnicity (Oregon Vital Statistics, 2015): White: 5.3% African American: 10.3% American Indian: 9.7% Asian: 5.2% Hawaiian/Pacific Islander: 19.5% Other: 6.6% Unknown: 10.7% Hispanic: 6.8%	birth certificate, which collects the date of the first prenatal care visit and the total number of prenatal care visits. This is mother report and so can be assumed to include care received in other states/countries. Inadequate prenatal care is defined as less than five prenatal visits or care began in the third trimester. Adequate care is defined as all other care. Rates of first trimester care are also available.	Statistics Data, 2015 These data are available here. Also available: Prenatal Care by mother's race and ethnicity, Prenatal care by mother's age.
G2. Percent of babies born pre-term	7.7%	11%	Oregon Vital Statistics Data demonstrate racial and ethnic disparities in pre-term birth rates. Percentage of 2015 births pre-term, any mention race and ethnicity: White: 7.4% African American: 9.0% American Indian: 8.3% Asian: 6.9% Hawaiian/Pacific Islander: 12.8% Other: 9.4% Unknown: 10.1% Hispanic: 8.1%	Information is available here about some of the links between preterm birth and low birthweight (WHO).	Oregon Vital Statistics Data, 2015
G3. Percent of babies with low-birth weight	**6%**	8%	Oregon Vital Statistics Data demonstrate racial and ethnic disparities in babies with low	Information is available here about some of the links between preterm birth and low birthweight (WHO).	Oregon Vital Statistics, 2015

			birthweight. Percentage of 2015 births classified as low birthweight, any mention race and ethnicity: White: 6.1% African American: 8.9% American Indian: 6.6% Asian: 7.6% Hawaiian/Pacific Islander: 10.6% Other: 8.5% Unknown: 8.2% Hispanic: 6.7%		
G4. Percent of births covered by Medicaid	**45%**	45%	The most recent Oregon Pregnancy Risk Assessment & Monitoring Survey (PRAMS) data shows that higher proportion of Hispanic pregnant women (71.4%) and black women (74.7%) report Medicaid coverage for prenatal care, than white women (45.5%). Low-income women who would otherwise qualify for Medicaid but do not have citizenship documentation can qualify for full Medicaid benefits during pregnancy through the CAWEM Plus program.	47% of Oregon infants, toddlers, and preschoolers are served by Medicaid and CHIP. Source: https://ccf.georgetown.edu/wp-content/uploads/2017/02/Oregon-Medicaid-CHIP-new-v1.pdf	ZTT *State Baby Facts*
G5. Infant mortality rate	**5.1 deaths per 1,000 live births** n = 704	6.4 deaths per live 1,000 births[6]	Oregon Vital Statistics Data demonstrate prominent disparities in infant mortality by race/ethnicity (deaths that occur in the first year of life, 2012-2014 birth cohort, rate per 1,000 live births): Non-Hispanic White: 4.9 (n = 460) NH Black: 8.6 (n = 24)	Data available for neonatal (less than 28 days of age), postnatal (day 28 through 364 after birth) and infant deaths (within 1 year of birth). By maternal characteristics, including age, race, education, tobacco use, prenatal care (Birth cohort 2012- 2014): Table 7-18. *(Added at request of stakeholders)*	Oregon Vital Statistics, 2015

[6]Kaiser Family Foundation, *State Health Facts: Infant Mortality Rate.* Available online at: http://kff.org/other/state-indicator/infant-death-rate/

			NH American Indian: 10.6 (n = 16) NH Asian: 4.8 (n = 31) NH Pacific Islander: Not calculated (fewer than 5 deaths in this category, n = 4) NH Other and not stated: 23.4 (n = 12) NH Multiple races: 5.3 (n = 25) Hispanic: 5.2 (n = 132)	By maternal characteristics, including age, race, education, tobacco use, prenatal care (Birth cohort 2014): Table 7-17.	
G6. Percent of infants and toddlers with up-to-date immunizations	**66% of 2-year-olds fully immunized**	70.7% of 2-year olds fully immunized[7]	Oregon ALERT IIS rate for 2016 for two-year olds fully up-to-date on the official immunization sequence is 66%. By race/ethnicity (available only for a slightly different vaccine sequence): Hispanic: 70% White: 66% African American: 60% Asian: 70% American Indian/Alaska Native: 68% Hawaiian/Pacific Islander: 53% Multiple Race: 64% Other/Unknown: 57% Data source: http://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/Documents/county/Oregon.pdf	From 2016 Year End Medicaid data: 68.4% of 2 year olds on Medicaid fully immunized (immunization sequence measured is slightly different from statewide population-based data in lefthand column). Hispanic/Latino: 80.5% White: 66.3% African American/black: 65.4% Asian American: 82.8% American Indian/Alaska Native: 72.4% Hawaiian/Pacific Islander: 64.5% http://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Pages/HST-Reports.aspx	
G7. Percent of children 0 to 5 years old with no health insurance	**2%**	4%		**47% of Oregon infants, toddlers, and preschoolers are served by Medicaid and CHIP.** Source: https://ccf.georgetown.edu/wp-content/uploads/2017/02/Oregon-Medicaid-CHIP-new-v1.pdf	KidsCount Data Center/ 2016 American Community Survey

[7] Centers for Disease Control and Prevention, Vaccination Coverage Among Children Aged 19-35 months – United States, 2016.

				95% of all Oregonians have health insurance. https://www.95percentoregon.com/ Access to care information: In 2016, 66.8% of children on Medicaid/OHP had six well-child visits in the first 15 months of life (pediatric recommendation). Source: http://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/CCO-Metrics-2016-Final-Report.pdf Comparison data is not available for the non-Medicaid population, but a survey of Oregon mothers of two-year olds in 2012-2013 indicated that 68.3% of these children had been seen by a health care provider in the past 12 months. Source: http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/PRAMS/Documents/PRAMS_2_2010.pdf	
G8. Percent of infants on Medicaid who have received at least one EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening	**93%** (rate is the same for 1-2 year olds)	90%		2015 EPSDT data from is 92% for infants: https://www.medicaid.gov/medicaid/benefits/epsdt/index.html	ZTT *State Baby Facts*
G9. Percent of children less than 6 years old under who have received a developmental screening	65.2% of children covered by Medicaid have received a screening by age 3	30%	ZTT State Baby Facts for Oregon states that 32% of all Oregon children under age 6 have received a developmental screening. The Oregon Health Authority's Mid Year 2017 Performance Report states that 65.2%	Completion of developmental screening by this metric does not necessarily include or reflect referrals to follow-up services for those children screening at risk for a developmental delay. This metric also does not necessarily reflect screenings	Oregon CCO Incentive Metrics 2017 Mid-Year Deeper Dive Report:

			of children on Medicaid have received a screening by age 3 (this is a CCO incentive measure and Early Learning Hub metric, and the rate has been rapidly increasing throughout the state). No sample size is reported for mid-2017. For this metric in 2016, n = 47,754 (CY 2016, OHP children age 0-3) OHA also has the measure disaggregated by race/ethnicity: - White: 61.8% - Hispanic/Latino: 63.8% - African American/Black: 56.9% - Asian American: 61.1% - American Indian/Alaska Native: 55.4% - Hawaiian/Pacific Islander: 48.5%	occurring in early learning settings. Barriers to accessing ASQ screenings by non-English and non-Spanish speakers exist; the ASQ iis not available in other languages or responsive to other cultural communities. Stakeholders requested race/ethnicity breakdown of each stage of the process: Screening, referrals to various services, eligibility for services, and receipt of services. This information is not available on a statewide basis due to various data systems, screening and referral settings, and service delivery settings. Some regions are beginning work on streamlining these systems and addressing disparities within screening and referrals. Reports from the field indicate disconnects between children receiving developmental screenings and being connected to needed services when screening identifies a risk. See also G24.	http://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/2017-mid-year-deeper-dive.pdf
G10. Percent of WIC Women, Infants, and Children (WIC) Program recipients who are infants	**20%**	23%	53 % of women living outside of metro/urban areas used WIC during their pregnancies. 32% of women used WIC in metro counties (Benton, Clackamas, Columbia, Deschutes, Jackson, Josephine, Lane, Linn, Marion, Polk, Multnomah, Washington, Yamhill)	WIC families can now receive Non-Emergency Medical Transportation to approved appointments.	Oregon WIC 2017 Annual Report

G11. Oral health status of young children* **Data point added at request of Oregon stakeholders*			In 2012, 19% of 6 to 9 year old children in Oregon were in need of early or urgent dental care (this means that on any given day, as many as 3,800 children in grades 1-3 in Oregon may be in school suffering from dental pain or infection. (Oregon Smile Survey, 2012).	Very limited data available in terms of oral health status of very young children; state surveillance focuses on young school age children.	http://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/ORALHEALTH/Documents/SmileSurvey2012.pdf
G12. Percentage of young children receiving dental services* **Data point added to tool at request of Oregon stakeholders*			Mid-2016 data for children enrolled in Medicaid: 24.4% children aged 0-2 received any dental service during the measurement year. 9.5% (age 1-2) received at least two topical fluoride applications during the measurement year. 8.9 % of children 0-6 had an oral health assessment in a primary care setting (does NOT include oral health assessments performed at dentist offices).		http://www.oregon.gov/oha/HPA/ANALYTICS/Documents/oral-health-ccos.pdf
COMMENTS: Overall, Oregon is performing better than national averages on many of these measures. Limited and anecdotal data available suggests there may be significant disparities in access to health care by race/ethnicity and by geographic location. Stakeholders requested inclusion of statewide data on the health status of immigrant and refugee infants and toddlers; this data was not able to be identified and further investigation is warranted.					

2. Does your state have policies in place to support good health?
This section can be completed by a state agency or statewide organization with an understanding of current state policies. Much of the state information required is available through the National Center for Children in Poverty's *Early Childhood State Profiles*, available here: www.nccp.org/profiles/early_childhood.html and resources from the National Academy for State Health Policy (NASHP). In some cases, state agencies may have more up-to-date information. It may be helpful to seek stakeholder input for the Comments section.

