Health and Early Learning Forum

November 16, 2015

>> Dana Hargunani: Good afternoon, everybody. It's an extreme pleasure of mine today to welcome you to the first ever Health and Early Learning Forum on behalf of the Oregon Health Authority and the Early Learning Division. My name is Dana Hargunani. I've worked with many of you in this room over the last four years. First in my role as child health director for the Oregon Health Authority and now as a child health consultant. When I started work four years ago in 2011 a lot of things looked different. We had not yet passed critical legislation that would allow us to launch into our health care transformation. We had not yet received agreement on our section 1115 waiver Medicaid demonstration that could move forward our CCO plan. CCOs were still nearly a year from launching. At that time three or four years ago the design for the early learning system we have now was really just emerging. The early learning council had just met for the first time. Today it is truly with extreme pleasure that I welcome 140 of you today, or nearly, as they trickle in, including all 16 of our CCOs represented here today, all 16 of our early learning hubs and the many state and local partners with us today. In the last four years we've seen really unprecedented change and emerging relationships.

We've seen new collaborations focused on a shared goal that we understand the importance of well-being of young children, the well-being of supporters and caregivers who take care of them. And understanding that the earliest years are so critical being the most sensitive stage of development. Today we hear the term kindergarten readiness amongst many of our health leaders. We also see an emerging understanding that the first 1,000 days are key to ensure that long term health, education and economic goals are met. Today many other states look to Oregon with envy with the accomplishments that we have made already. Not only those innovations in health or early learning but in the space between the two and the opportunity for collaboration we can achieve together. I hope tonight's agenda helps to spark further excitement, ideas and spread of innovation to take back to your region. I want to give particular thanks to the sponsors who made tonight possible. I'd like to recognize the CMS Center for Medicare and Medicaid Innovation, which has provided constant support for the forum through Oregon's state innovation model grant. The Northwest Health Foundation, the Ford Family Foundation, and the Oregon parenting education collaborative. Please join me in thanking them for their support today.

[applause]

>> Megan Irwin: Hi, guys! How's everyone doing? As Diana said, I'm Megan Irwin, the early learning system director here in Oregon. I am very happy to be here today at this first-ever CCO early learning hub summit. We've been wanting to do this for at least two years. I remember sitting in a coffeeshop with Dana scheming about this at least two years ago, waiting for the

time to be right. And I'm excited that the time is right. And to be honest, I'm just so excited for you. These chances to come together, to connect, to share your ideas and your work, to argue about what's right to focus on and fight through to find solutions together, those chances to come together and do that are kind of rare, at least at the state level. All of you and all of this brain power together in one room. And with all of this brain power together in one room right now, I am so curious what ideas are going to be surfaced in your time together tonight. And I wonder whether we'll look back at today a year from now or two years from now as the starting point for a new and really exciting phase of our work together. So my job this evening is really just to welcome you, and then get out of the way so you can hear the wisdom that the Northside achievement zone cofounder and CEO Sondra Samuels has brought to share with you. I'm looking forward to hearing you talk. I think you're going to really inspire us all to keep pushing even though we might be a little bit tired right now, or have days when we are all really tired. That's okay, that's normal. We're at a stage of implementation, at least when it comes to our shared work together across sectors I personally think is one of the hardest stages of implementation.

It's what implementation science calls initial implementation, that time period right before your work is fully integrated into the community, fully integrated into policies and procedures. It's the stage where we're still fighting the way things have always been done, in order to try and institutionalize our new vision of the way that things could be. This is when our work is the most fragile because the shine of excitement that comes from designing something new has started to wear off a little bit. But our systems are still growing, they are not yet fully mature. I'm normalizing how you might feel some days when the work is really hard and the load is really heavy. At the same time, I think the stage of implementation we're in together right now is really exciting, because we're starting to learn, before we have ideas about what might work, now we're discovering together what works. In our shared goals you help children be raised in families where they are healthy and where relationship with their adult caregiver is stable and intact and ultimately children hopefully arrive at school ready for a formal learning experience. In a lot of ways we're deepening our commitments to one another and making them real. As I was thinking about what to share with you tonight, I thought of three really specific examples where this work is coming to fruition. There's a lot more than three and you'll have a chance to talk about them at your world cafes later. But the work for example that's happening in Marion and Polk counties around sharing developmental screening data is leading the way to solve a problem, duplicative screening and the resulting lack of care that can occur when screening is duplicative. They have been learning together and figuring that out.

Out in eastern Oregon, I learned two weeks ago, Mark Mulvihill and some of his partners at the ESD and through the hub and through the eastern Oregon CCO have built on the community-based shared metric model that this group has really come to embrace and developed a wellness hub that extends from early childhood through 12th grade, which is really exciting for the education wonks here in the audience. And at the state level, this is a real testament to Dana's leadership -- one final way to thank you for everything you've given to the state of Oregon -- at the state level after a year of work, partners from health and early learning and human services have finalized a set of child well-being measures that span our respective fields,

and we think will lead to deeper commitments and deeper shared work together. When these measures were presented to our joint policy bodies, one of the presenters shared something that really stuck with me. She said, in this work where we have a strong desire and frankly have a very strong mandate to measure everything and account for progress, sometimes the most powerful thing about a set of measurements is actually the motivation it provides for us to start to work together. That leap of faith that allows us to try something new in the service of doing something better for our children. While I don't have time to get into deep policy content today at this podium, do I want to put forth to you all in this audience one area I think we could make more daring leaps together. And that is in the area of our shared responsibility and our shared ability to impact the social emotional development, and the building of self-regulatory skills for our young children.

In my mind personally, this is the domain where our sectors, health and early childhood, overlap the most. And where I think we share the most tangible responsibility for how prepared children are for the social, emotional and academic demands of school when they arrive at kindergarten. A significant and growing body of research tells us that this domain and the set of skills that children develop within it is the most predictive of future academic success. And even our own kindergarten assessment is bearing this out. Researchers from PSU have looked at the last three years of cohort data from the kindergarten assessment and have developed profiles of how kids come to us and how they wind up by the end of kindergarten. Children who enter kindergarten in Oregon who are high in the domain of self-regulation, approaches to learning on that assessment, see the greatest gains over the course of their kindergarten year even if they come in very low in academic abilities. You can come in knowing almost no letters or sounds and not good on numeracy or number operations, but high on self-regulation and completely catch up. You can make so much progress if you come in with that set of skills. And that's a space where I think early learning providers and health care providers have a lot in common, and a lot more work to do together.

To me, the research from our own state and nationally around self-regulation cries out for shared contemplation, shared discussion, and shared action across health and early learning. What can we do together? From the very first well baby visit to the child care environment to preschool, through home visiting, parenting education, to support children to develop these skills. Where do we see the points of greatest intersection and possibility? If you know me, I ask questions, I've thought about them already and I've got some newly formed thoughts on this topic. I suspect many of you do, too. I hope a conversation about this topic emerges because of our time together this evening and continues to carry out in your communities. With that little push it's time to step aside and hand the mike to Leslie. Thank you for your attention for the last five minutes, for your incredible work and commitment. And please know that I look forward to taking big, big leaps with you today, big leaps in the next year and big leaps hopefully for years to come. Thank you for what you're doing for our youngest children.

[applause]

>> Leslie Clement: thank you, Megan, for partnering with us on this important cross-sector

work. I'm pleased to be here at the first event of its kind. Bringing people together for this forum is a great opportunity to share innovations, collaborations, and see what's working. That helps us lead to improved outcomes for Oregon's children and families. The early learning work that's being done is foundational to OHA's work to achieve better health, better care and lower costs as we move towards our vision of a healthy Oregon. Coordination between Oregon's CCOs and early learning hubs is a driving force to improve health in Oregon. We've recently seen some great success in improving children's health. The CCOs are doing great work. We've got some examples. Timeliness of prenatal care is one of their first steps in improving health outcomes for infants. In 2014, 82.9% of pregnant women enrolled in a CCO received a prenatal visit within the first trimester of pregnancy. That's an exceptional achievement.

