

**The Oregon Home Visiting Statewide Leadership Forum
Federal and State Perspectives on Workforce Development video transcript
July 24, 2013**

I want to thank you for your attendance and for the work that you do every day. And I want to introduce our speakers. The first is Dr. Willis who is the director of Human Services and Child Health section at HRSA. And because I thought that we were doing this in reverse I had really prepared no intro. I wanted to give Dr. Willis his full time and really what I was just gonna say is you could describe my meeting Dr. Willis as sort of a chance meeting. I was a new employee at the Department of Human Services in the Child Welfare Administration and my boss asked me to go to a Casey event in Seattle where I first met Dr. Willis. And, um, so it was kind of a chance meeting but, um, I have been really thrilled to know Dr. Willis, um, and, and thankful for that chance meeting because, um, in him I see a kindred spirit and that is a person who really cares about children and families and how that is, um, going to improve really our communities as a whole is by focusing on, on those, um, children and families. So, um, it's been our fortune to have him here in Oregon and now it's our fortune to have him in D.C. leading this nationally. So I will be quiet and let Dr. Willis talk. And I, I should just mention, um, as I said, we're always adjusting so we were apparently supposed to, uh, have a split screen and, um, those, that wasn't arranged either here or there. Um, so the good news is, um, we will be posting,, after the full series of events is done, we will be posting, um, this, uh, this video and the slides on our web site. And when, when we get it, uh, posted we will have it incorporated with the slides and Dr. Willis. For, for today we just get to see Dr. Willis.

Next Speaker: Hello Oregon. Thank you. Can you hear me? Raise your hand if you can. Great. And if I speak at this level is it comfortable such that you can hear me? Raise your hand. Is that is that a yes?

Next Speaker: ****.

Next Speaker: Great. Okay. So if for some reason you can't hear me or my voice trails off please raise your hand so that I can get that kind of a signal. Um, it's a delight to be with you. Um, I feel homegrown in Oregon having been there for, with you in your state for 30 years as a clinician. And, um, I've cut my eye teeth on early childhood development work in systems and then home visiting. And I really feel as though how I've ended up here is because of the leadership and guidance of so many people, some of whom I think are in that, in your room that help support my learning about the importance of really working deep in early childhood systems, touching families' lives, using the vehicle of home visiting to be even more upstream, to focus on relationships and relationship health. Um, I'm really eager now within the federal government as the director of home visiting early childhood systems. And the only reason I left Oregon, as we were cutting such funds shall we say with the, um, early childhood, uh, reconstruction that Benjamin just alluded to with early learning and home visiting and, and, and health reform. The only, the only reason I left Oregon was because of the opportunity to work on systems development around home visiting in very intentional ways and bringing in the health agenda of building health for the next generation of our country. It does require then the organization of early childhood systems and home visiting is uniquely poised to be a game

changer in the way that we do the work in early childhood. A few take-home messages. Uh, one is the word's out. The building health and education readiness for the next generation of children requires a focus on the one science of early brain and child development. Building health and education readiness are one scientific, um, basis, um, that drives all of our work together. We're really witnessing an unprecedented opportunity for early childhood both inside and outside government. The whole world is recognizing the importance of, um, the early experiences for all babies and young children to build that foundations for human capital development, future well-being. And so it likewise, in our country we're gathering that view. My third take-home message is all about early childhood systems supporting the work every day of where a home visitor joins with a mother and a baby. In terms of working together to see that, the experiences that the family can bring for the baby's growth and development are promoting positive and engaging. It's the systems that help support the home visitor to success with those families and that's a key important message, uh, to remember. You don't have slides in front of you but I may well suggest that remember the UNICEF report that just came out again, 2013, almost a decade later of information looking at a child well-being. And unfortunately, our country back in 2007 when the first evaluation took place for the decades of, um, '90 to 2000 said that child well-being in our country was 20th out of 26 of the, um, um, um, industrialized countries in this world. A report, again, just came out, um, about a month ago that unfortunately showed that we're No. 26 of 29 in terms of child well-being. In this country, we're not doing well and that's a call to action. And a call, again, why this movement in early childhood is so important and why what you're doing in Oregon is really visible nationally as to how you're linking, um, health reform, child health reform, early childhood learning and hubs around intentionally focus on, um, the youngest of children in systems coordinated way building health and education. Five minutes to go?

Next Speaker: Five minutes.

Next Speaker: **** thanks.

Next Speaker: He just came back up.

