

Work is ongoing to finalize the attached draft of the Children's Cabinet Strategic Plan. Missing information (highlighted in yellow) will be inserted before the plan is finalized.

Comments may be submitted at <http://kids.ri.gov>.

Please contact Dacia Read, dacia.read@ohhs.ri.gov, with any questions.

Thank you.

DRAFT

The Rhode Island Children's Cabinet

Strategic Plan 2015 – 2020



Strong Governance, Strong Children, Strong Future



#RIKidsCabinet

www.kids.ri.gov

Governor Gina Raimondo and the members of her Children’s Cabinet thank Casey Family Programs for funding key staff capacity and technical assistance for the Children’s Cabinet. They are also grateful to Elizabeth Gaines from the Forum for Youth Investment and the National Children’s Cabinet Network for her assistance throughout the Cabinet’s strategic planning process.

The Children’s Cabinet applauds agency staff and community partners from across Rhode Island who have contributed to its strategic plan and looks forward to future work together.

Letter from Governor Gina Raimondo

As a parent, I am committed to ensuring that my children access every opportunity possible. As Governor, I believe that no matter what a child's zip code is, every child should have a chance for opportunity in Rhode Island.

When I took office, Rhode Island ranked 31st in the nation in terms of overall child well-being and last in New England. Nearly 20% of Rhode Island's over 200,000 children lived in households with incomes below the federal poverty threshold, and thousands more lived in households depending on state intervention or assistance to meet basic needs.

Statewide, children and youth rely on government to provide opportunity and high-quality services like coordinated health care and appropriate learning environments. Currently, # different funding streams, totaling \$X, are utilized by 10 different state agencies to implement programs and services for children and families in Rhode Island. Despite these substantial investments, disjointed service delivery across agencies, significant gaps in evidence-based programming, and disappointing child and youth outcomes persist in our State.

Recent analysis from the RI Data Sharing Project found that only 64% of the students who graduated from a Rhode Island Public School in four years enrolled in college the following fall. Of those students who enrolled full-time at a Rhode Island public institution, only 45% persisted into their second year of college.

Since my first day as Governor, I have been working hard to bring jobs back to Rhode Islanders. In order for our economy to rebound, we need to have healthy families and academically prepared kids. Our future depends on our children and youth staying healthy, completing high school and college, finding work, and developing the skills and leadership capacity necessary to carry Rhode Island forward. I have reconvened the Children's Cabinet so that we can be certain our children, youth and families are not hindered by a fragmented, inefficient or unresponsive government system that does not work actively on their behalf.

Together, we will work to improve outcomes for our children and youth. Please join us as we step forward for stronger governance, stronger children, and a stronger future for Rhode Island.

Governor Gina M. Raimondo



Children's Cabinet Strategic Plan

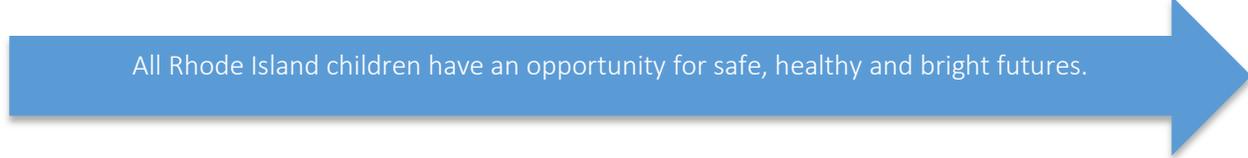
2015-2016

What Drives Us: Our Mission

We, the leaders and agencies serving children and families in Rhode Island, come together to ensure that our children and youth have opportunities for safe, healthy and bright futures. By providing the overarching leadership and holistic approach necessary to improve the well-being of our children and youth, we set our State on a path toward a more stable and successful future.

What We Strive Toward: Our Vision

All Rhode Island children have an opportunity for safe, healthy and bright futures.



What We Aim to Do: Our Goals

1. Improve the health, education, and well-being of all children and youth in Rhode Island.
2. Increase the efficacy, efficiency, and coordination of service delivery.
3. Improve data-driven, evidence-based decision-making through strengthened data sharing capacities among agencies and research partners, while adequately protecting the privacy rights of children.



