



## Rulemaking Advisory Committee Suspension & Expulsion Prevention Program (HB 2166, 2021)

June 3, 2022  
10:00 a.m. – 12:00 p.m.

This will be a virtual meeting. Please note that only written testimony is currently accepted. Please submit written testimony by 10:00 a.m. on June 3, 2022 by emailing [Remy Watts, Rules Coordinator](mailto:Remy.Watts@ode.or.gov).

### AGENDA

Topic	Discussion / Action
Welcome and Public Testimony	Review agenda, housekeeping items
Summary of Feedback	Review last meeting's conversation and discuss the major points of feedback to the rule language & program. Submit individual comments on rule language through the <a href="#">Draft Rule Language Feedback Form</a> .
Advisory Conversation: Regional Service Provider; Eligibility of Regional Service Provider of IECMHC	We will break into small groups to review: definition of Regional Service Provider; and Eligibility of Regional Service Providers for Infant & Early Childhood Mental Health Consultation (IECMHC). We will reconvene in the full group to hear highlights from each group. Submit individual comments through the <a href="#">Draft Rule Language Feedback Form</a> .
Advisory Conversation: Anti-bias education; anti-bias practices; anti-racist; and implicit bias definitions	We will return to our small groups and review definitions for anti-racist, implicit bias, anti-bias education, and anti-bias practices. We will reconvene in the full group to hear highlights from the conversations. Submit individual comments on these definitions through the <a href="#">Draft Rule Language Feedback Form</a> .
Next Steps	<ul style="list-style-type: none"> <li>• Submit any additional comments on <a href="#">Draft Rule Language Feedback Form</a>.</li> <li>• Review where we have been</li> <li>• Reimbursement process primer</li> <li>• Next meeting will be Monday, June 13, 1 - 3 p.m.</li> </ul>

### SUPPORTING DOCUMENTS:

- DRAFT Suspension & Expulsion Definitions – Page 2
- Feedback summary – Page 4

# RULEMAKING ADVISORY COMMITTEE

## Suspension & Expulsion Prevention Program

### Draft Rule Language Sections for Review

#### Advisory Conversation #1

**“Regional Service Provider”** means an entity that provides IECMHC services to Early Care and Education Providers and coordinates IECMHC services with other early childhood technical assistance providers, to promote early care and education provider access to resources, training and other technical assistance opportunities.

#### **Eligibility to Become a Regional Service Provider**

- (1) The Early Learning Division will administer a program that provides funding to eligible entities to serve as regional service providers.
- (2) The following types of entities may apply to the Early Learning Division to be a regional service provider as described in 414-580-0010(1):
  - (a) Child Care Resource & Referral Agencies;
  - (b) Early Learning Hubs;
  - (c) Relief Nurseries;
  - (d) Community-based organizations;
  - (e) Culturally specific organizations;
  - (f) Federally recognized Oregon Tribal Nations;
  - (g) Community mental health organizations;
  - (h) Coordinated Care Organizations; and
  - (i) Other Health Care Organizations.
- (3) To be eligible to become a Regional Service Providers, an entity must be able to:
  - (a) Demonstrate evidence of their commitment to equity and culturally responsive practice;
  - (b) Ensure that IECMH consultation services are accessible to populations most disproportionately impacted by suspension and expulsion; and
  - (c) Demonstrate the ability to collaborate with and coordinate services with other Technical Assistance providers to determine which person or program is best suited to respond to the request for services from an Early Care and Education Provider.

#### Advisory Conversation #2

**“Anti-bias education”** means an approach to teaching and learning designed to increase understanding of difference and their value to a respectful and civil society and to actively challenge bias, stereotyping and all forms of discrimination in schools and communities. It incorporates inclusive curriculum that reflects diverse experiences and perspectives, instructional methods that advance all students’ learning, and strategies to create and sustain safe, inclusive and respectful learning communities.

**“Anti-bias practices”** means an approach to providing services (e.g. early care and education, technical assistance, mental health consultation) that works to actively prevent and oppose the unfair treatment of people based on race, ethnicity, language, sex, gender, socioeconomic status, disability, immigration status.

**“Anti-racist”** means a person whose actions and beliefs actively counteract political, social, educational, and economic policies and practices that place value on the behaviors and values of certain racial groups over other racial groups.

**“Implicit bias”** means the unconscious mental process resulting in feelings and attitudes about people based on race, age, and appearance. These feelings and beliefs are expressed automatically, without conscious awareness, and have an impact on other people and groups of people.



