



Executive Summary of March 2015 Study

Children at Risk

EARLY LEARNING INTERVENTION

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The League of Women Voters of Oregon Education Fund (LWVOR-EF) has released a Study that focuses on children's early years—from pregnancy to age six: "[Children at Risk—Early Learning, Early Intervention](#)." This study provides background on Oregon's efforts to improve its system for young children while reducing risk factors in children's early years—from pregnancy to age six—and looks at state programs and services for children at risk. Underlying the report is the question: "*What's Best for Oregon's Youngest Children?*" The LWVOR-EF Study Committee started work in 2013 with a publication deadline of March 2015 to facilitate program planning at the Local League level in order to inform local communities about the major changes in Oregon for Children at Risk, Early Learning and Early Intervention.

"The League of Women Voters recognizes that our forte is in the area of providing nonpartisan studies on subjects of interest to Oregon citizens," according to Robin Wisdom, President, League of Women Voters of Oregon.

Becky Gladstone, Chair of the League of Women Voters of Oregon Education Fund says, "This Study Committee has spent two years researching these complex changes and presenting them in ways that will allow local communities to follow the dollars and services targeted to early learning and early intervention."

Following are some key points from the study:

Chris Vogel, study co-chair from Salem says, "Our team examined the impetus for recent legislative changes in Oregon and the effects of new efforts to coordinate services among various state agencies including the Early Learning Council (ELC), Early Learning Division (ELD), Oregon Education Investment Board (OEIB), Oregon Health Authority (OHA), Department of Human Services (DHS), and Regional Accountability Collaboratives (RAC). The study also looks at national and state funding."

Linda Clary, study co-chair from Roseburg, summarizes the study findings as she notes, "Early intervention works. When people graduate high school in greater numbers, all boats rise on the tide. Oregon's economy improves, thus our quality of life does, too. The return on investment is well documented."

We welcome your calls and the opportunity to discuss this study. The blue highlights below emphasize some of the key points of the study. References such as this ¹¹ can be found in the full Study "[Children at Risk—early learning, early intervention](#)."

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“At-risk child” in this study means a child who is at risk of entering school not ready to learn due to factors including, but not limited to: poverty, inadequate nutrition; domestic conflict; a parent who suffers from mental illness or substance abuse; a parent who has a developmental disability or an intellectual disability; neglectful or abusive care-giving; unmet health care needs; or a racial or ethnic minority status with disproportionate overrepresentation in academic achievement gaps or in the systems of child welfare, foster care or juvenile or adult corrections.” (ORS 2013 Edition Chapter 37, Section 12) 1-1, 1-2 This very broad definition **recognizes the importance of stable and secure homes, adequate health care (physical, mental, dental), good nutrition, and caregivers able to focus on the positive development of children.** Rather than focusing only on children with special needs or those in foster care, evidence-based studies discussed in this report show support that all young children may require to thrive.

The early years are so important because 90% of brain development takes place by 3-4 years of age. 2-2 2-6, 2-7 The earliest developmental period in a child’s life provides the greatest opportunity to have a positive impact.

In December 2014 The Economics of Early Childhood Investments showed **many economic returns to investments in childhood development and early education. Expanding early learning initiatives would provide benefits to society of roughly \$8.60 for every \$1 spent, about half of which comes from increased earnings for children when they grow up.** Long term financial benefits to society include:

- tax revenue increases and transfer payment decreases due to higher earnings
- remedial education and education system savings
- reduced involvement with the criminal justice system
- improvements in health F-1

Poverty in a family may perpetuate itself through the generations. The inability of a family to obtain sufficient financial resources results in inability to secure adequate nutrition, clothing, housing, health care and educational advantages. If a family or the individuals in a family cannot break the poverty cycle, energies can be exhausted, hope can be lost and the dire results of inadequate financial resources continue to affect the next deprived generation. F-7 **Children can be the first to suffer when parents are struggling with issues such as poverty, unemployment, domestic violence, physical disabilities or social isolation. Adverse Childhood Experiences leave a trail of cognitive, behavioral, and health wreckages in their wake, and when untreated, these adverse experiences are often revisited on the next generation.** To help children grow into successful, productive adults, their parents need well-paying jobs, affordable housing and the ability to invest in their children’s future. When parents are unemployed or earn low wages, they may struggle to meet their children’s most basic needs.