Our Authority and Composition: R.I.G.L. §42-72.5(1-3)

Governor Gina Raimondo reconvened the Children’s Cabinet in July 2015, after working with the General Assembly to revise the statute establishing the Cabinet as a decision-making entity for children. Pursuant to R.I.G.L. §42-72.5 (1-3), we are charged with meeting at least one time per month and authorized to engage in interagency agreements and appropriate data-sharing to improve services and outcomes for children and youth. Governor Raimondo has designated Elizabeth Roberts, Secretary of the Executive Office of Health and Human Services, as chair.



Photo: First meeting of Governor Raimondo’s Children’s Cabinet, July 2015.

2015 Statutorily-Authorized Cabinet Members:

- **The Honorable Gina Raimondo**, Governor of the State of Rhode Island
- **Elizabeth Roberts**, Secretary of the Executive Office of Health and Human Services
- **Ken Wagner**, Commissioner of Elementary & Secondary Education
- **Nicole Alexander-Scott**, Director of the Dept. of Health
- **Regina Costa**, Child Advocate
- **Melba Depeña Affigne**, Director of the Dept. of Human Services
- **Michael DiBiase**, Director of the Dept. of Administration
- **Scott Jensen**, Director of the Dept. of Labor and Training
- **Jamia McDonald**, Chief Strategy Officer, Dept. of Children, Youth & Families
- **Maria Montanaro**, Dir. of Dept. of Behavioral Healthcare, Developmental Disabilities & Hosp.
- **Jim Purcell**, Commissioner of Post-Secondary Education

How We Work: Our Guiding Principles

As agency leaders we commit to doing more than managing a singular agency. Together, we define how the State supports our children and youth. In doing so, we ascribe to the following principles:

1. LEADERSHIP FROM THE TOP:

- The Governor and her Cabinet are responsible for ensuring the forward progress of all Children’s Cabinet strategic and action plans.

2. THE STATE HAS A RESPONSIBILITY:

- The Cabinet recognizes that the State has a critical role to play in providing appropriate services and supports to children, including, but not limited to: physical, mental and behavioral health, foster care, medical insurance, quality education, stable housing, safe schools, communities and environments, and opportunities to engage civically and socially.

3. CROSS-AGENCY COMMUNICATION AND COORDINATION IMPROVES SERVICE DELIVERY:

- The Cabinet utilizes reliable methods for regular communication and coordination between agencies on all matters relating to children.

4. SMART USE OF DATA IMPROVES OUTCOMES FOR CHILDREN AND YOUTH:

- Cabinet agencies are best able to address fragmented service delivery and inequitable outcomes by engaging in data collection and data sharing that helps to identify service needs, gaps in services, and opportunities for greater impact.

5. STRONG PARTNERSHIPS MAKE A POSITIVE IMPACT ON CHILDREN AND YOUTH:

- The Cabinet is strengthened by leveraging strong partnerships across agencies and with local government, providers, schools, families, and community partners. Collectively, we can positively impact our children and youth.

6. INFORMING AND ENGAGING THE PUBLIC IS KEY TO OUR FUTURE SUCCESS:

- The Cabinet supports public education campaigns to raise awareness around issues facing Rhode Island’s children and youth. The Cabinet also seeks public involvement and input to address those issues.

What We Do: Our Core Strategies

We will utilize the following strategies to improve governance for the children of Rhode Island.

1. A Common Agenda

- As we lead and manage state government, we will be driven by shared goals and desired outcomes for children.
- Together, we will engage our partners in government from other state agencies, the General Assembly, and the judiciary to move our agenda for children and youth.
- To gain a common understanding of problems and develop shared solutions, we will facilitate and support cross-agency planning and action.

2. Shared Measurement & Accountability

- To keep ourselves accountable, we will develop and utilize shared metrics to track progress toward desired outcomes for children and youth over the next five years.
- We will regularly and rigorously evaluate service delivery, and we will facilitate interagency data sharing and analysis to better serve children and youth through evidence-based interventions.

3. Continuous Communication & Mutually Reinforced Activities

- We will meet in person once per month and communicate as needed between meetings regarding all Children's Cabinet initiatives and responsibilities.
- We will request updates from and review requests made by interagency and public-private workgroups and taskforces focused on issues impacting children and youth to ensure that the expertise and recommendations developed are leveraged and implemented appropriately.
- To facilitate communication and coordinate our efforts we will rely on our full-time Children's Cabinet Policy Director, who will work regularly with agency staff and stakeholders.
- We will communicate with stakeholders promptly about emerging and pressing issues impacting children so that our work is appropriately responsive and informed.