Next Speaker: Okay. Maybe I can recon-, reconnect again. You know, life is always an adventure. I hope you can still hear me. I'm still moving forward. And I think my last comments were about the essential business of building health and developmental assurance for every baby. Focused on not only their physical health development but their developmental health and their relational health. This is a tall call. And it really fo-, requires that we focus intently on the relationship patterns that go on day-by-day in the early child experiences because that's where human development occurs at its best. So we build health by focusing intentionally on the relationships. In that way we're focused on mitigating toxic stress and negativities around early brain development. We're focused on promoting that very foundation of lifespan development that occurs by relational focus. And it requires that effort because that becomes the preventative mental health agenda and it becomes, um, the, the, the foundations for what becomes kindergarten readiness. All of that is surrounding our systems. I was commenting that the, um, disparities in early childhood start really early and that is, um, in the, um, within the first year we know that the number of words heard by a baby predicts their literacy readiness and their educational attainment. The brain gets primed so early by the, the dramatic exposure to

language that is provided by hopefully multiple voices that are, that where a baby is, is, is taught to be attentive, organized and, um, engaged in watching while language bathes his or her brain in descriptions that become the foundations of language, literacy and awareness. Those skills build very young. Hence why it's essential that we're educating parent, families about, um, talking to their babies. Why it's essential, here we go again. Oh good. Look at this? And why it's essential that, um, stay with me folks, this is getting more exciting. And so why it's, why it's essential that we really work, work upstream to educate families about optimizing developmental trajectories. Every baby is born with traje-, with a potential. Every baby has broad opportunity for future success to become, like we currently have the President of the United States. And those efforts start so young. And that messaging of what occurs early is, is, is, is the critical work. But we as home visitors carry to every family, but more than that we're ambassadors to communicate that message to everybody we know. Um, this life course process draw, is driven by three major legs of human development. One is the physical components, brain development. The second is the social emotional environment, the social context. And the third is as I've been speaking about, the essential critical elements of the relational health. It's those experiences that they get embodied into the physiology of the next generation, for what we talk about is epigenetic effects. Howe the, um, body encodes in its structure and function the experiences that become foundations of stress regulation, attention, engagement, regulation of affect, participation with others, the development of a moral sense, a social inclusion and a work ethic. All of that is built by these earliest experiences over time. I hope you're all aware of the work that Vince Valiti brought forth about adverse childhood experiences impacting long-term health. Please raise your hand if you're aware of that work. Great, hurray for Oregon. One of the ch-, things that we were most interested in when I was there in Oregon was making sure that people understood how the science is showing us that adverse experiences play huge impacts in long-term health and that's a call again to why home visiting's job is to break two generational risks of trauma. But move forward to, to, to, to create buffering from previous histories that families and communities have of challenges to allow the next generation of children to break free. And we're really break free in terms of those vulnerabilities to optimize their potential. The science is growing as to how to do that. Home visiting is committed to that kind of focus. The early learning agenda is growing in that direction. It's really a unique time, all of which has to be data-driven. I hope you're aware though of the vulnerability to the ne-, our next generation of children as how early they accumulate the ace burden meaning the accumulation of adverse experiences in young children happens rad-, very rapidly. In fact, I know that, um, um, some of you may be aware of the work Chris Bodget is, uh, is bringing forth out of Head Start in Spokane. And I just had a recent communication with him this week that is short of breathtaking. In the, the, in 80 percent of his Head Start community he's able to have, uh, families, um, uh, fill out the adverse exp-, childhood experience questionnaire and more than, and then more than 49 percent of mothers have ace scores greater than four, striking. In addition, their same children have, uh, 25 percent of their children in Head Start already have adverse experiences as an ace score greater than four by age 4 years of age. Already the, though, the, that ace burden has demonstrated impact on education readiness and, um, social behavioral challenges. We're looking right at the center of what's driving health disparities, education disparities, mental health difficulties and challenges, and the concept of beginning to focus your work on breaking, um, um, the transmission of adverse experiences, uh, focusing on intently the accumulation of ace burden and being intentional in your hubs and your programs to address how you're going to mitigate and heal those vulnerabilities is the tall order and the call and

