

The Children's Cabinet
Monday, January 30, 2017
DOA Conference - Room A
10:00 a.m. – 11:20 a.m.
Meeting Minutes

Attendees: Elizabeth Roberts, Chair; Rebecca Boss; Michael DiBiase; Eric Beane; Jennifer Griffith; Scott Jensen; Nicole Alexander Scott, MD.

❖ **Call to Order and Agenda Overview:**

Secretary Roberts called the meeting to order and thanked everyone for attending. The Secretary welcomed Eric Beane, the acting director of DHS to the table. The Secretary announced that today was Jamia McDonald's last day in state service, and she is not in attendance as she is wrapping up things at the department. The Secretary recognized Jamia for her service as she had been pivotal in a lot of the issues we have been addressing in the Children's Cabinet as well as her role in working as Chief Strategy Officer for DCYF over the past two years. The Secretary announced that the new DCYF Director, Trista Piccola will be joining us from Cleveland and will start her new position on February 6th. The Secretary noted that Trista will go before the Senate for her confirmation hearings during this General Assembly session.

The Secretary asked for a motion to approve the minutes from the December 5th meeting. Director DiBiase 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 Roberts asked all those in favor of adopting the minutes, all were in favor, 0 opposed. Motion passed and minutes were adopted.

The Secretary reported, since the last meeting, the cross-agency staff team have convened to review the stakeholder testimony and data that was collected related to children's behavioral health, and can look forward to a report out from them that includes recommendations related to next steps at the next meeting.

Today's meeting will focus on reviewing a few child- and family-related budget proposals included in Governor Raimondo's budget submission to the General Assembly. These proposals represent our shared efforts to invest in the desired outcome areas that we prioritized through our strategic plan, and together, they serve as our "Children's Budget" proposal.

Secretary Roberts stated that we will also hear from our partners at the Office of Regulatory Reform regarding a significant shift to the Administrative Procedures Act that passed last year and is influencing policy making in our agencies. We will also hear from a team of DOH and RIDE staff who have been working collectively on the issue of adolescent sexual health. The Secretary turned the meeting over to Dacia to discuss the FY18 Budget proposals as they were presented to the General Assembly.

Dacia reported that Governor Raimondo's \$9.25B FY18 Budget Proposal again leverages state and federal funds to deliver programs, services and policy initiatives that forward progress toward the Children's Cabinet's five desired outcomes for Rhode Island's children, youth & families.

Example Federal Funds Proposals:

- Physical & Behavioral Health
 - Perinatal & Early Childhood Programs at DOH, including Home Visiting (~\$41M)
 - Children's Health Insurance Program (~\$62M)
- Career Readiness
 - WIOA Workforce Development Programs for Youth & Young Adults (\$3.8M)
- Stable Families & Communities
 - RI Works & Childcare Assistance (~\$77.8M)

Dacia discussed a few of the key Children’s Cabinet desired outcomes of the proposed FY18 General Revenue Investments.

Desired Outcomes	Birth ----->Age 24
Physical Health & Safety	<p>1. DCYF Provider Contracts</p> <p>2. Reduced Environmental Impacts : Lead Prevention Consolidation + Cigarette Tax Reinvestment Initiatives</p>
Academic & Career Readiness	<p>3. Proposals to Promote Third Grade Reading</p> <p>4. Access to Affordable Higher Education</p> <p>5. P-Tech & Career & Technical Education Advancements</p> <p>6. Computer Science for All</p>
Stable Families & Communities	<p>7. Justice Reinvestment</p> <p>8. Minimum Wage Increase</p> <p>9. Foster Family Resources & Recruitment</p>

1. DCYF Provider Contracts – Dacia reported there is an ongoing procurement at DCYF with a proposal to increase some of their general revenue funding for FY17, with the conclusion of their procurement is coming upon us, that is to make sure we have the right size amount of funding to support those services. Moving into FY18, there is a proposal of \$113.8M AF (\$83.6M GR) to fund procured placement and other child welfare services contracts that promote positive child outcomes and permanency for system-involved children & youth.