Policy	**Yes/No**	**No. of States with this Policy**[8]	**Comments on Policy Implementation Challenges** (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.) [Oregon added: Successes and Additional Information]	**Additional Source for State Policy Information**
Physical health				
G13. Income eligibility for Medicaid/CHIP (Children's Health Insurance Program) is at or above 200% of the federal poverty level for pregnant women.	**No**	25 states	Medicaid eligibility in Oregon for pregnant women is up to 185% FPL.	
G14. State provides temporary coverage for pregnant women until Medicaid eligibility can be fully determined.	**No**	32 states	No presumptive eligibility for pregnant women for overall care. However, most pregnant women through 185% FPL qualify for Hospital Presumptive Eligibility (at participating hospitals) in Oregon which allows women to receive prenatal care services before Medicaid eligibility can be fully determined. Notably, Hospital Presumptive Eligibility does NOT cover labor and delivery.	http://www.oregon.gov/oha/HSD/OHP/Pages/HPE.aspx
G15. Income eligibility for Medicaid/CHIP is at or above 200% of the federal poverty level for children from birth to 5 years old.	**Yes**	46 states	In Oregon, CHIP eligibility has been extended to 300% FPL, and Medicaid eligibility to 133% FPL for this age group.	

[8]Source for national and state data in this table, unless indicated otherwise: National Center for Children in Poverty, *United States Early Childhood Profile,* updated May 2015. Available online at: www.nccp.org/profiles/early_childhood.html

G16. State provides temporary coverage for children until Medicaid/CHIP eligibility can be fully determined.	**No**	17 states	Hospital Presumptive Eligibility is available at participating hospitals for Medicaid children under age 1 (through 185% FPL) and age 1-18 (through 133% FPL) and for CHIP children under age 1 (above 185% through 300% FPL) and age 1-18 (above 133% through 300% FPL).	http://www.oregon.gov/oha/HSD/OHP/Tools/Quick%20Guide%20to%20Income%20Eligibility%20for%20HPE%20Determinations.pdf
Policy	**Yes/No**[8]	**No. of States with this Policy**[9]	**Comments on Policy Implementation Challenges** (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.) [Oregon added: Successes and Additional Information]	**Additional Source for State Information**
G17. State requires newborn screening for the Recommended Uniform Screening Panel (metabolic, endocrine, hemoglobin and other disorders).[10]	**No**	8 states		
G18. State requires that children receiving Medicaid and/or CHIP have a medical home.	**Yes**	Data not available[11]	Oregon has mandatory enrollment in a CCO for Medicaid-covered individuals in most counties. CCOs are expected to utilize certified Patient-Centered Primary Care Homes (PCPCHs) to the maximum extent possible. Enrollment of covered individuals in PCPCHs is a CCO incentive measure, and at mid-year 2016, 90.6% of all CCO members had a PCPCH (children and adults).	Oregon Health System Transformation 2016 Mid-Year Performance Report:

[9]Source for state and national data in this table, unless indicated otherwise: National Center for Children in Poverty, *United States Early Childhood Profile,* updated May 2015. Available online at: www.nccp.org/profiles/early_childhood.html

[10]For more information on the Recommended Uniform Screening Panel, see http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/

[11]The following resources from the National Association of State Health Policy (NASHP) can help you examine your state's status in comparison with other states: http://nashp.org/resources-improve-medicaid-children-and-adolescents/ and http://nashp.org/care-coordination/

			An additional CCO incentive measure is the percentage of children and adolescents with access to a primary care provider. At mid-year 2016, 88.9% of children and adolescents (age 12 months to 19 years) on Medicaid had a visit with a primary care provider. 93.5% of children age 12-24 months had a visit with a PCP, and 85.1% of children ages 25 months to 6 years) had a visit with a PCP. Within this metric there are some disparities by race/ethnicity, which vary by age group. For the overall metric (12 months to 19 years): - White: 88.9% - Hispanic/Latino: 90.0% - African American/Black: 87.9% - Asian American: 88.9% - American Indian/Alaska Native: 89.7% Hawaiian/Pacific Islander: 79.7%	http://www.oregon.gov/oha/Metrics/Documents/2016_Mid-Year_Report.pdf
G19. State has adopted its own Medicaid definition of "medical necessity" that is specific to children.	**No**	8 states[12]		NASHP, *EPSDT Resources to Improve Medicaid for Children & Adolescents*
G20. State provides Medicaid reimbursement for early childhood oral health assessments performed in medical settings	**Yes**		The Oregon Health Plan reimburses providers for oral health assessments in medical settings for children under age 6. To receive reimbursement, providers must have received recent training through Smiles for Life or First Tooth (offered through the Oregon Oral Health Coalition). Some CCOs have voluntarily extended this coverage to all children aged 19 and younger.	http://www.oregon.gov/oha/HPA/ANALYTICS/Documents/oral-health-ccos.pdf

[12]National Academy for State Health Policy (NASHP), *EPSDT Resources to Improve Medicaid for Children and Adolescents,* 2013. Available online at: http://nashp.org/resources-improve-medicaid-children-and-adolescents/ (Most states either adopt the federal definition or develop their own definition that is not specific to children.)

Policy	Yes/No[12]	No. of States with this Policy[13]	Comments on Policy Implementation Challenges (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.) [Oregon added: Successes and Additional Information]	Additional Source for State Information
G21. EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) periodicity schedule for preventive pediatric health care meets American Academy of Pediatrics recommendations: ● Seven screenings for children less than 1 year old ● Four screenings for 1- to 2-year-olds ● Three screenings for 3- to 5-year-olds	•Children less than 1 year: **No** • 1- to 2-year-olds: **Yes** • 3- to 5-year-olds: **Yes**	● Less than 1 year old: **13 states** ● 1- to 2-year-olds: **44 states** ● 3- to 5-year-olds: **50 states**		
G22. State policy requires regular schedule of immunizations and well-child visits for all maltreated infants and toddlers.[14]	**Yes**	12 states[15]	Oregon requires adherence to physical health/immunizations, dental health, mental/behavioral health, and developmental assessments and screening schedules for all maltreated infants and toddlers. Rules consistent with OAR413-015-0465 specify that "All children in paid substitute care will be referred for: a) A medical and dental assessment within 30 days of entering care; and b) A mental health assessment within 60 days of	ZTT and Child Trends, *Changing the Course for Infants and Toddlers*

[13]Source for state and national data in this table, unless indicated otherwise: National Center for Children in Poverty, *United States Early Childhood Profile,* updated May 2015. Available online at: www.nccp.org/profiles/early_childhood.html

[14]Most states rely on EPSDT or the American Association of Pediatrics to determine the required schedule of care.

[15]ZERO TO THREE and Child Trends, *Changing the Course for Infants and Toddlers: A Survey of State Child Welfare Policies and Initiatives*, September 2013, available online at: www.zerotothree.org/policy/docs/changing-the-course-for-infants-and-toddlers.pdf (Note that 46 states participated in the survey.)

			entering care." In addition, physical, dental and mental health assessments for children ages **4+** in DHS custody is a CCO incentive measure. Under this metric, Oregon currently reaches 74.4% of children age 4+ on Medicaid in DHS custody with timely physical, dental and mental health assessments.	Oregon Health System Transformation 2016 Performance Report
Policy	**Yes/No**[15]	**No. of States with this Policy**[16]	**Comments on Policy Implementation Challenges** (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.) [Oregon added: Successes and Additional Information]	**Additional Source for State Information**
G23. State has adopted Medicaid expansion as part of the Affordable Care Act.	**Yes**	28 states		
Developmental screening				
G24. State Medicaid program requires standardized developmental screening as part of well-child visits.	**Yes**	14 states[17]	The Oregon Health Plan (Medicaid) uses the AAP Bright Futures guidelines, which recommend developmental screening at the 9 month, 18 month and 30 month visits. Developmental screening in the first three years of life is a CCO incentive measure and the screening rate has been rapidly improving throughout the state. Follow-up to developmental screening is an area of focus for the Oregon Pediatric Improvement Partnership (OPIP), which has participated in multiple regional projects to improve pathways from screening to services.	NASHP, *State Medicaid Policies that Require and Reimburse for Developmental Screening.*

[16]Source for state and national data in this table, unless indicated otherwise: National Center for Children in Poverty, *United States Early Childhood Profile,* updated May 2015. Available online at: www.nccp.org/profiles/early_childhood.html

[17]National Academy for State Health Policy, *State Medicaid Policies that Require and Reimburse for Developmental Screening*, 2011, http://nashp.org/sites/default/files/abcd/ABCDresources.org/abcd3.devscreeningmap.052011.pdf (Note that 11 states did not respond to NASHP's survey.)

G25. State provides Medicaid reimbursement for use of a standardized developmental screening tool, in addition to the regular payment for a well-child visit.	**Yes**	26 states[18]	One implementation challenge is data sharing; there is a desire for early childhood providers to be able to share the developmental screenings they conduct with a child's primary care provider, data sharing mechanisms are not widely available to support this. Primary care providers must review and interpret the completed developmental screening tool with the family (this can include screenings completed by other providers, if provided by the parent or other provider). Under this Medicaid reimbursement and CCO incentive metric, billing can occur when the provider completes the required steps of interpretation, documentation and discussion with the family. Referral and follow-up for children who screen at risk for a delay are not generally reflected in screening rates. Oregon screening rate data do not reflect the percentage of children receiving needed services after screening.	NASHP, *State Medicaid Policies that Require and Reimburse for Developmental Screening.* Oregon Health Plan – Developmental Screening for Young Children Guidance Document
G26. State policy requires a regular schedule of developmental monitoring/screening for all maltreated infants and toddlers.[19]	**Yes**	14 states[20]	Oregon requires adherence to physical health/immunizations, dental health, mental/behavioral health, and developmental assessments and screening schedules for all maltreated infants and toddlers. Rules consistent with OAR413-015-0465 specify that "All children in paid substitute care will be referred for: a) A medical and dental assessment within 30 days of entering care; and b) A mental health assessment within 60 days of entering care." In addition, physical and mental health assessments for children ages 4+ in DHS custody is a CCO incentive measure. Under this metric, Oregon currently reaches 74.4% of children age 4+ on Medicaid in DHS custody with timely physical and mental health assessments.	ZTT and Child Trends, *Changing the Course for Infants and Toddlers* Oregon Health System Transformation 2016 Performance Report

[18] *Ibid.*

[19] Most states rely on EPSDT or the American Association of Pediatrics to determine the required schedule of care.

[20] ZERO TO THREE and Child Trends, 2013.