Statewide, the initiation of follow-up care for children prescribed ADHD medication continues to improve in 2014, and remained above the benchmark for Oregon's CCOs. More than 57% of children had one follow-up visit with a provider within 30 days after receiving a new prescription for ADHD. We've seen so much success in this area that it's no longer an incentive metric but it will remain on the statewide dashboard through 2017. We're also seeing progress made in early developmental screenings. The percentage of children who received a developmental screen in the first 36 months of life increased from 33.1% in 2013 to 42.6% in 2014. They are moving toward a benchmark of 50%. We haven't reached it, but we've made great progress since 2011, when only 20% of children were reported as having been screened. That's a lot of progress in a very short period of time. Part of OHA that's not often highlighted is what we're doing with population health. I wanted to share a few things in that area. Oregon got an A from the march of dimes for having a preterm birth rate of 7.7, that's 2014 data. In Oregon 99.3% of infants receive a newborn hearing screening, which helps identify children who may have a hearing loss. By supporting families with follow up and providers with resources, we are seeing big gains in the number of children who receive a diagnosis, and thus are able to access services early for optimal development, social-emotional health, language and communication. Oregon exceeds all healthy people 2020 objectives for breast-feeding as a result of supportive environments in health care, communities, and the workplace. Over 90% of Oregon moms start breastfeeding. In Oregon evidence-based home visiting programs have led to 96% of the mothers in home visiting services being screened for maternal depression, and a 58% reduction in child abuse and neglect. After recent legislation requiring parents to watch an educational video on the risks and benefits of immunization before they could claim a nonmedical exemption to school immunizations, the 2014-15 kindergarten rate of exceptions dropped from 7%, the highest in the nation, to 5.8%. So we're moving the dial.
While we have seen success, there's also a lot more work to be done. OHA's work with CCOs on the Medicaid front is a top priority for us. Approximately 50% of Oregon's children are born into, onto Medicaid coverage. We could have a profound impact. The work of OHA's public health division along with local departments and districts is critical to support measurable gains for roughly 108,000 children between the ages of 1 and 6 that require successful support to achieve their emotional and life goals, allowing them to be contributing members of Oregon's economy. Together the early learning council and Oregon health policy board are taking steps to ensure that children are healthy and kindergarten ready as Megan said. By integrating health care and kindergarten readiness, early learning policies, sharing resources, and aligning goals,

the early learning council and the Oregon health policy board will help children in Oregon get better health care and education they need to be healthy, to thrive. We also have more work to do for Oregon's children. We need to integrate CCO, public health modernization efforts and hub efforts to common measurable outcomes. OHA and early learning are aligned in many ways including some shared metrics. These include developmental screening before the age of three, and the percentage of children on ohp who have six or more well child visits by the age of 15 months. Measuring outcomes is essential to making sure we're making a difference for Oregon's families.

So I'm excited about this work that's now happening in Oregon. In Oregon we recognize that kindergarten readiness is not just an educational term but rather it's a goal and responsibility that the health system shares with our early learning partners. We received national recognition of Oregon's cross-sector leadership and innovation and in the area of early childhood. Today you'll learn about some of the innovation work during our world cafe. You'll hear about projects across the state including the school-based oral health project in eastern Oregon, and a system for exchanging developmental screens across health and early learning providers as Megan mentioned in Marion and Polk counties. These are only a couple of examples of the great work underway. I'm hoping that having everyone here together, sharing their successes, will lead to continued innovation as together we work to ensure the best outcomes for Oregon's communities and for our future. Thank you.

[applause]

>> Diana Bianco: Thank you Megan and Leslie for setting the stage for this exciting agenda for this afternoon and evening. Before I introduce Sondra I want you to know there's notecards on your table. This is for you all to write down questions for Sondra. We will have some time, about 10 minutes at the end of our conversation to take some questions from the audience. We're going write them down, have staff collecting them, and we'll look through them and try to put them together so we get as many of those questions answered as possible. I'd like to now introduce Sondra Samuels, we're super lucky to have her here. She's president and CEO of the Northside achievement zone, focused on poverty and education. NAZ is working to prepare 2500 young people to get ready for college. Under her leadership, NAZ was named a federal promise neighborhood and has become a nationally recognized model for comprehensive community development and systems change. Prior to leading NAZ, Ms. Samuels was the president of the p.e.a.c.e. Foundation, a diversity consultant, and a national service leader for Americorps. She served on many boards including the children's defense fund, and the African-American leadership forum's education committee. We hope and expect and know she's going to bring to us stories from north Minneapolis to inspire us, to challenge us to think about where we're doing a great job and where we can do more. Please join me in welcoming Sondra Samuels.

>> Sondra Samuels: Thank you so much, Diana. Good afternoon, everybody! So nice to be here in Portland. This is my first time here, you know? And everybody's been so warm and welcoming. It's just incredible to be in this place. You're doing some incredible things, you

know, already. Just amazing. You know, there's an African proverb that talks about if you want to go fast go alone. If you want to go far go together. I think that's what you're really talking about here at this conference of health and early learning, this forum. We're saying how do we bring together the entities, the people, the institutions, the policies that really undergird our youngest citizens. We know that the early years are the foundation for all lifelong learning, and health and behavior. All of it, right? So this only makes sense. And the reason I like coming and being a part, and learning together, because I want to learn a lot from you, as well, about this. This is not just about what we're doing in Minneapolis, it's not just about what you're doing here in the state, but this is about our entire country, of really getting it right. For our babies and their families.

You know, in fact, you probably heard that in South Korea they call their teachers nation-builders. And that has everything to do with the fact that after the war, Korea did a self-examination and determined that they had nothing. It was like we don't have national resources, we don't have a booming economy, we're like pretty strapped, you know, as country. But what we do have is we have people. And we have little people who will be big people, who can actually dominate the globe if we get it right by them. And so they call them nation-builders because they knew that that's what would build the nation. An investment in their children from pre birth all the way along. And so today, anybody know how South Korea's stacking up educationally? I know they have got issues, don't get me wrong, but they are kicking tail academically. And the development of their children because they did that investment way back in human capital. That's what we're doing and I know that's what you're doing here. But in north Minneapolis what we talk about is we talk about -- any teachers in here by the way? And if you are doing anything around teaching at all, not just in a classroom, but while teachers are nation builders, for us in north Minneapolis we really see our parents as nation builders. They are a child's first teacher, right? No one has them longer, has more influence, and so on. So for us our parents are nation builders.

But our parents can't do it alone, especially in communities where you have disproportionate poverty, toxic stress in terms of children, things of that nature. They can't. Well, none of us can but we get more -- we're under the illusion we can, the more money we have in education, right? But they need great policies to create a solid foundation around learning behavior and health. They need great institutions that are breaking up silos and working in an aligned fashion for their outcomes. Children don't come in pieces. So why are we providing services to item, why are we putting policies together as if we can do a little something over here for early childhood, a little something over here for health, a little something over here for housing. They come as one. We're pretty antiquated not to be serving, trying to do an e. Plurbus unum, one system of support for the same children of the same family. We've been doing in that Minneapolis and that's what I want to talk to you about today, some of the success we're seeing and some of the things that we're learning. It's not just about success, it's about what can you learn to add to the field across the nation. So we are definitely learning from each other.

