

# The Children's Cabinet

Monday, June 27, 2016

DOA Conference Room A

10:00 a.m. – 11:10 a.m.

Meeting Minutes

**Approved 8/29/16**

**Members in Attendance:** Elizabeth Roberts, Chair; Ken Wagner, Vice Chair; Michael DiBiase; Jamia McDonald; Nicole Alexander Scott, MD; Melba Depena; Rebecca Boss; Jennifer Griffith. **Absent:** The Honorable Gina Raimondo; Scott Jensen; Jim Purcell.

## ❖ Call to Order and Agenda Overview:

**Secretary Roberts** called the meeting to order and thanked everyone for attending. Secretary Roberts welcomed two new members to the table – Child Advocate Jennifer Griffith and Acting BHDDH Director Becky Boss. We look forward to working with both of you, and thank you both for being here today. Unfortunately, Director Jensen and Commissioner Purcell are out of town today, and unable to join us. Director Alexander-Scott will need to leave early to attend an event with the Governor regarding the Governor's Overdose Strategy.

Secretary Roberts asked for a motion to approve the minutes from the March 28<sup>th</sup> and the April 25<sup>th</sup> meetings. Director DiBiase made a motion to approve and Jamia McDonald 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 reported that today we'll learn how families can access home stabilization services through Medicaid, and about the work that our Medicaid team is doing to expand those services for Rhode Islanders. Dacia will then provide a brief FY17 Budget Update, followed by an update from the RI Early Learning Council.

Secretary welcomed Jennifer Reid, who has been supporting the Medicaid team as it works to build out home stabilization services for Rhode Islanders through Reinventing Medicaid. We have spoken repeatedly about the critical importance of stable and healthy housing for children and families, and I am very pleased with the work that Jennifer and our Medicaid team have been doing to provide needed supports across Rhode Island. The Secretary asked Jennifer to present today so that the Cabinet and our community members can learn more about these services and how to access them.

## ❖ EOHHS Reinventing Medicaid Initiative: Home Stabilization Services

Jennifer Reid reported that this new service came out of the Reinventing Medicaid initiatives about a year ago, and at the same time CMS and HUD at a national level were engaging in conversations around healthcare and housing, where CMS is recognizing that stable housing leads to better outcomes, and HUD is now looking at how they allocate their dollars and maybe not paying so much for services but rather looking to increase the availability of affordable and accessible housing. In June 2015, the Center for Medicare Medicaid Services (CMS) issued their first CMS Informational Bulletin to the Medicaid Directors that outlines a set of housing related services that CMS is asking states to look at as it relates to housing stability. Since Rhode Island has the Reinventing Medicaid program, we took the guidance, and we set out to design a range of flexible services aimed at supporting Medicaid beneficiaries and expanding community-based living opportunities. EOHHS submitted a waiver amendment to include the Home Stabilization Services and is currently pending CMS approval, and we should be hearing something soon. The Home Stabilization includes a set of tenancy support services, as well as a set of home find services.

1. Home Find Services - currently in development, and examples of potential services could include assisting with the housing search process, as well as assisting with rent subsidy applications.
2. Tenancy Support Services are currently up and running, to the extent possible - these are a set of services that help the individual maintain their home once they are in that home. These services that make up

Tenancy Support were direct services that CMS provided to the State, and after doing a scan of all the different systems within the State, six sets of services were identified that may not be provided in any other area with a distinct focus of teaching. This is a service that is not doing for an individual, but rather the coaching, the modeling and working with them to learn skills so they can maintain and live as independently as possible.