2. Reduced Environmental Impacts – The Budget Article consolidates lead poisoning prevention activities within RIDOH to promote more effective enforcement and reduce impact of lead poisoning on children and families. Dacia added that there are two Cigarette Tax Reinvestment Initiatives:

- \$2.5M Outdoor Recreation Grants
- \$500K Tobacco Cessation Program

3. Proposals to Promote Third Grade Reading - Dacia stated she would discuss this proposal separately.

4. Access to Affordable Higher Education – Dacia reported on Governor Raimondo’s Rhode Island’s Promise initiative which gives access to affordable higher education that includes a \$10 million investment this year and growing to \$30 million investment over five years. In the end, it results in less than one percent of the general revenue budget and it has a huge impact on making higher education accessible to youth in Rhode Island. By 2020, we are anticipating 7 out of 10 jobs created in RI will require an associate's degree or higher. Fewer than 50% of URI students, 15% of RIC students and only 5% of CCRI students earn their degrees on time. Students graduating with debt, on average, have more than \$35k in loans to repay - the second highest debt of any state. Dacia outlined the breakdown of the investments:

\$10M - Rhode Island's Promise

- \$3M scholarships for first year students @ CCRI
- \$6M investments in colleges to deliver their promise to students
- \$1M for implementation to assist students with FAFSA completion, communicate with students and families, and provide additional support to high school guidance counselors.

5. College & Career Readiness in High School -

- \$1.2M to expand P-TECH programs that connect high school students with community colleges and businesses to gain exposure to career pathways.
- \$3.65M in capital funds designated to Davies Career and Technical High School for upgraded facilities around advanced manufacturing.
- \$1.8M to expand Prepare RI program to keep up with demand for dual enrollment opportunities.

6. Computer Science for All - \$260K - Expands Computer Science for All Initiative to every school in Rhode Island by December 2017.

7. Justice Reinvestment -

- \$100K - Domestic violence intervention programs
- \$185K - Pre-arrest diversion mental health program at Public Defender
- \$410K - Mental health and discharge planning services within the ACI

8. Minimum Wage Increase – Increases minimum wage from \$9.60 to 10.50/hour, effective 10/1.

9. Foster Family Resources & Recruitment - \$1.2M reinvested over FY17 and FY18 to recruit and enhance foster care capacity across Rhode Island.

Dacia concluded her presentation and asked if there were any questions or comments.

Marty Sinnott of Child and Family Services inquired how the Foster Family Recruitment Development and Support (RDS) model fits into this year's fiscal spending.

Dacia confirmed that the \$1.2 million reflected is the investment for the new RDS model.

Mark Fields inquired as to where Rhode Island falls among neighboring states with regard to the minimum wage.

Leanne Barrett of Kids Count responded that Rhode Island at the \$10.50 wage falls between Massachusetts which is at \$11.00 per hour and Connecticut which is at \$10.10 per hour.

Darlene Allen of Adoption Rhode Island questioned whether the \$1.2 million for the Foster Family RDS Model was per year.

Dacia stated that the \$1.2 million is spread over the two fiscal years FY17 and FY18.

David Caprio of Children's Friend stated that in the preliminary budget discussions, it looked like additional investments in HeadStart were proposed as well as a tiered reimbursement system for child care assistance that ties into the third grade reading. David asked if there were more details about those proposals.

Dacia discussed the proposals to promote third grade reading. The Governor set a very clear goal with the Children's Cabinet around third grade reading where we want to double our third grade reading goal by 2025. The Governor tasked the Cabinet with coming up with an action plan. A workgroup has been established, and it has drafted the action plan which will be brought to the Cabinet for consideration once it is finalized. Dacia noted that the budget came faster than the action plan, and therefore we made a series of proposals of what the key themes are that will be included in the action plan around school readiness and school success. Dacia stated that there will be other pieces of the action plan that will utilize federal funds or other resources that we were able to bring together from private sources, but the school readiness and school success proposals will come out of the general revenue budget.

School Readiness:

- \$1M – Pilot Performance-Based Quality Incentive Payment Program for Child Care Assistance.
- \$390K – State-Funded HeadStart early education programs, bringing reimbursement rates for state-funded program slots closer to federal rates of reimbursement to promote comparative quality.
- If revenues allow after May CEC: general revenue investments in the expansion of family home visiting.

School Success:

- \$1.1M – Expand Mixed-Delivery Pre-K Programs System (creating four more state-funded classrooms)
- \$200K – Kindergarten Entry Profile
- \$2.5M – Permanent ELL Education Categorical (awarded to districts based on enrollment of ELLs)

Dacia concluded stating these items are reflecting some of the key themes that are included in the action plan and we want to see these things be sustained moving forward. Dacia asked if there were any questions or comments.

