2024 Early Childhood Summit
March 22, 2024

Follow-up Questions for State System Panelists from Participants

1. Can you provide examples of how organizations are creating space for men within their structures?

OHA: All of OHA's programs are open to all caregivers, and we try to stress the importance of fatherhood in our discussions. Reports from the programs that we fund show that there are many fathers involved in services with their children, sometimes with a female partner and sometimes on their own.

DELC: Oregon Prekindergarten and other DELC funded programs have developed many ways to engage fathers and other male involvement opportunities in their early childhood programming.

ODE: ODE welcomes participation and engagement with all caregivers. Within the governance structures for Early Intervention/Early Childhood Special Education, the State Interagency Coordinating Council (SICC) and Local Interagency Coordinating Council (LICC), there are opportunities to connect with system processes and offer guidance to state and local programs serving children experiencing disability across the state. Currently there are fathers participating at levels of leadership on the SICC and the State Leadership Team for high quality inclusion.

2. How can frontline workers who have been exposed to these ideas and intentions share how they are implemented in practice?

OHA: This is a great question. Our hope is that these ideas and intentions are showing up in practice, but it can be hard to know sometimes. If there is any feedback, updates, ideas, or concerns that frontline workers have, we are very open to hearing from people! You can contact the Child and Family Behavioral Health unit staff here.

DELC has funded a study, through the Coalition of Communities of Color, on the use and disparities of use of suspension and expulsion. They will also be gathering information on what is working to reduce exclusionary practices. If you have key initiatives or promising work happening in your local communities and would like it known to DELC as we are moving forward on this project, please contact Katrina Miller at katrina.miller@delc.oregon.gov.

ODE: Our investment in the Oregon Early Childhood Inclusion (OECI) initiative has intentionally focused on exposure to high quality practices that are trauma informed, focused on cultural and equity. Those engaged in the implementation of the Pyramid Model Framework and the Indicators of High Quality Inclusion have opportunities to share their experience through feedback provided in trainings, data and evaluation systems (Pyramid Model Implementation Data System-PIDS), through structured interview, coaching, in coaching calls, and at intentionally planned connection points for all levels of implementation (classroom, program, community, and state). These are reflected and integrated into annual and biannual impact reports.

3. With the implementation of new legislative and regulatory measures, what steps will be taken to prevent preschools from refusing students' admission due to disabilities?

DELC: As the Early Childhood Suspension and Expulsion Prevention Program (ECSEPP) begins to provide services in communities through our Regional Service Providers (Infant & Early Childhood Mental Health Consultation) and through Inclusive Partners staff at each Child Care Resource and Referral, these positions will be working to educate early learning programs on the federal requirements associated with ADA and also proactively discussing the requirements of the ban on suspension and expulsion while focusing on providing early educators with tools and supports to maintain relational care for children. The ECSEPP will build an additional set of administrative rule recommendations for the Early Learning Council to consider prior to the launch of the ban, during the 2025 calendar year. These rules may expand on considerations related to exclusionary practices that occur prior to children being accepted into care. DELC Inclusive Partners has created two training modules that support early learning programs to understand the requirements related to ADA in a training called ADA and You. With each of these resources and more education and support available, it will begin to reduce the use of exclusionary practices.

ODE: Pyramid Model and Indicators for High Quality Inclusion are frameworks that have been identified and selected, with input from community early learning system partners, to address equity and inclusion. These frameworks and efforts under Oregon Early Childhood Inclusion (OECI) specifically target improving outcomes for children experiencing disability, those who have special health needs, and those who have been impacted by discriminatory discipline practices, specifically Black, Latino, and Indigenous learners. These implementation frameworks include key strategies, processes, and training supports that facilitate implementation. Embedded within leadership teams and processes in both frameworks, there are key indicators emphasizing the need to continue to support parent education and capacity building through partnership across the Early Learning System. Also, FACT Oregon, Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), and other organizations that support parents in understanding their rights, connecting to support, and learning to advocate within systems and initiatives, are involved at the state level and are supported through federal and state funds.

4. In rural areas, many private preschools resist inclusion efforts, posing challenges for supporting children with disabilities. How can this issue be addressed effectively?

DELC: Inclusion of children with disabilities requires information to be provided ongoing and in multiple ways. Even with laws and requirements, early learning programs need ongoing guidance. Through CCR&Rs, Regional Service Providers, and through data provided by parents and early educators to the Warmline, supports will be mobilized to

help preschool programs to learn the requirements around serving children with disabilities. Mistakes will still happen, but the resources being added to communities may help programs to create better systems once they are knowledgeable of the requirements.