Oregon's great opportunity. Um, that adverse experiences does get embodied in the brain structures of stress regulation very early. That's the connection to, uh, health disparities, education disparities and, and, and vulnerable populations. It happens very early. But the good news is that there's also the huge opportunity for relational healing. When one provides safety, intentionality, consistent positive, safe, um, stimulating environments to young children that have faced adversity healing occurs. We know that and that's important. No longer can we stand by, wring our hands worrying about how a child's making progress when in fact we need to organize our communities in such a way that through home visiting monitoring with the health system and others, and your, eventually your hubs. That you be very intentional of utilizing and calling forth, um, your evidence-based mental health programs, trauma inform systems work, high quality childcare, early Head Start environments, early quality child, um, childcare environments to help mitigate, strengthen and, um, and, and, and assure the healthy, um, progress, um, of our young children. The other cross-cutting science to be well aware of that's going to soon come to be an opportunity for all of you as you really move to population management towards building the healthiness of Oregon's next generation of children, um, is the science of genetics around susceptibility to stress. Not all babies or humans are equally susceptible. In fact the, the, the, the sciences define two population groups that are affectionately talked as the orchids and the dandelions. That is how their physiological systems genetically speaking in families are either open to context, meaning sensitive to what's going on around them, hence vulnerable to stress reactivity and healing. Or they're like dandelions that are more insensitive to context, sturdy as we speak and somehow, uh, demonstrate quote the resiliency and capacity to bear the challenges in front of them. What's most interesting is that the genetics of, of, of sensitivity is connected to the dopamine system and the serotonin system. So hence, mental health-like issues are often issues related to dopamine and serotonin, um, phys-, um, genetic susceptibilities in the brain and those same systems are the one that start to define the sensitivity to risk. The most important message, just like, um, angels in the nursery work is that strong healing attentive relationships. Actually for those children that are susceptible and are open to context provides the context of healing. So that the same vulnerability to risk and stress, toxic stress is the same opportunity for healing by intention. It's really a very exciting time for the science. The other knowledge that we're growing is that even though McVee is about high risk populations and those in poverty, be aware, and you probably will start showing this as you look at population approaches and measurement, um, in your communities of all children, you're gonna start seeing that the susceptibilities, um, for these kinds of, um, disparities actually cross the entire socio-****, socioeconomic spectrum. So we have a large number of children coming to kindergarten not ready but are not necessarily coming out of traditional risk communities. Because, um, all of our children are demonstrating vulnerabilities because our cultural supports and family supports and relational supports are not like they've been in the past. So our strategies to begin to make differences, to build capacity over time really does require intentionally focus on mitigating toxic stress, intentionally monitoring, uh, the progress of each child moving forward over time. That's why I came to Washington, D.C. to be within home visiting and early childhood systems. In fact, if I get my wish I'll transform the name to early childhood systems with home visiting. Because I think that the emphasis on systems building of this agenda has been striking. And I know as I've traveled the country and been talking to states how the innovations are growing around, um, supporting the, the, the, the, the home visitors that touch unique individual families and the, um, supports around home visiting in multiple ways, especially around mental health needs, **** depression needs, domestic violence and substance

abuse vulnerabilities especially around linking with Head Start or high quality childcare, specifically around linkages with medical home. The efforts which are creating longitudinal data sets and real time opportunities of monitoring. The efforts towards building universal intakes and decision trees at hospitals about which child, which family, which model, which services, which organization. The monitoring process intentionally upstream is a breakthrough that's really surrounding the home visiting as we move forward.

Next Speaker: I want to ****.

Next Speaker: Hello? I think I'm back. This is kind of fun. Uh, you know, um, I was just starting to talk about the importance of McVee and how excited I am to be here about this work. The legislation was built in 2010, um, as a amendment to Title 5, Social Security Act, with a five-year commitment of investment of a total of 1.5 billion dollars that has been now awarded in state grant activities. As you know, there's a 3 percent set-aside to travel organizations, um, managed by our sister organization, um, ACF. And we have a strong collaboration between ACF and here ourselves at HRSA. This McVee investment, um, is about advancing the field of internal child health. It's about translating science to policy. It's about demonstrating data collection, framework and quality improvement. And I like, and I was on a conference call this morning singing your praises about how states are embracing, um, CQI quality improvement activities and in, in monitoring as they move forward in terms of demonstrating fidelity to the models, demonstrating improvement to the benchmarks, learning and coor-, communicating with each other state and learning in this large collaborative, learning collaborative that has been built in both regions and nationally. We're all learning together. We're all raising the water level for all boats of home visiting. I'm aware of some states that have actually taken our benchmarks of home visiting and using them to start strengthening the other home, homegrown of visiting models and creating networks and systems of home visitings for the entire state as you all are doing in Oregon. I'm very excited about this. The opportunity is catalytic, and, um, for priority populations that are well defined in the legislation. That is families of risk and in low income poverty, pregnant mothers, um, under age 21, families with history of abuse, neglect, substance abuse, domestic violence, um, low school achievement of previous, um, children, developmental delays and children of the, um, of the armed forces. And the program's goals are to, are very broad but exciting for us in early childhood because they define what we're all committed to in terms of population building and that is prenatal, maternal and newborn health, child health and development improvement and mitigating toxic stress and, um, um, child injuries and maltreatment. In fact, addressing improvement of parenting skills, parent-child interactions, all of which is driving towards kindergarten readiness, measured and in terms of improving economic self-sufficiency for families with plans and efforts as well as demonstrating the critical nature of connecting resources with home visiting and creating intentional coordination and connections. As you know, we started off with seven evidence-based modes that were deemed, um with demonstrating evidence of effectiveness we now have 14, um, that have, have passed the test, uh, to be considered evidence-based models that are available for states to utilize. However, we talk about the big five models that, and most states have two or three models, um, the big five being early Head Start, home-based option, um, Healthy Families America, Hippy, Nurse Family Partnership and Parents as Teachers. These models, um, are across the country in multiple states, um, with 40, uh, with 37 states having multiple models. And all of them with the exception of Hippy engage with families prenatally or

