

The Children's Cabinet

Monday, August 17, 2015

DOA Conference Room A

10:00 a.m. – 11:45 a.m.

Meeting Minutes

Approved 9/28/15

Attendees: Secretary Roberts, Chair; Jamia McDonald; Michael DiBiase; Regina Costa; Ken Wagner; Nicole Alexander Scott, MD; Melba Depena; Maria Montanaro.

Absent: Governor Raimondo, Jim Purcell and Scott Jensen

❖ Call to Order:

Secretary Roberts called the meeting to order and welcomed members and public for attending. Secretary Roberts also welcomed the new Education Commissioner Ken Wagner and Director Montanaro who was unable to attend the first official meeting. The Governor is attending the funeral service for fallen soldier Sergeant Peter McKenna. She offered condolences to his family. Secretary Roberts also offered condolences to Regina Costa, whose sister had passed away last week. Secretary Roberts stated that she has been designated Chair by the Governor and expects to have a Vice Chair designated at the next meeting.

❖ Overview

Secretary Roberts gave an overview stating that a few weeks ago, the Governor convened the Children's Cabinet for the first time since 2007 and she was very clear on her vision and direction to this body:

- To improve the health, education and well-being of children and families in Rhode Island
- To increase the efficiency and coordination of services
- To improve data-driven and evidence-based decision making.

We have been asked to create a five year action plan that is due by December. Therefore, there is a great deal of work that will be ongoing and today we are going to start with a presentation from Kids Count that will help us get a picture of data and the state of children in our state. It is going to be really important for us to think about how we at this table along with you in the community coordinate shared data and do our jobs better by working more collaboratively together. We will also be looking at an integrated budget aligning tasks across agencies, we often have the same people served at different agencies and our budgets often don't align, especially if we are looking at outcomes. It's going to be important for us to think differently, less around funding streams, but more around the people we serve.

Secretary Roberts discussed the other guiding principles of this group:

*Leadership from the top – The Governor, her Cabinet Directors in partnership with the Child Advocate really leading our agencies with the focus on the well-being of children and families by facilitating communication and coordination to ensure success of the overall strategic and action plan. And this group can be a major part of it, but a lot of work will need to go on in between these meetings as well.

*Coordination on matters relating to children is key to eliminating the fragmentation of services due to the programmatic responsibilities of agencies. The State has a responsibility to provide support services and supports to children, including but not limited to: health and mental health services; foster care; medical insurance; quality education; safe schools, communities and environments; and opportunities to engage civically and socially.

*Improved data collection and sustained data sharing which will help the State identify services needed, any gaps in services, and ultimately ensure children and families have access to the services they need to live a safe and healthy life. We within government seem to have barriers in sharing data, even though we are serving the same people. Often there are complex challenges around sharing data and understanding the importance of privacy and figure out ways to do that effectively so that we do our job better.

*Strong partnerships across agencies and with you our partners and providers will help us best support our children and youth and achieve our vision – collectively and positively impacting our families. There are a lot of ideas in this room and we will work to integrate them effectively in the work that we are doing.

Secretary Roberts stated it's the first working meeting of this group and she would like it to be a more interactive group stating that after each item on the agenda she would ask if anyone had any questions or comments. She asked that the public questions or comments be constructive and on topic. Secretary Roberts asked if anyone had any questions or comments. There were none.

❖ **Adoption of Minutes**

Secretary Roberts asked for a motion to adopt the July 21st minutes. Director DiBiase wanted to make a modification to his comment, and asked that the word “union” be removed from the phrase “and other union services” on page 5 of the minutes. Secretary Roberts asked if there were any other comments or corrections to be made to the minutes. There were none. Secretary Roberts asked for a motion to modify the minutes, Jamia McDonald made a second motion. All those in favor of the minutes as amended, all were in favor, none opposed. Motion passed and minutes were adopted.

❖ Presentation from Kids Count

Secretary Roberts introduced Jill Beckwith, Deputy Director of Rhode Island Kids Count, who was asked to give an orientation of data about our children and families.