Jennifer discussed the eligibility requirements and stated that Rhode Island looked at the benefit of this service and is seeking to apply it to cross-Medicaid populations. Listed are the three targeted Medicaid beneficiaries:

- History of Homelessness - (Definition of Homelessness or at risk of homelessness is defined by for Children by the McKinney-Vento Assistance Act and the HEARTH Act of 2009 for adults)
- Transitioning from Institutionalization of greater than 90 days (Must be in a home at time services are rendered). This allows the individual to receive the start-up services to acclimate them back into the community, and because it's Medicaid, we want to be sure we are not duplicating services, and that the individual is not receiving similar like services in another Medicaid program.
- Received prior authorization for Home Stabilization Services approved by EOHHS for six months. (make sure there is some connection where providers would outreach to Medicaid, produce the documentation and then they would receive a prior authorization for six months for the individual to receive the service, and based on re-evaluation of need, authorization for additional six months may be requested) This allows the providers, families and individuals to reevaluate the need for the service whether they need it for a shorter or longer period of time.

**Secretary Roberts** asked Jennifer or anyone present if they could give a brief description of the McKinney-Vento Act for those who may not know about it.

**Michael Milito** of Rhode Island Housing gave some background on the McKinney-Vento Act, stating it is the HUD program that consolidates most of their homeless and housing services, it's not necessarily just for children, but also for any family that is homeless or at risk of homelessness. It used to be supported services and rent subsidies, and now mostly on the rent subsidy side, there also used to be a component for development of new housing which has fallen away.

**Commissioner Wagner** added that it also establishes their rights to education.

**Jamia McDonald** inquired if the liaisons were at the schools.

**Jennifer Reid** stated yes, the liaisons are at the schools and we have been working with them to get to the individuals in the school system.

**Jennifer** continued her presentation and discussed the six support services that make up the Tenancy Support, which is focused on those type of supports that an individual needs to maintain their housing. It not very medically driven, but it is what is needed to maintain a home. Throughout all six of the services, this is where the coaching and the mentoring come in, we want this service to focus on the teaching, whether it's a transitioning youth, family, an adult or an elder. It is the teaching element that makes it distinct from other types of case management care coordination type service. This service will be state-wide, and we want to make sure this service follows the individual no matter what community they live, and the expectation is that the provider follows the individual to continue providing these services, unless the participant declines services. The following are the six support services:

1. Provide early identification and intervention for behaviors that may jeopardize housing, such as, late rental payment and other lease violations.
2. Education and Training on the role, rights, and responsibilities of the landlord and tenant.
3. Coaching and developing and maintain key relationships with landlords/property managers with a goal of fostering successful tenancy.
4. Advocacy and linkage with community resources to prevent eviction where housing is, or maybe jeopardized.

5. Assistance with the housing certification process.
6. Coordinating with the tenant to review, update, and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.

**Commissioner Wagner** inquired as to whether this is Medicaid's first foray into housing or are there other Medicaid programs related to housing.

**Jennifer** stated that the distinction of this program is that it is not medically focused, so from that perspective, it is really driving on the housing and what is needed versus clinical supports that may come into the home or wrap around services for individuals.

**Commissioner Wagner** asked if Medicaid previously funded housing support services that were more medically focused as opposed to teaching focused.

**Jennifer** stated yes, for instance home healthcare, but not in the teaching perspective. That is where we really want to make the distinction, for instance we know people will need home maker, and when the home maker goes in, they do for the individual, it may not always be that teaching and there are different skill sets in delivering different types of strategy.

**Commissioner Wagner** asked if there is any requirement or inclination to approach this teaching behavior in more of a family systems approach.

**Jennifer** stated that in the way they developed the standards, we are hoping the teaching strategies would meet the needs of the population that they are serving. It's not very prescriptive as to certain strategies, but as a provider who knows the population they are going to serve, we would hope those types of interventions would be included in their model. Jennifer added that they have been reaching out to as many stakeholders and provider groups as possible asking them to send a letter of intent. Jennifer stated that we do have organizations that serve this population of people that have expressed interest of becoming a provider of this service. Jennifer added that this is a time limited service of a maximum of two years, so there is an expectation of outcomes along with constant measuring, reviewing and talking with the individual to get a positive outcome and determine any barriers that may be there.