in the postpartum period. So we're really way upstream which as a developmental pediatrician and as a child advocate has been, um, um, my hope and my dream of getting way upstream in terms of prevention promotion and the opportunity to be in the center, again, of relational health promotion to achieve all what we know we need to do. Our investments are big and strong. As you know, we have commitment to benchmark requirements. Although appearing onerous think what they're doing. They making us as an early childhood system accountable for measuring where, um, each state has, has created indices for each of the six benchmarks. And just as a reminder, the six benchmarks are improving the maternal and newborn health, um, decreasing emergency room, child abuse and neglect maltreatment, again, increasing school readiness and achievement, decreasing domestic violence, increasing family self-sufficiency and again, coordinating the systems. This is a game changer. And again, you are a part of that movement. You are a part of that leadership in Oregon that is realizing your governor's dream, our president's dream and the hope, um, of a workforce, uh, outcome, workforce improvement outcome that is, um, being talked about, about the importance of our program. Um, it's striking the degree of evaluation and data processes that are surrounding this program. First of all, um, um, all of you are, I know, monitoring your fidelity to the models, um, in terms of, because fidelity is what's most correlated with improvements and outcomes. Secondly, your states have CQI plans to monitor the progress of the whole, your whole state home visiting system to benchmarks that have been defined by, um, your state within the framework of the federal government. Likewise, um, we're about to launch a federal, um, home visiting coin that is a collaborative improvement and innovation network which is a, um, a rapid cycle, um, quality improvement monitoring data-driven breakthrough series model to demonstrate, uh, uh highest level improvements and learnings for benchmark improvements and outcomes. We also had **** with your state, um, and across the country the state, uh, um, um, competitive awards, each one of those are required to have evaluation plans. And so I know your state has an evaluation plan to your competitive as do other states that are gonna help inform the field and your state about implementation, um, success, about outcomes, about systems integration, about linear data sets, um, um, and the like. Then we also have the national evaluation, um, that's going on with our colleagues at ACF with the My Hope and the My Hope SS, um, research studies which are stratified, um, um, um, randomized assignment processes, um, to do a thorough as-, analysis of outcomes. The benchmark processes that the country's involved in are really performance-based measurements. Your quality improvement activities are likewise performance-based. Whereas as the national evaluation, the My Hope evaluation is to be reporting on out, on outcomes and looking at cost benefit and looking on implementation benefits connected to outcomes. Their reporting will not take place 'till 17 or 18 and that is a part of the, the larger evaluation process. Yet many states are learning as, from the ground and from their implementation, I'm sorry, from their, um, evaluation programs looking at, um, at more local fine grain efforts to help us learn in this large learning collaboration the value of processes over time. We have reporting requirements, as you know, 20, in October 2015 the three-year benchmarks your state'll be reporting hopefully having demonstrating improvements in three of the benchmark areas. You'll be reporting again in 2015, again to benchmark requirements of expectations using your CQI processes for demonstrating improvement. In 2015, uh, the, the, the first report, um, goes to congress from the My Hope evaluation which will be looking at basically, um, the, the, the, um, um, very beginning of the program as a whole. And it won't be 'till 2017 to 2018 when the final report of My Hope will come forth. It's also exciting that there's a, a, a larger, uh, national evaluation what's called My Hope SS which means strong start, which is actually an