4. Coordinated Budget Development

- We will assess overall investments in children as we set annual budget priorities. We will develop and utilize child and youth resource maps to track spending toward desired outcomes, identify needed investments, and create efficiencies in budgetary planning across agencies.
- We will be creative and efficient in funding initiatives for children and youth by leveraging our unique capacity to draw down federal funds, seeking cross-agency planning and implementation grants, and initiating cross-agency trainings and resources.

5. Public Engagement

- We will identify opportunities to support public education campaigns across agencies and stakeholder groups.
- We will regularly seek public input on Cabinet initiatives.
- We will facilitate opportunities to hear directly from Rhode Island's children, youth, and families.

How We Assess Our Work: Core Strategy Metrics

We know that we are not going to change long-term outcomes for children and youth unless we change the way we do business and keep each other accountable. We will ensure that our governance strategies produce results by using the following metrics to track our outputs annually over the next five years.

Strategy	Strategy Metrics	CY15-16 Targets
A Common Agenda	# of agency partnerships initiated by the Cabinet to improve service delivery.	3-4
	# of grants identified by and awarded to the State of Rhode Island that advance the Cabinet's desired outcomes for children and utilize interagency collaborative efforts to develop and implement practice change.	1+
	# of joint presentations, testimony submissions, and reports provided to the General Assembly related to desired outcomes for children and youth.	2
Shared Measurement & Accountability	# of data-sharing needs identified to guide policy and service delivery.	5+
	# of interagency data sharing opportunities seized to improve outcomes.	4
	# of shared Cabinet metrics that are disaggregated by race and income.	10+
	# of research partners engaged to analyze data and develop interventions.	3
	Rate of improvement toward desired outcomes for children and youth.	TBD
Continuous Communication	Rate of attendance by Cabinet members at monthly meetings.	90%+
	# of workgroups convened to forward Cabinet-specific initiatives.	5+
	# of requests by workgroups / taskforces heard and considered by Cabinet.	8
	# of emerging issues impacting children presented to and by the Cabinet.	8
Coordinated Budget Development	# of agencies utilizing resource maps to guide investments in children.	10
	# of new funds secured from the federal government with Cabinet support.	TBD
	# of Children's Cabinet initiatives funded through the state budget.	3+
	# of Children's Cabinet initiatives funded through public-private partnerships.	TBD
	# of budget efficiencies achieved through cross-agency coordination.	3+
Public Education and Engagement	# of reports or issue briefs produced by Cabinet for public dissemination.	2
	# of state-wide public engagement campaigns coordinated across agencies.	3
	# of Children's Cabinet meetings or events during which members hear directly from children, youth, and families.	4-5

"At the end of the day, a kid deserves a chance and may not get it unless we come together and do our job right."

~ Governor Gina M. Raimondo

How Our Work Impacts Children: Our Desired Outcomes

As we work to improve governance and service delivery, we do so with intentions of reaching our primary goal: improved health, safety, and well-being for all children in Rhode Island.

To ensure we are moving toward this goal over the next five years, we will look closely at how well our children and youth fare in five outcome areas that are critical to their well-being and holistic development—physical health and safety, behavioral and emotional security, academic empowerment and career readiness, social, cultural and civic engagement, and family and community stability.

As we do so, we will pay attention to disparities in child and youth outcomes that are rooted in racial inequity, income-level, and other special needs. We will take bold, data-driven action to intervene and address disparities. When a child in Rhode Island receives services and supports from the State, we will work to ensure that those services and supports are delivered effectively, efficiently, and equitably.

Children’s Cabinet Desired Outcomes

The Children’s Cabinet believes that all children and youth in Rhode Island should be:



Monitoring Our Impact: Objectives and Metrics

Our staff members have already begun working together and with community stakeholders to reach each of the objectives listed below. Each one is critical to achieving our desired outcomes for children and youth, and each requires tight government coordination. Moving forward, we will monitor progress toward each of these objectives. We will also take a broad look at child and youth outcomes statewide. Utilizing data dashboards, we will analyze shared child well-being metrics and ask big questions. Informed by sound data and growing statewide expertise, we will work to implement policy and practice changes toward each objective, budget responsively, and improve child well-being as we do so.