Sue Pearlmutter of the Rhode Island College School of Social Work, inquired in regard to the ELL, is that taking into account the cost of teacher education programs or educating students.

Dacia stated she did not know the specifics of that piece, and that she would reach out to Commissioner Wagner for more specifics.

Secretary Robert's thanked Dacia for her report on the FY'18 Budget proposals and introduced Erik Godwin from the Office of Regulatory Reform. The Secretary thanked him for joining us to describe the importance of the Administrative Procedures Act, as it is critical that everyone have a good understanding of how the regulatory process will work going forward and the mandates we must comply with. While one goal is to streamline our regulations, another is to clarify and strengthen them to ensure health and safety, and meaningful community input.

❖ **Office of Regulatory Reform - Process updates on the new APA and RI Code of Regulations**

Erik Godwin stated that the Office of Regulatory Reform is located in the Office of Management and Budget at the Department of Administration. Erik reported that the Administrative Procedures Act (APA) is a broad body of law that governs the rulemaking process for government agencies. It determines how agencies notice proposed rules, receive public comments and promulgate final regulations.

- In 2016 the General Assembly passed an update to the Administrative Procedures Act.
- This was the first major update since the mid-1950s.
- New reforms will take advantage of technological advances increasing regulatory transparency for the public.
- The new law requires the creation of an online, indexed, and searchable database of regulations.
- The Office of the Secretary of State is responsible for building and managing this system.
- The new index will be known as the Rhode Island Code of Regulations (RICR).

Administrative Procedures Act Overview

- All regulations must be in the RICR system by January 1, 2019 or they will be unenforceable.
- APA provides new ways for agencies to promulgate rules:
 - Direct Final Rules
 - Emergency Rule Process and Timeline
- APA provides new procedures for informing regulated entities and the general public:
 - Advanced Notice of Proposed Rulemaking (ANPM)
 - Guidance Documents

Eric stated that their goal is to have agencies actively repeal rules, not just let them expire.

Advance Notice of Proposed Rulemaking (ANPR): Before the formal rulemaking process begins, state agencies can, if they so choose, solicit the public for comments and recommendations by posting an Advance Notice of Proposed Rulemaking. This process may be facilitated through the creation of public committees or workshops. Public meetings under this section require a 15- day notice and are otherwise subject to the RI Open Meetings Act (RIGL §42-46).

Direct Final: State agencies may accelerate the rulemaking process for rules which are expected to be noncontroversial.

Key Points:

- Still require the Concise Explanatory Statement and the Notice of Proposed Rulemaking.
- Must be made available to the public for 30 days. If no public objection is received the rule becomes final.
- State agencies must use the full regular rulemaking process should a public objection be received within the 30 day period.

Emergency Rules: Imminent peril standard to public health and safety or loss of federal funding. Requires agency Director and Governor's designee sign-off. No public comment period. They remain in effect for 120 days, and are renewable only once for 60 days. After which, the rule expires.

Office of Regulatory Reform (ORR)

ORR is responsible for coordinating this effort across executive branch agencies and for establishing a phased approach for codification.

ORR provides agencies with:

- Technical assistance in the structuring and writing of regulations,
- Policy analysis, specifically addressing unintended consequences of regulatory requirements, and
- Assistance in analyzing the costs and benefits of proposed regulations.

For example, the Lead issue, there are five agencies involved, two statutes and four regulations. That is an interagency problem that has to be solved as one unit, otherwise it will get disjointed.

Secretary Roberts added that one thing they are doing at EOHHS in partnership with ORR, is creating one team across the agency to be sure they are sharing resources as there are various levels of staff to support this work; as well as to streamline the rules and regulations that are duplicated or conflict with each other across the agencies. Lead is a good example of that as it crosses the multiple jurisdictions of the departments.

Erik discussed the process as it was established by Executive Order 15-07 that mirrors the federal system which allows for a greater level of review and oversight to help the agencies that have duplicated or conflicting regulations among each other. The Executive Order is designed to bring the agencies together in a standardized format.