unprecedented, um, collaboration between, um, HRSA, ACF and CMS. CMS came to, um, the McVee program interested in looking at the effectiveness of home visiting to improve birth outcomes and reduce her, reduce health costs in the first year of life. So they have a large, uh, randomized sample building of up to 20,000 families to begin to look at answering that question. That's a really big deal for us and would really help, again, solidify home visiting being an essential part of the health system effort to improve birth and health outcomes, again, the very foundation, life course health, education readiness, child well-being, economic development and the like. So the field is moving strikingly. Innovation for this program lies between early childhood systems and child health. Well Oregon, you're right there. Your leadership, your governor's leadership, your early learning counsel, your, um, um, the health authority, the work of your, um, joint committee that Dana Harganani, uh, chairs between early learning and, um, healthy, the Oregon Healthy Authority was targeted specifically to look at exactly those innovation touch points. The hope of, um, your innovation hubs and our early childhood hubs intersection with community is that your home visiting program will be interburly link, inter, inextricably linked to that work with intentional decisions and the opportunity to utilize other systems around you as you're monitoring the progress of families and as you discover the, the prog-, the, the special needs of families to assure their progress developmentally. I'm really proud of Oregon. Um, the whole country's watching what you all are doing and the way your systems give the opportunity to strengthen from the McVee investment and with your state level leadership. You know, there are many innovations moving forward likewise in other states that I just want to touch upon so you get a sense of the breadth of this work. First of all, you had a launch grant, a launch grant effort, um, to really integrate systems around, um, early childhood trauma, mental health work is striking. You've had a leadership group around Help Me Grow, um, and the building out of an in, of a, um, utility that is aware of your local resources that can help your home visit, home visitors and your programs, um, know and connect with local resources or others. Um, you have ECCS grants, um, that are focused on higher-level policy building. And the most recent ECCS grants might give you opportunities to focus either on toxic stress develop, um, strengthening processes with the health system or improving, um, um, um, the quality of early learning environments and early, um, childcare environments. And then the, the other initiatives that we're seeing that are really moving forward are through the race to the top, and I know that you had a race to the top early learning challenge grant opportunity coming forth. Um, and the other leadership states are really looking how place-based initiatives in early childhood leadership where sm-, smaller organizations of communities with multiple stakeholders joined together around the community with the true belief that they can make differences for all of their children by intention. Home visit needs to be at those tables. Your early childhood hubs effectively are those kind of place-based opportunities. Hence the multiple stakeholders linked to your health ref-, reform data and your, your early childhood data and population monitoring and your broad ****. They can't stop us from moving forward, can they? And so, and so these breakthrough opportunities are unique in Oregon because of your hub and that structure and then opportunity can really start to show us how that kind of, or, that, the communal organizational efforts around, um, early ent-, uh, elementary school areas within your hubs and planning how to organize, um, your service delivery system. And using home visiting as one major vehicle is a game changer and I'll be delighted to watch that moving forward. The other is your depth of really engaging early childhood mental health into this work. I know that the work of home visiting is burdensome in, uh, as to how home visitors experience being with families that are experiencing either depression, have a history of high level ace scores and

trauma, or experiencing in the moment high levels of, high levels of stress. Even some of our home visitors come out of histories of similar challenges and yet they have found a way to find hope, reflective capacity, narrative and the ability to utilize other people to, through reflective supervision processes and supports to bear, find hope and to be in the first level of healing. I absolutely believe that home visitors are our first responders in mental health and toxicity, in toxic environment. Hence their work is where we focus our, um, first levels of population-based mental health, early childhood mental health work. Building out the systems of support for our home visitors with, um, evidence-based home vi-, um, early childhood mental health, reflective supervision and then supportive practices including PCIT or your, um, trauma-based, um, CBT or like, um, um, Cincinnati Children's, um, Every Child Succeeds. Um, um, moving beyond depression using CBT-based pro-, approaches in homes. In other words, integrating mental health with home visiting is where we're moving as an incredible breakthrough. We will never have enough individual mental health providers to do the work of breaking these generational transmissions. We have to do it at a population level and home visiting is a part of that structure of really moving this forward as a game changer. You know, this is all about a collective, uh, collective impact approach. Please read about collective impact if you haven't. You can go online and pull that appro-, uh, uh, effort. And that view, and Oregon has embraced this view and that is you're creating a common and shared agenda of building health and development for the next generation. Your broad stakeholder communities, the leadership of your governor, your communities, your local communities and yourselves are really have a common agenda and a common vision. You're building a common measurement structure, hard work still details to be worked out but the more you're moving to real time uses of data and in home visiting we're using data to drive improvement. That's a game changer. It is also about utilizing, um, mutually reinforcing activities between systems. We all stand to benefit in the collaboration of being in arm and arm working towards these improvements and McVee is not a standalone program. It's an integrator, it's a driver it's a believer. It is all about in transparent, intentional, trusted communication between system to do the hard work, not about competition between **** charted systems which has been our long history but it's about joining arm in arm being transparent about what's not working well and transparent and creative of what, how we make ourselves work better as a system and as a team and it is about backbone organizations that support this work. You've got that kind of opportunity building forth and as a leadership and a game changer. I'm aware yesterday in a conversation I had with Dana Harganani that my people are starting to talk about geo mapping. That is looking directly about the who are our children out of which neighborhoods and how are they doing out of neighborhoods? The, the local communities have both strengths and vulnerabilities. We need to know that too, which is another way to organize the way we come about helping organize supports around families and young children. It's a game changer if you're aware of the work in, if you're the work, uh, aware of the work of TECCS, T-E-C-C-S, if you're aware of the work that's going on in Canada, um, or if you go online and look at the, um, Australian EDI, where they're using population based, um, um, a broad assessment of kindergarten and entry and looking back at the from where those children come utilizing placed based data, intentionality, and organization is a game changer in terms of promoting improvement of the child wellbeing in this country. Huge opportunities are in front of us. You're leading that. You're doing that. Um, in closing it's really about the first 1,000 days you're right on point. It's about building brains and forging a strong future. Oregon lead the way. It's about the earliest relationships and their sturdiness, you're right there. You're in family relationships day by day. You feel the pain. You see the opportunity. You bare it with