Policy	Yes/No[20]	No. of States with this Policy[21]	Comments on Policy Implementation Challenges (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.) [Oregon added: Successes and Additional Information]	Additional Source for State Information
Social–emotional health				
G27. State has a mechanism in place to ensure that clinicians can diagnose infant-toddler mental health conditions and receive Medicaid or other health insurance payment for appropriate treatment.[22]	**Yes**	Data not available.	Oregon's Health Evidence Review Commission recently approved a new billing code (Z63.8) to be able to provide mental health services to children ages 0-6 who are at-risk of poor outcomes as a result of their family and home environments. This is a prevention code to be able to identify and serve children with higher risk level before they reach diagnostic level. Implemented January 1, 2016. There are implementation challenges regarding provider awareness and utilization of this new code. Early childhood mental health treatment (including dyadic/family therapy) is billable, however Oregon does not have the infrastructure (resources, workforce, etc.) necessary to provide these services to all children who may need them.	NCCP Early Childhood Mental Health Survey
G28. State Medicaid program recommends or requires that pediatric primary care clinicians use a standardized screening tool to assess social–emotional and behavior issues.	**Yes**	Data not available.	Oregon follows AAP Bright Futures guidelines, which recommends conducting social-emotional screening using a standardized tool.	
G29. State provides Medicaid reimbursement for use of standardized screening tool for social–emotional and behavior	**Yes**	Data not available.	Social-emotional screening is recommended (i.e. with ASQ-SE) and Medicaid will reimburse for providers doing the screening. This screening can be administered in non-medical settings, but the social-emotional screening can't be done on the same day as general development screen which may be a barrier to improving screening rates.	NCCP Early Childhood Mental Health Surveys

[21]Source for state and national data in this table, unless indicated otherwise: National Center for Children in Poverty, *United States Early Childhood Profile,* updated May 2015. Available online at: www.nccp.org/profiles/early_childhood.html

[22]This includes states that have a mental health policy recognizing DC: 0-3R disorders for early childhood mental health treatment eligibility or a crosswalk from the DC: 0-3R to the DSM-5, ICD-10, and/or Current Procedural Terminology codes.

issues, in addition to the regular payment for a well-child visit.				
Policy	**Yes/No?**	**No. of States with this Policy[23]**	**Comments on Policy Implementation Challenges** (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.) [Oregon added: Successes and Additional Information]	**Additional Source for State Information**
G30. State requires a regular schedule of mental health/behavioral screening for all maltreated infants and toddlers.[24]	**Yes**	8 states.[25]	Oregon requires adherence to physical health/immunizations, dental health, mental/behavioral health, and developmental assessments and screening schedules for all maltreated infants and toddlers. Rules consistent with OAR413-015-0465 specify that "All children in paid substitute care will be referred for: a) A medical and dental assessment within 30 days of entering care; and b) A mental health assessment within 60 days of entering care." In addition, physical and mental health assessments for children ages 4+ in DHS custody is a CCO incentive measure. Under this metric, Oregon currently reaches 74.4% of children age 4+ on Medicaid in DHS custody with timely physical and mental health assessments.	ZTT Changing the Course for Infants and Toddlers, 2013 Oregon Health System Transformation 2016 Performance Report: http://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/CCO-Metrics-2016-Final-Report.pdf
G31. State has a policy in place to promote maternal	**Yes** (but not at a well child visit)	Data not available	Medicaid will reimburse for maternal depression screenings (lack of clarity found re: whether there is a set recommended interval or a limit on the	NCCP Early Childhood

[23]Source for national data in this table, unless indicated otherwise: National Center for Children in Poverty, *United States Early Childhood Profile,* updated May 2015. Available online at: www.nccp.org/profiles/early_childhood.html

[24]Most states rely on EPSDT or the American Association of Pediatrics to determine the required schedule of care.

[25]ZERO TO THREE and Child Trends, 2013.

depression screening at prenatal visits, after birth, and/or at a well-child visit.[26]			number of screenings that Medicaid will pay for). 36 states have a policy to allow, recommend or require maternal depression screening as part of a well child visit as part of the EPSDT benefit. Oregon does not have this policy. Source: https://healthychild.nashp.org/resource-center/maternal-depression/ Depression screening of adults 12 and older, including follow-up planning for major depression, is a CCO incentive metric. http://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/CCO-Metrics-2016-Final-Report.pdf As a result of HB 2666, in 2010 OHA produced a comprehensive Maternal Mental Health Work Group Report that includes recommendations for implementing and promoting maternal depression screening and other activities to address maternal mental health: https://public.health.oregon.gov/HealthyPeopleFamilies/Women/MaternalMentalHealth/Documents/HB2666-mmh-report.pdf	Mental Health Survey
G32. State has adopted early childhood mental health competencies to build the capacity of professionals working with young children in addressing mental health needs.	**No**	26 states[27]	Oregon recently purchased IMH-E® from the Michigan Infant Mental Health Association, and is promoting the endorsement throughout the state. The endorsement includes a comprehensive set of early childhood mental health competencies. These have not been adopted by the state as competencies that all early childhood professionals must have.	http://www.oraimh.org/endorsement/

[26]This may include a state requirement to offer screening and/or a policy allowing for Medicaid reimbursement.

[27]ZERO TO THREE state policy tracking, January 2015.

3. Does the state allocate state or federal funds to services that promote good health?

This section can be completed by a state agency or statewide organization by reviewing agency budgets, Web sites, and other available state data. It may be helpful to seek stakeholder input for the Comments section.

Initiative	Yes/No	Funded Statewide or in Selected Communities?	Data on Population Served (Provide any available state data on the population served by this program.)	Comments on Population Served (Is funding adequate? What populations, if any, are underserved?)
Physical health				
G33. State allocates funds to support health care consultation for early care and education providers.	**No**	OHA provides work on child care policy issues as needed, but is not funded to provide child care health consultation.		
G34. State allocates funding to health and safety initiatives, including: ● Oral health ● Obesity prevention (e.g. nutrition/physical activity) ● Environmental hazards (e.g. lead poisoning)[28] ● Car seat safety ● Safe sleep ● Shaken Baby Syndrome	**Yes**	**Selected communities** State allocates GF for prenatal, BabiesFirst! and child and adolescent populations; these topics (in first column) are addressed in prenatal and BabiesFirst! home visiting. WIC and OHA Maternal & Child Health work on breastfeeding and obesity prevention statewide. Other topics are addressed through child care policy work, Title V priorities, mini-CoIIN projects. Seven counties and two	Oral health: See data point G12 for OHP/Medicaid service data. Other topics: Because so much of the work is wrapped into Maternal & Child Health Title V, home visiting, public education/prevention and other work, it is difficult to parse out this data. Home visiting numbers are available (see data point S30) but not representative of the full picture of infants and toddlers impacted by these initiatives.	Oral health: Seven counties and two tribes working on MCH Title V oral health priority. Title V grantees that selected oral health are working on strategies to increase the number of dental visits for pregnant women and children. These strategies include: ● Integrating oral health into medical well-child visits and nurse home visiting programs; ● Supporting oral health during pregnancy; and ● Providing oral health education and referral services. OHA has provided expertise and support to various bodies of work related to child exposure to environmental hazards, including the Early Learning Council's rule changes in late 2017 and early 2018 to require testing

[28]Gebhard, Barbara, Initiatives Related to Environmental Hazards, ZERO TO THREE, October 2015, www.zerotothree.org/enviroinits

		tribes selected oral health as a priority to work on as part of the Title V MCH Block grant during 2016.		for lead in water at child care sites.
Social–emotional health				
G35. State allocates funding to support mental health consultation for early care and education providers and other professionals working with young children.	**Sort of..**	In Oregon, these services are covered by Medicaid/OHP, but implementation and access challenges may be present. http://www.nccp.org/publications/pdf/text_1164.pdf		
G36. State allocates funding to promote screening for maternal depression and referrals to treatment.	**No**	As a result of HB 2666, in 2010 OHA produced a comprehensive Maternal Mental Health Work Group Report that includes recommendations for implementing and promoting maternal depression screening and other activities to address maternal mental health.	Depression screening for adults 12 and older, and follow-up planning for major depression, is a CCO incentive metric. Funding is attached to the metric as a whole and not specifically to maternal depression screening. http://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/CCO-Metrics-2016-Final-Report.pdf	
G37. State allocates funding to support efforts to co-locate mental health clinicians in pediatric primary care.	**Sort of…**	Oregon does not specifically allocate funding for this purpose; however, Oregon is in the process of integrating behavioral health into the CCO system serving the Medicaid population; as part of this process, some CCOs are selecting to co-locate behavioral health specialists in pediatric clinics.		

Developmental screening				
G38. State supports Help Me Grow[29] or similar initiatives to expand access to developmental screening and referrals to needed services.	**Yes**	**Statewide and Local:** Medicaid incentive metric plus state-funded local pilots to develop effective pathways for connecting children who screen at-risk with needed services.	Developmental screening by age 3 is an incentive metric for Oregon's CCOs, with 62.2% of children on Medicaid currently receiving screening. NOTE: Completion of developmental screening by this metric does not include or reflect referrals to follow-up services for those children screening at risk for a developmental delay. This metric also does not reflect screenings occurring in early learning settings. http://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/CCO-Metrics-2016-Final-Report.pdf	Local pilot funded by OHA served children receiving Medicaid in Yamhill County. Local pilot funded by ODE/Willamette ESD serves children in Marion, Polk & Yamhill County who screen at risk for developmental delays but are not eligible for Early Intervention services. HealthShare of Oregon (CCO), in partnership with Providence, funds Help Me Grow expansion in the Tri-County area.
Other relevant state health investments				
G39. OHP Now Covers Me! (formerly Cover All Kids)		**Statewide**	Expands access to approximately 15,000 undocumented children and teens under age 19, including DACA youth ("Dreamers").	http://www.oregon.gov/oha/HSD/OHP/Pages/OHPcoversme.aspx Approved by 2017 Legislature, Medicaid coverage of undocumented children younger than age 19 began January 1, 2018.
G40. WIC		**Statewide**	Additional $1 million allocated by 2017 Legislature	

[29]For more information, see: www.helpmegrownational.org

STRONG FAMILIES

State policies that promote strong families support the capacity of parents and other family members to nurture children's development. This includes policies addressing families' basic needs, supporting high-quality parent education and home visiting programs, meeting the needs of young children in the child welfare system, and promoting paid family leave.