Erik added that the Executive Order and the APA process provides a very important opportunity for those of you who know of an area of where their areas of interests conflict with other agencies. He suggested that people reach out to let him and let him know, because it is his job to deconflict those areas and have the regulations streamlined to work together.

Sue Pearlmutter informed Erik of an example where DCYF has requirements for family visitation and DHS has requirements for family work hours. Sometimes those conflict more often than not.

Erik asked Sue to contact him so they can discuss that conflict further. Erik added that while this is the official process outlined in Executive Order 15-07, ORR frequently works with agencies prior to the Initial Review stage by reviewing draft regulations and assisting with the development of regulatory analysis.

Erik clarified the Office of Regulatory Reform and the Secretary of State Administrative Procedures Act (APA) roles:

ORR

- Review proposed regulations
- Execute EO 15-07 requirements
- Develop submission timeline with agencies
- Manage agencies submission

SOS

- Design of the online system
- Will manage the RICR
- Can make grammatical and format changes to submitted regulations.

Director Jensen asked Erik for clarification of the difference between the Law, the Regulation, and the Executive Order.

Erik stated that federal mandates take precedence; at the state level, the legislature writes the statute and most of the regulations that are dealt with in the state are in direct response to a statutory requirement. All regulatory requirements could be changed, however, there is a process which takes approximately three months. The Governor or the President or any Chief Executive may issue an Executive Order, but whether or not it has the force of law could be challenged in court at the federal level.

Erik discussed what to expect during the process, stating that stakeholders can expect to see an increase in the number of agency regulatory actions noticed through the APA process.

Over the next two years agencies will be:

- Repealing outdated or obsolete rules,
- Consolidating regulations to better present requirements to regulated entities,
- Promulgating new regulations as required by new state laws, and
- Amending regulations to improve the clarity of the requirements.

Erik stated that some regulatory language will disappear due to repeals and consolidations of outdated or obsolete rules. Prior to the internet, agencies used the APA to publish all information to the public. Much of this information was never intended to regulate the public, merely to inform interested parties. Removing this non-regulatory language from the RICR streamlines and clarifies the legal requirements imposed on the public. With advances in technology, agencies are now able to utilize their websites to post non-regulatory information online as guidance documents, internal operating policies, or other communications material. Distinguishing between regulatory language that has the force and effect of law and non-regulatory language will make the regulations more clear to the public and strengthen agencies' ability to make appropriate regulatory decisions.

Erik discussed the RI Code of Regulations (RICR), stating the Secretary of State has assigned Title numbers to agencies, boards and commissions. You can find the full list in their Rules Styling Manual on the SOS Rules and Regulations homepage. Similar to the CFR, agencies can determine how to appropriately nest their regulations within this structure. Over the next two years you will see the work in progress as some regulations are in the new code and others in the old format.

Erik discussed the projected APA outcomes stating that agencies will have reduced the state's regulatory volume. All state regulations will be organized and easily searchable in a single, online location. The time required to find regulations will be significantly reduced and streamlined and improved regulations will lead to increased compliance.

Erik concluded his presentation and stated that additional information can be found on the ORR website: <http://www.omb.ri.gov/reform/> or on the SOS regulations page: <http://www.sos.ri.gov/divisions/open-government/state/rules-and-regulations>.

Secretary Roberts thanked Erik for his presentation and stated it is going to be important to have input from the community during this process particularly around child protection and making sure we are serving communities well and not inadvertently do something that we didn't intend to do, but hopefully reducing conflicting regulations across the agencies as well.

Secretary Roberts introduced Rosemary Reilly-Chammat from the Department of Education and Tom Bertrand from the Department of Health to discuss findings and recommendations of the recent Adolescent Sexual Health Profile. This is an important cross-agency partnership between the Department of Health, Education and Children Youth and Families that was prioritized within the Children's Cabinet Strategic Plan.

❖ **Adolescent Sexual Health Profile**

Tom Bertrand thanked the Secretary and Cabinet for having Rosemary and him there to discuss their recommendations and findings. Tom also wanted to recognize John Scott from the Department of Children Youth and Families who also contributed to their work.