hope of a new future. You're breaking generational transmission of trauma and adverse experiences for what families, every family hopes will be the future of their own child. You're creating huge partnerships, multiple stakeholders, unlikely suspects, which is where the real work lies. You're creating a culture of quality, measurement and accountability, which our Early Childhood System is going to revel within. You're using population approaches. You're driving innovation as we speak and you're using proven wise, sustainable investments as your driver. We're really in a changing time. It is about the future of our country, the future of your estate. It's the future of our economic work force. It's the future of our children's wellbeing and I am personally committed and I know you are that we make a change, so that when the next ten year report comes out from UNICEF, we've made dramatic shifts and that we can start pointing to the beginning of that effort was within this administration's work, the McVee Program as a whole and how this country embraced McVee with the Early Childhood leadership to make dramatic shifts, um, for our children that we've measured, demonstrated and we can celebrate. I'm delighted to be with you. Sorry for all the technical glitches, but even galvanizes us more strongly. I celebrate your work. I have to say, I miss you Oregon, um, but I listen to you, of what you're doing day by day from your team and from my friends. Keep up the good work and I wish you well. Thank you.

Next Speaker: And Dr. Wilson, I don't know what your time is but, um, you're welcome to stay with us, uh, for the rest of the **** if, if they'll keep you on from your end.

Next Speaker: Or not.

Next Speaker: I appreciate that. I have about five minutes and then I have to head to another but again, I'll stay on for a, for a short bit. Thank you.

Next Speaker: Okay, thanks so, again in the interest of brevity so that, uh, we can stay close to on schedule, um, I have the pleasure of introducing Johnna Rupley, um, who, uh, has again, you have her bio in your materials, your program. Um, she has a 25-year pretty impressive history in the State of Washington and at a time when most folks would accept and embrace retirement, um, she accepted an appointment by her governor to lead the transformation of Early Learning, so, again, I thank another kindred spirit for all of us, um, in terms of shaping the future generations.

Next Speaker: Thank you Benjamin. I'm gonna have to take that 25 years out because I think that you guys are gonna pretty soon expect me to walk up using a cane or a wheelchair to do that, so, this is exciting work and I actually am thrilled to follow Dave Willis because I think he's inspirational and, um, so loves Oregon. That is one of the absolute coolest things about having him in our nation's capital. So, I wanna do just a brief introduction of, **** maybe he's coming back again. Um, as Benjamin indicated Early Learning is in major redesign and I wanted to point out a couple things with Dave Willis first. Um, I also had a chance meeting with Dave Willis. I was part of the, um, Ore, or the Washington, see, I say Oregon first now. I was part of the Washington team back at Harvard working with Jack Shawncoff and Frontiers of Innovation and I sat down at a table and I got to meet two impressive people. One of those people was Dave Willis, from Oregon and the second one was Judy Newman from Oregon and they were busily telling me all the cool things that were going on in Oregon and I'm sitting here

thinking well, we have cool things going on in Washington also, but I kinda liked a lot and little did I know that less than 30 days later, I would have a call from the governor that I would be part of the exciting work that's going on in Oregon. So, and then I also wanna follow up Benjamin. You gave me lots of material for part of my introduction. Is he talked about that the system was in construction and as I was walking to here this morning if you look all around us, this hotel is under construction. The streets are under construction and that's a really good way for us to look at the work that's going on in Oregon, because if you look out there people are working on the tracks. They're working on changing the streets. They're working on buildings and there's multiple people working and it's all gonna have a vision when it finishes and in some of those kinds of things, you're gonna see detours and you're gonna see things that are gonna go away and come back in a stronger form. So, keep that in mind because that's truly what, um, what the system is that we're building. What is today? It is July what?