For more information on state policy strategies to promote strong families, additional ZERO TO THREE resources are available at: www.zerotothree.org/public-policy/policy-toolkit/strong-families-policy-toolkit.html

For states interested in more in-depth examination of home visiting or child welfare state policies, ZERO TO THREE has developed more detailed state policy self-assessment tools on these two topics:

- State home visiting systems: www.zerotothree.org/public-policy/webinars-conference-calls/home-visitation-tool-june-16-2010.pdf; and
- State child welfare services for infants, toddlers and their families: http://main.zerotothree.org/site/DocServer/PDF__1_-Child_Welfare_Tool.pdf?docID=13381

1. How are infants, toddlers and their families doing?

This section can be completed by a state agency or statewide organization, using the most recent data available from state data sources. The information required is available in state databases, as well as the following sources:

- ZERO TO THREE (ZTT), *State Baby Facts* [50 state profiles]: www.zerotothree.org/public-policy/state-community-policy/infant-and-toddler-state-fact-sheets.html
- The Annie E. Casey Foundation's KIDS COUNT Data Center, available at: http://datacenter.kidscount.org/
- The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*: http://buildinitiative.org/TheIssues/DiversityEquity/50StateChartBook/50StateChartBookOverview.aspx

It may be helpful to seek stakeholder input for the Comments section.

Child & Family Data	State[29]	National Comparison[30]	Disparities[31] (Provide available state data indicating any notable disparities by family income, race, ethnicity, or gender.)	Comments (Provide any relevant information on state context or trends.)	Additional Source for State Data
S1. Percent of young children experiencing three or more risk factors (Defined as poor, single parent, teen mother, low parental education, non-employed parents, residential mobility, households without English speakers and large family size)	**17%***	18%[32]	Percent of Oregon children under 18 who have experienced 2 or more ACEs[33] (2011-12): -Black 52% (6,800) -Non-Hisp. White 26% (138,000) -Hispanic 20% (35,900) -American Indian/Alaska Native: Not reportable -Asian/Pacific Islander: Not reportable Total: 25% (225,600)	Data from the 2011/2012 National Survey on Children's Health included Adverse Family Experiences. Oregon's data showed : 12.6% of 0-5 year olds had already experienced 2 or more ACEs (national average 12.5%), The numbers of children ages 6-11 with ACEs of two or more jumped significantly from the 0-5 rate.	**Data Source:** National Center for Children in Poverty Early Childhood State Profiles, 2009-11 American Community Survey

[30]Source for all state and national data in this table, unless indicated otherwise: ZERO TO THREE, *State Baby Facts*, updated June 2015. Original sources available at: www.zerotothree.org/public-policy/state-community-policy/baby-facts/related-docs/state-baby-facts-2015-references.pdf

[31]The following is a good source of state data on ethnic and racial disparities: The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*: http://buildinitiative.org/TheIssues/DiversityEquity/50StateChartBook/50StateChartBookOverview.aspx

[32]National Center for Children in Poverty (NCCP), *United States Early Childhood Profile,* updated May 2015, available online at www.nccp.org/profiles/early_childhood.html. State-level data are available in individual state profiles. NCCP's analysis of risk factors includes the following: poor, single parent, teen mother, low parental education, nonemployed parents, residential mobility, households without English speakers, and large family size.

[33] Adverse Child Experiences (ACES) 10 experiences that can affect brain development: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, a mentally ill or depressed parent, a substance abusing parent, witnessing domestic violence, incarceration of a family member, and loss of parent due to abandonment/death/divorce

<table>
<tr><td>S2. Percent of young children exposed to 1-2 risk factors (by same definition as data point S1)*

*Data point added to tool at the request of Oregon stakeholders</td><td>43%</td><td></td><td colspan="2"></td><td>22.7% of 0-5 year olds had already experienced 1 ACE (national average: 24.1%). (2011/2012 National Survey of Children's Health).</td><td>2009-2011 American Community Survey</td></tr>
<tr><td>S3. Percent of maltreated children who are less than 3 years old</td><td>27%*</td><td>27%</td><td colspan="3">In 2015, 3622 children age 0-3 were victims of child abuse/neglect.
Rates per group/population are not available for the 0-3 age group.

For 0-18 age group:
<table>
<tr><th>Race</th><th>% of Oregon's Children*</th><th>% of Victims of Child Abuse/Neglect</th></tr>
<tr><td>Black or African American</td><td>3.4%</td><td>5.3%</td></tr>
<tr><td>Asian /Pacific Islander</td><td>5.3%</td><td>1.5%</td></tr>
<tr><td>White</td><td>67.9%</td><td>62.4%</td></tr>
<tr><td>Hispanic (any race)</td><td>21.8%</td><td>13.4%</td></tr>
<tr><td>American Indian or Alaska Native</td><td>1.6%</td><td>3.5%</td></tr>
<tr><td>Unable to determine</td><td>0.0%</td><td>14.0%</td></tr>
</table>
*Population data is always a year behind. Population data is from Puzzanchera, C., Sladky, A. and Kang, W. (2015). "Easy Access to Juvenile Populations: 1990-2014." Online. Available: http://www.ojjdp.gov/ojstatbb/ezapop/
Data source: 2015 DHS Child Welfare Data Book.</td><td></td></tr>
<tr><td>S4. Percent of children less than 3 years old who are experiencing residential mobility</td><td>27%</td><td>23%</td><td>"All people of color, except Asians, are overrepresented in the homeless population. For instance, African Americans make up just 2% of the population of Oregon, but</td><td>Residential mobility: having moved at least once in the past 12 months.
19,490, or 1 in 14 children under age 6 are estimated to be homeless in Oregon. Data Source: Administration for Children & Families "A Look at Early Childhood Homelessness, Oregon"</td><td></td><td></td></tr>
</table>

			make up 6% of the homeless population in Oregon, and Native Americans make up 1.1% of the total population and 4.2% of the homeless population." () 2017 Point-in-Time Estimates of Homelessness in Oregon	Oregon has the highest rate in the nation of homeless and unsheltered people in families with Children. (HUD 2016 Annual Homeless Assessment Report to Congress).	
S5. Percent of children less than 6 years old with no parent in the labor force	**7%**	10%		62% of children under 6 in Oregon have all available parents employed.	Kids Count Data Center 2016
S6. Percent of children from birth to 18 years old living in census tracts with poverty levels of 40% or higher	**0.7%**	4%[34]	21.9% of children ages 0-8 live in households below 100% of the Federal Poverty Level. 44.1% are Black 36.8% are Hispanic 16.7% are White 17.9% Other 46.9% of all 0-8 year-olds live in households at or below 200% of the Federal Poverty Level. 71.5% Latino/Hispanic 62.7% Black 41.1 % Other 38.9% White	Oregon is ranked 27th in terms of poverty rate (13.3%). 23 states and the District of Columbia have a higher poverty rate. Source: Talk Poverty, Poverty By State: Oregon 2017 See also data point D5.	BUILD Initiative, *Fifty State Chart Book* Source data for this Chart Book is 5-year Census ACS covering the period of 2008 to 2010.

[34]The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*. Available online at: http://buildinitiative.org/TheIssues/DiversityEquity/50StateChartBook/50StateChartBookOverview.aspx

<table>
<tr><td>S7. Percent of children from birth to 5 years old with family employment affected by child care issues</td><td>9%</td><td>14%</td><td></td><td></td><td></td></tr>
<tr><td>S8. Percent of TANF (Temporary Assistance to Needy Families) Program families with at least one child less than 3 years old</td><td>37%</td><td>37%</td><td></td><td></td><td></td></tr>
<tr><td>S9. Percent of Supplemental Nutrition Assistance Program (SNAP) recipients who are less than 5 years old</td><td>11%</td><td>14%</td><td>Data disaggregated by child age is not available.</td><td>In December 2017, the total number of Supplemental Nutrition Assistance Program (SNAP) participants were 657,061.</td><td>Source: Oregon SNAP Caseload Flash Report, DHS.</td></tr>
<tr><td>S10. Percent of children entering foster care who are less than 3 years old</td><td>34%</td><td>31%</td><td colspan="2">Disparities data is not available for the 0-3 age range.
Data is available for the 0-18 age range:
FFY 2015 Race Comparison: Oregon Children to Children Served in Foster Care
<table>
<tr><th>Race</th><th>% of Oregon’s Children*</th><th>% of children served in foster care</th></tr>
<tr><td>Black or African American</td><td>3.4%</td><td>6.6%</td></tr>
<tr><td>Asian /Pacific Islander</td><td>5.3%</td><td>1.1%</td></tr>
<tr><td>White</td><td>67.9%</td><td>70.0%</td></tr>
<tr><td>Hispanic (any race)</td><td>21.8%</td><td>15.6%</td></tr>
<tr><td>American Indian or Alaska Native</td><td>1.6%</td><td>5.3%</td></tr>
<tr><td>Unable to determine</td><td>0.0%</td><td>1.4%</td></tr>
</table>
*Population data is always a year behind. Population data is from Puzzanchera, C., Sladky, A. and Kang, W. (2015). "Easy Access to Juvenile Populations: 1990-2014." Online. Available: http://www.ojjdp.gov/ojstatbb/ezapop/
Data Source: 2015 DHS Child Welfare Data Book.</td><td></td></tr>
</table>

S11. Percent of households receiving LIHEAP (Low Income Home Energy Assistance Program) heating assistance with a child less than 6 years old	**24%**	22%			
S12. Veteran families with children* **Data point added to tool at the request of Oregon stakeholders.*	**84,955 households** (6.4% of all households in Oregon)* *Census data	6,386,836 households		Data not available broken out by child ages.	National Center for Veteran Analysis and Statistics: Veteran Households with Children, 2015 data
S13. 211info Requests for assistance from households with infants and toddlers* **Data point added to tool at the request of Oregon stakeholders.*			From May 2016-March 2017, there were 3,509 requests for assistance to 211 from families identifying as pregnant or having at least 1 child under the age of 2 living in the household. .06% African 13.9% African American/Black 4.3% Alaskan Native & Native American 2.4% Asian 19% Hispanic/Latino 0.28% Middle Eastern and Northern African 1.9% Native Hawaiian and Pacific Islander 57.2% White	Types of referrals requested: Housing 6,101 requests Utility Assistance 3,031 Individual, Family & Community SUpport 2,388 Food/Meals 1, 259 Health Care 1, 034 Income Support and Assistance 1,020 Legal, Consumer and Public Safety Services 650 Clothing, Household, Personal Needs 520 Information Services 381 Transportation 421 mental Health/Addictions 326 Education 120 Other: Employment, Disaster Services, Arts, Culture and Recreation, Volunteers/Donations, and other Government/Economic Services	211 Data System Custom Report

2. Does your state have policies in place to support strong families?

This section can be completed by a state agency or statewide organization with an understanding of current state policies.