**Dr. Alexander-Scott** added that in terms of provider types, she encouraged discussions with the CAP agencies because of the opportunity to take advantage of Lead Center coverage that's possible, and welcomed everyone in the room to be thinking creatively about how to access and take advantage of this tremendous service.

**Secretary Roberts** added that in Medicaid, we have had much more of a medical lens on how we pay for services. This is connecting a recognition that a high predictor of high medical utilization is being at risk or actually homeless. It is a whole new set of partners in terms of people who are engaged in family stabilization/home stabilization and that's a big learning opportunity on both sides, for us and the community providers.

**Director DiBiase** asked that if we get this grant, we will not be delivering these services with EOHHS employees, they will be outsourcing the services through the providers correct?

**Jennifer** stated that this is not a grant. It will be part of 1115 package of services funded through Medicaid.

**Secretary Roberts** added that we are opening up opportunities for services that we will pay for in order to help and the goal needs to drive better health and low utilization at the same time. The services will be provided through providers, not state employees.

**Director DePena** added that this program sounds very similar to Housing First, and asked how it is aligned with the Housing First model which was established to look at helping the chronically homeless families.

**Jennifer** stated that as part of the development of this program, and with CMS giving its guidance, these types of services to a certain degree are provided under HUD funding. For instance, the Housing First model, where a subset of these services would be available as well as another type of wraparound services. Therefore, we try to

look at best practices on how to implement and institute these services by looking at Housing First or services through the Continuum of Care or types of grant funding to build the program.

**Secretary Roberts** questioned that as we are looking at Medicaid and what services we will support, in terms of looking across the other agencies within government, quasi's like Rhode Island Housing as well as federal partners like HUD, are we looking at the landscape of what is offered and how it's financed and looked at where the gaps are that have kept our members from fully engaging.

**Jennifer** stated that yes, about a year ago before they could even start this program, they did a crosswalk of all agencies involved. Because it is available to all Medicaid eligible individuals as long as they meet the three areas of criteria, we had to understand the landscape, what service, and how it's funded. That was done for the Tenancy Service, and currently we are doing the same exercise for Home Location. CMS has provided a spreadsheet to all the states to start looking at all of the different agencies and who is providing what and where, which will help identify gaps and determine where we need to focus certain services.

**Jamia McDonald** asked that if she has a child that she has removed from a home. How does this help them? For instance the child becomes Medicaid eligible but the family does not. The child is not having the housing problem, how does DCYF access this service, as one of the multiple elements of neglect may be inadequate housing? How does DCYF engage with this service in order to support the child?

**Jennifer** stated that is a very good question and those are conversations that they are just starting with DCYF to better understand those scenarios and examples that are popping up that we need to better understand.

**Jamia McDonald** stated that as these proposals come in, we would love to help think about what our population needs are so that they line up with the outcomes that we are dealing with.

**Becky Boss** added that she has worked with Jennifer's team at BHDDH to crosswalk the services they provide to be sure they are not duplicating services already provided by our providers.

**Jennifer** stated that DCYF will also be taking part of their team's weekly standing meeting to participate in the conversations of crosswalk services.

**Jennifer** continued her presentation and described how individuals can access the service:

- EOHHS website will include a list of Medicaid Approved Certified Home Stabilization providers for individuals to choose from;
- Referral must be made to one of the listed providers;
- Provider will screen for eligibility;
- Provider will submit to Hewitt Packard Enterprise (HPE)/EOHHS a Home Stabilization Referral Form and Prior Authorization form;
- Individuals must be enrolled on the 1<sup>st</sup> of the month in order for the provider to receive Medicaid payment;

Jennifer offered Helpful Links for Medicaid Providers who may be interested in participating:

<http://www.eohhs.ri.gov/initiatives/reinventingmedicaid/homestabilizationservices.aspx>

<http://eohhs.ri.gov/providerspartners/providerenrollment.aspx>

<https://www.riproviderportal.org>

**Director DePena** asked in regard to the Medicaid families that DHS establishes eligibility for on a medical perspective, are they automatically screened or do they have to submit a form.

