

Oregon's Early Learning Initiative:

A County Perspective



Report to the Governor and Oregon Legislature

Prepared by

Association of Oregon Counties

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Oregon Counties

Executive Summary

Overview

Counties play a critical role in assuring that young children are healthy and reach their developmental potential, and counties can contribute considerable resources to assist with the implementation of a new early learning model for Oregon. Since 1922, county health departments have immunized young children, provided health education while conducting home visits with new parents and offered care to pregnant mothers. Counties provide children's mental health services and manage county libraries. Counties hold contracts with Healthy Start home visiting programs, relief nurseries, preschools and teen parent programs. Counties convene groups of early childhood professionals and engage community sectors – including business and faith organizations – in assessing socioeconomic data, coordinating services and addressing intractable barriers that are beyond the scope of any one jurisdiction.

This report presents recommendations regarding how counties might contribute to implementing Oregon's early learning initiative. These recommendations are grounded in a thorough analysis of Governor John Kitzhaber's vision relating to early learning, extensive input from all 36 counties and deliberations during a carefully-facilitated task force process. These recommendations support the governor's vision and add proposals for service delivery and governance so that Oregon's children enter school ready and able to learn, leave first grade reading and are reading at grade level in third grade.

Background

In June 2011, the Association of Oregon Counties (AOC) formed a 21-member Early Learning Task Force to review information, assess in-depth county feedback regarding the Governor's Early Learning Design Team proposal and develop recommendations relating to specific roles and functions counties should play in implementing new statewide early childhood and educational priorities described in Senate Bill 909 (2011).

AOC charged the task force with developing recommendations to the Legislative Committee and Board of Directors about how counties can most effectively contribute to the governor's early learning priority. The method included analyzing functions of the local commissions on children and families, local public health departments and other relevant county services. The task force began with the premise that it will be necessary for these county organizations to "repurpose" in order to fully contribute to the new early learning system in Oregon.

The task force developed recommendations relating to proposed early learning design issues, outcomes, services, governance, cost and community engagement. At its August and September meetings, the Task Force endorsed these recommendations. Task force recommendations were reviewed by the AOC Human Services Steering Committee, the Coalition of Local Health Officials (CLHO), and the Coalition of County Children and Families Commissions.

Web page/Resources

To support the task force, AOC created and updated a [Web page](#) that was used for information regarding the task force and the Early Learning Council. The Web site includes task force and workgroup agendas, minutes and handouts, along with other relevant early learning documents.

Task Force Recommendations

Target Population

Recommendation 1.1 Clarify the target population.

Recommendation 1.2 Use Oregon Department of Education third grade reading data to more precisely identify the geographic distribution and demographic characteristics of young children in the target population who are at highest risk for failure in school across the varied geographies of Oregon.

Recommendation 1.3 Prioritize direct services for children or pregnant mothers at highest risk, based on an accurate portrait of the target population. These factors may include poverty, child abuse, disability, substance abuse and health issues. Universal health promotion activities also need to be protected and maintained.

Outcomes

Recommendation 2.1 Identify specific child and family centered measurement indicators tied to each of the five core outcomes areas: (1) child health; (2) child language and literacy; (3) social-emotional development; (4) parent and family support; and (5) cognitive development. Connect items from reliable, valid and population-normed screening and assessment tools to each identified measurement indicator. (See example developed by Central Oregon counties in Appendix A.) Clarify that child health includes maternal child health.

Recommendation 2.2 Support the recommendations of the Oregon Education Investment Team Progress Report to the Governor (July 2011) calling for a revamped kindergarten assessment and first grade assessment.

Recommendation 2.3 Based on developmentally appropriate practices, support incorporating third grade reading scores as indicators of reading readiness as described in the July 2011 Progress Report to the Governor by the Oregon Education Investment Team.

Recommendation 2.4 Consider adding performance measurements to assess progress of state, regional and local agencies delivering services, such as the measurements developed by the State of Washington.

Recommendation 2.5 Support the notion of a client-centered, integrated database that does not require duplicative data entry by providers. Providers should have access to their program's data and the ability to run queries and reports. Voluntary client participation in early learning services and client confidentiality must be assured in any state-level, integrated client tracking system. Seek "off the shelf" options, consulting with states that are farther along than Oregon in developing early learning systems.