And about six years ago a funder asked about 50 northside organizations to come together. We are health and early childhood and k-12 and mentoring organizations and career organizations. But they asked leaders of the community to come and hear about the Harlem children's zone. How many of you have heard about the Harlem children's zone? So, place-based strategy to end poverty using education as a lever. And they have tremendous outcomes. They start prenatally as well, and they change everything about a child's life all at once. A thousand students are now part of Harlem children's zone. They have been at this experiment for about 20 years. They have 900 students now away at college, who are coming back actually to work in Harlem, and to transform. Anybody been to central Harlem lately? Not like it was 20 years ago, right? I hear in central Harlem you couldn't even give away a building and the sun didn't shine and the grass was run over and there was trash everywhere. Today there's banana republic, apple stores and President Clinton has his office there, and 900 children are away at college and coming back to give back and to help build and rebuild that community. So we're after comprehensive community change, we used Harlem children's zone as a model.

But we looked to our children and families and they weren't good around kindergarten readiness, around health. In fact the area that we picked in north Minneapolis, we have some of the highest gaps period, kindergarten readiness, graduation from high school, across income and racial lines. In fact, we have the -- of all the states for all minority children, we are either second to last or dead last in graduating them in four years. Our infant mortality rate, we have the highest gap between middle income and upper income white mothers and low-income largely African-American mothers in the entire country. We have the highest financial inequity gap. And the vortex is in north Minneapolis. And Minnesota is very much like Oregon. I think we have a lot of things in common, by the way, but the highest financial inequity gaps -- and financial inequity is looked at in terms of three things: household income, educational attainment and home ownership.
In fact, a recent research study that has everybody's hair on fire right now in the state says the black median income for our state plummeted more than anyplace else in the country, like 14%. And our poverty rate shot up so that blacks in Minnesota are faring worse off than blacks in Mississippi. You gotta know, our state is a lot like yours. We pride ourselves being number one in a gazillion things. We are the healthiest state, they say, more bike lanes than anybody. You know, technology and fortune 500 companies and we do the poorest by our poorest and our brownest. And it's something our community is not proud of. We decided to do this six years ago, started doing the work, applied a department of education grant from the federal government, a promise neighborhood grant to actually put this collective -- how many of you have been talking about collective impact? That's what we're really talking about here. Where one plus one doesn't equal two, it equals ten. We want to have some of the same outcomes for our children and why not here in Minnesota? We are a great state, let's get er done in the middle of north Minneapolis where the outcomes for children are so deplorable.

We applied for the grant two years in, did not receive it. Wasn't sure if our partners would hang in there and actually create this multisector cross agency alignment of supports and services and resources and policy, all for the same north star. Creating a culture of achievement in the geographic zone of north Minneapolis where our children graduated, high school college ready,

created a cradle to college pipeline, busting up the cradle to prison pipeline, which is real in north Minneapolis. The cradle to grave pipeline, which is real in north Minneapolis and the cradle to caseload pipeline. People don't usually hear about that one, that really characterizes girls. The children's defense fund found this study, that for every two girls who was on welfare in their lifetime, when they turn 18 one of the two will be on welfare, as well. That's the cradle to caseload that we talk about. We want to as a community bust this thing up and create this cradle to college pipeline. We started doing the work and did not get funded the first year, but we tried. Funding is great and that's what policy can help with and so on. But it can't stop from us doing right by our youngest citizens. We just have to figure it out. If we can get somebody on the moon I think we can go figure this thing out about educating some young people and making sure they are healthy. Doesn't that seem like something we can do? You know?

[applause]

So didn't get it the first year. I thought my partners weren't going to come back. They said, you know, Sondra, we made a commitment to our children too and it wasn't dependent on money. They stayed the course. The second year in 2011 we did receive a $28 million grant to scale up our work over a five-year period. This collective impact work, and actually look at, is this a model for ending poverty. We talking about using education as a lever, but also family stability. Which includes health. We include health in our conversation about education as well, which I'm going to talk about.

So we've been at it for four years, our grant ends next year. Let me say that again, our grant ends next year. I'm not daunted, I feel very informedly optimistic. We've been doing some work, I'm tell you about that as we go on. As soon as we received the grant I knew it was our greatest opportunity and our greatest challenge because it would end. We've been building a case using data, using what we're learning. The opportunity that you have here is to really become a hub of innovation, a learning laboratory around what works together, and what doesn't work. That's really been holding our collective impact movement together. We're learning so much and we can actually change in realtime. Right now in many of our systems, we wait until the patient is dead and rigor mortis has set in.

Instead, we're able I believe to look at data and say, the patient's not doing well, and then give the appropriate intervention so they remain alive, not wait until they are dead. So anyway, I want to show you a quick video that highlights NAZ I think in ways that really bring it to life. And again, the northside achievement zone is 40 organizations, 44 organizations, excuse me, that are aligning all of our work, two generations focused on the families and the children. It's just a couple minutes.

[Plays NAZ video]

[applause]

>> Sondra Samuels: Thank you. I was really excited about that video. So yeah, so that is our

focus in terms of, again, really cross-sector, multisector cross agency coming together at the center of our work, our scholars. We call all our babies scholars because we're trying to get at the belief gap, as well, around who is worthy of college and who can be successful and so on. All our scholars can be successful and parents get support they need to provide a healthy nurturing childhood environment for them, again from pregnancy all the way through. Ultimate goal, again, that our children graduate high school college ready, and then graduate college. That's how we're aligning all of our systems and our support.

I wanted to start out with results. We just had a great partnership with our state around -- we have a children's cabinet and we had a real focus on early learning as well. There was a $100 million investment in early learning in our state in a number of different areas. There was also an investment in us in terms of the state invested $2.4 million for this next biennium in the work we're doing at the northside achievement zone. Which is a big coup for us. We're in a base budget now, we just have to go back and defend. We don't have to beg in the same way that we still will be begging. They invested because we're showing results with our youngest scholars. We haven't really penetrated high school yet. We are working on high schools. The earlier ages we're seeing the biggest outcomes. We're starting to build our pipeline. Everything we do is data driven. We had a results round table, and we're having one this Thursday, where our partners and staff around family engagement are actually coming together to look at our baseline. We baseline everything. Baseline, benchmark, what are our targets, where did we say we'd be in terms of outcomes for children and families. Our programs and organizations are not at the center. Children and families and getting demonstrable outcomes for them is what's at the center. So we do this on a monthly basis, in all areas of our ecosystem. This is where we're learning the most. This is where we make changes on a programmatic level that will ultimately impact the population level results that we're after. You already got some of the data around our return on investment, we're really excited about that. Wilder research does all of our external evaluation. We can talk to legislators and administrators about our early childhood advocates and so on so that on a policy level this could be seen as a viable solution for caring for our younger children all along the continuum. The concern is not just increased revenue but also in lower costs. As you can see there are less arrests, reduced special education, reduced drug use, you've heard that. So here’s our early childhood data. Over on the right, your right, these are -- we receive race to the top funding, as well.

We use a portion of that for early learning scholarships, for low-income families to choose four star rated centers to send their children. The money goes right to the early learning centers. We were able to give out about 150 scholarships to low-income families to attend these centers. As you can see here, for family whose receive scholarships, 83% of the children were ready for kindergarten. We have a beginning kindergarten assessment. Versus only 73% who were NAZ enrolled but didn’t necessarily get a scholarship. Versus only 59% zone wide. And our zone is 255 blocks in north Minneapolis. Over here is reading and math, math pulled it down but we're still above where our target was, and making strides. This was very exciting. And we do have a mixed delivery system by the way, so we are working with schools and friends and family neighbor care. Preschool, things of that nature. Head start is also in the mix. But this is again the scholarship for us, the target in investment around the children who are being most left

behind is a thing that really benefited us the most. There's a big debate in the state you can ask me about later. The other thing is, we have family academy classes. Parenting education is everything, and it's absolutely everything. I'm going to say more later, but our finding is that the parents who were actually in classes, we found that 77% were actually extremely knowledgeable on key indicators parents need, in terms of parenting skills and knowledge. And only 24% of our control group, who did go to family academy afterwards – so we're not that mean to have a control group and they don't get it. So significant in terms of parenting education and knowledge.