Shared Cabinet Objectives by Desired Outcome Area and Age-Range

	Early Childhood (0-8)	Middle Childhood (9-14)	Young Adulthood (16-24)
Physically Healthy and Safe	Young children develop appropriately by receiving high-quality early healthcare services.	Adolescents and young adults develop appropriately by receiving regular, coordinated healthcare, reducing abuse of substances, and accessing reproductive health services.	
	Children live in safe and healthy living environments.		
Behaviorally Able and Emotionally Hopeful	Children with (or at risk of) mental and behavioral health issues make successful transitions.		
Academically Empowered and Career Ready	Children are ready for elementary school and have access to high-quality early learning and developmental programs.		Adolescents and young adults afford and complete college.
		Adolescents and young adults prepare and thrive in appropriate, in-demand jobs.	
	Children regularly attend, actively participate, and progress appropriately in school.		
Socially, Civically and Culturally Engaged		Children and adolescents avoid justice system involvement.	
	Children and youth engage positively with each other and their communities, and access sports, after-school and community-based programming.		
Supported by Stable Families and Communities	Children and families have stable wages and housing.		
	Families with children maintain stability and meet basic needs in periods of parent unemployment or under-employment.		

As we identify, develop, and refine shared metrics, we are instructed by the reasoning, potential indicators and baseline numbers listed below. These and other key data points serve as continued resources for us. As we build our child well-being dashboards, will work to grow confidence in the validity and proxy power of a narrowed set of metrics and, as we are driven to not just improve outcomes but also make them more equitable, we will make efforts to regularly disaggregate shared key data points by race, income-level, and other special needs.

Physically Healthy and Safe

Successful implementation of the state-wide health exchange has connected more Rhode Island children to health coverage in recent years, resulting in approximately 96.7% of children under the age of 18 being enrolled in health insurance. Nevertheless, we know that more must be done to ensure that children stay healthy and ready to learn, including addressing childhood obesity and asthma, as well as teen pregnancy and substance abuse. Research demonstrates that well-coordinated systems of care are critical to ensuring that children and adolescents continue to access a medical home and address physical and reproductive health concerns appropriately. We choose to look closely at points of transition over a child’s life course to ensure that services are effectively coordinated.

Objective: Young children develop appropriately by receiving high-quality early healthcare services.	Objective: Adolescents and young adults develop appropriately by receiving regular, coordinated healthcare, reducing abuse of substances, and accessing reproductive health services.	Objective: Children live in safe and healthy living environments.
Potential Indicators <i>(Available Baseline by FY)</i>		
<ul style="list-style-type: none"> • % of children with asthma ('13: 11.7%) • % of obese children ('15: 13.2%) • % of children with medical homes. ('12: 59.9%) • % of children 0-3 in participating primary care practices who receive regular, standard developmental screenings ('16: 67%) • % of infants born at high-risk who receive evidence-based home visiting services. ('16: X) • % of children 0-3 who receive EI services once identified as eligible. 	<ul style="list-style-type: none"> • % of high school students who saw a doctor or nurse for a physical or check-up in the past year. ('15: 77.6%) • Proportion of high school students reporting use of marijuana during the past 30 days. ('15: 23.6%) • Proportion of high school students who report ever using prescription drugs without a doctor’s prescription. ('15: 11.6%) • Rate of birth to teens ('14: 15.6/1000) 	<ul style="list-style-type: none"> • # of youth open to DCYF family services due to allegations or evidence of abuse or neglect. • Rate of crimes against children. • Proportion of RI children exposed to second-hand smoke. ('08: 52.5%) • % of households experiencing food insecurity ('16: 15%) • % of childcare providers with significant health and safety findings. • Incidence rate in RI children ages 1-5 with <5 mg/dl of blood lead levels. ('15: 4.06%)

Behaviorally Able and Emotionally Hopeful

Nearly a quarter of the ninth through twelfth graders who participated in the most recent Rhode Island High School Risk Behavior Survey “felt sad or hopeless almost every day for two weeks or more,” and over 560 reported more than one suicide attempt. As the motto of our state is “Hope,” we commit to looking closely at the service needs of children and youth who face alienation, loneliness, and a lack of

connection to society due to mental, emotional, and behavioral health conditions. We know that children and youth who fail to receive needed treatment at key transition points often find themselves in prison, homeless and/or struggling with addiction later in life. In an effort to provide timelier, more cost-effective, and holistic interventions, we will promote resilience and hopefulness amongst children and youth by strengthening and better aligning children’s mental and behavioral health services in Rhode Island.

