

The Children's Cabinet

Monday, January 25, 2016

DOA Conference Room A

10:00 a.m. – 11:30 a.m.

Meeting Minutes

Approved 2/29/2016

Members in Attendance: Elizabeth Roberts, Chair; Ken Wagner, Vice Chair; Michael DiBiase; Regina Costa, Esq; Nicole Alexander Scott, MD; Maria Montanaro, Melba Depena; Jim Purcell and Scott Jensen. Guest: Barbara Fields. **Absent:** The Honorable Gina Raimondo; Jamia McDonald.

❖ Call to Order and Agenda Overview:

Secretary Roberts called the meeting to order and informed the Cabinet and members of the public that Jamia McDonald was sick, and therefore the DCYF Transition Update would be taken off the agenda, but, Jamia's Chief of Staff, Abby Swienton, would give a brief update on timing of the transition. Secretary Roberts asked for a motion to approve the minutes from the January 4th meeting. Director Montanaro made a motion to approve and Director Jensen made a second motion. Secretary asked the Cabinet if there were any comments or amendments to be made to the minutes. There were none. Secretary asked all those in favor of adopting the minutes, all were in favor, 0 opposed. Motion passed and minutes were adopted.

Secretary Roberts stated that the Governor's budget will be out next week, and the goal for the next Children's Cabinet meeting on February 29th will be to talk in depth about issues related to children and families in the budget and have a conversation about some of those proposals so we can get input from the Cabinet and public as well.

Secretary Roberts asked that Dacia Read give updates on the cross departmental initiatives that are underway.

❖ Cabinet Updates:

Dacia reiterated the Secretary's comments regarding the budget and informed the Cabinet that she is working to develop a summary of budget and legislative proposals for discussion at the February 29th meeting, by then the Governor will have presented the FY17 budget proposal and we will have more clarity around which developing items will move forward.

Dacia gave an update on the Cabinet's first interagency initiative, "Getting to Kindergarten". "The purpose of Getting to Kindergarten is a cross-agency Children's Cabinet initiative to help infants, toddlers and children under five who touch the State's child welfare system and to improve outcomes in the following three areas: staying healthy, developing appropriately, and becoming school-ready by kindergarten. There are several work groups that are focused on different issues that impact this population such as the EI Interagency Council, the Race to the Top Advisory Council, and the Early Learning Council and with their hard work in cross-agency activity they have brought this issue to a place where we can start to define a few actionable items. The strength of the Cabinet can help support interagency collaboration to from a planning stage to an implementation stage through accountability, appropriate data-sharing and strong cross-agency coordination necessary to see improved outcomes."

Dacia thanked departmental staff who have been working with her on the initiative: Joe Carr, DCYF; Christine Campagna and Blythe Berger, DOH; Brenda Duhamel, EOHHS; Karen Beese and Larry Puccerelli, DHS; and Michelle Palermo from RIDE. "They met to discuss how to improve outcomes for kids in this area and to connect them to evidence-based programming that demonstrates favorable outcomes for kids and to see how well we are doing."

Dacia continued her presentation by describing the current referral processes between agencies, and demonstrating opportunities to connect children to the services that exist. “This process is based on children who are connected to the child welfare system, whether they are currently in the care of the state or have been investigated with some type of risk.” Dacia reported that currently referrals happen at different times, multiple times, without methods for feedback, and some families are being approached by several different service providers, while others are lost to follow-up and not connected to developmental programming.

Dacia stated that there are many stressors that can compromise development and future functioning for children who experience the ills of poverty, trauma and toxic stress that are sometimes related to child welfare involvement during their early years. Dacia indicated that four actionable items had been developed by agency staff that can be worked on over the next year to improve connections to services for this population:

Goal 1: Connect Pregnant Teens in State Care to Evidence-Based Home Visiting

Goal 2: Link Vulnerable 0-3 Year Olds to Appropriate Screenings and Developmental Programs

Goal 3: Ensure Special Education and Developmental Supports for 3-5 Year Olds with Child Welfare Involvement

Goal 4: Equip Parents and Caregivers to Facilitate Healthy Early Childhood Development

Commissioner Wagner inquired as to whether there were multiple agencies that the families need to navigate through the process.

Dacia confirmed that there are various agencies that are involved in the current system referral process.

