

R.I. Children’s Cabinet

JANUARY 25, 2016
10:00AM-11:30AM – DOA CONFERENCE ROOM A

Call To Order

Jan 4 Meeting Minutes Adoption

Meeting Agenda

- Welcome & Updates
- Cabinet Initiative Update: *Getting to Kindergarten*
- DCYF Transition Update
- Strengthening Working Families Grant
- Data Dashboards: Part 2
- Public Comment

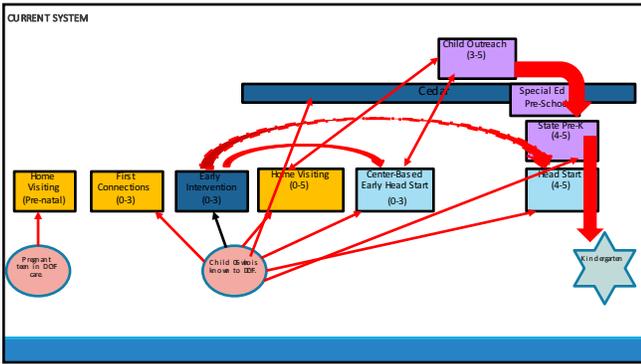
Cabinet Updates

Getting to Kindergarten is a cross-agency Children's Cabinet Initiative to help the infants, toddlers and young children who touch the State's child welfare system

- stay healthy
- develop appropriately, and
- become school-ready by kindergarten.

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.	
Behaviorally Able and Emotionally Hopeful	Children live in safe and healthy living environments. 		
	Children with (or at risk of) mental and behavioral health issues get appropriate treatment and make successful transitions.		
Academically Empowered and Career Ready	Children are ready for elementary school and have access to high-quality early learning and development programs. 		Adolescents and young adults access, afford, and complete college.
	Children regularly attend, actively participate, and progress appropriately in school. 		Adolescents and young adults prepare for and thrive in appropriate, in-demand jobs.
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 are supported by stable wages and housing.		
	Families with children maintain stability and meet basic needs during periods of household unemployment or under-employment.		

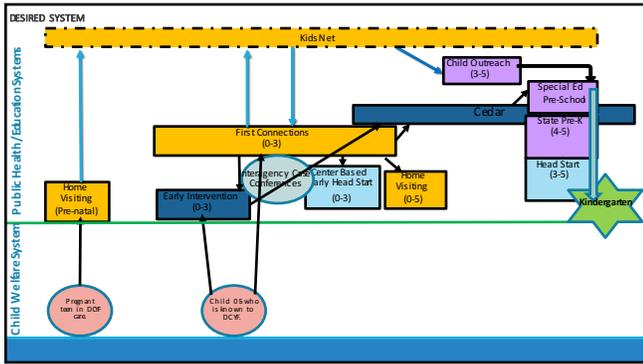


- Goal 1: Connect Pregnant Teens in State Care to Evidence-Based Home Visiting**
- Objective: Pregnant teens in care are referred to evidence-based home visiting services to facilitate healthy development throughout and after child welfare involvement.
 - Objective: Agencies collaborate to ensure appropriate outreach and follow-up, resulting in pregnant teens accessing evidence-based services and realizing favorable outcomes.
- Goal 2: Link Vulnerable 0-3 Year Olds to Appropriate Screenings and Developmental Programs**
- Objective: All 0-3 year olds who become involved with DCF are referred to ongoing care coordination services to facilitate healthy development throughout and after child welfare involvement.
 - Objective: The developmental needs of 0-3 year olds in State care are met through appropriate and timely connections to Early Intervention, Early HeadStart and/or evidence-based home visiting services.
- Goal 3: Ensure Special Education and Developmental Supports for 3-5 Year Olds with Child Welfare Involvement**
- Objective: Child Outreach efforts are targeted toward vulnerable children who have touched the child welfare system to ensure school readiness by Kindergarten.
- Goal 4: Equip Parents and Caregivers to Facilitate Healthy Early Childhood Development**
- Objective: Birth parents and/or foster parents are referred to evidence-based parenting programs that demonstrate improved child and family outcomes.
 - Objective: Front-line staff receive regular and up-to-date information about available evidence-based early developmental programs and family stabilization resources for children and parents.

Strategies

- Convene** interagency staff team composed of staff from the Executive Office of Health and Human Services (EOHHS), Dept. of Children, Youth and Families (DCYF), Dept. of Health (DOH), Dept. of Human Services (DHS), and the Dept. of Education (RIDE), to **Implement** strategies, **track** progress and **report** quarterly on child outcomes and implementation hurdles.
- Coordinate** care through appropriate data sharing and regular interagency care coordination meetings.
- Share** information regularly across agencies to help frontline workers better assist families and caregivers in accessing available resources.
- Listen** to parents, caregivers, providers, workgroups and community members throughout the year to understand implementation hurdles, ensure system coordination, and identify year-two priorities.