Objective: Children with (or at risk of) mental & behavioral health issues make successful transitions.
Potential Indicators <i>(Available Baseline by FY)</i>
<ul style="list-style-type: none"> • Rate of hospitalizations for children under 18 due to mental health conditions. ('13: 12.8%) • Rate of suicide amongst children under 18. ('14: 2.8/100,000) • % of adolescents with special health care needs who receive services necessary to make transitions to adult health care. ('10: 43%) • Number of infants born at highest risk who receive evidence-based home visiting services. ('16: X) • % of Rhode Islanders who are limited by poor mental or physical health for 14 days/month. ('16: 11.5%) • Rate of participation in IEP/Career Planning meetings. ('16: 50%)

Academically Empowered and Career Ready

Approximately 4,000 sixteen to nineteen year olds in Rhode Island are not in school and not working. Together, we want to ensure that more children and youth are engaged in and prepared for school, able to complete college and equipped with valuable career skills that are in demand and yield a sustainable wage in Rhode Island. We know that readiness relies on appropriate early learning opportunities, regular school attendance, necessary classroom supports, and attention to the physical and mental health needs of students. We also know that graduating from high school is not enough to ensure that youth remain connected and empowered. This is why we are interested in identifying and coordinating services to ensure that youth and families access available financial and social supports to complete college, and why we will seek opportunities for youth and young adults to be appropriately exposed to the job skills that will help them become productive Rhode Islanders.

Objective: Children are ready for elementary school and have access to high-quality early learning and developmental programs.	Objective: Children regularly attend, actively participate & progress appropriately in school.	Objective: Adolescents & young adults afford and complete college.	Objective: Adolescents and young adults prepare and thrive in appropriate, in-demand jobs.
Potential Indicators <i>(Available Baseline by FY)</i>			
<ul style="list-style-type: none"> • % of early learning programs meeting benchmarks. ('16: 17%) • # children enrolled in CCAP. ('14: 8,991) • % of children in state-funded pre-K. ('16: 4.7%) • % of districts providing full-day kindergarten. ('16: 89%) 	<ul style="list-style-type: none"> • % of students reading at grade level in 3rd grade and 8th grade. • # of in-school arrests. • # of out of school suspensions. • % change in chronic absenteeism. • % of students participating in AP courses. ('15: 14%) • 4, year graduation rate. ('14: 81%) 	<ul style="list-style-type: none"> • 4, year graduation rate. ('14: 81%) • Rate of SAT participation. ('15: 79%) • # of dual enrolled. ('15: ~2500) • % of students enrolling in a state college. • % of students requiring remediation at CCRI. ('16: 66%) • % of in-state students with costs covered. 	<ul style="list-style-type: none"> • % of sophomores, juniors and seniors concentrating in CTE programs. ('15: 9%) • % of juniors and seniors earning industry recognized credentials. ('16: 8%) • % of out of school and long-term unemployed participating in internships.

Socially, Culturally, Civically Engaged

Across Rhode Island, children and youth access and utilize our schools, youth centers, health clinics, and other social services. As consumers of our programs and services, we are interested to hear their feedback and concerns. We know that young people are more likely to vote and engage with government if they access leadership development opportunities and feel socially, culturally, and civically connected. We also know that the more disconnected a child becomes from school, work, or community, the more likely he or she is to become involved in the juvenile or criminal justice system. This is why we intend to more fully understanding the range of leadership-development and community-based programming that is available to children and youth across Rhode Island. As government leaders, we support coordinated preventative interventions to keep our youth law-abiding, active, and proud residents of Rhode Island.