So, third grade reading, as you can see this is third grade reading proficiency. This is really low, this is nothing to write your parents about and say it's great, but we're trending upwards. For NAZ enrolled scholars we are making four times the growth of children who are not enrolled in NAZ. And this is really exciting for us. We can now cross look all of our data. The orange is more enrollment in math. The green is 16 months, the blue is right in the middle. We're finding that the longer children are enrolled in NAZ the better they are doing on the statewide assessment, the better they are doing. These are the kind of things that we're able to message snow. Two generations approach, our parents are making achievement plans. We hired nine of our parents to be family connectors. We hire connectors full time to help them work with families to back up from our network. When you put together the partners so they can go, things of that nature. We have two parents on our board of directors, a parent advisory board and again parents are going -- over 200 parents have gone through our curriculum. This is actually outdated later.

And over 1800 scholars. Our goal by June is to have 2500 scholars. Actually not just have a cushion in terms of polled but actually building a ladder looks like. This is the zone, this is all of north Minneapolis. The zone has -- 5200 families, and like 5500 children, something like that. And again, we will impact a thousand and then 2500 children, but not just in the designated zone. The dots are showing that families are moving out of the designated zone. We have housing partners and housing is a big deal. We have one of the highest mobility areas in the city. We can't just concentrate, all of our to using is being together family whose matriculate from that area of support, creating a tipping point for the rest of the community. And we measure everything. And these are our long term academically, our baseline and the benchmarks for where we want to be. This is the 10-year projection. Again, what gets measured gets done. This is our ecosystem of support. Our multisector cross agency, how we're organized. We have all of our early childhood providers who meet regularly, I think you all received our solution plan. Nobody's nodding. But I'll talk a little more about the solution plan. But evidence-based plans around how we're going to move the meal from children in that area. So we have a repeat child plan.

We work with 10 k-12 schools including expanded learning programs after school in summertime. And then we're working with colleges. We have a college success team who have reframed the question. They don't say what do low-income kids need to do to get ready for us. They are saying what do we need to do to be ready for low-income children. That's a different way to approach community. Then we have housing organizations, immediate regular, career path, educational attainment, whether you're in a food desert, the housing starts, safety,

income, all of those things, in fact all of the research says that people usually make access to health care the number one factor in how healthy and community is.

Or the biggest percentage of what makes a healthy neighborhood, the access is 25%. These are family coaches I mentioned before, we have about 20 that help families actually navigate our system. Our parenting education programs called family academy are just amazing. I really feel like, so the family coaches are our secret sauce, the parenting education is really helping us get the work done. And again, it's dollars are at the center of everything we do, it's a different approach. That's our ecosystem here that we're providing, what do you need, money, data, to move yourselves further along. This is an example of a team, a highly mobile family, she had a connector and also an academic navigator. By the way, in our ecosystem we have staff that's colocated in all of our partner locations. We have childhood navigators, behavioral health navigators, housing navigators, career and academic of course. We really want again the e. Plurbus unum creating one system of support. That's the team. I can tell you about how James has moved forward because of this team approach in terms of his academic programs. She has a younger scholar, as well. We call it NAZ connect, both our achievement planning, the first thing families do is create an achievement plan with their NAZ connector that guides them through the ecosystem. If it's not a NAZ connect, it doesn't exist. All of our partners use it and we ping partners. If a parent says I need housing, part of the achievement plan, the housing partner would be pinged. You know, they say it's a full-time job to be poor, right? You're moving from one social service agency to the next and you have to tell your story all over again. We've eliminated that. They tell their story once and it is shared across partners, based on a family data. They only tell their story once. The story moved. This really is the village. It takes a village to raise a child and it takes a village to abuse a child. It's not an individual thing, it's to the degree that we don't focus and put or energies to providing a solid foundation with parents for our youngest citizens. We are part of, through neglect, that abuse. We have solution plan for every area of our system, evidence-based it's for our contractors use but they developed it. They created it and it got vetted nationally. In terms of early childhood for our action team their strategy is around prenatal care, home visiting, screening around three and children getting the intervention they need for developmental outcomes. Again, we have early childhood navigators at partner organizations and sites for centers are three or four-star rated.

The real danger areas, but now we are all connected and all talking and we basically are entrusting the next organization on their trajectory to college with their care. This year we were able to give 150 scholarships. Family academy, we have three curricular offerings. This is all about parent getting the knowledge and skills they need to create that foundation of behavioral health that will carry into the future. Classes are eight weeks, collegebound babies, they learn about brain development, social and emotional self-regulation, all of that. The portion of reading to your child. Importance of just talking more to your child. It's pretty amazing. Ready to succeed is for our preschool parents, and then our college bound scholars of school age. Parents are telling us if ever parent on the north side had college bound babies it would be a wrap. We could close our doors because our community is healthy and whole. They are teaching each other. One parent said I never thought my children were worthy of college. She

didn't say maybe I'll have money for college later. She said I didn't know they were worthy. I'm understanding now that they are.

In terms of policy, I talked a little bit about that. We've had on a state level just an amazing partnership with policymakers in different offices on a state level. We're starting to see a lot of collaboration on a state level and kind of integration and funding that follows. The biggest area for us so far, minute me minds is a coalition called minute Minneminds, our Minnesota finance and housing administration along with the Minnesota department of education, they put a granted together to say if we give funding to communities to stabilize housing, how does this impact academic outcomes. You had to have a highly mobile community and children in the public schools, and a willingness and ability to track how they were doing academically based on being stabilized. We received $100,000 because of this coming together of those two departments around this.

And we're in our third year now, we've got another $800,000 grant for two years to stabilize families. All different sectors actually working for the outcome of the youngest scholars. And this year, actually this year, we're headed into next year's session working now. I was just at a hearing last week. Here are some of the outcomes. 100 million targeted for early learning that we are excited about. Our state has really embraced early learning and the understanding this is the number one way we close the gap and build an early learning nation. We have partnerships not just in the twin cities but also greater Minnesota, who have education coalition working to align their supports for our youngest scholars all the way through to college. It really helps us to not be so season trick to the cities. Our Minnesota legislators seek skin in the game for their constituents, as well.

In closing I look forward to your questions. I am absolutely convinced that we can do right by our communities, and that the number one -- the most economically viable thing we can do to really have a strong economy is to invest in our youngest citizens. That is the thing. I feel like stepping on a mountain naked and shouting, everybody!!! And for communities that don't get it. But we can't be siloed in our approach. We have to do it together because our children don't come in pieces. It's being done in different communities and we're seeing it happen in ours. I know that it's happening here and you know, I would just really encourage you to stay the course and hold up a vision, hold up a vision for yourselves that's big and bodacious. Nobody wants to die and on their tombstone have it say, tried a little something-something. We changed things in Oregon and made it better for the next generation! That's what I want mine to say, not Oregon but Minnesota. One of the things we do to hold up the belief that in all of our children and families, and we even hold that belief when our families don't just yet. We hold it for them until they catch up. And also our partners, we are marketing success. We're marketing achievement. So we have a lot -- we have a whole campaign going. This says I stand with north Minneapolis future college graduates. They are stickers that everybody's putting on their cars. Our partners have big banners and things of that nature. We have stuff all over windows. And from college bound babies. We have pomp and circumstance, the mayors come, the former mayor, the current mayor. But when the parents graduate the babies graduate too.

We give them all little t-shirts that say college graduate and calculate the year they will graduate from a four-year college.

We have parents, and you could ask them something about, I don't know the historical trajectory of Minneapolis and they might not know. But ask them what year their children are graduating from a four-year college and they can tell you. They are not parents with 1 child, they have two, three, four. And when we forget names sometimes, I just say 2038, come over here, 2037, could you crawl over? We're trying to get it right here that we have a vision as a community supporting your family. We have a vision for your success and for your achievement and for you stepping in to your God-given potential. And it is great! And we believe it, and we are going to be with you until you achieve it. So thank you.