Commissioner Wagner stated that he believes the idea that our early care services straddle so many different agencies, seems too complicated to understand and navigate through the system.

Dacia concurred with Commissioner Wagner, stated that one opportunity we have is knowing that DCYF can streamline some of its practices, and how it makes referrals and work with the other programs on how they can support community care coordination and feedback loops.

Director Montanaro added that there are four programs that DCYF makes referrals to for children 0-5 and are all slightly different, filling different needs. The four programs don’t just have different funding sources in administration which might create some of the disconnect.

Commissioner Wagner stated that he is not questioning that there are different programs, he is questioning that the different programs that all serve the same child live in different agencies. He stated that he thinks it should be under one entity.

Director DePena asked Dacia “where Youth Success is in the current referral system”?

Dacia stated that as of right now if a teen is in DCYF care they may or may not be referred to Youth Success, given it is a program that could support them if they have a young child. Dacia was not aware of how often those types of referrals are occurring as DCYF does not track that with regularity at this time.

Secretary Roberts asked Dacia if the staff workgroup is looking at how programs overlap or how many families and agencies are in multiple programs at the same time to see where there is a need for unique or whether this is driven by history. “How are we rationalizing the system so that it is most effective for the families?”

Director Fields suggested that there should be one point of contact such as an ombudsperson who can navigate families through the process.

Commissioner Wagner added that if something goes wrong in the process how it stands, the responsibilities are so distributed among the departments there is no clarity as to whom would be at fault as there are multiple agencies doing the same task.

Commissioner Purcell stated that when he was in Arkansas, they had 21 different scholarship programs. “We found nobody was using them because everyone would have to fill out 21 different applications.”

Commissioner Purcell stated they decided to centralize it, and ask the applicants nine questions and then informed them what scholarships they qualified for.

Commissioner Purcell stated that if the referral process was centralized, everyone would be in a database, and if you had a teen who was pregnant they would get the prenatal care needed and then you would also know nine months later the infant that falls into the 0-3 year first connection category.

Dacia agreed and stated that the one database piece that is critical, that Joe Carr from DCYF has been working on, is to identify trackable data on where referrals are going, how they connect to kids and which outcomes they are getting from the programs they are referred to. “This really revolves on having a solid data tracking capacity that you can follow cohorts and see where they are falling off or are seeing improved outcomes.”

Dr. Alexander Scott stated that one of the issues that the Department of Health and the Department of Children, Youth and Families have been working on is to have all the DCYF children 0-3 automatically referred to First Connections so there is a centralized system and they can assess and recommend to them the appropriate treatment resource available and getting the outcomes needed. Dr. Alexander Scott stated that this automated system is not only for DCYF children but for all children who qualify for both the First Connections assessment as well as referrals into the other services offered.

Dacia added that rather than having referrals going out from different points in time, DCYF has the opportunity to streamline through the adoption of a clear early childhood referral policy where they want to be sending children who have either been investigated or who have been open to the Department unindicated but due to a case of abuse or neglect. By having expectations in each of those areas within DCYF’s reach, the investigation period, the intake and monitoring period, and the open to the Department period, we are hoping to create a way where we are not just referring to several different places, and having those places refer to others, but using a service that already exist through DOH called First Connections that does the coordination and who has a solid tracking system for following the outcomes of cohorts both how they are connected to services and how the developmental outcomes are moving along in the evidence-based programs they are connected to. “This allows the opportunity for follow up with families as a single point of contact that can have regular communication with a caseworker who can follow up with the family to be sure they are getting the appropriate services.” Dacia stated “Another key piece would be to authorize an interagency case conferencing process between DCYF and DOH so in the off chance that a family is lost, there is a follow up with the caseworker who may have more regular contact with the family, DOH and DCYF would have the opportunity to connect on that case.”

Director Montantaro asked why doesn’t every child 0-5 known to DCYF go to First Connections, why do they also go directly to Early Intervention, and from there to Cedars?

Dacia stated that DCYF has a mandate to make referrals to Early Intervention under federal law, and if the child is demonstrating a developmental disability there sometimes would be a dual referral to First Connections and to Early Intervention. The First Connection is there as a backstop so they can coordinate with the family if they did not qualify for Early Intervention, it gives them the opportunity to check their eligibility for other services that are available through DOH.

Director Montantaro inquired as to the role of Cedars in the referral process.