Next Speaker: Twenty-fourth.

Next Speaker: Twenty-fourth, so the Early Learning Division is 24 days old. So, see I'm gonna have to take that 25 years away and just say I'm now 24 days old in terms of the Early Learning Division. However, the division is exciting in the fact that we're putting lots of programs together. It's really not the whole picture and the whole picture is called the Early Learning System and what Oregon I believe is doing better than we've seen in other states and that what, is are gonna be some of the things that we do to move the dial for kids and families is that strong connection to healthcare. It's a strong connection from Governor Kithaber, who opens the table between healthcare and Early Learning with an expectation that we will work together. It's you, um, as home visitors, uh, and I'm gonna show you several different programs. It's you as home visitors who are the very first people in the home. You're also the ones who are in your communities, you're in the legislature and you're part of our system and that is critical to the success of kids and families and so while you'll hear us talk about kindergarten readiness, I want you to think about it in a way that's different because Bruce Goldberg talks about one of his goals is to have kindergarten readiness and when you know that it starts at that very beginning level in terms of the health, I think we're getting things right. So, you are Oregon's first responders. If you look you don't wear that hat, but the idea is that home visitors are that critical element. You're the very first, um, often times in the home for a families, for kids to be able to help set them on the path. You're able to give them the tools and the resources to make them successful and some of those things didn't ever happen until we had kids get to kindergarten, so that's why the research that you listen today talk about the connections that our governor is doing and then the work of the Early Learning Council make us really prime for success, so thank you. First of all, it said thank you and then this is how that system is gonna build around that. What we did though is we looked at, huh, let's talk about home visitors and many of you heard some of my first conversation, um, in when Krista was doing a survey on home visiting and Family Resource Managers and what we found in that survey, which was new to many of us were in addition to the programs that you see up there and probably many more that we didn't get, is that there were also home visits from the Department of Corrections, 20,000 a year and we really need to capitalized on the fact that we have eyes and hands going into those homes that we may not know about in our communities and so that fast forwards us to some of the Oregon Initiatives and back to the re-construction. You think about some of the words that we hear now. We hear HUBS. We hear Kindergarten Assessment. We hear all these kinds of initiatives to be able to

look at what we're doing so, let me talk a little bit about some of those and I actually think I can skip through some of them, because I'm gonna give you a handout that have not only the initiatives listed on those briefly, we also now have a website. So, you can see some of the work that we have been doing and it's updated and third, um, you also are able to listen to all of our Early Learning Council Meetings that we have because they're streamed out, so you don't all have to come to Salem or Portland or Bend or wherever we're going, um, and they're busy at work changing policy too. In fact, I'd like to even say that not only are they changing policy in the work of the council, they're also very much on the ground doing the work here and so we have Kim Williams and Terry, um, anybody else here from the council? Who? Krista? Krista Rood, that's right, so, um, you have three Early Learning Council members sitting in this room listening to the work that you're doing and taking that back so that other council members hear that so, you're well represented in terms of leadership. So, big things are happening in Oregon, working to fulfill the governor's vision that 100 percent of Oregonians graduate from high school in 2025 is probably the work that we all need to think about and that's the 40/40/20 that we hear about, but really the message is, is that we want in year 2025 is that we have 100 percent of graduation. So, that means that some of those kids are the ones that we are working with now. It's important that we look at the goals that the council have set getting kids to kindergarten prepared for success, facilitating and supporting stable and attached families. Um, I made a mistake at one point to talk about our, our goal was to look at foster care reduction and I had a woman go, foster care is the best thing ever. It saves lives and that is true, but what we know from research is that that needs to be a last effort to be able to save lives. Is it really needs to be families somehow need to be stable and attached, because that's also connected to ready to learn. So, we're finding, as you all have known for years all of those connections are extremely important and the final one is the coordination and efficient early childhood systems, so we're not gonna have huge more money no matter what you hear from Dave Willis in terms of all of the things that we talk about. No matter what you hear from me, there is not a check that has zero, zero, zero, zero's on it that is that is waiting for all of us to take. So, that means that we have to look at our systems. We need to reduce duplication and we need to become more efficient. We can't serve the same kids and families, um, by accident in our communities. We have to be able to look at ways that kids and families are at the center of this and one of the things that you'll see in the handout is, it isn't about the systems that we all work with. What it, it really is, is it's got kids and families at the center and then we figure out how that's gonna work so, I'm gonna talk a little bit about HUGS, because it's pretty exciting times and then I wanna finish up real quickly with some pictures of who your state team is. Um, one other thing with the health connection and, um, Dr. Wilson mentioned, Dana Harganani. Is bigger than our Early Learning Division is the Early Learning System. It has the council involved. It has staff but we have brought together across agency leadership, so Dana Harganani that you heard him mention, um, works in the director's office for the Health Authority and we have created, um, and it's a growing piece the health part of Early Learning. So, she sits on my team. She also, um, sits in many of your meetings but her goal for the Early Learning is to make sure that we further the health connection and we've done that in a policy way by a joint committee with the Health Policy Board and the Early Learning Council, looking at joint outcomes. We do that by the fact that she makes Bruce Goldberg and I sit down and talk about how it is we can work with CCOs together in terms of some of the community work that we're gonna be doing in the HUBS and then the third piece is, is that we also work with the governor, who can probably bring anyone to a table and help make that change, um, with the state policy looking at how we connect at the