Jill Beckwith began her presentation and stated all information from the presentation comes out of the Rhode Island Kids Count Factbook. Jill supplied the Cabinet Members as well as the public members of the meeting with copies of the data presentation. Of the 23 slide items presented, the following were discussed among the Cabinet and public members in further detail. (Posted on the Kids Count Website. www.rikidscount.org/datapublications/presentations)

Who are Rhode Island's Children

There are 223,956 children under age 18 in Rhode Island and 37% of children are living in a household with an unmarried parent in 2013, an increase from 27% of children in 2000.

Director DiBiase asked if that was part of a national trend.

Jill Beckwith stated the national trend is going in that direction, but Rhode Island ranks 37th among the states with the highest single parent families.

Dr. Alexander Scott asked is this similar to what Rhode Island looked like in 1990? What is the trend telling us?

Jill Beckwith stated that information was not available in 1990 for that specific statistic. She stated that she would get more details to the Cabinet on family breakdown to understand what the family structure looks like.

The Diversity of Rhode Island's Children

The 2010 Census shows 72% of RI children were White, 8% Black, 3% Asian, less than 1% were Native American, 9% identified as some other race and 7% identified as two or more races. 21% of RI children identified as Hispanic in 2010. Hispanic children are also included in the race calculation above.

Director DiBiase wanted to know the regional comparison to immigrant breakdown of nearby states, New England and Northeast.

Secretary Roberts asked has RI changed much ethnically since the 1970s? Are we dealing with the same issues now for children and families or are they different issues?

Median Family Income

According to Economic Progress Institute's 2014 RI Standard of Need, it costs a single-parent family with two young children \$51,492 a year to pay basic living expenses, including housing, food, clothing, health care, child care and transportation. This family would need an annual income of \$59,083 to meet this budget without government subsidies.

A worker would have to earn \$22.54 an hour in RI without a cost burden. This hourly wage is nearly three times the state's 2014 minimum wage of \$8.00 per hour.

Secretary Roberts asked how the median income is compared with regional states, is cost of living higher in Rhode Island. What does the cost of living look like against these statistics for median family income?

Parental Education Levels

39% of all infants were born to mothers with a high school diploma or less
39% of all infants were born to fathers with a high school diploma or less

Poverty rates for families headed by single females 2011-2013

- 44% had less than a high school diploma
- 31% had a high school diploma
- 27% had some college or associates degree
- 8% had bachelor's degree or higher

Director McDonald asked why there was only data collection on female education levels.

Jill Beckwith stated that there is less info for the fathers based on disclosure on birth certificates. It is one of the many data issues across departments and she stated it would be to good identify some of those barriers to obtaining good data.

Secure Parental Employment

Between 2011-2013, 9% of all RI families with children had no parent in the labor force.

Between 2011-2013, 15% of RI families living in poverty had at least one adult with full-time year-round employment

Directors DiBiase and McDonald - do 85% of families not live in poverty because they had at least one adult with a full-time year-round job?

Dr. Alexander Scott wanted to know the denominator.

Director McDonald suggested a follow up with Director Jensen on labor statistics for parents of children in poverty and generally the employment profile.

Rhode Island's Poor Children

In 2014, the federal poverty threshold was \$19,073 (for a family of three with two children). 21% of Rhode Island's children under 18 live below the federal poverty threshold. 9% of all children in Rhode Island live in extreme poverty (\$9,537 for a family of three with two children), Children under age 6 are at higher risk of living in poverty than any other age group. There are poor children in very RI Community, but 64% of all poor children in RI live in the four core cities of Central Falls, Pawtucket, Providence and Woonsocket.

Director McDonald discussed the standard of need/living versus poverty level stating she would like to see a map of program thresholds against cost of living programs and breakdown of each type of demographic/parent demographic in each.

Rachel Flum stated that the income amount that a family of three receives from RI Works is \$554 per month and hasn't changed in 30 years, and if the family is living on that amount they are 64% below the poverty level.

Sue Pearlmutter stated Federal subsidies shift and Rhode Island then determines which programs they are going to support. An example is the federally subsidized child care program that Rhode Island set at \$225 per month which is not enough.