**Jennifer** stated that they would have to outreach or have someone assist them in outreaching a provider as long as they are meeting the three instability criteria, because it's a choice, they don't automatically get enrolled.

**Director DePena** suggested that the workers at DHS need to get fully informed and trained on this program.

**Jennifer** stated they have a marketing plan to ensure they have a wide cast of reaching case managers, advocates, stakeholders, families and state employees and she will be sure that the DHS employees are on that list to be trained. Jennifer also offered to the providers in the room, that her team can come out and speak to their staff to better understand the program.

**Secretary Roberts** asked the Cabinet and the public if there were any questions.

**Patricia Flanagan** stated this program is exciting, however, there is one particular population that might need a different definition of homelessness and maybe a fast-track, and that population is pregnant women. We know that pregnancy outcome and homelessness are closely tied together, and thinking through what was described, both in the definition of homelessness and the timeliness of supports, perhaps we could think a little differently for pregnant women.

**Jennifer** stated there is an instability piece, so that families or individuals who have had a history of instability housing, would also be eligible for that service.

**Secretary Roberts** stated that is an interesting issue about whether we want to create some special lanes whether it be around kids in care or pregnant women and the timing becomes particularly urgent.

**Lisa Guillette** of Foster Forward stated that they provide the after care services for the 18-21 year olds who are aged out of foster care in Rhode Island, and saw this opportunity come up and they went to the training and are in the application process now because they saw it as a way to leverage the state general revenue dollars that are already being deployed for this population and to get that partial Medicaid reimbursement. Lisa asked Jennifer for information about the Capitated Rate and what it is, because it would give some leverage so they have more general revenue to better support as they are a Capitated Fund, but she didn't see it as really propelling them forward as it's only a few hundred dollars a month per person. For some of the intensive cases that Foster Forward has, she's not sure that it's going to give the effect we are talking about.

**Jennifer** stated it's a new service for Rhode Island and for Medicaid, so understanding the utilization of providing this service, there really wasn't much to work from. In developing the rate, we used other models trying to understand what would go into working with individuals directed at these services, so we have to tie it in to the delivery of the six services mentioned. We also wanted to ensure that other areas of providing case management is equal. The assumption is that there is a minimum of two encounters per month, but over the course of working with an individual, you may have people who need more at the beginning and then may teeter off towards the end.

**Secretary Roberts** inquired as to whether we have resources that are impacting these kids and families elsewhere in related ways that we could blend these dollars to create a better wrap of services. We should be looking at how to expand and enhance the capacity that is funded through a range of resources.

**Commissioner Wagner** expressed concern that the individual picking the provider off the list may not find the right provider that should be matched to their confluence of circumstances.

**Jennifer** stated that they are hoping to build providers that have distinct expertise, but if you look at the application that the service and how it's delivered should be the same among all of the different providers as part of the application process. We are actively getting the word out there so that we do have a provider network to meet the needs of the individuals.

**Secretary Roberts** stated there are a lot of opportunities and challenges to make these resources impactful around home stabilization. The Secretary thanked Jennifer for her presentation and asked Dacia Read to give an update on the FY17 Budget.

#### ❖ FY'17 Budget Update

Dacia reported that Governor Raimondo's Proposed FY17 Budget recommended leveraging state and federal funds to improve outcomes for Rhode Island's children, youth and families. Several months ago, Cabinet members

presented key proposals that forwarded progress toward the Cabinet's five desired outcomes for children, youth and families, and its shared objectives.

Some of the key federal investments that we highlighted at that time include:

- **\$1.1M** to expand family home visiting.
- **\$4.1M** to support youth/young adult workforce development.
- **\$3.5M** to address adolescent substance abuse.