ODE: Our experience through implementation of the Oregon Early Childhood Inclusion Initiative (OECI) has revealed that it may not be entirely accurate that private preschools are resistant to inclusion efforts. Private preschools within rural areas struggle with access to effective and sustained support to effectively include children experiencing disability or special health needs. In many cases, they don't have access to district- and system-led training and professional development to support decision-making that addresses program/staff culture, context, and bias. Through OECI, we are seeing shifts in perception and openness around deep collaboration and strength-based intervention to support positive outcomes for children with and without disabilities and their families.

5. What strategies can be implemented to attract mental health professionals to rural Oregon and provide them with a livable wage?

Health Share of Oregon: It is important to recognize that the area for which we serve has less rural demographic compared to other CCOs in the state, so our work may look different. Aligned with investments in 2023 and 2024 for the social-emotional health metric we are providing stipends to support workforce development to incentivize being placed in settings that support children birth to five – which specifically recognizes areas and populations that are underserved. Additionally, aligned with OHA's statewide rate increase for Medicaid Behavioral Health providers, providers who are identified as serving 'rural' regions get an 'add on payment' above OHA's fee-for-service schedule. This enhanced payment is directly aligned with efforts to attract and retain behavioral health providers in rural regions.

OHA: As mentioned above, we have worked to increase rates for behavioral health providers, as well as specific funds to recruit and retain staff. The goal of these increases is to increase wages across Oregon; the workforce concerns may be slightly different across the rural and urban parts of the state, but livable wage is a consistent need. In addition, we have a Behavioral Health Workforce unit that has developed additional resources to make this work more attractive, including student loan repayment plans which prioritize rural providers and providers from Communities of Color, rental assistance, clinical supervision supports, and child care stipends. More information on the work of that unit can be found here.

6. How are caregivers supporting intergenerational trauma directly and assisting young children affected by it?

OHA: Intergenerational trauma is certainly a factor as caregivers support young children, and absolutely something that we take seriously for both the caregivers and the children. OHA requires that all providers be trained in trauma-informed principles and

utilize trauma informed practices in their work with families. In addition, OHA supports the work of Trauma Informed Oregon, and we recommend that all providers utilize the resources available on their site.

DELC: Trauma is a significant factor that affects children, families and the early educators that work with them. As we develop the ECSEPP, there will be training opportunities that will include building trauma informed approaches when working with families. The central entity for the ECSEPP and Infant & Early Childhood Mental Health Consultation will be building the expertise of the consultants doing this work so that they can also provide direct support to early educators as they provide care for children that have experienced trauma. DELC is also working on ways to build trauma informed approaches into all training and technical assistance roles that interact with early educators in communities so that training and coaching is rooted in relationship based, trauma informed practices.

ODE: Through Oregon Early Childhood Inclusion (OECI), leadership teams, coaches, and providers are offered access to training and implementation supports that are trauma informed, culturally relevant and responsive, inclusive and identity affirming. In addition to supports to implement the Pyramid Model and Indicators of Inclusion, the Oregon Inclusion Initiative Implementation team has partnered with Threads of Justice to provide access to implementation communities and programs to an Equity Leadership Seminar and an 8-week course, *Building Anti-Racist Learning Spaces*, which supports educators and leaders to develop an understanding of intergenerational and current trauma experienced by BIPOC children and families living in the United States and develop concrete strategies to disrupt systems of inequality and build positive sense of self and identity.

7. The lack of diversity and inclusion at the state system level is concerning. How are state agencies addressing this issue?

OHA: We have an agency goal to eliminate health disparities in Oregon by 2030. This is an ambitious goal, but in order to achieve it, we are very aware that we need a diverse staff that reflects the people that we serve. OHA has worked hard to diversify our staff through equitable hiring practices, employee resource groups, mentoring, and equity training for all staff. More on these efforts can be found here.

ODE: The Department of Education is an equal opportunity, affirmative action employer committed to a diverse workforce reflective of the population of students, teachers, districts, and families we serve. We acknowledge that we have work to do to ensure that we have a diverse staff that is representative of the children and families we serve.