Dacia stated that Cedars provides care coordination primarily for young people with developmental delays with a longer continuum of services, where First Connections only covers the 0-3 year old population. Cedars follows children as they grow older and can provide other services to them.

Commissioner Purcell inquired as to how the clients are contacted and whether they are contacted once informing them of what services are available to them, and they can take advantage of the services or not; or are they called every few months to check in with the client?

Dacia stated that First Connections is an aggressive outreach and assessment service, so they assess and connect the child to services and their goal is to make sure they know where that child ends up in which service center.

Commissioner Wagner stated that as we are trying to make everything as efficient as can be, there is something wrong with the process in having a system that is this hard to explain.

Dacia stated “The staff workgroup team have been talking about where we see duplications and overlaps of services across agencies and the four goals that are outlined are things we can do to improve the connections to services this year, and to start building and tracking the cohorts. But they are also going to be really telling when it comes time to square this with the budget work that we have been doing and how we are spending across agencies, because perhaps we don’t need to have things as sporadically spread about or we don’t need different agencies sending the kids to any one of the referral options when there could be some type of coordinated continuum that we are thinking about how to fund appropriately. The big piece of this would be to make sure that the Cabinet stands in a position to ensure accountability with the workgroup, and we have a few ideas for metrics that we could use on a quarterly basis where the worker can come back and give updates not only on the progress we are making with kids, but on hurdles to implementation because it is an issue for a lot of work groups right now - there is a series of activities that are thought about, ideas are turned around, brainstorming happens, maybe a timeline happens, but there may be some significant hurdles in working with agencies that need to come to the attention of this group and we can begin to track them and talk about what makes the most sense for the system, not just how we work with what we currently have.”

Director Jensen inquired as to who the target audience is for all of the programs.

Dacia stated that age group is primarily young children who are between 0-3 for certain programs and 0-5 who have value for some of the other programs, such as intensive parenting support, developmental support. “Specific to this effort is to make sure for those kids who we have the most opportunity to work with them directly and know who have experienced some level of trauma or have experiences with the child welfare system that we are maximizing on that connection to make sure we are tracking outcomes. Because if we are funding and supporting programs that are not getting us there, that is information that the group would share back with the Cabinet in a more coordinated way.” Dacia added that a lot of the effort would be between DCYF and DOH to coordinate their connection points, which will assist in the way we look at things and what we would differently and looking more targeted at the issue.

Dr. Alexander Scott added that in essence we are suggesting a step by step approach knowing that ultimately we need to get to a place where there is a system that makes sense and can be explained easily, and this is a first step from it going in ten different directions to having a centralized format in place.

Dacia stated that particularly with the children who are connecting with services that are already state run, to have stronger coordination between agencies and really maximize the data sharing through Kids Net and regular care coordination meetings, will help us better understand where kids are falling off, how they are doing in programs, and which ones we should be funding, because we want to have those evidence-based programs available regularly for those populations that could most benefit.

Secretary Roberts stated that as the current referral system stands and because of the multiple interactions among the different agencies in the community and multiple departments, it has created a very complex system and is not unique. Secretary Roberts stated that she likes the idea of having one of the goals to be “how do we wrap services around the families” so that we simplify that and focus on the consumer, rather than departmental needs. “We have structures in government and a lot of levers that we could use to leverage if we have commitment at the leadership level to change some of these structures.”

Dacia agreed and stated that one of our biggest asset structure right now is the Children’s Cabinet because there are several workgroups that have great ideas and actions ready to go pending stronger coordination across the agencies, and that is something the Cabinet can assist with.

Director DiBiase stated that this initiative seems to be founded on children in DCYF care or who have been indicated, and that is a good proxy for those who are most at risk, but that may be a small segment of kids at risk. Director DiBiase asked why we would want limit ourselves to those areas.

Dacia stated that the issue was discussed as to how to expand and how we could be a model for other types of work with different populations, for example, teens with young children who are on cash assistance, who also have a connection point through DHS, but for this population most of them are ones that we have the opportunity to connect what does DCYF and DOH do and how they can be fine tune those differently, rather than expand so large that we are in process planning and not identifying action items.

Commissioner Wagner wanted to clarify that he is not questioning the coordination, but rather the organization of the referral system.