As the budget season has now come to a close, we are able to begin pointing specifically to the key state appropriations included in the enacted FY17 budget that will provide us with capacity to exercise our collective impact and work toward our desired outcomes over the next year.

### **Key FY17 State Budget Investments in Children, Youth and Families**

Several of these appropriations are listed here.

- **\$50M Affordable Housing Bond**
- **2.5%** increase in Earned Income Tax Credit
- **~\$1M** to implement a rate increase for generic and kinship foster care subsidies
- **\$5.2M** to expand mixed delivery Pre-K program
- **\$2.6M** for state-wide access to full-day Kindergarten
- **\$8.3M** additional (\$14.7M in state funds) to increase child care assistance in line with caseload
- **\$500K** to kick-start school empowerment program
- **\$500K** to fund free PSAT/SAT
- **\$1.3M** for Prepare RI (dual enrollment program)
- **\$10M** for RI Promise (scholarship program)
- **\$200K** for DCYF Higher Education Assistance Grants

This list includes those child- and family-related state investments that Governor Raimondo proposed earlier this year to forward Children's Cabinet outcomes. Some have been adjusted by the legislature, and a few, including the last two are additions included by the legislature that provide opportunity for vulnerable children and families. Over the coming weeks, we will review these and other FY17 budget items to inform the resource mapping that we will do this summer and fall related to each of our desired outcomes. For now, we wanted to highlight these key provisions to ensure common knowledge.

Dacia reported there is one area in particular that I wanted to highlight in regard to Early Childhood because certain investments proposed by the Governor related to early childhood programming were not included in the enacted budget. These were funds that were proposed to support progress made through the Race to the Top Early Learning Challenge. Our team at DHS has been tracking this closely, and has identified opportunities to continue providing services through reduced capacity periods, by supporting Early Learning Challenge activities with CCDF funds. This slide will be posted for your ongoing reference with other slides on the Children's Cabinet website.

We are strengthened during this transitional period by a Children's Cabinet that remains attentive to improving early childhood outcomes, and that stood together with Governor Raimondo at her recent Early Childhood Summit focused on supporting children during their early years. We are also strengthened by an active and expert Early Learning Council that has just adopted a new comprehensive advisory plan for the Cabinet's consideration.

Dacia concluded her remarks and Secretary Roberts asked if there were any questions or comments.

**Director DiBiase** asked Commissioner Wagner if he wanted to elaborate on the reductions that were made to some of the Early Childhood programs.

**Commissioner Wagner** stated that we received funding for additional services for kids, but we lost all of our capacity to support quality and access for those services. Our funding covers us through December, so there will be

a gap between January and the end of this current fiscal year. We are working closely with the advocacy community to prepare for the next year's budget, but as it stands right now, we have a severe capacity cliff between January and until the next budget takes effect in order to ensure access and quality services for early childhood programs. Commissioner Wagner stated that it seems that there was a perception that this was a federally funded initiative, so therefore the state shouldn't have a burden to continue with programs that were federal initiatives, however, this was not a federal initiative, it was a State priority central to supporting high quality early childhood services and we need to continue to invest in it through the Rhode Island budget. We are hopeful to get that capacity reinstated.

**Director DePena** added that the purpose was to establish a system that would remain in place once funding ended. To reiterate the commitment we have to making sure we do have that system through the DHS funding through the CCDF and the other funding opportunities that we have, we must continue to have these services in place to improve and provide support to our workforce particularly in child care. That will be the priority as we move forward and being creative with the funding we have now, but also as the Commissioner mentioned, quickly pivoting to planning for the next fiscal year.

**Secretary Roberts** asked Leanne Barrett, who serves as ELC Coordinator, to present the key recommendations included in the plan to the Cabinet.