Early identification of risk factors is necessary to provide early services to improve outcomes. Of the 45,000 children born in Oregon each year about forty percent, or 18,000, of them are considered to be at risk. Currently in Oregon, many children are not identified early enough to provide early

interventions. **Only 32% of children under age 6 received a developmental screening in Oregon in 2011-2012. 90% of Oregon’s children will show up in medical offices or federal health care clinics before beginning kindergarten.** ^{G-34} Coordination between health care (physical, mental, dental) and social services can identify those youngsters who need early intervention. ¹⁻⁴

RECENT CHANGES IN OREGON

The state of Oregon is undergoing a simultaneous transformation of its health care, education and human service systems. Coordination of state-level services provided from the Oregon Health Authority (OHA) and Oregon Department of Human Services (DHS) with the Education agencies at the state, regional and local levels is important for the early identification of children at risk and provision of wrap-around services across agencies. ^{5-8, 5-9, 5-10, 5-11}

Before 2012, funding for children’s well-being was scattered across several Oregon state agencies, and it was difficult to see how the agencies coordinated budgeted services and where they operated in isolation from one another. The development of the first Oregon Comprehensive Children’s Budget in 2012 (required per HB 4165) looked at all funding sources directed toward children. This compilation did not mean that children’s services received increased funding or that funding levels were adequate, simply that they were finally viewed in one document rather than being scattered across many departmental budgets. ^{4-5, 4-6, 4-7, 4-8}

EDUCATION

The **Early Learning Division (ELD)**, which is functionally within the Oregon Department of Education but under the directive of the Early Learning Council (ELC) and the Oregon Education Investment Board (OEIB), is charged with the mission to assure: **“All children are ready for kindergarten and reading in 3rd grade, children are raised in stable and attached families, and resources and services are integrated statewide.”** ⁵⁻² The end of third grade is when reading is necessary to learn other subjects. According to the Annie E. Casey Foundation, **lack of third grade reading proficiency results in low rate of on-time high school graduation, academic difficulties in school, lower chances of economic success later in life and less ability to break the intergenerational cycle of poverty.** ^{G-26}

One of the greatest changes in service delivery is provided through the establishment of Oregon Early Learning Division contracts with sixteen new regional HUB coordinating bodies across the state that pull together resources focused on children and families. Under the Early Learning HUB model, a family centric “any door” coordination will lead to services offered by Human Services, Health Care or education agencies. HUBs are based on a collective-impact theory where service providers share a common agenda and measurement system to support children and their families. ^{5-3, 5-4} Substantial work within regional collaborative HUBs and connections with local communities is yet to be done since HUBs are in their infancy.

HUMAN SERVICES

It is hoped that by creating a synergistic impact among the agencies administering these funds, the at-risk factors for families and young children may be reduced while increasing the probability of their success. Oregon Department of Human Services (DHS) has placed a priority on working jointly with:

Early Learning Hubs, Coordinated Care Organizations for Healthcare, the Regional Achievement Collaborative, and expanding investment in community mental health. [E-1](#), [E-2](#)

DHS administers funding for **Employment Related Day Care program (ERDC) that helps eligible low-income working families pay for child care. This helps parents to stay employed and children to be well cared for in stable child care arrangements.** ERDC helps approximately 20,000 Oregon families pay for child care for approximately 35,000 children each year. [E-3](#)

Upcoming changes to enhance Safety for Children are identified by DHS as:

- Statewide Differential Response implementation (The state is investing \$23.6 million toward Differential Response, a new model of intervention that works to prevent children from entering foster care by connecting at risk families with community resources.)
- More investment in proven community-based, (including culturally specific) support services
- Implementing a new Title IV-E Waiver, allowing flexible use of foster care funds so more children can be kept safely at home with their families -- and out of foster care
- Implementing a new assessment tool for children with developmental delays [H-1](#), [H2](#), [H-3](#), [H-4](#), [H-5](#)

HEALTH CARE

The local Coordinated Care Organizations (CCOs) play an active part in the regional HUBs. And at a state level, Oregon Health Authority (OHA) the Early Learning Council (ELC) and the Department on Human Services (DHS) have established a joint working group to better coordinate policies between agencies.

During the first years of a child’s life, there are opportunities across systems (primary care, hospitals, early learning and behavioral health) for screening and early intervention. In a coordinated system of care, at risk families with young children are routinely identified and served by the appropriate entity. **An effective early childhood system of care should identify, coordinate, serve and reduce risk factors for families with young children. Providing health benefits to children is inexpensive compared to the cost of letting them remain uninsured,** and creates economic benefit over a lifetime. **Presently, most adverse experiences in the early years go unresolved and unresolved traumatic experiences are highly correlated with the development of behavioral health conditions.** Although some people develop mental illness in adulthood, more **often the onset of severe emotional and behavioral disorders occurs in childhood and interferes with critical periods of development during childhood and adolescence.**

According to the World Health Organization, early childhood is the most important time in overall development; brain and biological development during the first years of life is highly influenced by an infant’s environment. **Early experiences determine health, education and economic participation for the rest of life.**

NEXT STEPS

Linda Clary, study co-chair from Roseburg notes that LWVOR-EF will take the study to local communities throughout Oregon, relaying the over-arching question: ***What’s Best for Oregon’s Youngest Children?*** Linda says, “It will take time for recent changes in the delivery of services to mature, yet children can’t wait. Community members and advocates for children are encouraged to follow the rollout of the new regional collaboratives called Hubs throughout Oregon as they deliver services and facilitate efforts across historical barriers to access.”

From a regional perspective, ask questions of your regional HUB and your local child-care facilities:

- Are at-risk children receiving needed services at an earlier age?
- Are funding levels for these services adequate? Are dollars actually spent on children and families in local service settings?
- Do agencies and organizations work together to break down historic barriers offering coordinated services to make access more family friendly?
- Are families able to find assistance for children with high risk factors through “any door” in the community through education, social services or healthcare providers?
- How is success being documented?
- How does the Return on Investment (ROI) over the lifetime of a young child who receives early intervention reduce public costs for unemployment, housing, nutrition, incarceration, health care, and more?
- What are examples and evidence that the five sectors are really aligning their programs, resources and services?
- How is the Equity Lens concretely changing the funding and organization of local service delivery systems?

At the State level consider:

- When will the state’s proposed OEIB database be able to count unduplicated services to individual children and track their success in school?
- Are adequate services in place to promote health (physical, mental, dental) of young children?
- If Oregon is to improve our alarming statistics on children’s well-being (demonstrated on the swing-set graphic of this study on page 4) what more can be done? Are the measurable outcomes improving?
- Is there funding for increased enrollment in Head Start, Early Head Start and other quality early learning programs?
- Are there educational opportunities for parents with low basic skills so that they can be more effective partners in the education of their children? (42% of U.S. English-speaking adults fit into the low basic skills category)
- How will funding these Early Learning programs impact the K-12 programs? Is funding sustainable?
- As Oregon moves to statewide full-day kindergarten in 2015 and considers increasing the number of school days, will early learning receive adequate funding?
- Is a transparent and seamless link being created across early learning and K-12 efforts, through “age three to grade three” and other efforts?
- Will the 2015 Legislature significantly increase funding for Early Learning?

[Children at Risk Press Release](#)

[Media Supplement – Overview of Study](#)

[Children at Risk Study \(Pages 1-24 | Full Study\)](#)

[Emerging Information: Children at Risk Study Dropbox](#)