federal level. So, what our HUBS? We submitted our community interest letter last Friday afternoon late, so many of you, how many have gotten that? How many have seen that? How many are a part of the discussions in your communities for HUBS. Yes, I am hoping that, um, the next time that we ask that question, every single hand will go up to be able to do, because you're an incredibly important part of those HUBS. People wonder what they are and that's probably also some of the terminology of loose and tight. We're gonna do that outcome measurement and the very first one that we put into place is the kindergarten assessment, so starting this fall, we'll have a baseline of every child going to kindergarten in the Kindergarten Assessment. We'll look at that as we move forward. We're gonna expect that communities are moving that dialogue, kids ready for kindergarten. It is not acceptable to be 43rd in the nation for education or 22nd out of 26. This doesn't reflect Oregon, doesn't reflect the work any of us do, so we need to move that dial and we don't move that dial by just working harder. We have to also work smarter and in that we're gonna start measuring and we're gonna measure together, and so if the Early Learning Council has measurements with the Health Policy Board, that means we're both responsible to make sure that that dial moves. If I have the same measurements that Rob Saxton has in the Department of Education in terms of kindergarten readiness, we're gonna both work to make sure that that move, we move that dial. So, I don't want to take any more of your time, because I know you've got a full day but what I did wanna do is I wanted to introduce you to the faces of the Early Learning Team that has been growing. Um, if you look, you have Krista, who is in the back. Dana Harganani has a haircut here that you haven't seen. We have Heidi McGowan, Megan Irwin is the new person who you will see many communications come out for HUBS. Kate Nass is our Chief of Staff and many of you may know Kate from her work in the state budget, um, she comes from the CFO's office and she's on a rotation with us, and so the person that writes the budget is a great one to have on your team as we're looking to move forward with some of the legislative pieces. Lisa Harnish comes to us from the Department of Human Services and she will be working, um, with many of the initiatives with the Office of Childcare, which moved in as part of this. Also, Kelly Walker, many of you may know Kelly, because she is, um, been the regional supervisor working with licensing and all the regional offices. We have Rita Conrad taking data and keeping us on track and Tony Anderson is the one who is responsible for our website and some of the things that you'll be able to see there. Rhonda also works a lot with our Race to the Top and our policy and budget and Lisa Sutter you all know. She's been a part of your group as well as the Health Families Oregon, um, Seth Allen is probably the most famous name in Oregon in education because you see all of these handouts that come from Seth Allen and all the, these emails so, we put him in there. Linda, I saw you in the audience too and finally Alissa, the one who keeps me on track, so that's kinda your, um, Early Learning Team. We're growing we have other positions that we're looking at to be able to fill. Also, who's been sitting with our team from the Department of Education is Nancy Johnson Dorn, um, who is responsible for the Early Childhood Special Ed, Early Intervention as well as the OPK, and down below, who your council are representing Oregon's community so, we have a meeting. I was just gonna do real quickly as I leave. We have a meeting with, um, the Oregon Education Investment Board, which was the governor's creation for education, and there's a joint meeting happening in August with the Early Learning Council as well as we start out on the road again for the Council and I think Central Oregon will be our fall meeting. So, thank you very much for all the work you do and thanks for having me.

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