[applause]

>> Diana Bianco: Thank you so much, Sondra, for inspiring us and helping us all remember and know why we're here today and why we do the work we do. So we have a number of great question from the audience. First, can you talk about the roles of the health system in NAZ, providers, payers, primary care, does it have a role. What does that look like? Sort of a connection between NAZ and the whole system.

>> Sondra Samuels: Should I talk into this? So as we build out our -- have been building out -- never mind. As we build out our ecosystem, the area of health we've been most engaged in up to this point, besides for our youngest scholars, it's baked in our home visiting model, not ours, our partners', to make sure both children and parents and the mom is getting the care she needs, prenatally, things of that nature, depression. All of that is baked in with our partners and it’s part of our early childhood solution plan, for sure. But for the older children, there are areas where we have been mostly, and parents, is around behavioral health. That's where there's been a lot of focus and principals of the schools are saying they need the most help. We are more sporadic. So like one of our dental partners is in one of our anchor schools. They’re there because it’s one of our anchor schools. And we're working in 10 schools.

So 2016 is when we're going to really build out the health model. Again, already focused on social determinants of health, and we’ll continue to talk about that and focus on it, and in addition to that, layer on. With Harlem children’s zone -- I don't know if you're familiar with their health component. They work on obesity and they had a competition of classes and who got the fittest of the classes, and whoever won, the teachers all went to, like, palm springs and the kids all got to go to Disneyland and bring two friends. That's what happens when you have Wall Street in your backyard. So Harlem has this really built-out health model. And they had centers in their schools and things of that nature but they have been at it for 20 years. What I'll say is that they didn't start with their health model being so integrated. That's something that we're continuing to build ourselves into. The strongest area is with our youngest scholars.

>> Diana Bianco: Great, thank you so much. There were a number of questions about parental involvement and engagement. How do you engage parents? If you want to be in the program, is

there more sort of proactive outreach to sort of sell the program to parents? What's been your experience?

>> Sondra Samuels: Right, right, right. When we first started we just door-knocked the zone. This was six years ago. So our neighbor leaders, who are all from north Minneapolis – did I mention that all of our connectors, our family coaches are from north Minneapolis? So we door-knocked the zone, and our value proposition was -- and we didn't actually have everything built yet. But we need to do go out because you gotta get people and then you start building. So we were riding a bike and building it at the same time. But anyway our value proposition to families was, would you like your child to go to college? I don't care what dad looked like, what mom looked like, whatever you can conjure up, nobody said naah, I was thinking they'd sell a little weed on the corner with their pants down to their ankles. Every single family said yes if they opened the door. The next thing, could you use someone having your back to make that happen? Everybody said yes.

So that's when we started to talk about NAZ. That's the initial engagement. We enrolled 200 families. Today we have 873. We do have a waiting list. Our max will be 1,000 even though that's not a static number. Today you have families telling their cousins and neighbors about the partnership. And the reason the parents are engaged, so half of our connection staff, are family coaches, are families who were in our pipeline. And then we are -- we don't use social service language. We talk about partnership, not caseload. And that they are not perennial recipients of social services but powerful agents of change in their own right. And our core value is that parents are our leaders. We say that all the time. We have disproportionately women, largely African-American, that make up the 873. But we're starting to see more and more dads come through. When our parents come in the office you would think president Obama and Michelle came in. And don't let the dad come in. We're just cray- cray at that point. It's like, thank you, hey, hey, thank you so much for allowing us, giving us the privilege to partner with you as you do the greatest work of this community and of our city and our state. And that's raising your precious children. They look at us like we're weird at first. They start to get a sense, like, yeah, I am the one, right? And then this is a community where that's not always been communicated. In fact, the very opposite has been. So engagement, I think using the right language, having the value that parents are leaders, having something to offer them in terms of support is all making a difference.

>> Diana Bianco: That's great, thank you. This is a specific question a couple people had, which is which tool are you using to assess kindergarten readiness? How are you measuring that?

>> Sondra Samuels: So we have an assessment called beginning kindergarten assessments. So that's where you saw the readiness rate that I had up. It was because of that assessment. And when we started, only the public district schools were using the BKAs in Minneapolis. Our 10 schools are public district, public charters, parochial and contract alternatives. So we're in four public district schools too being pre-k and elementary. Anyway, when we first started -- here's systems change. This is what we're doing together. Our partners who were non-district agreed to also use the BKAs. How do you know you're making a difference if everybody's not using the

same measurement kind of thing. So we've been happy campers, and we're getting the data in and it's showing that it's working, and the district decided it wasn't a good system. That in fact, it had lower standards than were actually needed for kindergarten readiness. So they scrapped BKAs. So our public charter and parochial were following suit. We were helping to facilitate that. So we're not going use them anymore so we don't have anything right now. I don't know what we're going to use. We have a Minnesota assessment of progress that is for kindergarteners, they will use that. It's not one that will really get at literacy, numeracy, social emotional, things of that nature.

>> Diana Bianco: So it's in flux.

>> Sondra Samuels: Yeah, yeah.

>> Diana Bianco: You talked about as you started us off, it's all about what's working, what's not. What do you feel is one of the most unexpected lessons through things you have learned in the last few years as you've done this work. Oh, we didn't expect that.

>> Sondra Samuels: Boy, it's complicated. But yeah. So one of the things is 70% of our families make $19,000 or less, right? So actually as huge part of our ecosystem is our career financial work and it's tied to our housing work. This is where you start to build assets and things of that nature. What I didn't understand was that so many of our parents are getting some kind of subsidy from Hennepin County, right? Anyway, I didn't understand because we're working with career partners now, when you start doing work across silos you start to understand why things are the way they are. Most of us are just in early childhood or just in health or K-12.

We get that system and can tell you all day long why that system's not working. We usually don't understand why other systems aren't. It started becoming apparent, because it was like parents weren't moving into employment, we were sending them to some of our partners in careers, but they weren't moving to employment. It's like, what's happening? What we found is that employment providers are not funded based on who needs and job, they are funded based on activity. Who goes for jobs, has a counselor, gets some training but not that actual outcome. To the degree that anyplace on the ecosystem that I've highlighted where we seem we're kind of struggling, there's no systematic accountability for real outcomes. We are finding that we have to actually lead in that area.

>> Diana Bianco: OK, we have one final question, in two parts. The first part is about replicability. If you look around the country, there's really one place that is doing it. How do you -- what advice would you give folks who say we want to try to do what Harlem children zone did or what you all are doing. What are the key components for replicability?

>> Sondra Samuels: First of all, I'm going to arrogantly say we're more replicable than Harlem children. Only because Harlem has a $100 million budget and like 2100 employees and a $400 million endowment.

>> Wouldn't that be nice!

>> Whereas they are very hierarchical, and the CEO who's now Anne, not Geoff any longer, if something's not working you can just fire them. I can't do that. I'm working in a flat way across partnerships, which is harder but it makes more sense. And so what we are doing, is reputable and scalable to other communities. Every community is different but some fundamentals we can learn from. We actually last year had 42 neighborhoods come visit us. And we have opened ourselves up to site visits. If anybody wants to do a site visit let me know and we'll definitely make that happen. But the site visits are the most important thing. I'm like up here, and there's like so many details that I just absolutely don't know. But when you meet with my team in the different areas – and communities from all around the country have come. Some are focused on early learning and they are just with that team. Some are just in this area and they will just hear from that team.
Not only 42 neighborhoods but we had a delegation from Israel come visit. We had a group in London that have started their own zone. That was through a Skype call, they didn't actually come. Doing site visits, finding out how different neighborhoods are doing what they are doing. And then just taking what works. Seeing what they are doing and taking what works for your community and making it fit. All of our solution plans, for example, are all on our website. We want to make it available to our nation, and what we're starting to see, even though I'm focused right now on sustaining our work, making sure we can replace the federal dollars that will go away next year, I also have an eye towards growth. The work that's happening in greater Minnesota, it's not like they started to do what we are doing, we have started to come together and they are learning from each other. They are also doing multisector cross-agency. One of the reasons the greater Minnesota folks got funded is because we got funded. So learning what works and taking that shamelessly and making it work in your community.