## Feedback to date

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## Feedback on "IECMHC"

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- Wording implies that child/family is who needs support. Definition also needs to highlight need to support providers. Provider MH
- "Social emotional support" vs "Mental health consultant"- the implications of language and culture. Very loaded term.
- Re-order some of the wording: "consultation values and employs a culturally responsive..."
- If there isn't an understanding of local culture there can be a disconnect about how to support children, families, and providers
- How do we look at geographic location? may be within county but still an hour away...
- Like that it's prevention-based, culturally responsive, trauma-informed. Could it include "multi-lingual or linguistically responsive" too?
- Support to provider, child and family -- which consultant is right? Is the same consultant right for all person?
- Definition states it is prevention based, but it sounds like providers contact when close to suspending/expelling. That is not prevention.
- Define how providers/parents can ask for supports before things escalate, before behaviors are necessitating pending/expelling, that is not prevention.

## Feedback on “Technical Assistance Provider”

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- Does culturally responsive include support in family/provider preferred language?
- Other agency: call out culturally specific org/agency specifically. Start w/ this, the order of list is important
- Other agency: include state agencies, organizations, businesses- options that allow families to be comfortable in seeking support
- Calling out culturally specific supports would also empower communities/orgs/etc. to provide services
- Clarify difference between culturally responsive and culturally specific
- “As needed” or “as the child needs?”
- Helping families or just providers?
- How do you navigate having challenge in accessing those things, do we define “as needed” or is that prompted by the providers seeking help,
- How would you write about area? City vs rural vs deep rural... how do we look at the culture? How do we include that?
- TA Provider can do consultation too; how do we delineate the difference between IECMHC and TA Provider?
- Describe how TA Provider gives successful consultation; describe “an hour, once a week” for example.

## Feedback on “Culturally Responsive”

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- What does “linguistic affiliations...” mean? Should instead name culture/language experiences.
- Add Culturally Specific to definitions- important for relationship building
- “Recognizes the beliefs practices and culture” - in first sentence of def.
- Instead of “capacity to respond to the “issues” of diverse communities”. Change to strength-based language. Suggestion: “Specific needs”
- Specify “approach” (disingenuous, patronizing)- instead, highlight connection to people, community, lived-experience. What is the investment in the culture, community?
- “Approach”- a way of being vs textbook “approach”
- Include authentic lived experience as a priority
- Is there a definition at the state level that we could use? (Yes, but looking to tailor specifically to early childhood)
- Switch out the word communities with families (we don't mention families at all in this definition)
- Should the def. stop before “by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at...” (too limiting?)
- By trying to include in terminology or groups, we unintentionally exclude what groups we don't identify
- When we start to give examples we accidentally exclude, like not adding gender, or religion traditions that might be missed.

## Feedback on “Positive Racial Identity Development”

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- Overall approval of definition, calls out race specifically which is important
- “Feeling good about biological heritage” - subjective overall
- Biological heritage - can we also include "multiple heritages" - multi-cultural? just saying heritage and not biological?
- Does this definition need to be in this ruleset right now? how does it connect with S&E ban? how does it relate to providers and their work? are we defining/outlining \*how\* they'll support positive racial identity?
- “Appearance” makes more sense to some in this definition than in the others (suggested removal elsewhere) - some wondering: does it matter? do children notice?
- What is the provider's role in supporting positive racial identity? hard to think about what to include without knowing the context
- Can't comprehend what someone experiences unless you have experienced it. How do we prepare consultants and educators to be mindful
- Having something about direct cultural support so that if a person isn't a person of color that they are successful working with other races

## Feedback on “Inclusion”

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- Change "every young child" to "all young children and families"
- Brings up need to have support for providers to best support children with varying needs
- Most important is the sense of belonging in this definition
- Move the last sentence in current definition to be first- would help understand
- Whose values are they basing it off of? All values are different based on different cultures
- There is a state level team around inclusion that also has a definition - it's helpful when definitions align statewide (Inclusive Partners, ODE) This definition specific to ECE
- "The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation.." could/should move to Inclusive Practices definition
- Could this definition be shorter?
- “Full members” of families doesn't sound inclusive... as if they're not full members to begin with.
- Could it also include the providers/people doing the work? (Providers want to be included in the inclusion!)
- Take out the clause "regardless of race, appearance, language, or ability" (don't like calling out specifics)
- Wondering if gender identity should be added to this definition?
- “Inclusion” means the values, policies, practices and diversities that create... this makes room for more ways to bring people in

## Feedback on “Inclusive Practices”

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- State also needs to have inclusive practice to fund these needs
- Is this supposed to be "practitioners" not practices? Are we defining who does the inclusive practices, or how we do the inclusive practices?
- Move "The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation..." to this definition
- Wondering if gender identity should be added to this definition?
- “Inclusion” means the values, policies, practices and diversities that create... this makes room for more ways to bring people in

## Reflections on Feedback

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- Change “Mental health” to “Social emotional support”
- “...based on race, ethnicity, language, sex, gender, socioeconomic status, disability, immigration status.”
- What is the connection of “Positive racial identity development” to the Suspension and Expulsion ban?
- Adding a definition for “culturally specific”