Program and System Design

Recommendation 3.1 Identify a universal screening tool, clarify its purpose and field test it as soon as feasible. (See Appendix B for Clackamas County example.)

Recommendation 3.2 Assure that assessment tools used by early childhood programs to measure client outcomes are correlated with the desired early learning outcomes and that protocols for assessing children and families reflect, to the greatest extent possible, the child and family risk and protective factors.

Recommendation 3.3 Encourage local stakeholders to inventory existing family support workers, family advocates and outreach workers to determine existing capacity and functions. Gather job descriptions and clarify needed qualifications.

Recommendation 3.4 Rethink the role and function of Family Support Managers and whether large numbers of new manager positions are necessary. Explore alternatives to accomplish the same goal at lower cost.

Recommendation 3.5 Incorporate in the service delivery model multiple entry points and "no wrong door."

Recommendation 3.6 Affirm that services designed to address the basic needs of families and improve the health and mental health of children are essential elements of the early learning system.

Recommendation 3.7 Ensure adequate capacity of evidence-based programs that are designed to achieve early learning outcomes.

Recommendation 3.8 Include in the local design early learning programs directly funded with federal dollars that are not currently included in the Design Team report, such as Head Start and Early Head Start.

Recommendation 3.9 Align the service delivery system model with the work of the statewide home visiting steering committee.

Governance

Recommendation 4.1 Ensure that early learning hubs are key partners in the development of local community health assessments, health improvement plans and safety net services that impact early learning outcomes, overall population health and behavioral health.

Recommendation 4.2 Engage policymakers in discussions on the roles of the local public health and mental health authorities, as they relate to health and mental health services that promote early learning.

Recommendation 4.3 Enlist county commissioners or judges in the analysis and decision-making relating to the formation or identification of regional hubs. To achieve the governor's desired outcomes of cost efficiencies and client outcomes, counties need maximum flexibility in designing regional structures. Ultimately, local communities of interest need the opportunity to chart their own destinies.

Recommendation 4.4 In order to assure responsiveness and accountability, give the regional hubs identified in Recommendation 4.3 the authority to manage contracts with local providers to implement Oregon's early learning system. Care should be taken that regional hubs are not an extension of state agencies, but rather are an organizational structure that involves local elected leaders in the governance structure, including county commissioners who serve as the local public health and mental health authorities. (See ORS 430.630(11) and ORS 431.375.) Care should also be taken to assure that the regional structure does not become an additional administrative layer and that no less than 85 percent of funds are applied to direct services for young children and their families.

Cost/Leverage

Recommendation 5.1 Incentivize counties to retain and expand leveraged resources for early learning strategies.

Recommendation 5.2 Use the leveraging capabilities of county programs, services and county-convened groups, such as existing or restructured local commissions on children and families and the capabilities of public health and mental health systems, to foster economies of time and effort.

Community Engagement

Recommendation 6.1 For counties that choose to participate, direct the legislative-approved Basic Capacity, Children/Youth/Families and Youth Investment funds to counties so that they can conduct or contract for the following functions:

- Develop initial early learning program and system design and integration at the community level;
- Support ongoing quality improvement and additional program and system design as the target population expands and as health care transformation is implemented;

- Convene teams of early learning professionals to map and integrate service delivery and coordinate local early childhood teams or councils with local early intervention coordinating councils;
- Engage citizens in results-oriented planning and problem solving; and
- Sustain initiatives supporting children, school-age youth and families that prevent child abuse, promote healthy development and promote success in school and in life.

These functions shall achieve outcomes identified by the Early Learning Council. Scenarios for funding levels appear in Appendix D.

Recommendation 6.2 Counties find value in grassroots advisory bodies that promote community engagement. The Association of Oregon Counties will assist counties in developing a menu of strategies to retain county advisory bodies that support the early learning goals and objectives.

Conclusion

Oregon counties represent critical strategic assets in the efforts to assure that young children are healthy and reach their developmental potential. County commissioners and judges bring the right people to the table, leverage considerable resources and develop strategies to yield greater return on investment for early childhood and beyond.

AOC's recommendations support the governor's vision and add proposals for service delivery and governance so that Oregon's children enter school ready and able to learn, leave first grade reading and are reading at grade level in third grade. This report recommends that state policymakers encourage an active leadership role for Oregon county commissioners and judges in implementing a statewide early learning initiative so that all Oregonians become part of these early learning efforts.