Objective: Children and adolescents avoid justice system involvement.	Objective: Children and youth engage positively with each other and their communities, and access sports, after-school & community- based programming.
Potential Indicators <i>(Available Baseline by FY)</i>	
<ul style="list-style-type: none"> • # of youth at RI Training School. ('15: 97) • # of youth on probation. ('15: 550) • Re-Incarceration rate to Youth Detention. ('15: 33.4%) • % of justice-involved youth active in community-based programming. 	<ul style="list-style-type: none"> • Rate utilization of DLT youth centers. • % of youth accessing summer employment. • % of youth participating in library programming. • % of eligible youth engaged in out-of-school time programming. • # of students enrolled in dual language programs. ('16: ~ 600) • % of eligible youth voting in elections. ('14: ~ 20%) • # of youth participating in summer employment

Supported by Stable Families and Communities

According to the Economic Progress Institute, a Rhode Island family needs to earn an income that is between 2.5 to 3 times more than the federal poverty threshold to make ends meet in Rhode Island. As 19.8% of Rhode Island children lived in households with incomes below the poverty threshold last year, and over 9,000 children lived in families receiving cash assistance from the State, we remain cognizant of the struggles that many parents and families face in maintaining safe housing and stable incomes to support their children. We are also keenly aware of the impacts of poverty and instability on children's development and future outcomes. This is why we will work to strengthen the quality and delivery of programs and services for poor families with children to promote stability and long-term prosperity.

Objective: Children and families have stable wages and housing.	Objective: Families with children maintain stability and meet basic needs in periods of parent unemployment or under-employment.
Potential Indicators <i>(Available Baseline by FY)</i>	
<ul style="list-style-type: none"> • % recent graduates from URI, RIC, and CCRI entering state and national workforce. • % of households with incomes below poverty federal threshold. ('15: 19.8%) • % children with no parent in the labor force ('13: 9%) • % of renters spending 30%+ of household income on rent. ('13: 52%) 	<ul style="list-style-type: none"> • # of children in families receiving cash assistance. ('FY14: 9,077) • # of children receiving SNAP benefits. ('FY14: 60,982) • % of eligible parents and children accessing RIWorks opportunities.

What's Already Happening: Our Partners

We know that agencies and community partners have already come together around several issues facing children, youth, and families, and that they have developed expertise related to our objectives. We call upon the partners listed below to advise and inform our decision making, and we commit to reserving time during our monthly meetings for this purpose.

We also look forward to working with key research partners, including but not limited to Rhode Island Innovation Policy Lab (RIIPL), DataSpark at ProvPlan, R.I. Kid's Count, and the Economic Progress Institute at Rhode Island College. Together, we will look closely at available data and answer tough policy questions.

Partners and Workgroups

	Early Childhood (0-8)	Middle Childhood (9-14)	Young Adulthood (16-24)
Physically Healthy and Safe	1. Successful Start Steering Committee 2. Inter-Agency Managers Workgroup (Family Visiting) 3. Inter-Agency Coordinating Council (EI)	1. The Rhode Island Alliance 2. Workgroup on Sexual Health	
	1. Child Welfare Advisory Committee 2. Bright Stars Advisory Group 3. RI Healthy Housing Collaborative 4. School Healthy Advisory Council 5. Child Death Review Team 6. RI Coalition Against Domestic Violence 7. Safe Kids RI		
Behaviorally Able and Emotionally Hopeful	1. Interagency Coordinating Council (EI) 2. Toxic Stress Capacity Workgroup	1. Governor's Council on Behavioral Health 2. RI Transition Council	1. Healthy Transitions Workgroup
Academically Empowered and Career Ready	1. Early Learning Council 2. Permanent Legislative Commission on Child Care	1. RI Special Education Advisory Committee	1. The PCYC College and Career Workgroup 2. RI Data Sharing Advisory Council 3. Joint Research Initiative Grantees
		1. Governor's Workforce Board 2. Consent Decree Workgroup 3. Career Pathways Action Committee	
	1. Chronic Absenteeism Workgroup		
Socially, Civically, and Culturally Engaged			
		1. Providence Children and Youth Cabinet 2. Rhode Island After School Plus Alliance	
Supported by Stable Families and Communities	1. Opening Doors 2. Workforce Alliance 3. Commission for Health Equity and Advocacy		
	1. RI Works 2. Real Jobs RI		

What to Expect: Our Timeline

Over the next five years, we will develop our data, service delivery, and budget planning capacities to improve our governance for children and youth. We will also meet monthly to stay abreast of pressing issues and facilitate public engagement activities that generate public input and involvement in addressing issues impacting children, youth, and families. We will return to our strategic plan annually to update action plans, track our outputs, and assess our progress toward desired outcomes for children and youth.