- Most of the state information required is available through the National Center for Children in Poverty (NCCP), *Early Childhood State Profiles*, available here: www.nccp.org/profiles/early_childhood.html, though states may have more up-to-date information.
- Information on state child welfare policies is available here: ZERO TO THREE and Child Trends, *Changing the Course for Infants and Toddlers" A Survey of State Child Welfare Policies and Initiatives:* www.zerotothree.org/policy/docs/changing-the-course-for-infants-and-toddlers.pdf

It may be helpful to seek stakeholder input for the Comments section.

Policy	**Yes/No?**[34]	**No. of States with This Policy**[35]	**Comments on Policy Implementation Challenges** (Note any barriers to effectively implementing this policy statewide. This may include lack of workforce capacity, limited geographic access, limited funding, etc.) [Oregon added: Successes and Additional Information]	**Additional Source for State Information**
Basic needs				
S14. TANF (Temporary Assistance to Needy Families) policies: ● Exempt single parents from the work requirement until youngest child is at least 1 year old. ● Reduce the work requirement to 20 hours or less for single	**No** **No**	● 25 states ● 30 states	Current Oregon TANF policy: A parent is exempt from employment for 6 months after giving birth. They may volunteer to work. If under 20 years of age, they are exempt during the first 16 weeks after giving birth. The federal participation requirement for work hours for single adults with a child under the age of 6 is 20 hours. Oregon utilizes some flexibility around the work requirement, based on family needs.	

[35]Source for state and national data in this table, unless indicated otherwise: National Center for Children in Poverty, *United States Early Childhood Profile,* updated May 2015. Available online at: www.nccp.org/profiles/early_childhood.html

parents with children less than 6 years old. • Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child less than 6 years old.	**No**	• 19 states	Exemption periods may be extended, based on family need, but no extension of the TANF lifetime benefit of 60 months.	
S15. State has a state minimum wage that exceeds the federal minimum wage of $7.25 per hour.	**Yes**	29 states[36]	Senate Bill 1532, enacted by the Oregon Legislature in 2016, established a series of annual minimum wage rate increases through 2022. As of July 1, 2017, minimum wages in Oregon are as follows: Portland Metro area: $11.25/hour Standard: $10.25/hour Nonurban counties: $10.00/hour	http://www.oregon.gov/boli/WHD/OMW/Pages/Minimum-Wage-Rate-Summary.aspx
S16. State exempts single-parent families with children less than 3 years old below the poverty level from personal income tax.	**No**	41 states		
S17. State offers a refundable state earned income tax credit.	**Yes**	20 states	Oregon's refundable EITC is 8% of the federal earned income tax credit. The EITC is 11% for families with children under the age of 3.	Oregon Department of Revenue

[36]National Conference of State Legislatures, www.ncsl.org/research/labor-and-employment/state-minimum-wage-chart.aspx#1

S18. State offers a refundable state dependent care tax credit.	**Yes**	11 states	Oregon offers the Working Family Household and Dependent Care Credit which is 8-40% of child care expenses, depending on gross income.	Oregon Department of Revenue
Home visiting/parent education				
S19. State has statewide centralized or coordinated intake system(s) to help connect families to an appropriate home visiting or parent education program.	**No**	4 states have centralized statewide intake. Another 7 states have a statewide system of regional/local intake systems.[37]	Since 2013, Maternal, Infant and Early Childhood Home Visiting (MIECHV) dollars have funded staffing and resource to develop regionalized hubs to coordinate home visiting systems. Regions are in varying degrees of system development. It is not anticipated that Oregon will take a centralized approach for all home visiting system coordination, rather that regional systems will align together around specific outcomes and data systems. Note: While 4 states tout a centralized statewide intake, not all have an intake that functions as a universal entry point for all available home visiting models.	Oregon Early Learning Division, and Oregon Health Authority
S20. State has core competencies for parent education/home visiting professionals.	**Yes**	11 states[38]	MIECHV funding was used to facilitate a broad, cross-organizational workgroup that represented the multiple models of home visiting in Oregon to develop and adopt a set of ten Core Competencies for home visitors that were introduced to the field in October 2015.	OHA Home Visiting Workforce Development
Child welfare				
S21. State requires frequent visitation with birth parents for infants and toddler in out-of-home care (foster/kinship care)	**No**	15 states require visitation at least once a week. [40]	Chapter IV, section 26, pg #3 (d)of the Oregon Child Welfare Procedure Manual indicates that developmental age should be considered but does not require any specific frequency.	

[37]Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center, *MIECHV Issue Brief on Centralized Intake Systems,* October 2014.

[38]ZERO TO THREE state policy tracking, January 2015.

when safe and appropriate.[39]				
S22. State policy requires more frequent case reviews for infants and toddlers in out-of-home placements than for older children.	**No**	4 states		
S23. State policy requires more frequent permanency hearings for infants and toddlers in out-of-home placements than for older children.	**No**	6 states		
S24. For infants and toddlers in out-of-home placements, state policy specifically promotes keeping young children in their first placement.	**Yes**	39 states		
S25. State initiates concurrent planning as soon as possible (or within 24 hours of removal) to ensure that	**No**	14 states	Despite this requirement from the Adoption and Safe Families Act (1997)for any state or territory receiving IV-E funds, only 14 states reported implementation of this policy.	Changing the Course for Infants and Toddlers: A Survey of State Child Welfare

[40]Source for all state and national data in the child welfare section:
ZERO TO THREE and Child Trends, *Changing the Course for Infants and Toddlers" A Survey of State Child Welfare Policies and Initiatives*, September 2013, available online at: www.zerotothree.org/policy/docs/changing-the-course-for-infants-and-toddlers.pdf (Note that 46 states participated in the survey.)

[39]When safe and appropriate, a visitation plan should allow for frequent visits/contact between young children and their parents, including therapeutic supervision of visits.

infants and toddlers in out-of-home placement are expeditiously moved into permanent placement.				Policies and Initiatives September 2013, Zero to Three Child Trends
Family leave				
S26. State has paid family leave policy providing full or partial replacement of wages after birth or adoption.	**No –** unpaid leave	3 states[41]	A paid family leave bill was introduced, but failed in the Oregon Legislature in the 2017 session. The Oregon Family Leave Act allows employees to request unpaid leave for family reasons after 6 months of employment. OHA Fact Sheet: Paid Parental Leave and Maternal and Child Health	National Conference of State Legislatures
S27. State has a policy requiring employers to provide paid sick leave that allows parents to take paid time off when a child is sick.	**Yes-**	4 states[42]	Oregon law requires employers to offer up to 40 hours of "protected sick time" which can be used for the care of sick children.	Oregon Bureau of Labor and Industry

[41]ZERO TO THREE state policy tracking, January 2015.

[42]A Better Balance: The Work and Family Legal Center, *Overview of Paid Sick Leave Laws in the United States*, available online at: www.abetterbalance.org/web/images/stories/Documents/sickdays/factsheet/PSDchart.pdf

3. Does the state allocate federal or state funds to services that promote strong families?

This section can be completed by a state agency or statewide organization by reviewing agency budgets, Web sites, and other available state data. It may be helpful to seek stakeholder input for the Comments section.

Initiative	Yes/No	Funded Statewide or in Selected Communities?	Data on Population Served (Provide any available state data on the population served by this program.)	Comments on Population Served (Is funding adequate? What populations, if any, are underserved?)
Basic needs				
S28. State funds supplement federal resources for nutrition programs that reduce food insecurity for young children.	**Yes**	Statewide through DHS Self-Sufficiency Programs and WIC	Residents in rural Oregon counties are 5% more likely to experience food insecurity and hunger than those in rural communities across the country, and are 5.5-6.5% more likely than urban Oregonians to experience food insecurity or hunger. Hispanic Oregonians experience hunger at a rate of 30.5%, as compared to 14.9% of White Oregonians. Data source: Partners for a Hunger-Free Oregon Issue Brief Nov. 2017	Restrictions apply for immigrants/refugees **Oregon ranks as having the 12th highest rate of food insecurity in the nation** (being without access to a sufficient quantity of affordable, nutritious food). Data source: Partners for a Hunger-Free Oregon Issue Brief Nov. 2017
S29. State allocates funding to initiatives addressing: ● Affordable housing ● Homelessness ● Job training ● Domestic violence ● Substance abuse	**Yes**	LIFT program: Selected Communities	*(Note: These are examples, but not an exhaustive list of state-funded efforts)* Housing: Oregon allocates funding for a menu of housing related needs including rental assistance, foreclosure prevention and home ownership. In 2015 the Oregon Legislature committed $40 million of general obligation bonds to fund the Local Innovation and Fast Track (LIFT) Housing Program to build new affordable housing for low-income households.	Housing: Funding is not adequate to meet the need. The national Low Income Housing Coalition has identified an affordable housing gap in every county which is broken out by income level. There are, for example, 26 affordable units available for every 100 households earning 30% of the median family income in Oregon, leaving a *gap* of 74 units per 100 Oregon households earning 30% of the median family income.