Dacia concurred and stated that the workgroups who have been looking at this have ideas not just with this population in coordination, but also the organization of early childhood and how that works.

Regina Costa stated that she believes the hospitals do some risk assessment for infants born and that is a good general population versus just the DCYF population.

Dacia concurred and stated that the assessment data from the hospitals does get entered into the Kids Net database where doctors and providers have access, and does reach a larger population.

Dacia opened the floor to public comment.

❖ Public Comment

Linda Katz from Economic Progress Institute encouraged the Cabinet that in addition to looking at the DCYF population, they should also look at the families and pregnancies on cash assistance. Linda stated that the population of families that flip between DCYF and those receiving cash assistance will not be much larger cohort of kids, but the cash assistance piece is really critical when working with the family where the pregnant teen might give birth and will be receiving cash assistance. All of the teens are already on Rite Care health insurance and are eligible for cash assistance when they reach their six month of their pregnancy, and there are rules in what they have to do to keep their benefits. Linda expressed concern that she did not see the DHS Rite Care/RI Works folks were not at the table during this discussion. This is a population that often gets lost and we want to prevent those families from winding up in DCYF, and it’s important that this population be included.

Joanne McGunagle of the Comprehensive Community Action Program stated that her agency runs many programs and discussed the program Youth Success which focuses on the teen mom and dad and for the Cabinet to reach a lot of the goals they will need to work with the parents. Those programs are very closely affiliated with the youth centers that are funded under the Workforce Innovation and Opportunity Act (WIOA), so there is also a connection with job training and job placement. Along with that, there is a residential component to its

success where we have teens who are at risk and who may not be able to stay with their parents as they are becoming new parents, the teen can be placed in a safe residential setting with their baby.

Brother Michael Reis from Tides Family Services stated that in regard to the teenagers and juvenile justice youth that are under court order, it is not uncommon that they see things going on in the families that may not be reported by the caseworker, for instance when a caseworker picks up a teen to bring them to school and they may have parental permission to also take the siblings in the car. He believes the problem workers are having with the family are the issues such as that, which might not be reportable in the current services being discussed, but fears that as these kids get older we will see them also hit the system and encouraged the Cabinet to include this population when thinking about getting information out to the providers and families to encourage participation in the programs.

Dacia stated that one of the key pieces of the four-part goals is to have more regular up-to-date information disseminated to our partners and front line workers about what programs are available and what the criteria is for those programs. Having updated information and where to find it is a valuable resource to the families.

Dr. Henry Sachs from Bradley Hospital commented that it seems as though the State is forming three case management services between FCCPS, Cedars and First Connect. Dr. Sachs added that he believes it makes more sense to have one robust entity that covers multiple populations. Families have children of all different ages and one family could have up to three different case managers because for the different ages and services needed. “From an efficiency point of view, it would be much more effective to have one system with a much broader mandate rather than three separate ones.”

Leanne Barrett from Kids Count and coordinator for the Early Learning Council stated that there has been a lot of positive work for high needs children and recognizing that children’s learning and development doesn’t start in kindergarten and that DCYF has a critical role to play in making sure we take care of our most vulnerable kids. Leanne added that this population is considered a population of high needs along with families who are low income, children who have disabilities and delays, as well as children who are homeless. This is a great case study of the kinds of struggles that a lot of families with all types of income and high risk factors face in trying to figure out what they are eligible for and what kinds of supports they can access around parenting and around children’s learning and development. Leanne stated that a lot of people in the early childhood world have been working to get this issue elevated to this level and are really happy that the Cabinet is working on it. Leanne stated she would welcome continued dialogue on how the early childhood folks can be involved. Leanne also thanked Commissioner Wagner who is co-chair of the Early Learning Council, and the idea of other states that have been moving forward with reorganizing early childhood and what we could learn from them.

Secretary Roberts stated that there was a lot of great feedback which is very helpful, and stated this is an interesting issue of coordination versus the transforming of the organizational structures. Secretary Roberts stated that the input from both the clients of our systems and those who are providing multiple programmatic services would be really helpful as we are working through these issues.

Dacia thanked everyone for their input and reminded the public that if they had further information to share to please contact her through the Children’s Cabinet website.

Secretary Roberts asked Jamia McDonald’s Chief of Staff, Abby Swinton to give a brief update on the DCYF Transition.