>> Diana Bianco: So you anticipated my last question, which is around sustainability. So the money's going away, you don't have Wall Street like the Harlem children's zone. So what are your plans or thoughts on sustaining over the long term, in that you may have lessons for all of us in this work.

>> Sondra Samuels: How many of you have gotten big government grants before and then they sunsetted? It's like that's a little sadistic, just a little bit. But it's also a great opportunity. You'd never run from it because we care about our communities. As soon as we got the grant we started planning for sustainability. We put together a sustainability task force that had key stakeholders, funders, businesspeople, people from the nonprofit financing sector, legislators and so on. And the two things that they said early on was one, return on investment. Let's see what the actual societal return on investment is, which we've done. And then a business plan. So actually put a business plan together that actually looks at where you've been, where you are and how you plan on sustaining yourselves in terms of the need for the ecosystem of support. And then project where your money will come from post federal grant. So what part is government, what part is philanthropy and what part individuals, that kind of thing. And what

other models, like pay for performance, things of that nature. So that we've done, and we are in a major investment campaign.

And the CEOs of our -- we are fortunate to have so many fortune 500 companies. They are really stepping up because they see the data. They know that we're measuring everything and that we're learning. We can be an asset to the rest of the region as they look at – and by the way, one of the reasons for CEOs, you've got to make the case, why care? The state is embarrassed by all the achievement gaps. All of the gaps and the costs, health care costs and things of that nature, it's exorbitant, especially for our communities that have been left behind. And creating the future workforce. The CEOs are concerned about that as well. By 2040 our region will be 40% people of color. I already told you in terms of a four-year graduation rate, for people of color we are dead last or second to last for every group. We will be losing by 2020 100,000 workers because our baby boomers are retiring. And we all know that 70% of all jobs will require some form of postsecondary education by 2018. We're not doing well in any of those areas. And the state knows it, our corporations, the reason we have so many great corporations is because Minnesota has historically had the most educated workforce. They are not there because of our beachfront property, they are there because of the talent.

That's why target and general mills came and so on. So what I am really thrilled about is that we are in this investment, this leadership investment campaign to really post-federal grant--we're working that now. Target and general mills about a month ago announced $6 million they are investing in NAZ over a three-year period. And then our big luncheon where we unveiled our video, it was the first time we had a luncheon. Before that we had balls and we would always net about $175,000. Anybody do a ball before? Anybody put together a ball, one of those big events? That take as whole heap of time, doesn't it? Anyway, so we didn't do the ball, we scrapped our ball, did the luncheon and raised $800,000. One hour event, in and out. So but that's because of the momentum and because I think people are really clearly seeing that what we've been doing hasn't been working.

>> Diana Bianco: well, thank you so much for sharing what has been working. Really so inspirational, and exciting for us to learn from.
And we're going to bring Sondra back up at the end of our time together. She will be participating with us for the next few hours and listening in and she will join us at the end to share some of her reflections. I got a chance to listen in to some of the world cafe presentations. I really want to thank the folks who took the time and put the energy into putting together the presentations, thank you so much to the world café presenters.

[applause]

>> One of the things they didn't get to do is to move around like you guys did, so make sure you reach out to them and tell them what you're doing as well. We now have an opportunity to hear from Pam Curtis, the chair of Oregon's early learning's council, and Zeke Smith, chair of the Oregon health policy board. It's terrific when we have leaders here who are thinking about this work in the same way you are, in terms of how do we collaborate, partner, work together

in a different way that makes a difference for Oregon's children. This is going to be a pretty casual conversation as you can see as I am just draped casually over the podium. We will hear from Zeke and Pam on some of their thoughts about vision and priorities for the council, as well as the health policy board and how those visions and priorities intersect and what they see that we can do together. We'll have some conversation, have some Q&A and get a chance to hear from a few of you in the audience. With that I'm going to turn it over, and pam, if you want to start and talk a little bit about the early learning council's priorities, visions and how they intersect with the health policy board.

>> Pam Curtis: thanks for having Zeke and I to be part of the conversation tonight. I think we are hoping it's a conversation. I think I would start by saying that from the perspective of the early learning council we don't see early learning and health and separate goals or objectives or a separate vision at all. I would describe it at two sides of the same coin. In order to be ready, as ready as possible to learn when you enter school, and beyond that you have to be healthy. In order to be healthy you have to be ready to learn. So there are really two sides of the same coin. I don't think they are separate, and I don't -- we tend to separate them even through the policy bodies but I think Zeke and I are committed to trying to from bureaucratic standpoint or system standpoint, try to bring them together and blur the lines as much as we can.

>> Zeke Smith: I'm just excited this has happened, bringing together folks intentionally from the CCOs and the hubs. I know on the ground in your communities it happens but the ability to have this conversation is really important. In some ways I feel like I've embodied that nexus of whether it's real or not, between early learning hubs and the health policy work. As the chair of the health policy board with one hat, and also with a different hat as a co-convener for both early learning Multnomah and early learning Washington County through the united way.
I think probably more than many folks do on the health policy board about this relationship between early learning and health policy. So I've been on the policy board for about a year and a half. I have to say it was clear when I came onto the board that there had been intentionality from the board and the council to really try to solidify how we can be working together around early learning and health. The health policy board is, you know, it's in your packets, it's a great slogan that we're focused on better health, better care and lower costs, right? So a triple aim. A lot of folks here understand this world well. One of the things that's been really exciting for me, coming more from an education and early learning standpoint than a health care standpoint is the degree to which the health community is really interested in engaging or learning and seeing something like kindergarten readiness as a critical factor thinking about health and well-being of families as a whole, and how we're intentional about working with kids to move out of poverty. So in the last year or so we've really connected within the framework of the joint metrics committee to think about that relationship between kindergarten readiness within the health system and to think about health and well-being within the early learning system to really start to push more towards tangible ways that we can work through the policy bodies to hold the systems accountable around what that means.

As I was listening to some of the conversations earlier, one of the things I'd say that is it's clear that where that integration is occurring first and most significantly is on the ground in local

communities. One of the things I think we'll both be interested in is, how can we make sure there's an opportunity to learn from what's happening in local communities, and where do we have an opportunity to elevate that work so that we can share it across different systems in Oregon. Which again is why I think this kind of a convening becomes really, really important as we go about our work with the board.

>> Diana Bianco: Zeke and Pam, could you elaborate on the role of community in this work? Because you do have these two oversight bodies working together. And Zeke, you just mentioned there is this role for community. Can you both talk more about that?

>> Zeke Smith: Yes. So I'm going to be honest in my answer, which is to say I think in principle there is a significant focus on community in health transformation. Right? So it's clear in better health and better care, that's about how we are engaging patients more actively in their work. In principle it's clear as we think about like a patient-centered approach that comes through as we think about community advisory councils. But let's be clear, in practice we've got a long way to go to ensure that communities are effectively empowered and engaged and a connected part of how we think about greater health, and how we think about early learning. I was really inspired earlier listening to Sondra as she was talking about the importance of families at the center of the work. And I think we've got a long way to go to really put in place a system that looks like that, and my guess is that as we do that, we'll begin to see those outcomes really start to shift. I think the more you all can do to continue to push us at a state level, to be intentional about how families really do show up at the center of policy, at the center of work, and the more we can do to champion and support what you're doing in the local communities, the better we're going to be able to work with you.