Jill Beckwith stated that when you have these children in extreme poverty levels, they will qualify for all programs, so it is important that they have access to the programs.

Children in Families Receiving Cash Assistance

The goal of the RI Works program is to help very low-income families meet their basic needs by providing cash assistance and work supports, including employment services, SNAP benefits, health insurance, and subsidized child care. Between 1996-2014, the RI cash assistance caseload decreased by 71%.

Director McDonald how do we look at demand for cash assistance against the program determinations?

Director DePena stated RI Works is one of the programs that could be doing a lot better and we are doing some analysis now to better understand where families lose their eligibility.

Commissioner Wagner suggested to also track when they are coming out of the cash assistance program and when they gain employment.

Director DiBiase questioned whether families were timing out before the recession, is this why we didn't increase caseload in RI Works?

Sue Pearlmutter stated that nationally other states had made exceptions at the time of the recession to recognize that people who had been fully employed who had lost their employment and allowed families access and backed off of requirements. Rhode Island did not follow national trends and our drop off began in 2000 which has been greater than most other states overall.

Secretary Roberts asked how do we match up in cases/enrollees per thousand population?

Sue Pearlmutter stated that prior to 2000 we had higher unemployment than what would be considered as the per capita than what would be expected and now we are much below. We are consistent with Nevada on similar unemployment situations. But they have recognized their unemployment situation and have backed off some of their requirements.

Brother Michael Reis stated that an issue that is surfacing more and more of children being sent home with backpacks filled with food for the weekend because they don't have adequate amounts of food at home. He wasn't sure if there was data being tracked on that. In addition, there is an increasing amount of children going to school hungry.

Margaret Holland McDuff stated Providence schools have a weekend backpack program for elementary school children who are given food for the weekend, and suggested that the Cabinet may want to outreach to the Superintendent there to get more data. The Food Bank also has a lot of data, not only for Rhode Island but nationally.

Director McDonald suggested that they look at demand by overlaying the school breakfast and lunch programs with cash assistance to determine the gaps?

Nutrition Programs

***WIC** there are over 25,000 people enrolled

***SNAP** there are over 166,000 enrolled, one-third are children

***School Breakfast** an estimate of 25,000 low-income children participated.

***Universal School Breakfast Programs**, provide free breakfast to all children regardless of income. During 2014-15 school year, all schools in five districts in RI, selected schools in two other districts, ten charter schools, and UCAP offered universal school breakfast.

Dr. Alexander Scott asked which schools in the five districts include the core cities. Is it evenly balanced or are the numbers worse in our core cities. Are they the ones providing universal breakfast?

Jill Beckwith stated that in addition to the core four cities (Central Falls, Providence Pawtucket and Woonsocket) Cranston was also a participant in the universal breakfast program.

Children's Health Insurance

In 2013, 5.4% of RI's children under age 18 were uninsured compared to 7.1% of children in U.S.

Rite Care enrollment rose to a new high of 130,639 in December 2014 from 117,963 in December 2013). Approximately 79% of the estimated 10,286 uninsured children in RI were eligible for Rite Care based on family income between 2011-2013 (eligible, but not enrolled).

Secretary Roberts stated that OHHS recently completed a population wide survey on insurance status so that should give us some useful data.

Childhood Immunizations

Rhode Island's rate of 82% of children ages 19 months to 35 months that were fully immunized was higher than the U.S. rate of 70%. Rhode Island ranked best in the U.S. on this measure in 2013.

Director DePena stated kids cannot enter school without immunizations; why isn't this percentage higher?

Dr. Clyne explained it is because of the way data is collected; it is based on a sampling of the population. Kids Net data shows that it is closer to 90%.

Children's Mental Health

In 2013, there were 2,737 hospitalizations of children under the age of 18 with a primary diagnosis of mental disorder in RI, a 53% increase since 2003.

Jill Beckwith suggested a key issue the Children's Cabinet may want to look at is placement.