❖ DCYF Transition Update

Abby Swinton reported that the Department will be publishing a schedule this week of the timing of our procurement of DCYF services with the community providers.

Secretary Roberts informed the Cabinet that Dr. Alexander Scott wanted to discuss a grant opportunity with the Cabinet.

Dr. Alexander Scott informed the Cabinet as well as the partners and members of the public of an opportunity to apply for the Early Comprehensive Childhood Systems Impact Grant. Dr. Alexander Scott stated that in the years past there were fifty grants that would be awarded to fifty states and the grant amount was \$140,000 per year. The Department of Health had been the recipient of the grant award for over a decade, and was closely linked with the Department's Maternal and Child Health Home Visiting Program. Dr. Alexander Scott explained that the terms of the grant application have changed and is now more competitive with only 15 grant awards to be given out all-together and only one grant awarded per state. The grant award amounts up to \$426,000 per year for five years beginning August 2016 through July 2021. Dr. Alexander Scott stated that the Department of Health continues to be well positioned to qualify and receive the grant award, but because of the change it's now open to not only state agencies, but to community based organizations. Dr. Alexander Scott stated that the Department will be applying for the grant, but because they are only offering one grant out of 15 nationwide, she welcomed collaboration with entities who have a very strong interest and were thinking of putting in their own application so that we can figure a way to apply together or they could support the Department of Health in their application process to ensure that the State of Rhode Island is a recipient and make sure there is a partnership with how it rolls out once it is submitted. Dr. Alexander Scott distributed the grant information sheet to the Cabinet and the public members. Dr. Alexander Scott stated that the Department's contact person will be Blyth Berger who has led the Department in its previous grant applications, and we look forward to continuing to align with organizational discussions of the Cabinet today and bringing in resources that can connect with what the Children's Cabinet is attempting to do at the state level. If there is strong interest, please contact Blyth and we welcome the support in the application process.

Secretary Roberts inquired as to whether HRSA requires that it only be a public health agency that applies for the grant.

Dr. Alexander Scott stated that HRSA used to require that it only be a public health agency, but it is now open to community based organizations as well, but are only giving out one grant award per state.

Blyth Berger from the Department of Health added that previous grants received have also funded the Department's Toxic Stress Program.

Linda Katz inquired if the Department was planning on convening a meeting of the community based partners who may have an interest in the collaborative effort in applying for the grant.

Dr. Alexander Scott said that Blyth Berger would be the point person and certainly as part of the grant collaboration we would have partnerships with the community based organizations that we would want to be engaged in to make it successful across the state.

Secretary Roberts suggested that there be Director level conversation as well, so that we have the conversation particularly in advance of a five year grant so that we are linking our work rather than duplicating our work.

Dr. Hollinshead stated that although the grant is competitive, we should celebrate that Rhode Island is unique as an applicant in having child welfare data and education data where we know, not only who we saw and what happened to them, but also who we didn't see and what happened to them. It will be competitive, but if we do anything credible we have the resources to lead the nation on this application.

Secretary Roberts thanked everyone for their comments and welcomed Mallory McMahon, Special Assistant to Director Scott Jensen at the Department of Labor and Training to give a presentation on the Strengthening Working Families Initiative. Director Jensen and Director DePena have connected regarding a new opportunity from the US Department of Labor, referred to as the Strengthening Working Families Initiatives.

❖ Strengthening Working Families Initiative

Mallory McMahon stated that she works on a number of initiatives at the Department of Labor and Training including Real Jobs RI and is also currently heading up the Department's effort along with Director DePena's staff to write the Strengthening Working Families grant. Mallory stated that the grant would fund job training, child care, other supportive services and system building to create easier and more efficient access to available services. "The idea is that the barriers to people holding a job are also barriers to training, so if we can provide people with child care and other supportive services such as transportation to get to the training and then have a job. This would bridge the gap between workforce development and child care. The reason why we are discussing this today with the Children's Cabinet is because it aligns well with several of the Cabinet's objectives, including getting children ready for elementary school, having access to quality early learning programs, preparing young adults for in-demand jobs and supporting families in stable communities by having sustainable jobs."