>> Pam Curtis: I would agree with that. I think from the early learning council's perspective, kids are best raised in families and families exist in communities. We have systems and bureaucracies that are set up which can be a barrier or a barrier buster. But the actual work happens in communities where kids are living and where they are living with their families. So you know, from the early learning council's perspective we have statutory goals that we are accountable for to the legislature. We try to keep the council focused on what those are and we're trying to merge them as much as possible, or move them closer to interface with the health care system. How we meet those goals really needs to happen in communities where families and kids live. There may be differences because of geographic differences, economic differences, and I think we're going to be held accountable for that. We want to join hands with our colleagues on the health care side of the world to do that. What we do and how we do it, we really need to be learning from and interfacing with communities.

>> Diana Bianco: Pam, can you lift that up a little bit more in terms of thinking about what do you all hope to achieve together? So you started out by saying what we're trying to do is work on things together. Does the health policy board and the early learning council have specifics, we're going to do this, this, this, and achieve these outcomes together? Can you talk about what you are doing in partnership?

>> Pam Curtis: Yeah, I can talk about what we started to do, and then I'm going to follow Zeke's cue about being really honest about where we're falling down. I think we're going to have some challenges and I'm hoping that we learn from you in all of that. Zeke mentioned we have a joint subcommittee between the two policy bodies that's been meeting for a couple years. We are heading toward a joint meeting of the early learning council and the Oregon health policy board to further that work and to further redefine or to hone that work. What we have done so far is to say that the early learning council has adopted health as goal for the early learning system, and the health policy body has done the same thing.

Early learning is a goal for the health system. There aren't very many policies where the state has done that, I think that's huge. What we've been trying to do next is focus as Zeke said earlier, on that. What are the indicators that we're actually making progress on in our joint efforts together. So we can all say that we have a joint metric, and I believe absolutely that we have the power in this room to achieve whatever we want. The difficulty is when we get to the joint metric, nobody's really responsible for kids learning. We're all responsible but it's easy to say it's not my job, it's their job. I can't move that metric on my own. That's a good news, bad news kind of thing and we're going have to struggle through some of that.

>> Zeke Smith: I think there's been some great work that's been done to support the joint metrics committee. Many of you were probably involved in the development of the family well-being measures. Where I think we've had some great folks thinking about how do we think intentionally about family well-being both from the standpoint of early learning and a health standpoint. We run into some real issues there, as well, right? We run into the fact that we've got a fairly closed data system on one side in the health care system. And a wide-open kind of frontier on the data side on the early learning side. And part of the question is how do we kind of bring those pieces together? Which again is where I think in your communities you're innovating at a rate that's faster than what we can at a state level. So we've got to figure out how we can pull that up as we move forward. The other thing we talked about earlier, and I'm just going to throw out there now to you all, one of the questions we had thought about is: what are we looking for in terms of bringing these two systems together? The health system, the early learning system, and the early learning council and the health policy board. And a questions we'd like to throw back to you – both of us kind of independently said, wouldn't it in great to acknowledge that we've really got a room of experts here and get some input and feedback from you. What do you want to see from the Oregon health policy board and the early learning council as it pertains to moving forward in a tangible way and supporting the kind of work you're doing on the ground here? So I'm stalling a little bit, I'm giving you a moment to think about that question. We don't have a lot of time but we've got time for a couple of folks to give us some input about how we should be thinking about bringing together the early learning council and the health policy board and the priorities that we have.

>> Diana Bianco: Dana has got a mic over here. And so we'd love to hear from your responses to what Zeke and Pam have proposed, from your perspective how can they be working together? Please identify yourself.

>> My name is Angela, I'm from Cascade Health Alliance in Klamath Falls. One of the things we'd like to see across the board from any state organizations is data. A lot of times we don't get to see the same things that you do. And even outdated data would be really helpful for us to see how we're doing, how we can improve, especially when the come is to something that we may not be able to see with our administrative data.

>> Diana Bianco: Other thoughts? Over here. We're going make Dana run.

>> Coco Yackley from the Columbia Gorge area. We've seen two things really stick for us to be problem areas out in rural. And that is when the standards for Medicaid are different than for other payers. And having inconsistent goals and measures and inconsistent standards relative to what are covered services. They are exquisitely hard when trying to drive community change. Because in rural communities, our Medicaid clients are served by all rural health clinics and not limited to an FQHC setting. When you walk into a private practice that variance is equivalently hard. And the same way with early learning in that head start can only use ASQ but primary care can use a whole bunch of other tools. So either make it equally flexible for both sides of the system.

>> Diana Bianco: Any other comments, anything you'd like to share with Zeke, Pam and the group.

>> I'd like to give both of you a couple moments in closing comments. It's been a short conversation but an important one. The next part of our conversation is to go back to tables and regional conversations. If you have any food for thought or things to think about tonight or moving forward, we'd love to hear it.

>> Both the health policy board and the early learning council are volunteer policy bodies. Neither of us are paid by the system to be in these roles. But also, that means part of our job is to make sure we're really representing folks across the state. So this kind of conversation I think is really really important, and as we move forward, I want to encourage you whether you're sitting in CCO/health seat or an early learning seat, to take advantage of the fact that you have people in these positions that are really invested and thinking about how we can move forward together. This it exciting work. Reach out to me directly and our health policy board as we move forward.

>> So ditto on the reach-out, I mean, I think we need to learn from the fabulous work you're already starting. I only got to hear a little bit, I was doing my day job before I came. But I did get to hear a little bit of what you were working on and talking about. It's super exciting. What you're doing is really where it's at and I see us as sort of barrier busters in some way in the work that you're doing. I appreciate you having us here tonight. Really appreciate the work that you're doing.

>> Diana Bianco: Thank you so much.

[applause]

>> Diana Bianco: What we've done this afternoon and evening what, and I think Pam and Zeke sort of highlighted it, talking about what's happening at the grass roots level as well as the treetops. Sondra talked about on the ground work and also policy change to really make a difference for folks. So hearing from Zeke and Pam and Megan and Leslie earlier about what the overall direction is, and then from all of you in the world cafe, as well as regional conversations about how do you make this all a reality? What do we do together on the ground to really make a difference? So the policy work and the work in your community really comes together to have a powerful impact. With that, we want to give you all another opportunity for more discussions at your table. And it's our regional conversations number 2, very excitingly titled. We wanted to give you guys more time to talk, about another 20 minutes. Again, we've provided you with a couple of starter conversation questions, which is one.

What did you learn in the world café that was particularly meaningful, salient, or new? And number two, given all that you've heard today, starting from when we first came together and what we've heard from Zeke and Pam what, next steps will be take when you get back to your community that might be looking into early childhood? What might be different as a result of what you heard today? We'll give but 20 minutes to talk. This time, we limited this earlier, we're going to ask for some volunteers. We're not going to hear from all tables, but we will ask some volunteers to share some of the most committing and, we'll bring Sondra back up for some additional questions and wrap it up about 7:30. I'll invite you to continue to enjoy your dinner and talk at the table. And then we'll come back soon. Thank you.

[dinner]

>> Diana Bianco: I want to bring folks back together. I also thought as it gets later and you're having dessert and getting really relaxed, you might still be talking about some of the questions we posed or you might not and that's okay. But I didn't want to lose the opportunity to hear from all of you. We really did want to -- and we started this off this morning with you all having a lot of conversation and sharing throughout the day. Before we all go home tonight we wanted to give you the opportunity to hear from your colleagues across the state. Here's what we're going to do. Dana and i, Dana's here, I'm here. We'd like to take about 10 or 15 minutes and hear from you. We want to hear from you, it could be based on question we asked or not. But really from your table, you can represent your table or yourself. Share with us what conversation you had at your table, what is going to be different when you go back to your community. What was really exciting that was talked about at your table. We're going go and put your hands up and David and I will take turns hearing from people. It'll be sort of raise your hand to share with us what things you talked about at your table or some of the things you heard that were particularly resonant. Who would like to share something that resonated, or something you were just talking about at your tables. I was going call on you so it's a good thing you stood up, Suey.