### ❖ Early Learning Council Presentation

**Leanne Barrett** reported that the Early Learning Council has been working over the past year to update their Advisory Plan which was recently adopted by the Early Learning Council. Leanne gave background about the Early Learning Council. In late 2007, a federal law was passed as part of the Head Start Reauthorization Bill, with a new section which required all states to have an advisory body to advise the Governor on a variety of all the early learning and development programs that exist in every state. The idea is to improve coordination and collaboration, and that body is charged with making recommendations on a regular basis to the Governor. The Rhode Island Early Learning Council was formed in 2010, which includes government experts and outside government experts. The Executive Order was amended by Governor Raimondo in 2016 to add additional members. When looking at all the different programs that are connected along with the different expertise, the council is now well facilitated and is co-chaired by the Commissioner of Education, Ken Wagner, and by Elizabeth Burke Bryant, the Executive Director of Rhode Island KIDS COUNT.

In 2015, Rhode Island had the opportunity to apply for support from the National Governor's Association Center for Best Practices who have staff that work with states on early childhood systems and developing recommendations, and that was one of the resources used in this process to update our recommendations and plan. Leanne reported that Governor Raimondo held the first Governor's Summit on Early Learning in May, with 200 participants, as well as the five key departments that work in the early learning program development, and gathered information from the participants as to what they saw as the strengths as well as areas for action.

The Early Learning Council serves to advise and inform the governor and the Rhode Island Children's Cabinet, developing recommendations for policies and strategies to help the state achieve strategic goals. The Council also reviews and provides support to the state and other stakeholders regarding new opportunities (e.g. new federal funding opportunities, partnerships with philanthropy, etc.). The Council convenes work groups as needed to provide more in-depth review and analysis of progress, strategies and opportunities and to develop draft recommendations for the Council to review and finalize. The recommendations are then submitted to the Children's Cabinet for consideration.

Leanne added that the Council's recommendations are made with the goal of improving outcomes for all children, with a particular attention to improving outcomes for young children with high needs which include:

- children from low-income families (under 200% FPL)
- infants and toddlers
- children who have developmental delays or disabilities
- children who have behavioral or mental health challenges
- children who have been victims of child abuse or neglect (including children in foster care)

- children in non-English speaking families
- children who have experienced homelessness
- children in refugee families

Leanne added that the Council talks about issues that are on the edges of early learning and development and in the plan there is a section about recognizing the additional areas of work, and we are very excited to have the Children’s Cabinet reengaged and recommitted to working on all of those issues that support the health, economic security, and well-being of families with young children. We know they struggle the most with economic security, and infants and toddlers are more likely to live in poverty than any other age group in our state and the country. That is the foundation to build upon with learning and development programs, which is to also make sure there are systems in place to improving housing, EITC and other areas that the Children’s Cabinet and the Governor are working on.

The Council works to improve early learning and development outcomes for children from birth through age 8, and has developed an updated Comprehensive Advisory Plan and Priority Recommendations to achieve established goals and targets in four focus areas:

❖ **Expand access to high-quality early learning programs** –The council’s priority recommendations are:

- Continue to expand State Pre-K and Head Start to serve more low-income children statewide
- Implement a permanent cliff effect prevention policy for the Child Care Assistance Program
- Implement universal access to full-day kindergarten
- Increase and maintain enrollment in evidence-based home visiting programs
- Improve DCYF referrals and follow-up for Early Intervention services for maltreated children < age 3
- Increase enrollment of maltreated children in high-quality early learning programs

**Secretary Roberts** asked if there’s a problem with the DCYF referrals and follow up, and if so, how can we fix it.

**Jamia McDonald** stated that there was a problem, but we have elevated it, and we are now making progress. We have now mandated what the referral process looks like and there is a solution in process.

**Director DiBiase** inquired as to whether the Home Visiting Program was entirely federally funded.

**Christine Campagna** stated that it is entirely federally funded and there is a very small amount of Medicaid money that just started to come through, but it is a minimal amount. It is funded through 2018.