Mallory stated that the grant award is \$4 million over 48 months beginning in July 2016, and 25 percent of the funds can be used on participants in supportive services, which is child care and transportation. The grant comes in two parts: The Program Part, which funds the job training and the child care; and The System Level Part, which funds efforts to simplify and increase access to services and resources. "This is meant to improve outcomes for training participants and could be anything from training at our One-Stop Training Counselors on the UHIP system and other ways people can apply for child care services, and also in procuring an umbrella system to connect Employ RI and a system for how people access child care."

"With respect to the training, we can build on what the State has already done. The grant wants us to target specific sectors and through the Governor's Real Jobs Rhode Island initiative, Work Apprenticeship RI we already have apprenticeship at several of the target industries. We want to work together to connect these two systems which goes to the larger effort in implementing WIOA and the Children's Cabinet initiatives, because it's an opportunity to pilot a way to coordinate several of our agencies to connect Rhode Islanders to the economy and facilitate connections to high quality child care and improve children's education as well as improve the family environment. "

Mallory concluded her presentation and asked if there were any questions, comments or suggestions from the Cabinet and the public.

Director Fields stated that while people need child care, they are also struggling to pay their rent while in training and she was curious as to how we might leverage the housing piece.

Director Jensen stated that Rhode Island has a lot of companies who need workers and when we have a person on a path to one of the jobs, there are a lot of barriers people have, from training needs, to child care, to health care, and what we are trying to do is allow that person to focus on getting a good job in the economy. Because if they have that opportunity so many other things follow.

Director Fields suggested that perhaps when people are being asked whether they need child care are they asked whether they are having challenges paying their rent or mortgage.

Commissioner Wagner added that he thinks the issue would be "is fiscal distress around housing a barrier to entry into the training program, or a benefit of success in the program"? If we can get them into child care then we can get them into the workplace and they would have money for things such as housing.

Director Jensen concurred and stated that there is a substantial pool of folks who have been working for a long time in underpaid jobs who are also getting TANF. When someone is in this circumstance, they make a great candidate for job training and they will need support. We need to coordinate, whether it be a database where we can see what programs an individual may be eligible for.

Director DePena reiterated how closely DHS is working with DLT, and that they will be attending a conference in Washington, DC this week which will cover a lot of the initiatives they are currently working on together.

Dr. Alexander Scott inquired to Directors Jensen and DePena how you would suggest a way that is beneficial so that as you are interacting with folks and connecting them to the support services, what's the way to include in that list of support services the housing component.

Director Jensen stated that Mallory is going to gather a workgroup of folks and the members of the cabinet or their staff and public here as well as folks from URI and other interested parties to come together with a good plan to work with Mallory in writing the grant proposal.

Mallory asked if there were any comments from the Public.

Linda Katz stated that she had reached out to Mallory particularly about this grant because we worked for many years to get the child care assistance program running in Rhode Island for 20 years opened up to parents who needed child care assistance to participate in short term training. That program has been running for two years which is available to parents who are in training for 12-15 weeks, and it's for parents whose income fits within the current Comprehensive Community Action Program guidelines. Linda encouraged the Cabinet that as part of the planning group to also include the folks who worked on that and stated that she would be willing to assist and knows of partners in the community that would also be willing to partner to help make this a proposal that builds on what we already have as well as use the experiences of the people who have been involved over the last two years to help inform what our next steps should be. In regard to the housing issue, when people are coming into the training program we could fine tune what information we are gathering from folks so that we can know what can be addressed to make their participation in the program successful.

Patricia Flanagan inquired as to whether there is an opportunity in connecting with the mental health of some of the parents. Her practice sees young parents with young children, many of whom have trouble keeping a job for various reasons, such as housing, child care, education and training, but a very common barrier of going through with training and being successful at work are the mental health issues of the parents. It may be beyond the scope of this particular grant, but in thinking about what barriers there are, you may want to think about screening for mental health, we would be far more successful in getting these young parents sustainable employment.

Director Jensen also added that there is a program under the Governor's Workforce Board and the biggest barrier that the trainees have is domestic dispute and abuse issues and there is a host of challenges that keep people from getting to work.

Director DiBiase stated that while we have made a policy judgement to connect child care resources to people who work, with the exception of the important program that Linda Katz just discussed, I would encourage that under the proposed grant application, that the child care and training program be directed to people who are closest to work, so the people who are in training have a job at the end of it.