Outcomes for Pregnant Women and Infants

Women Receiving Delayed Prenatal Care – 12.8% of pregnant women in RI received delayed prenatal care (improving)

Preterm Births – 10.7% of infants are born with low birthweight (improving)

Infant Mortality – the rate is 6.6 per 1,000 births (improving)

Teen Births – Birth rates for U.S. teens and RI teens were the lowest ever recorded in 2013.

Jill Beckwith stated RI is improving on all our efforts to have women insured to help mitigate the negative outcomes for them and their children. These trends are all headed in the right direction.

Evidence Based Home Visiting

As of October 2014, 500 families enrolled in one of the three MIECHV-funded evidence-based home visiting programs in RI, up from 288 in 2013. 88% of the families lived in one of the four core cities.

Commissioner Wagner would like to see more data on the Evidence-Based Home Visiting program as well as other indicators that are track by Kids Count.

Licensed Capacity of Early Learning Programs

Jill Beckwith discussed child care subsidies, which is another income support for low income working families to help them afford the cost of child care. We are only funded at 20% of the state investment that we were funded at in 2004.

Secretary Roberts asked why the dramatic drop in family child care.

Leanne Barrett stated in 2007 subsidies were rolled back and fewer families were eligible for child care subsidies and there were new licensing requirements and fees. Those changes went into effect for child care centers as well.

Jill Beckwith stated that as people lost their jobs in the recession, fewer people needed child care.

Leanne Barrett stated a variety of things happened this year and we saw an increase due to economic recovery and a streamlined access to child care.

Secretary Roberts we have been working on measures to follow, clearly KidsCount will be an important information resource for us. Secretary Roberts thanked Jill Beckwith, Leanne Barrett and Elizabeth Burke Bryant for the KidsCount presentation and asked Director McDonald to give and update on the recent audit findings at DCYF and how they are being addressed.

❖ DCYF Audit Update and Turnaround Plan

Director McDonald reported on the following issues:

Some of the issues we have been facing have been with our financial controls and contracting practices. We had deficits for the last several years. We have been looking at trends and we are 44th in the country in removal rates. For every thousand children, the national average is 3.1 removals for safety issues; Rhode Island is at a 6.1 per thousand removal rate. We are taking away children at twice the national average so we are trying to understand what that is telling us and what we need to do better or different. We are 49th in the country for children in congregate care settings; the national average is 14% of the population in a congregate care setting and we are at 28%. Our agency has been focused on putting children with relatives in kinship care. We are 18th in the country in kinship care. A more troubling statistic is the rate of reentry once a child is placed we are 51st in the country, meaning once we take a child and reunify them, they are coming back into the system at a very high rate. So it is key that we focus on how to keep them reunified.

The issues that we found as a result of the audit:

- *\$15 million deficit in January
- *No financial controls
- *Contracts were not competitively bid
- *No performance based or outcome based data
- *No capacity for contract oversight
- *Provider Community also suffered from no contractual structure, our providers had not known what was expected of them on a formal basis, and we are in process of establishing that protocol with them
- *Data – we had a lot of data, but the agency was not used to using data to make a lot of strategic decisions and investments
- *Serious Operational Deficiencies. We had Deloitte come in and do a process map of how our caseworkers managed cases and found 60% of their time was not dedicated to case management because we were distracting them with paperwork, or travelling and lack of technology.
- *Assessment Data – We hadn't been systematically assessing our children in a meaningful way and then making the investment decision around what they needed.

The audit findings that were released established that there needs to be clear lines of authority because there wasn't any around the following:

- *Process flows - how a document was signed off
- *Funding streams – how they are spent
- *Little to no compliance with State Purchasing
- *Implement new procedures on contract monitoring
- *Strengthen the 17 year old RICHIST program which has been overbuilt and over used and just has not been used well and needs to be cleaned up

*Documents related to contract expenditures, there was very little, we've worked hard with our system of care network leads to improve our reconciliation procedures

*Strengthen our payment approval process as well as improving communications between fiscal staff and program staff; there was a huge disconnect with paying bills for services.

We have the opportunity to start with basics again to think differently about programs and investments. How do we think creatively on all the good data we have seen from Kids Count.