**Stakeholders requested addition of state funding/policy information relating to Trauma Informed Care and ACEs*		SHAP- Statewide JOBS and WorkSource Oregon: Statewide, however access is rural areas can be challenging	Homelessness: The State Homeless Assistance Program (SHAP) offers state funds to help meet emergency needs of homeless individuals by providing operational support for emergency shelters and their supportive services. Job Training: Low-income families receiving Temporary Assistance for Needy Families (TANF) access the Jobs Opportunity and Basic Skills program(JOBS). State funding supports WorkSource Oregon as a resource for employment. DV: In 2016, 6,307 children ages 12 and under were served by community-based domestic and sexual violence programs in Oregon. Services for children totaled 4,143 contacts; from crisis response and child care to support groups, follow-up and referrals. Data Source: Striving to Meet the Need,DHS Child Safety Unit, April 2017. 850 children under age 6 were sheltered in Oregon domestic violence programs in 2016. (Data Source: "Striving to Meet the Need: Summary of Service provided by Sexual and DV Programs in Oregon", 2016, Oregon Dept. of Human Services) In 2015, SAMHSA awarded Oregon $33,428,782 in substance abuse funds, of which 1% were awarded to programs serving infants and toddlers. Source: SAMHSA state Summaries FY 2015-16 .	Additional source: The Gap: A Shortage of Affordable Rental Homes. National Low Income Housing Coalition, March 2018. DV: In 2013-15, $8,238,256 Oregon state funds were spent on emergency assistance for victims of domestic violence through TA-DVS. An average of 447 families escaping domestic violence received emergency payments from TA-DVS each month. Data Source: 2015 DHS Report to the Legislative Assembly Pursuant to ORS 411.154, August 2016. Oregon DHS Self-Sufficiency operates Temporary Assistance for Domestic Violence Survivors (TA-DVS) to address emergent/safety needs. Families must meet TANF eligibility requirements and the DHS SS definition of domestic violence. Eligible families can access up to $1,200 to meet safety and stabilization needs, and are referred to other resources for further support. No child-level data available. DHS contracts with community-based organizations to provide 56 co-located DV/sexual assault advocates in branches across the state. Substance Abuse: There is an unmet need for treatment of alcohol and illicit drug abuse and dependency in Oregon, with 2.7% of Oregonians reporting they had an unmet need for treatment for illicit drug use, and 7.1% of Oregonians reporting they had an unmet need for treatment for alcohol. Source: National Survey on Drug Use and Health, 2011-2012. There are

				approximately 12 treatment centers for women with children in Oregon, primarily located in urban/suburban areas of the state, in which children under 5 can reside with their parents. Programs have a high variability in services for the children.
			Trauma Informed Care and ACEs: Numerous initiatives, policies and areas of funding exist at the statewide level, including but not limited to: • Trauma Informed Oregon • House Bill 4002 (2016) which provided $500,000 and required the Oregon Department of Education and Chief Education Office to jointly develop trauma-informed approaches in schools. • HB 2401 (2017) Requires DHS to provide trauma-informed training to child welfare personnel. • House Concurrent Resolution 33 (2017) encourages state officers, agencies and employees to become informed regarding impacts of trauma and to become aware of evidence-based and evidence-informed care practices and interventions. Regional, multisector Trauma Informed Care/ACEs initiatives exist in many areas of the state, including but not limited to the Columbia Gorge, Yamhill, and Coos/Curry.	
Home visiting/parent education				
S30. State allocates funds to evidence-based home visiting programs for expectant parents and families of young children.	**Yes**	All	Healthy Families America model is implemented in 35 of 36 Oregon counties. 133,378 Oregon children under age 3 in 2016 could benefit from home visiting. 3,820 children ages 0-3 received evidence-based home visiting services in Oregon in 2016. (National Home Visiting Resource Center state profiles). Numbers served by home visiting programs in Oregon, including evidence-informed and evidence-based:	High risk families meeting program model eligibility criteria can access state/federally funded home visiting programs such as Healthy FamiliesAmerica, Nurse Family Partnership, Early Head Start and Relief Nurseries, administered through the Early Learning Division and the Oregon Health Authority. Home visiting is not acessiblein all communities, and communities need

			Babies First (ages 0-3): 3,786 children Healthy Families Oregon (0-3): 2,549 families Maternity Case Management: 1,175 mothers (pregnant through 2 months postpartum) CaCoon (0-21 years): 1,922 children Migrant/Seasonal EHS (0-3): 1,565 children EHS Home-Based (0-3): 1,173 children Family Support and Connections: (0-18) 3,762 children Parents As Teachers-Affiliates (0-3): 944 children Data shown is from most recent reporting year available (calendar or fiscal) provided by State agencies overseeing programs (ELD, OHA, DHS Self-Sufficiency). 805 slots are funded through federal MIECHV dollars. 84% of Oregon parents with children ages 0-3 do not receive a new parent home visit after their child's birth. Data Source: Kids Count Data Center.	multiple models to meet needs of families. MIECHV sites exist in 13 of Oregon's 36 counties: http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/HOMEVISITING/MIECHV/Pages/index.aspx Parents as Teachers is a curriculum utilized by a large number of culturally specific organizations, with families that speak Spanish, Russian, Romanian, Moldovan, Ukrainian, Vietnamese, Cambodian, Laotian, Somali, Swahili, Turkish,, Burmese, Ethiopian, Amharic, Oromo, Maya indigenous languages, Mandarin and Cantonese.
S31. State allocates funds to evidence-based or research-informed parent education programs in early childhood programs, pediatric primary care, or other settings.[43]	**Yes**	Selected communities	Reach out and Read – funding does not currently occur at the state level; was previously implemented by the Oregon Pediatric Society and ROR national is currently determining local "ownership" of program. Current implementation sponsored by various clinics, CCOs, Hubs, and philanthropic organizations. 134 ROR programs in Oregon, 76,045 children served annual (ROR Oregon).	

[43]For more information on evidence-based parent education programs, see: Child Welfare Information Gateway, *Parent Education to Strengthen Families and Reduce the Risk of Maltreatment*, 2013. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. https://www.childwelfare.gov/pubPDFs/parented.pdf#page=5&view=Evidence-Based%20and%20Evidence-Informed%20Programs

			Car seat safety education—Administered by Oregon Impact and Doernbecher Children's hospital; funding undetermined.	
S32. State supports dissemination of parenting information to a wide range of parents through Web sites, print materials, text messages, or other mechanisms.	**Yes-**	Both	Vroom: In 2015 Oregon launched Vroom, a free parenting tool accessible via Smartphone app, thru a website and using various hard-copy tools. Created by the Bezos Family Foundation, the tool prompts parent-child "serve-and-return" interaction. In 2016 and 2017, the Early Learning Division's implementation generated roughly 122,000 unique sessions on the Daily Vroom app and roughly 150,000 Oregon families were introduced to the Vroom hard-copy tools. Early Learning Hub websites: Websites for each of the regional early learning hubs across Oregon are a resource for information on local parenting support and education opportunities. S32 Early Learning and Kindergarten Guidelines These guidelines align and expand Oregon's standards for learning and development for children ages three thru kindergarten, a key component to create a seamless PRek-3rd grade system. They are available for use by parents and all early childhood sectors. The intent is to expand these guidelines to include 0-3 year-olds.	Data source: Oregon Early Learning Division
Other innovative* investments supporting strong families **changed from "relevant" investments by Oregon team given unique nature of local/regional coordinating bodies and funding structures in Oregon*				
S33. Early Learning Hubs	State funding + braiding/blending of other funds; regional entities that together serve the entire state		Oregon's Early Learning Hubs were established in 2013 in HB 2013. Early Learning Hubs are 16 regional community-based entities that work to create local systems focused on early childhood education and family stability. Core	

		responsibilities of Early Learning Hubs are to identify and support children furthest from opportunity, identifying their need and working across sectors to connect them to services and accounting for outcomes collectively. In the 2017 Legislative Session, the hub system received an 11% operational budget cut for the 2017-2019 biennium.	
S34. Oregon Parent Education Collaborative (OPEC) OPEC operates in 27 Oregon counties to support the delivery of high-quality parenting education programs and supports collaborative efforts to strengthen regional parenting education systems through coordination and planning. It is funded through a partnership between private foundations and Oregon State University. This initiative has helped expand parenting education classes offered through other funding, increasing the overall accessibility of parenting education in Oregon.	Funded by four philanthropic foundations in partnership with Oregon State University. Nearly all Oregon counties are served by OPEC hubs.	From 2010-2017, OPEC hubs and small grant projects served 8,818 parents in OPEC parenting education series, 11.887 parents in Non-OPEC parenting education series, 45,098 parents in parent workshops and 7,744 new families with home visits. DATA SOURCE: Oregon Parenting Education Collaborative 7-Year Cumulative Summary https://orparenting.org/wp-content/uploads/2018/01/opec-cumulative-summary-years-1-7-12-17-17.pdf	From 2010-2017 OPEC Hubs served: ○ 69% women; 24% men (7% did not specify gender) ○ 65% White; 18% Hispanic; 4% Native American; 1% Black/African American; 1% Asian and 10% Other/ Non-Specified. ○ 62% parenting with a partner, 24% parenting alone; 14% did not specify ○ 37% receive WIC From 2010-2017 OPEC small grants served ○ 70% women; 27% men; (3% did not specify gender) ○ 31% White; 43% Hispanic; 7% Asian; 9% Black/African/American; 2% Native American; and 8% Other or Non-Specified. ○ 65% parenting with a partner; 28% parenting alone; 7% did not specify. ○ 50% of the families receive WIC. DATA SOURCE: Oregon Parenting Education Collaborative 7-Year Summary Report 2010-2017 https://orparenting.org/wp-content/uploads/2018/01/opec-cumulative-summary-years-1-7-12-17-17.pdf

POSITIVE EARLY LEARNING EXPERIENCES

State policies supporting access to and quality of child care, Early Head Start (EHS), and early intervention promote early learning and development and help prepare children for success in school. For more information on state policy strategies to promote positive early learning experiences, additional ZERO TO THREE resources are available at: www.zerotothree.org/public-policy/policy-toolkit/positive-early-learning-policy-toolkit.html

For states interested in more in-depth examination of how to use a state quality rating and improvement system (QRIS) to strengthen early learning experiences for infants and toddlers, ZERO THREE has developed a more detailed state self-assessment tool on this topic: www.zerotothree.org/public-policy/building-early-childhood-systems/qris/qris-cover-self-assessment-10-27-14.pdf

1. How are infants, toddlers and their families doing?

This section can be completed by a state agency or statewide organization, using the most recent data available from state data sources. The information required is available in state databases, as well as the following sources:

- ZERO TO THREE (ZTT), *State Baby Facts* [50 state profiles]: www.zerotothree.org/public-policy/state-community-policy/infant-and-toddler-state-fact-sheets.html
- The Annie E. Casey Foundation's KIDS COUNT Data Center, available at: http://datacenter.kidscount.org/
- The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*: http://buildinitiative.org/TheIssues/DiversityEquity/50StateChartBook/50StateChartBookOverview.aspx

It may be helpful to seek stakeholder input for the Comments section.