❖ **Improve program quality** – The council’s priority recommendations are:

- Develop and use consistent measurement protocols for monitoring licensing compliance and post licensing inspection reports on web
- Implement tiered reimbursement for the Child Care Assistance Program to expand access to high-quality child care programs
- Continue to increase BrightStars participation and provide quality improvement supports to early learning programs and schools

❖ **Develop and sustain an effective early care and education workforce** - The council’s priority recommendations are:

- Promote participation in the workforce registry
- Support early learning workforce access to GEDs, higher education coursework, and college degrees
- Provide high-quality professional development for early educators and program leaders working with children from birth through age 8
- Explore and develop wage enhancement strategies to incentivize advancement on career pathways and to improve recruitment and retention of effective early educators

❖ **Measure and evaluate progress towards improved early learning and development outcomes** – The council’s priority recommendations are:



- Improve developmental screening rates to ensure all children with developmental delays and disabilities are identified and receive special education services from birth through K entry
- Implement the Kindergarten Entry Profile statewide to understand individual children's skills and knowledge
- Track progress toward improved outcomes in third grade literacy and numeracy

Leanne concluded her presentation and asked the Cabinet to consider accepting the Council's report and recommendations and to participate in dialogue and feedback where the Children's Cabinet can ask the Council to do further work.

**Secretary Roberts** stated that the Cabinet is in receipt of the Council's recommendations and the goal is for the Cabinet to review the report in more detail, make any comments we may have and look at how we can work together around these issues moving forward. Secretary Roberts thanked Leanne and the Early Learning Council for all their work and asked if there were any questions or comment from the Directors or public attendees.

**Director DiBiase** stated that we seem to be doing well in full-day K and doing better in Pre-K in making some real progress, but since Leanne has access to the National Comparisons, he inquired where do we need more improvement and where are we lagging?

**Leanne Barrett** stated that the official recommendation of the Council includes all of those, and our Pre-K is very high quality, but we are ranked very low, ranked 41<sup>st</sup> out of 43 states who have a Pre-K program. We have high quality program, but limited access. Also recognizing that Head Start is in every state and serves the lowest income children, so improving that collaboration and coordination between Head Start and State Pre-K will serve more of our highest need children. Head Start is larger than Pre-K in Rhode Island and serves about 2,200 three and four year olds where Pre-K serves 1,000 four year olds. In child care, we have seen the largest increase in the budget in over ten years, with a little over \$8 million in combined federal and state funding. We are keeping up with the caseloads because we have more kids who have been determined eligible, even without changing the eligibility, so there have been a lot of resources going out to that and we need to make sure we are spending so much money on child care that we are trying to get them high-quality early learning experiences while they are in child care.

**Secretary Roberts** wanted to recognize the funding in this budget, because it means people being back at work and also investing in families. Secretary Roberts opened the floor for Public Comment.

❖ **Public Comment:**

**Elizabeth Burk Bryant** announced that the latest National Kids Count Data Book Report, which is the Annual Report from the Annie E. Casey Foundation has been issued, and copies of the report are available at RI Kids Count. Rhode Island ranks 27<sup>th</sup> among states up from a ranking of 31<sup>st</sup> in 2015. Rhode Island was also among the six states with the biggest improvements in overall rankings.

**Rebecca Boss** introduced Sarah Smith who has been hired as the new Youth Coordinator for the Healthy Transitions Grant. Sarah will be coordinating efforts between DCYF and BHDDH in planning for the transition of aged youth.

❖ **Adjournment:**

**Secretary Roberts** stated the next Children's Cabinet meeting will be held on Monday, July 25th. Secretary Roberts thanked everyone for attending and asked for a motion to adjourn. Director DiBiase made a motion to adjourn, Jamia McDonald seconded. All were in favor, 0 opposed. The meeting adjourned at 11:10 a.m.