Secretary Roberts stated this will be a focus as we move forward in this group in regard to policy change and quality improvements. Secretary Roberts asked if there were any questions from the public.

Sue Pearlmutter stated that nationally, Child Welfare, DHS and DLT are very closely connected. As well as the Department of Education. That area of collaboration is essential and a place where a lot of work could be done. The impacts are huge if one of those agencies is following families, and one of those agencies are making sure people get trained in the workforce. In addition Rhode Island is struggling with mental illness and substance abuse issues, and to get all the departments to work with each other would make a big difference.

Secretary Roberts agreed and stated that is why all of those departments Sue mentioned are represented here at this table so we can start to build that infrastructure that has been lacking.

Director McDonald stated that the majority of children that we are encountering and cases that are open are under age 5. We know in digging into our statistics what those drivers are to our encounters with them, which are what we are trying to amplify with services, but to Sue's point there are probably services at DHS that are already targeting those populations. Without reinventing the wheel, we need to figure out how to better target our solutions.

Sue Pearlmutter commented there are 200 kids a year who age out of the system and many of them are not aware of the resources to move on.

Commissioner Wagner asked about our relationship with Commerce in regard to jobs and what is their planned activity and the effects of children aging out.

Secretary Roberts stated that our connection to job development is through Labor and Training under Director Jensen who has that voice sitting on this Cabinet. It is an important issue around where jobs are being created and to match the needs of people.

Director DiBiase its worth considering having a representative from Rhode Island Housing and Commerce participate at the meetings.

Sue Pearlmutter stated the relationship with RIDE has improved, but we need the kind of data regarding transition of care going from school to school. Rhode Island College and Central Falls schools have a partnership around the transition of children who move from school to school.

Darlene Allen asked whether graduation outcomes be looked at.

Director McDonald stated that under the strategic planning process we plan to measure data sets around those outcomes.

❖ **Strategic Planning Process**

Secretary Roberts discussed the 5 year strategic plan. We have reached out and will be engaging an organization that has been focused on supporting Children's Cabinets nationwide. We are also moving forward with hiring a full time project manager for the Children's Cabinet who will focus on data issues. We will be conducting interviews and hope to have a full time project manager on board soon. If anyone has any suggestions or recommendations in regard to a candidate for the position, please forward them to Jamia McDonald who is leading this search effort on my behalf.

Leanne Barrett discussed the partnership with DCYF and Health on improving child maltreatment and connecting them to early intervention. Kids come in very young, it would be good to not only focus on the children being removed, but to also focus on the majority of children who are identified as maltreated and what supports we can give.

Commissioner Wagner stated he would like to know more about evidenced based home visits.

Secretary Roberts next month we will really focus on the strategic planning process and one of the foundation pieces would be what's already in place that we can build from whether it's underfunded or perhaps doing exceptionally well and we have to make it more fully integrated.

Dr. Alexander Scott stated that in regard to the home visits, DOH has been developing an electronic referral system to partner with DCYF so that all children in DCYF automatically get referred to their home visiting program.

Secretary Roberts stated that the Race to the Top (RTT) early learning challenge update will be pushed to next month's agenda. It is really important for OHHS, DHS, DCYF, and RIDE are really focused on this work effectively as we are coming to the end of that grant period and we need to come back with a more detailed work plan.

❖ Intra-State Education Identification Card

Jamia McDonald stated that under the state statute, the Intra-state Education Identification Card falls under DCYF to ensure the children in the care of the state are allowed immediate admission into a public school in the city or town in which they are residing in an authorized placement. There are a few issues:

1. We often struggle legally about the legal residence of a child in foster care because of them residing in various locations and the cost of that education falling to local education authorities.
2. The director is required to issue a physical card that ports the education for children age 3 -18 years that are eligible. The card would also carry evidence of immunizations. There is a lot of opportunity for this card to hold other information that could be provided.
3. It is the responsibility of the sending school system to immediately effectuate the transfer of records to the receiving schools.