AOC President Janet Carlson gratefully acknowledges the contributions of all those who participated in the Early Learning Task Force and supported the development of this report (see next page).



AOC Early Learning Task Force

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Earl Fisher, Columbia County
Columbia County local commission chair

Fred Warner, Baker County
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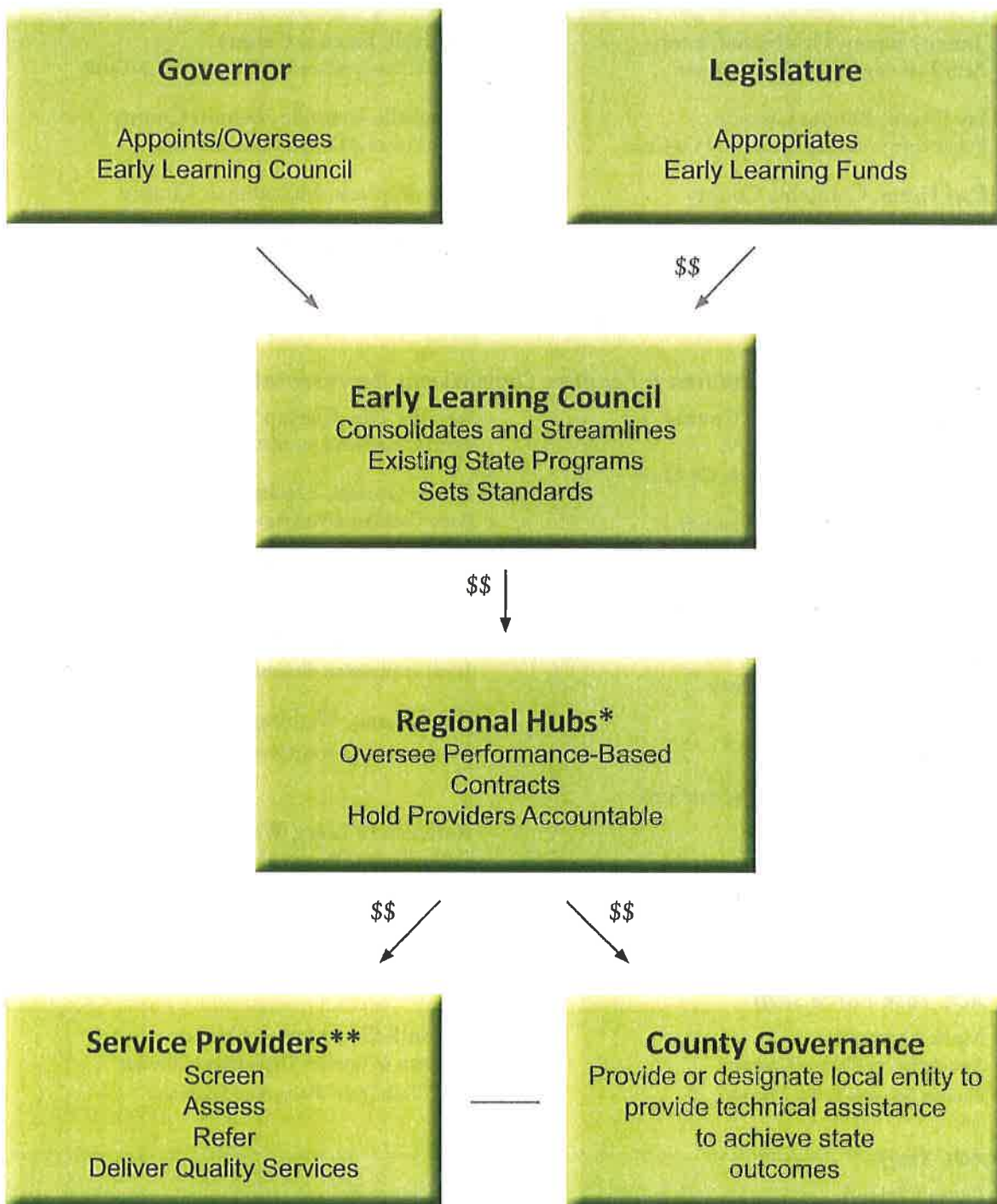
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Early Learning Governance Model



* Counties may serve as hubs where there are single county geographic units.

** Counties deliver early learning services (health, juvenile, community corrections, mental health).