Strategic Plan Timeline

Year 1 (July 2015-July 2016)

- Develop shared metrics and data dashboards for each of the Cabinet's desired outcomes and objectives for children and youth.
- Engage in shared data collection to track new metrics.
- Convene expert staff from Cabinet agencies to identify and outreach to workgroups focused on the Cabinet's desired outcomes and objectives for children.
- As developed, launch pilot initiatives to improve service delivery.
- By July 2016, identify full set of funding streams impacting children and youth and utilize resource maps to disaggregate streams by desired outcomes for children, departments, age-group, and other key indicators identified by the Cabinet.

Years 2 (July 2016-July 2017)

- Monitor annual progress toward desired outcomes using data dashboards.
- Engage research partners to develop governance and policy recommendations to address trends identified through data dashboards.
- Continue launching pilot initiatives to improve service delivery as developed, and work to bring prior year pilots to scale.
- Utilize resource maps and data dashboards to inform agency budget development.
- Promote shared children's agenda amongst the General Assembly and public.

Years 3-5 (July 2017-2020)

- Continue monitoring annual progress toward desired outcomes using data dashboards.
- Continue launching and scaling pilot initiatives to improve service delivery as developed.
- Continue to utilize resource maps and data dashboards to inform agency budget development.
- Seek new public/private funds to support targeted cross-agency initiatives.
- Informed by partner research and advocates, work together to promote budget and legislative changes, as needed.

What's Next: Taking Action Now

The following three initiatives are currently in development. They will align policies and performance measures across agencies to improve outcomes for children and youth in Rhode Island.

The Getting Together to Get to Kindergarten Initiative:

A multi-agency effort involving the Executive Office of Health and Human Services, Dept. of Children, Youth and Families, Dept. of Health, Dept. of Human Services and Dept. of Administration to ensure that DCYF children ages 0-5 are regularly connected to a coordinated continuum of early childhood services that appropriately support their healthy development and school readiness, including Early Intervention, Home Visiting, Early Head Start, and high-quality child care.

- **Anticipated:** January 2016
- **Children Impacted:** 700+ vulnerable children between the ages of 0-5.
- **Well-Being Outcomes Impacted:** Healthy and Physically Safe; Academically Empowered and Career Ready.
- **Strategic Outputs Achieved:** Inter-agency agreements; Budget efficiencies.

Behavioral and Mental Health Transitions Mapping:

A system review of the behavioral and mental health services and gaps in services provided by state agencies, including the Department of Children, Youth and Families, Dept. of Behavioral Health, Developmental Disabilities and Hospitals, Executive Office of Health and Human Services, and the Dept. of Health, focused on identifying areas for interagency alignment and improving the sufficiency of the service continuum.

- **Anticipated:** March-April 2016
- **Children Impacted:** 10,000+ children between the ages of 0-21 experiencing behavioral and mental health concerns.
- **Well-Being Outcomes Impacted:** Behaviorally Able and Emotionally Hopeful.
- **Strategic Outputs Achieved:** Interagency agreements; Budget efficiencies; Research partners engaged; Reports issued.

Leveraging WIOA to Deliver Targeted Workforce Development to Youth Under Age 24:

A tightly coordinated, data-driven effort by the Dept. of Labor and Training, Rhode Island Dept. of Education, Office of the Post-Secondary Commissioner, Dept. of Children, Youth and Families, and Dept. of Human Services to utilize federal Workforce Investment and Opportunity Act (WIOA) funds to directly support the workforce development needs of children and youth across Rhode Island.

- **Anticipated:** May-June 2016
- **Children Impacted:** TBD
- **Well-Being Outcomes Impacted:** Academically Empowered and Career Ready; Supported by Stable Families and Communities.
- **Strategic Outputs Achieved:** Interagency agreements; Budget efficiencies; Funds awarded to State that advance Cabinet outcomes; Public engagement campaigns coordinated across agencies.

ATTACHMENT: Children's Cabinet FY16 Funding Stream Assessment