8. How are state agencies promoting nutrition and optimal diets, including the avoidance of industrial meat factories, for all Oregonians? (all)

OHA: Good nutrition is an essential social determinant of health, particularly for young children. Nutritional assessments and supplements are available when medically

appropriate and necessary through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit through OHP, which went into effect January 1, 2023. More information on the EPSDT benefit can be found here. In addition, OHA is working to implement our 1115 Medicaid Demonstration Waiver which includes Health-Related Social Need (HRSN) services, which cover nutritional supports.

ODE: The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential childcare institutions, providing nutritionally balanced, low-cost, or no-cost lunches to children each school day. All meals claimed for reimbursement must meet federal requirements, though decisions about the specific foods to serve and the methods of preparation are made by local school food authorities. Meals are reimbursed based on children's free, reduced price, or paid eligibility status. Additionally, most Oregon School Districts participate in the State-funded Oregon Farm to Child Nutrition Program Grant for Reimbursement of Oregon Grown and Processed food.

9. What alternative pathways and recognitions of experience and knowledge are being offered for indigenous tribal communities seeking infant early childhood credentials?

OHA: We have worked with the Warm Springs tribe to become a PCIT site, and have worked closely with them to build the program in a way that is culturally responsive to their community. In addition, we have a project plan to revamp the current list of evidence-based practices to both modernize it (it has not been updated in some time) and also build in culturally identified best practices to the list as well. We are very supportive of any tribal members who are interested in becoming credentialed in early childhood work. If there are barriers being experienced, please contact the Child and Family Behavioral Health unit here.

ODE: ODE offers funding for "Build your own" pathway programs to districts and education service districts through the Student Success Act and Equity Investments. Additionally, Early Intervention/Early Childhood Special Education has developed an authorization process for individuals with a bachelor's degree in a related field to become EI/ECSE Specialists and others who have the Specialist credentials to become Administrators. This process was designed and revised in 2019 and aligns with the DEC Standards for EI/ECSE providers and leadership.

10. How can indigenous learning, healing practices, and holistic medicines be integrated into state education and early learning credentials, especially for tribal communities? (DELC/ODE/OHA)

OHA: please see question #9

ODE: The above-mentioned EI/ECSE Authorization process offers flexibility and resources to present culturally relevant examples to meet every standard outlined for

authorization. This has led to an increase in submissions that integrate indigenous ways of knowing, learning, and healing into EI/ECSE classrooms in certain regions.

11. How can support systems be strengthened to address Adverse Childhood Experiences (ACEs) and ensure children's rights are advocated for at all levels? (all)

OHA: please see question #6

DELC: As part of the ECSEPP, professional development opportunities will be developed and strengthened to support early educators in subject matter such as anti-bias practices, inclusion, trauma informed, racial equity and other critical content that will support children that have experienced ACEs. The Infant & Early Childhood Mental Health Consultation that is available will be the most adeptly trained part of the technical assistance and consultation workforce that will be prepared to work with early educators to ensure that children receive consistent, high quality learning and care.

ODE: As part of Oregon Early Childhood Inclusion, professional development opportunities have been developed and strengthened to support early educators, coaches and leaders in subject matter such as anti-bias practices, inclusion, trauma informed practice, racial equity and other critical content that will support children that have experienced ACEs.

12. What steps can be taken to create communities that empower children, protect them from ACEs, and provide access to necessary care and safety? (all)

OHA: please see responses for questions above related to equity, trauma informed principles, and Medicaid expansion and coverage.
DELC: As mentioned in previous answers, DELC is building the ECSEPP. This program and the resources that DELC has been given through the legislature will be deployed to support children, families and early educators. These resources won't be enough to address all the needs, but they are a great start. Data will be collected and analyzed, consultants will share key learning, early educators will be engaged with to understand their needs outside of these resources being provided and where there are still gaps so that we can continue to grow the supports that are available so that children can build lasting relationships and resilience.

ODE: Through Oregon Early Childhood Inclusion (OECI), community based early learning system leaders come together in leadership teams designed to support effective implementation of the Indicators of High-Quality Inclusion and the Pyramid Model Framework. These frameworks include critical elements to support community-wide planning and action to keep children safe, learning, and thriving within their community early care and education environments.

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One Note:
The stark contrast in demographics between the first and second panels was unmistakable. This glaring lack of diversity and inclusion within our state system is deeply concerning, to say the least. Equally troubling was the failure of the second panel to openly acknowledge and address these disparities. This demonstrates, at best, a lack of awareness and, at worst, a lack of concern.