Child and Family Data	State	National Comparison[44]	Disparities[45] (Provide available state data indicating any notable disparities by family income, race, ethnicity, or gender.)	Comments (Provide any relevant information on state context or trends.)	Additional Source for State Data
P1. Percent of parents or family members who read to their child (newborn to 5 years old) every day	**55%**	48%	National Data: In 2012, 56% of white three-to five-year-olds were read to by a family members at least seven times in the past week, compared with 34% of black children and 25% of Hispanic children. Asian and Pacific Islander children were in between white and Hispanic children, at 38%. Data Source: ChildTrends DataBank 2015.	The 2015-16 Healthy Families Evaluation Summary (NPC Research, Tarte, J. & Green, B.L.) reports that after at least 6 months in the program, 71% of parents report reading to their children daily. http://npcresearch.com/wp-content/uploads/HFO-Evaluation-Summary-2015-16.pdf The July 1, 2010-June 30, 2012 Evaluation of the Oregon Relief Nurseries (PSU, Green B.L. & Mitchell, L.) reports that Relief Nursery parents show dramatic and statistically significant improvements in the frequency of reading to children. https://docs.wixstatic.com/ugd/e1269c_65edac990f464fbeab049769c2c06ac0.pdf	

[44]Source for national and state data in this table, unless indicated otherwise: ZERO TO THREE, *State Baby Facts,* updated June 2015. Original sources available at: www.zerotothree.org/public-policy/state-community-policy/baby-facts/related-docs/state-baby-facts-2015-references.pdf

[45]The following is a good source of state data on ethnic and racial disparities: The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*: http://buildinitiative.org/TheIssues/DiversityEquity/50StateChartBook/50StateChartBookOverview.aspx

P2. Percent of parents or family members who tell stories and sing to their child (newborn to 5 years old) every day	**59%**	59%			
P3. Settings where infants and toddlers are in care. If available, provide data on settings where infants and toddlers are in care. For example, provide any data available on the percentage of young children who are primarily in: - Parental care - Child care centers - Family child care - Family, friend, and neighbor care	See Comments column	Data not available		Approximately 42% of children under age 3 are not in any form of nonparental care. Another 42% are estimated to be in informal care (relatives and friends). The remaining 16% are in organized care (centers, family child care homes and other organized activities). Oregon currently has 17 visible slots per 100 children under age 13. ('Visible': certified and licensed care settings). Data Source: Child Care and Education in Oregon and its Counties 2016, Weber, B., Oregon Child Care Research Partnership March 2017. https://health.oregonstate.edu/early-learners/early-care-education	
P4. Cost of infant care in child care centers as percentage of income for single mothers	**52%**	37% (national median)		Median annual price of toddler care in a child care center in Oregon: $12,600Care of a toddler as a percent of the annual income of a minimum wage worker: 62%	Grobe, D. Weber, R. 2016 Oregon Child Care Market Price Study; Child Care and Education in Oregon and Its Counties

P5. Percent of children receiving federal child care support who are less than 3 years old	**23%**	27%			
P6. Percent of eligible infants and toddlers receiving Early Head Start	**9.2%**	4.5%[46]			2017-18 Oregon Early Head Start Percent Served Report 2017-2018 DRAFT, Early Learning Division
P7. Percent of children, 4 months old to 5 years old, determined to be at moderate or high risk for developmental or behavioral problems	**21%**	26%		Note: Data on the percentage of children ages 0-2 at moderate or high risk for developmental or behavioral problems is not available. The percent increases as children age, so the percent of 0-2 year-olds is likely significantly lower than 21%.	Data Resource Center for Child and Adolescent Health, National Survey of Children's Health, 2011/2012. http://childhealthdata.org
P8. Percent of infants and toddlers who receive Part C early intervention services.	**2.6%**	3% - single day count[47]			Annual Special Education Child Count 2015-16
P9. Available slots for eligible children in Early Head Start	**2,914 across all funding sources**	Data not available			2017-18 Oregon Early Head Start Percent Served 2017-2018 DRAFT, Early Learning Division

[46]ZERO TO THREE, *Fact Sheet: Early Head Start*, available online at: www.zerotothree.org/policy/docs/ehs-fact-sheet-ztt-04-04-2014.pdf

[47]States will soon be required to report the percentage of children served per year. This figure is likely about twice as high as the single-day count provided here. As a comparison point, the Centers for Disease Control and Prevention finds that approximately 15% of children 3–17 years old have one or more developmental disabilities: www.cdc.gov/ncbddd/developmentaldisabilities/about.html

P10. 0-2 year olds served through Early Head Start* **Data point added at request of Oregon stakeholders*	**3,998** (Cumulative number served across all models and funding sources)			2016 Oregon Program Information reports, Oregon Early Head Start Percent Served 2017-2018 DRAFT, as compiled by the Oregon Early Learning Division
P11. Number of Pregnant Women served through EHS* **Data point added at request of Oregon stakeholders*	**206**			2016 Oregon Head Start Fact Sheet, Oregon PIR Report, HSES System

2. Does your state have policies in place to support positive early learning experiences?
This section can be completed by a state agency or statewide organization with an understanding of current state policies. Much of the state information required is available through the
National Center for Children in Poverty's *Early Childhood State Profiles* available here: www.nccp.org/profiles/early_childhood.html and other resource indicated below. In some cases, state agencies may have more up-to-date information.

It may be helpful to seek stakeholder input for the Comments section.

Policy	Yes/No	No. of States with This Policy[48]	Comments on Policy Implementation Challenges (Note any barriers to effectively implementing this policy statewide. This may include lack of workforce capacity, limited geographic access, limited funding, etc.) [Oregon added: Successes and Additional Information]	Source for State Information
Early intervention				
P12. State includes at-risk children in the definition of eligibility for IDEA (Individuals with Disabilities Education Act) Part C Early Intervention program.	**No**	6 states	**ODE:** Roles and Responsibilities of Local EI/ECSE program Partners in Eligibility Determination, Assessment, and IFSP Development for Infants with a Diagnosed Physical or Mental Condition Associated with Significant Delays in Development	
Child care				
P13. Family eligibility for child care subsidies is at or above 200% federal poverty level (FPL).	**No**,	14 states	Initial eligibility is below 185% FPL, ongoing eligibility is below 250% FPL or 85% of the State Median Income, whichever is higher.	Oregon Department of Human Services.

[48]Source for all state and national data in this table, unless indicated otherwise: National Center for Children in Poverty, *United States Early Childhood Profile,* updated May 2015. Available online at: www.nccp.org/profiles/early_childhood.html

P14. State child care reimbursement rates are at or above the recommended 75th percentile of the market rate.	**Yes**	1 state meets criteria for all programs; some states meet this criteria for certain quality-rated programs		Oregon Department of Human Services
P15. States offer higher subsidy reimbursement rates to programs providing infant–toddler care than to programs serving older children to help defray the higher cost of care.	**Yes**	21 states[49]		Oregon Department of Human Services
P16. Child care subsidy copayments do not exceed 7.2% of family income for families at 100% FPL.	**No**	35 states[50]	Families at 100% FPL have copayments that do not exceed approximately 11% of the family income. DATA SOURCE: Oregon Department of Human Services	National Women's Law Center, *Turning the Corner: State Child Care Assistance Policies*
P17. State meets recommendations of Stepping Stones	**No**	For example: • 3 states meet recommended ratio	There are very significant differences between what is recommended by the CFOC, and Oregon's ratio requirements for infants and toddlers in care, which allow for an additional 6-10 children in care depending on the setting and the number of infants and toddlers present.	Stepping Stones to Caring for Our Children

[49]CLASP, *Better for Babies: A Study of Infant-Toddler Child Care Policies,* 2013.

[50]National Women's Law Center, *Turning the Corner: State Child Care Assistance Policies 2104,* available at: http://www.nwlc.org/resource/turning-corner-state-child-care-assistance-policies-2014
(Note that 7.2% of family income is the national average for all families that pay for child care.)

Caring for Our Children in group size and ratio requirements for infants and toddlers in licensed center-based and family child care.[51]		of 3:1 for infants in centers.[52] • 12 states meet the recommended ratio of 4:1 for toddlers in centers.[53]	For example, Caring For Our Children recommends Family Providers not maintain any children over the age of two in care, if there are 2 children under the age of two present. The Oregon Child Care rules allow for up to 8 children to be present in addition to the two children under the age of two. However, Oregon child care rules further define the allowed ratio for children that are preschool-age or younger. OAR 414-205-0065(2)(a) states: "A maximum of 6 children preschool age or younger, including the providers children, of which only 2 children may be under 24 months age." http://www.oregon.gov/ode/rules-and-policies/StateRules/Documents/414-205-0000-thru-414-205-0170-registered-family-child-care-homes.pdf A major barrier to decreasing the ratio would be the significant loss of income to child care providers, reducing their already low wages.	Oregon Office of Child Care rules
P18. State has implemented a statewide early care and education QRIS that includes quality indicators specifically for programs serving infants and toddlers.	**No**	41 states have a statewide QRIS[54]	None are currently in place, however Oregon QRIS standards are currently under revision and the recommendation is to call out specific indicators within the standards for high quality care for infants and toddlers.	
P19. State policy requires that there is a primary caregiver	**No**	24 states include this requirement in licensing; 1 state	Current Oregon child care regulations do not specify the need for consistent caregiver assignment.	Child Care Unit, Early Learning Division,

[51] Full recommendations are available here: http://nrckids.org/default/assets/File/Products/Stepping%20Stones/Stepping%20Stones%203%20%20v5.pdf

[52] CLASP, 2013.