We have children that can be placed in foster homes 5-6 times and it's very possible they could be on their fourth placement before their records catch up with them. If we have a large group of children aging out, and we cannot get them home and stable or permanently adopted, our next level of focus is to get them ready to be on their own and if they can't timely access their information, we are setting them up for even less success based on bureaucratic hurdles.

What does this mean and how do we do it? What can and should it be? As I read the law it looks like it is supposed to be a lot more than what we have done with it. So I wanted to raise the issue and start the discussion and is there opportunity here.

Regina Costa years ago there was a physical card that travelled with the children. However, there was an issue with the Department of Education in Providence because of difficulty placing students and the enrollment process.

Margaret Holland McDuff mentioned that the card was similar to a passport issued many years ago that carried the children's immunization and dates of physicals as well as any other pertinent information on it. Margaret stated that the children would take this card to their residential placements.

Sue Pearlmutter stated there were issues with the accepting school districts. There was a legislative commission that was established to review this issue and there were representatives from several different schools districts and from the association of school districts. There was an agreement for them to work with RIDE to address the issue. That information was in the final report of the legislative commission.

Secretary Roberts we need to pull together with the new leadership to move this process forward.

Dr. Alexander Scott stated there are two elements to clarify: 1. School record and 2. Health record. There are two parallel paths that each have taken, one which has various computerized systems that different schools use and don't always communicate, and then there is the contracting issue as to which automated record would be best. Dr. Alexander Scott stated that as we move the discussion going forward we consider whether we pull them both together or try to fix the education record issue versus the health record issue.

Jamia McDonald stated she would like to meet with Director Alexander Scott and Commissioner Wagner to discuss how to best maximize this requirement and strengthen its impact and usefulness for children.

Secretary Roberts suggested identifying some of the immediate problems that kids face. To think about the educational and health issues and find a solution to allow kids to start school as they change placements immediately and be accepted in their school districts.

Tina Spears stated that in addition to the education record, we should think about pediatric health issue and the child's health and well-being.

Regina Costa stated in regard to the education part of it, there is a lot of credit lost - how do we get them their credit, especially the kids in DCYF care.

Maria Montanaro stated in other states there is a universal credit system for kids who are in state custody. School districts sign off on curriculum and requirements and the records are managed centrally. These states have seen graduation rates go up.

❖ **Summary and Conclusion**

Secretary Roberts stated that prior to next month's meeting the departments will be working on strategic planning process to defining our goals and objectives. This includes going over preliminary analysis on consolidation of budget and programming documents across agencies.

Secretary Roberts also stated that at next month's meeting there will be an update on Race to The Top and a review of the strategic planning process. She suggested that working groups be established to refine and establish goals for each of the major activities.

Secretary Roberts asked the Cabinet and public if they had any issues they would like to put on the list for future discussion:

Dr. Alexander Scott mentioned: 1. Definition of Toxic Stress; and 2. Health information benefits including our refugee population as they move around in foster care.

Maria Montanaro mentioned: 1. System of Care Data and whether it has been effective or not; and 2. Trauma Issues, almost every child has experienced trauma, and questioned whether we have a systematic approach as kids move through the system.

Michael DiBiase stated this was a terrific meeting and thanked the members of the public who have attended and encouraged them to have their colleagues attend, the more we hear from you the better we can set priorities.

❖ **Public Comment**

Darlene Allen asked if there would be a children's behavioral health strategic plan, and decision making around a better system of care.

Director McDonald stated that she and Director Montanaro have been talking about how to make behavioral health in general seamless across the agencies. You won't see it in documents as described, but you would see it be more important in each agency's activities as an underlying responsibility.

Secretary Roberts stated that we are looking at it under health insurance focused conversations around insurance, is there access, what services are available, and what's the improvement of the overall health in the community. There is a huge gap for children and we need to know how we are going to deal with that.

❖ **Adjournment**

Secretary Roberts stated that the Children's Cabinet meetings would be held on the last Monday of the month and that the meetings will most likely be held at the Department of Administration. She stated that a public email list would be put together for public notifications and offered everyone to give their information to receive notifications.

The meeting adjourned at 11:45 a.m.