Director Jensen stated that is a great point, and with Real Jobs RI work that DLT is funding with workforce intermediaries and industry sectors is that the vast majority of those training programs are short, 8 to 10 weeks of training with a job to go to after the training. Many of these people who have had a lot of these barriers and finish the training program have a very high success rate of 70 percent.

Lisa Guilette from Foster Forward suggested that the diploma or GED completion be considered as part of the job training piece. Lisa stated that Foster Forward is a finalist with the Annie E. Casey Foundation to bring the JAG Model to Rhode Island for out of school young people ages 16-24, geared towards kids who have specifically been involved in juvenile justice or child welfare who are not in school and not working and do not yet have a diploma or GED. Its specific workforce training, but we are required to have at least 50 percent of them to have their diploma or GED by the end of the following year. Lisa stated that they are seeing a

population of kids with credible unmet mental health needs, also a high percentage of them are young parents and it's great to get the child care for the skill training, but getting them support with child care so they can finish up their diploma or GED.

Linda Katz added that it would be great to convene a workgroup of people to discuss all areas that should be encompassed in workforce training. There is a whole range of services in the area of health care support, where there is a Medicaid initiative which is trying to build capacity in the community in getting more CNA's and Home Care Takers that involves in many cases some short term training to get a certificate to do that work and pulling all those pieces together could be a great idea on how the grant could catalyze this work.

Secretary Roberts thanked everyone for their comments and asked Dacia to give a brief on the Data Dashboards.

❖ Data Dashboards

Dacia Read stated that the focus today is to look at the Education and Career readiness factors. Dacia discussed the potential indicators that were listed in the strategic plan to track trends in children's behavioral health and their academic and job readiness. As we assess potential indicators for the data dashboards, we want to choose indicators that are regularly collected in Rhode Island that have a strong level of data power, that we can regularly disaggregate, and that serve as strong proxies for the outcomes we seek to realize. Dacia gave an overview of the indicators that were recommended by agency staff as the strategic plan was developed. Several are from state data, others are from the youth at risk behavioral survey or the behavioral risk factor surveillance system, and all are regularly reviewed by agency staff. The indicators related to academic empowerment and career readiness rely more on longitudinal data and would require further partnership with DataSpark, the entity that manages that data set and a valuable entity for us to consider partnering with. Dacia encouraged the public and partners to contact her through the Children's Cabinet website to provide comments and further suggestions.

❖ Public Comment

Secretary Roberts opened the floor for public comment.

Tina Spears of RIPIN stated it would be helpful for the partners to receive a copy of the materials that are presented at the Children's Cabinet meetings as well as contact information for persons who do make presentations so they could coordinate with community contacts as other topics may arise where community partners may want to engage. Tina also inquired as to whether a workgroup would be established around the datasets and reviewing the indicators for some aspirational non-baseline indicators so that we don't stick to what we know, but rather think about bigger and broader measures.

Dacia stated that she is convening staff workgroup teams across the departmental agencies to move towards that alignment pool and stated at this time it makes the most sense to use the website for the community partners and public to weigh in with their suggestions on the data dashboards. Dacia stated that she could have follow up meetings and/or conversations with the partners.

Tina Spears stated that in regard to the indicator related to the children network is the issue of children who are admitted into hospitalization for mental health. Because the term is admitted, it's not ER or ED and there are different ways hospitals account for whether a child is admitted or not, and if the child leaves, that does not count as an admission, so we really need to understand the data behind that.

Director Montanaro added to that point there are a few diagnostic health indicators that may be a little better for that particular measure than the utilization metric, and offered to connect with Dacia to give more thought about other measures.

Brother Michael Reis inquired if the Children’s Cabinet will be looking at the population of teens that do not get assistance, they are on the street, and often wind up in the ACI. Brother Reis encouraged the Cabinet to look at this adolescent population and to find ways to assist them, perhaps getting them into vocational schools.

Secretary Roberts concurred and stated that many of the challenges of adult life begin in adolescence and we do need to think about this issue.

❖ **Adjournment:**

Secretary Roberts asked if there were any further comments or questions. There were none. Secretary Roberts stated the next Children’s Cabinet meeting will be held on Monday, February 29th. The Secretary thanked everyone for attending and asked for a motion to adjourn. Director DiBiase made a motion to adjourn, Director Jensen seconded. All were in favor, 0 opposed. The meeting adjourned at 11:30 a.m.