[53] *Ibid.*

[54] ZERO TO THREE state policy tracking, January 2015.

for every infant and toddler in child care centers.		also addresses this through QRIS.[55]		Oregon Department of Education.
P20. State policy promotes or requires that child care centers offer activities that actively encourage and support infants' and toddlers' exploration of the environment.	**Yes**	14 states include this requirement in licensing; four states address this through QRIS.[56]	See Oregon Administrative Rules for Child Care Section 414-300 -0300 Infant and Toddler Program of Activities, and OAR 414-300-0140 https://oregonearlylearning.com/wp-content/uploads/2017/02/CRT-132-CC-Rule-book-3-27-17-FINAL.pdf QRIS Standards do not call this out, for example, by addressing minimum of floor time, or maximum time allowed in stationary equipment.	National Center for Child Care Quality Improvement, *Comparison of State Licensing and QRIS Standards*
P21. State policy promotes or requires that center-based programs offer a variety of opportunities for interaction with parents throughout the year.	**Yes**	2 states require through licensing; 20 states address this through QRIS[57]	Not in OARs, but addressed in the QRIS Standards specific to family partnerships: 1. The program uses family input and feedback to guide program planning and policy decisions; 2. The program meets the individual needs of children though mutually respectful, two-way communication with families; 3. Families are encouraged to be regular and frequent participants in the program, and 4. The program provides support and information to assist families in meeting their child's needs and goals.	The Research Institute, Western Oregon University

[55]National Center on Child Care Quality Improvement, Comparison of State Licensing and QRIS Standards for Infants and Toddlers in Child Care Centers: Learning Environment, Developmental Domains, and Assessment. Available online at: https://childcareta.acf.hhs.gov/sites/default/files/public/learningenv_assess_standards.pdf

[56]Ibid. Note that some states address this through both licensing and QRIS, while others do so through only through one mechanism.

[57]National Center of Child Care Quality Improvement, Comparison of State Licensing and QRIS Standards for Infants and Toddlers in Child Care Centers: Family Engagement. Available online at: https://childcareta.acf.hhs.gov/sites/default/files/public/family_engagment_standards.pdf. Note that some states address this through both licensing and QRIS, while others do so through only through one mechanism.

P22. State has early learning guidelines for infants and toddlers.	**Yes**	48 states[58]	Oregon has adopted the Head Start Early Learning Outcomes Framework: Ages Birth to Five	ZTT *State Policy Tracker*
P23. State has developed or adopted core knowledge and competencies for early care and education providers, including those who work with infants and toddlers.[59]	**Yes**	38 states[60] 5 of these states have developed or adopted specific knowledge and competencies for infant–toddler providers.	The Oregon Center for Career Development (OCCD) has developed Core Knowledge Categories for early Childhood care and education providers, which does include individuals who work with infants and toddlers but is not solely specific to this population. Categories are: Diversity, Families & Community Systems, Health, Safety & Nutrition, Human Growth & Development, Learning Environments & Curriculum, Observation & Assessment, Person, Professional & Leadership Development, Program Management, Special Needs, and Understanding & Guiding Behavior.	Oregon Center for Career Development in Childhood Care and Education
P24. State has developed or adopted an infant–toddler professional credential.	**Yes**	28 states[61]	The Oregon Registry Infant Toddler Professional Credential is an optional credential for early childhood care and education providers in Oregon.	http://www.pdx.edu/occd/infant-toddler-professional-credential
P25. State requires or encourages infant–toddler professional development that is credit-based and includes career pathways that lead to	**Yes**	Data not available	In Oregon several community colleges have credentials/certificates that can be earned through college course credit. These credentials are pathways leading to higher education degrees within this field. These pathways are encouraged but are not required, as there are many different options to become qualified as an early childhood infant-toddler teacher.	Oregon Center for Career Development in Childhood Care and Education

[58] ZERO TO THREE state policy tracking, January 2015.

[59] *ZERO TO THREE Critical Competencies for Infant-Toddler Educators™* details the essential skills educators need to optimize the social-emotional, cognitive, and language and literacy development of all infants and toddlers. More information is available at www.zerotothree.org/CriticalCompetencies

[60] *Ibid.*

[61] *Ibid.*

higher education degrees.				
P26. State has a workforce registry or other data system to track the qualifications and professional development of the early care and education workforce.	**Yes**	43 states have a workforce registry.[62]	Oregon's registry is the Oregon Center for Career Development in Childhood Care and Education (OCCD). The OCCD works closely with individuals to track their qualifications, guide them through their professional development plan and help navigate the workforce. The individual's training and education is displayed on a document called a "Professional Development Statement". Upon request from the individual, a Registry Step (ranging from 1-12) is awarded based on the total number of training hours and college course credit the individual has taken.	National Workforce Registry Alliance, *Map of Registries*

[62]National Workforce Registry Alliance, *Map of Registries,* available online at: http://www.registryalliance.org/about-us-top/map-of-registries

3. Does the state allocate federal or state funds to promote positive early learning experiences?
This section can be completed by a state agency or statewide organization by reviewing agency budgets, Web sites, and other available state data. It may be helpful to seek stakeholder input for the Comments section.

Initiative	**Yes/No**	**Funded Statewide or in Selected Communities?**	**Data on Population Served** (Provide any available state data on the population served by this program.)	**Comments on Population Served** (Is funding adequate? What populations, if any, are underserved?)
P27. State allocates funding (outside of the Child Care Development Block Grant) to support high-quality early care and education programs for infants and toddlers.	**Yes**	Both	Relief Nurseries served 2,560 children ages 0-5 (average age at intake: 1.59 yrs) 2011-12: 4% African American 63% White 26% Hispanic 2% Multi-ethnic Healthy Families served 7,681 families with screening and 2,549 with home visits 2014-15. 3% African-American 44% White 28% Hispanic 4% Asian 1% American Indian 7% multi-racial 2% other	30% of relief nursery funding comes from the state (ELD 2016 Relief Nursery data) State also funds 64 EHS slots and federal $ funds 846 home visit slots with MIECHV.
P28. State allocates funding to initiatives to promote early language and literacy, including providing books to low-income families and/or providing guidance to	**Yes**	Mixed		Vroom statewide rollout is supported by the Bezos Family Foundation, leveraging ELD funds. Some funding is provided to local implementation sites. (Data source: Oregon Early Learning Division) See also data point S31.

parents on talking and reading with their children.				
EHS				
P29. State allocates funding to supplement EHS in order to increase the number of families served, extend the day, and/or improve the quality of services.[63]	**Yes**			$793,155 in state funds provides 64 of the EHS slots in order to increase the number of families served (Data source: Oregon Early Learning Division)
Child care				
P30. State allocates funds for a network of infant–toddler specialists that provide on-site technical assistance to child care providers.	**No**			Some regional Child Care Resource and Referral agencies fund infant-toddler specialists.
P31. State allocates funds to grants, incentives (e.g. tiered subsidy reimbursement), or resources to programs to promote high-quality care and early learning for infants and toddlers.	**Yes**			Oregon provides a higher Employment-Related Day Care subsidy for Infants and Toddlers. Oregon also provides provider incentives (tiered reimbursements) to programs with a star rating in Oregon's QRIS.

[63]More information on state efforts to supplement EHS described here: CLASP and ZERO TO THREE, *Expanding Access to Early Head Start: State Initiatives for Infants & Toddlers at Risk*, September 2012. Available online at: www.clasp.org/resources-and-publications/publication-1/ehsinitiatives.pdf

P32. State allocates funds to scholarships or other supports to help infant–toddler professionals gain additional skills.	**No**			Oregon provides l support to early learning professionals via scholarships however they are not specific to the IT population
P33. State allocates funds to wage enhancements or other supports to help infant–toddler professionals increase compensation and/or benefits.	**No**			Oregon provides Education awards based upon an early educator's s step on the Oregon Professional Development Registry (based upon training and education). However, there are not specific awards regarding infant/toddler enhancements.
P34. State allocates funding to staffed family child care networks to support quality improvement in family child care programs.[64]	**Yes**	Oregon has focused family child care networks in each of its 16 Early Learning Hub regions.		$2.0 million in Oregon General Funds was allocated for 2017-19 biennium for Focused Family Childcare Networks. (Data Source: Oregon Early Learning Division)
P35. State allocates funds to grants or loans to early childhood programs to renovate or construct facilities to serve infants and toddlers.	**No**			

[64]For more information on this strategy, see ZERO TO THREE, *Staffed Family Child Care Networks: A Strategy to Enhance Quality Care for Infants and Toddlers*, 2012. Available online at: www.zerotothree.org/public-policy/infant-toddler-policy-issues/fcc-staffed-networks.pdf

Other relevant state investments in early learning				
P36. Infant Toddler Credential	**Yes**	Statewide		The purpose of the Oregon Registry Infant Toddler Professional Credential is to recognize professional knowledge, skills and achievements toward strengthening infant and toddler practice. There is a fee for the credential. The credential requires 60 clock hours of training specific to infant toddler care and education, and youth development. Providers can apply for general scholarships towards the cost of training and education.
P37. Infant Toddler Mental Health Endorsement	**Yes**	Statewide		The intent of Infant Mental Health- Endorsement (IMH-E) is to recognize and document the development of infant and family professionals within an organized system of culturally sensitive, relationship-based, infant mental health learning and work experiences. Endorsement verifies an applicant has attained a level of education as specified, participated in specialized in-service trainings, worked with guidance from mentors or supervisors, and acquired knowledge to promote the delivery of high quality, culturally sensitive, relationship-focused services to infants, toddlers, parents, other caregivers and families. It is multidisciplinary and not limited to one profession and does not constitute a license to practice a particular profession. For early educators, the endorsement is Infant Family Associate and requires 30 clock hours of training, a CDA or AA or 2 years as paid work in infant, early childhood, and family field. Scholarships are available.

Oregon Infant Toddler Assessment Workgroup 2017-18 Membership:

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Oregon's Infant and Toddler State Self-Assessment: Additional Resources

Child Care and Education in Oregon and its Counties 2016. Weber, B. Oregon Child Care Research Partnership, March 2017.

Count Her In: A Report about Women and Children in Oregon 2018, Women's Foundation of Oregon

Early Works Progress Report 2015, Children's Institute - Includes Yoncalla Early Works Parent Focus Group Summary 2017-06-26 ("What do Yoncalla Parents and Caregivers have to say about Parent Leadership?")

Erikson Institute: Research Projects – Focused on improving life for children and families

KIDS COUNT Oregon, Children First for Oregon – Includes Oregon County Data Books

Oregon Parent Education Collaborative Cumulative Summary 2010-2017

"Parent Voice: Supporting our Parents to Help Children Succeed," Findings Report 2016. HomeForward, Langford, R., and DeVries, S.

Portland State University Center for Improvement of Child and Family Services, Research and Evaluation

Toward a Thriving Future: Closing the Opportunity Gap for Oregon's Kids. 2017 Tracking Oregon's Progress Report, Oregon Community Foundation November 2017

ZERO TO THREE National Parent Survey Report 2016