Strategy	Strategy Metrics	2015-16 Targets
A Common Agenda	# of agency presentations initiated by the Cabinet to improve service delivery # of Cabinet initiatives/efforts launched to achieve objectives # of RFPs issued that call for progress toward desired outcomes # of grants 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	10 10 10 10
Shared Measurement & Accountability	# of joint presentations, testimony submissions, and reports given to the General Assembly related to desired outcomes for children and youth # of data sharing needs identified by guide policy and service delivery # of interagency data sharing reports initiated to improve outcomes # of shared Cabinet metrics that are disaggregated by race and income	10 10 10 10
Continuous Communication	# of research partners engaged to analyze data and develop interventions Rate of attendance toward desired outcomes for children and youth Rate of attendance by Cabinet members at monthly meetings # of emergency conveners to forward Cabinet-specific updates # of requests by workgroups / task forces heard and completed by the Cabinet	10 10 10 10 10
Coordinated Budget Development	# of agencies seeking resource cross to public investments in children # of new funds secured from the federal government with Cabinet support # of Children's Cabinet initiatives funded through the state budget # of Children's Cabinet initiatives funded through public-private partnerships # of budget efficiencies achieved through cross-agency coordination	10 10 10 10 10
Public Education and Engagement	# of reports or issue briefs produced by Cabinet for public display # of state-wide public engagement campaigns coordinated across agencies # of Children's Cabinet meetings or events during which members are directly from children, youth, and families	10 10 10



Metrics		Reporting Agency
Goal 1	% of pregnant teens in care referred to home visiting services.	DCYF
Goal 2	% of high-risk 0-3 year olds subject to investigation that are referred to First Connections.	DCYF
	% of 0-3 open to the Department that are referred to First Connections.	DCYF
	% of 0-3 year olds in FCFP programs who receive appropriate developmental screens within specified time frame.	DCYF
	% of eligible 0-3 year olds receiving Early Intervention Services through CAPTA referrals.	EOHHS
	% of 0-3 year olds accessing Early HeadStart upon referral.	DHS
Goal 3	% of 0-3 year olds receiving evidence-based home visiting.	DOH
	% of children with previous DCYF involvement who are assessed by Child Outreach.	RIDE
Goal 4	% of Incredible Years participants with DCYF involvement.	DOH
	% of front-line staff informed of early childhood services and referral processes.	Staff Team

DCYF Transition

Strengthening Working Families Initiative

Strengthening Working Families Initiative

Grant Objectives

- Fund job training, child care, other supportive services and system building to create easier and more efficient access to available services.
- Remove education and training barrier for low-to middle-skilled parents/guardians.
- Bridge the gap between the workforce development and child care system.

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Strengthening Working Families Initiative

Funding amount: up to \$4 million over 48 months

Start date: July 2016

Requirements:

- > Up to 25% of funds may be used on participant supportive services
- > 25% leveraged resources

Two parts: program and system level

- > Program: funds job training, child care and other supportive services
- > System level: funds efforts that simplify and increase access to services and resources for parents/guardians to complete training

Strengthening Working Families Initiative

What do we already do?

- > Child care for Training (born out of Back To Work RI / Pilot, 18.0%)
- > Child care for Working Families (18.0% FPL)
- > Real Jobs RI (industry-driven training)
- > DLT Interagency Work Group

What do we want to achieve?

- > Work together to implement WIOA and Children's Cabinet objectives.
- > Connect Rhode Islanders to the economy.
- > Facilitate connections to high quality child care and improve child outcomes.
- > Make it easier and more efficient for families (customers) to obtain services and use those services to achieve their career goals.

HEALTH				
	Children without health insurance	Child and teen deaths per 100,000	Low-birthweight babies	Teens who abuse alcohol or drugs
National (2013)	7% (-)	24 (+)	8% (-)	6% (-)
RI (2013)	5%	17%	6.9%	6%
EDUCATION				
	Children not attending preschool	Fourth graders not proficient in reading	Eighth graders not proficient in math	HS students not graduating on time
National (2013)	54% (-)	66% (-)	66% (-)	19% (-)
RI (2013)	53%	62%	64%	24%
ECONOMIC WELLBEING				
	Children in poverty	w/ parents who lack secure income	living in households w/ a high cost burden	Teens not in school and not working
National (2013)	22% (-)	31% (-)	36% (+)	8%
RI (2013)	22%	34%	43%	6%
FAMILY & COMMUNITY				
	Children in single-parent families	In families where HH lacks HS diploma	Living in high-poverty areas	Teen Births per 1,000
National (2013)	35% (-)	14% (-)	14% (-)	26% (-)
RI (2013)	41%	14%	14%	18%

Objective: Children with (or at risk of) mental and behavioral health conditions get appropriate treatment and make successful transitions.

Potential Indicators (Available Baseline by FY)

- 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: 4.3%)
- % of 9th-12th graders reporting that they felt sad or hopeless in the last two months. (15: ~2.5%)
- % of infants born at high-risk who receive evidence-based home visiting. (16: 2.6%)
- % of Rhode Islanders who are limited by poor mental or physical health for 14 days/month. (16: 1.15%)

DOH & BHDDH

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 and young adults access, afford, and complete college.	Objective: Adolescents and young adults prepare for and thrive in appropriate, in-demand jobs.
Potential Indicators (Available Baseline by FY)			
<ul style="list-style-type: none"> • % of early learning programs meeting benchmarks. (16: 17%) • # Children enrolled in CCAP. (14: 13,438) • % of four year olds in state-funded pre-K. (16: 4.7%) • # Children in Early Head Start. (16: 529) • % of districts providing full-day kindergarten. (16: 89%) • % of children ages 3-5 who receive pre-school special education services (14: 8%) 	<ul style="list-style-type: none"> • % of students reading at grade level in 3rd grade and 8th grade. (16: 37.4% & 35.1%) • % of students participating in AP courses. (15: 14%) • 4, year graduation rate. (14: 81%) • % of children in K-12 who receive special education services (14: 15%) • # of in-school arrests. • # of out of school suspensions. • % of students who are chronically absent. 	<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 requiring remediation at CCRI. (16: 66%) • % of students enrolling in a state college. • % of students enrolling in college. • % of students completing college. • % 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.

DHS & RDE **RDE & LDS** **RDE, OPC & LDS** **RDE, OPC, DIT & LDS**

Public Comment

Please contact Children's Cabinet Policy Director, Dacia Read, with questions, concerns or comments. Dacia.Read@CHHS.RI.GOV