>> Suey: We were talking about how to help our dental care providers in Yamhill County address more children and prevent. We were pretty inspired by what the blue mountain folks are doing and we were trying to figure out how to do that in Yamhill County. It's very fortuitous that one of the areas that the CCO needs to focus on this year is dental care. We're thinking how can we pull in some volunteers to learn about dental education and help support that in our schools, and how can we even in a primary care setting know more about what's happening for people birth to three, and help parents to understand it's ok, it's safe to go there, maybe we'll even have a dental day, you know, every month at one of the dental providers where it's baby dental day, where parents are going and learning about the importance of dental hygiene. Our big discussion was, we know who the dentists are. We're going to go back and find 'em. We're going to make 'em do this! I'm Suey from Yamhill County, this is all Yamhill County people here, from the CCO and the early learning hub. And I'm also with head start.

>> Diana Bianco: Thank you. So, you were volunteered by your table mates.

>> I'm Judy Newman from Lane County. We have the right people around our table, because what we've been talking a lot in our county with the social-emotional needs. I think Megan talked about that earlier, of the kids, which really cuts across our CCO, our early learning system, bigtime. We got really excited, we feel really committed to make some kind of a difference. There seems like enough money and resources in the system. We have to figure out different ways to provide collaborative services and funding. So we're committed to do that when we go back.

>> Diana Bianco: Thank you so much. Who else would like to share? Or be handed the microphone by me? Would you guys like to share anything about anything you talked about?

>> Well, I think one of the things that we mentioned here is that the transformation grants that are really changing the way we are doing business with the different organizations, not just with the early learning hub but kind of captivating the audience for bringing other committed partners together to the table, to be really focused on yes, education is critical but also we cannot ask the parents for their children to perform well if they are not healthy. So that was kind of the theme of our table.

>> Diana Bianco: Thank you very much. Anyone else? Eastern Oregon?

>> First of all, I think it's great that we're all here together. But I think there's an elephant in the room. And that is that a lot of good ideas sit at the early learning hubs, and the view is most of the money sits at the CCOs. And the reality is that that money is entirely Medicaid money. Federal money with the most strings attached to it that we could possibly get. So what we need to do is rather than focusing on a Medicaid-only type of a challenge, we need to enlist your help in expanding the resources, so that we can implement prevention, public health oriented strategies or health strategies across the entire community. And more importantly, we need you to talk to our senators and congressmen about the way CMS interprets how they count

services that are delivered for social determinants of health. There are not codes that are readily available for many of the things that you heard here tonight. It's awkward, it's difficult, and at the end of the day, relationships are what are going to change people's behavior. And I don't know of a good code for relationships. [laughter] [applause]

>> Diana Bianco: thank you. And Kevin's comment really highlights what we talked about earlier, in terms of the work happening on the ground, network has to happen to make change in people's lives. And you also need policy change to fully realize the potential of the collaborative work that all of you are endeavoring to do. Southern Oregon? Anybody? Belle's volunteering someone. Anybody want to share? No. We really won't make you. Anybody else?

>> Oh, please.

>> I'll build on that last point by saying that one of the things I learned in at least two of the presentations, one on the ASQ in Marion County between the hub and the CCO there, and in lane county between the CCO and the hub there, that when the vision and commitment are there to put the ideas together with the money, we can do something very concrete that will benefit the children and families that are served by the hubs. And the populations that are served by the CCOs, where the money is. So I think we have to encourage more of those concrete partnerships to make sure that additional funding is invested in upstream prevention in the way that trillium has done in lane county, and can be done by other CCOs. And I think they said to their knowledge they are the only hub that is doing that. Well, let's spread that vision throughout the other hubs and spread the creativity of what has been done with the hub in the Marion County area, as to how hubs can partner effectively with CCOs to increase the metrics and the draw-down of incentive funds that the CCO's can draw on.

>> Diana Bianco: That's fantastic, thank you so much. What I'd like to do, unless I'm missing any hands going up, I'd like to turn it back over to Sondra to share with us a few reflections on what she heard and observed tonight. And to share whatever else she wants to talk about in some closing comments.

>> Sondra Samuels: Thank you, I'm going to be really fast. I think everybody's fading and I am two hours ahead of you, okay? [laughter]
It's actually 9:00 for me or nine-something. So anyway, great conversations, thank you so much. What my key thing is, you've got a lot going on here. You have a lot going on and there's definitely energy. There was a lot of conversation at the tables. You know, it was great to hear about how vroom is working here. We found out about it in Minneapolis, and had the Bezos Foundation come and visit and talk about that a couple years ago. So you know, that it's here, and in 16 sites, something like that was really cool. And then – I didn't get to every table. But just some great things happening. There's a couple things I want to leave you with. One that had come up several times. And it is really when our collaboration came together, we decided together what our north star would be. We have to leave our functions and missions to the side as we think about our children and our families and our community, what is our goal together.

So again, health organizations, out of school time, k-12, colleges, housing, career. Everybody needed to see themselves. Even if you're just talking about early childhood and health, both functions need to see themselves in the well-being of a child and how they intersect. We came up with creating a culture of achievement in a geographic zone in north Minneapolis, where all of our children would graduate high school college ready. So the housing organizations had to answer how, what they did, in terms of stabilizing families impacted a culture of achievement, and the other level of things for us ending multigeneral racial poverty using education and family stability as a lever. They said if the child is highly mobile they are really not focusing on school. Every time a child moves they lose six months of learning. We have children who move multiple times because we don't have dignified housing for them. So it was clear for housing. And the same with health, more than probably any other, saw itself from womb to work, two generations, of both the parents and the scholars. And I could go on.

But again we chose the north star that we all saw ourselves a part of, and then began aligning multi-sector, cross-agency to fulfill that goal by doing what we do best, by aligning that through a shared data system. And the data systems for I think every state, they are dealing with how do we share data and behavioral health data across communities. We have a movement in Minnesota called sleds or something like that, state level – but anyway. Because everybody's struggling with how do we make this. You can't really do things in a collaborative fashion if you can't measure together and track data together, and so on. That is really something that every state is really struggling with. And then, you know, I just want to close by saying -- and by the way, the policy part is critical, because with policy you -- policy actually helps communities remove toxic stress from children's lives, good policy. It actually removes barriers and creates pathways. We're working on a policy level at the county level and the city level as well as the state level in terms of removing barriers but also creating pathways. Our community has collective impact in the way that we're working, it becomes really clear around what those impediments to progress are – statewide is really where we've been hitting it the hardest level. I'll leave you with that quote that a leading child development psychologist said. Urie Bronfenbrenner. Did I slaughter that name? Okay. But I just love this quote. In order to develop normally a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child.

Somebody's got to be crazy about that kid. That's number one. First, last, and always. And I would submit to you like I said before, it takes a village to raise a child. It also takes a village to neglect a child. That we as a community, you all, what you're doing, you can commit to having an irrational emotional relationship with the chifn your community. Absolutely irrational where you say none of them are going to fail on our watch. We can do that, we are actually the adults of the community. We can make the decision and then we can do it. And we can shame people who aren't on board with it.

[laughter]

We can absolutely, like no other area, we can shame people around how we're treating our kids, can't we? And we have to make them our kids across race, across class, across ethnicity, across geography. If you can see every child in this state as your child, then the question becomes what wouldn't you do for your child? Thank you.

[applause]

>> Diana Bianco: Thank you.