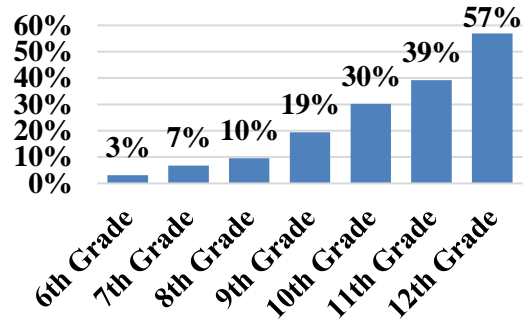
Tom stated that their efforts this past year have been in close alignment with the Children's Cabinets objective, which is the Physical Health & Safety of adolescents and young adults to ensure they develop appropriately by receiving regular, coordinated healthcare, avoiding abuse of substances, and accessing reproductive health services. Their rationale for the project was to identify opportunities to create synergy and integrate efforts within existing funding priorities/deliverables using evidenced-based research.

Tom added that in terms of background, he and Rosemary wanted to build upon existing relationships with the Department of Health and the Department of Education which includes the School Health Advisory Committee. It

seemed a natural opportunity for them to work together because their respective work has a lot in common. They just finished a one year planning process, and their staging process was to focus on state-agency level gaps and opportunities, and then focus on community partner engagement and get their input. They defined adolescents as age 11 to 23 therefore includes college students and wanted to be very inclusive.

Tom shared a graph of data and important topics that they encountered that are driving the process. Relative to the rest of the United States, Rhode Island is below the national average, but we still have a ways to go, which is good, however within the state of our New England counterparts we are not doing as well.

Percentage of Students Who Have Ever Had Sex, By Grade, Rhode Island, 2015



- Overall, 26% of high school students sexually active and 39% did not use a condom at last intercourse.
- 590 teen births in 2014
- 1046 cases of chlamydia among adolescents (under 19) in 2015
- Health Disparities Examples:
 - Teen pregnancy rates for Hispanics 3x higher than whites
 - 15% LGBTQ high school students had > 4 sex partners (Heterosexual, 6%)
 - 14% students with a disability have experience dating violence

Tom concluded his part of the presentation and asked if there were any questions.

Secretary Roberts inquired as to what grade level does sex education begins?

Rosemary Reilly-Chammat stated that sex education begins K through 12 which is topic specific and developmentally appropriate.

Rosemary stated that the Promising Practices highlights the work that they are already engaged in based on the funding they have and she wanted to recognize that the comprehensive approaches within each of the categories and among the categories highlighted here are really critical if we want to see normative changes including thinking about how we build comfort around sexual health and creating conditions that support adolescent sexual health.

RIDE receives funding from the Center for Disease Control to work with ten school districts. The state level School Health Advisory Council looks at data to think about how they can support sexual health education, expanded access to health care services, and creating safe and supportive environments. In Rhode Island we also have an emphasis on the needs of youth who identify as LGBTQ and policy that overarches those areas at both the state and local level.

Rosemary added that they talk a lot about creating conditions to support local capacity around adolescent sexual health so it is not always about the State doing something, but it is also how we support local communities in building on their own assets. Rosemary stated that the accessibility of services is key, whether we are talking about providers who are youth friendly that understand adolescent development and then geographically accessible services such as school based health centers. This is another great example where communities create those conditions to support youth friendly services. Also, family engagement looking at the needs of the community, respecting the culture and the norms while building capacity. The Department of Health also, as an example of environmental change, has condom dispensers that they have located in many sites across Rhode Island.

Rosemary concluded her presentation with a highlight of recommendations, which is to build on the Promising Practices to support and expand the School Health Advisory Council, right now they are currently working with ten districts and looking at ways that districts are already involved can be supporting districts who have an interest in being involved and building their capacity to support the sexual health of their adolescents. Rosemary stated that the thriveri website which is a one-stop website for all things school health and can be accessed through the

Department of Health website as well as the Department of Education website. It disseminates tools and resources that they have developed through this process. As a next step in this work, they plan to establish an adolescent sexual health policy group where they will assess existing policy, look at how those policies are being implemented, see where they can support successful implementation of the policies and to also recommend other policies that will help to continually support the sexual health of adolescents. Rosemary added that they will also continue to explore strategies to engage community stakeholders as well as youth to build statewide capacity.

Secretary Roberts asked Rosemary who currently participates on the School Health Advisory Council.

Rosemary reported that the following departments/organizations currently participate: ten school districts, the Department of Health, Department of Education, Planned Parenthood, Rhode Island College, Sojourner House, Youth Pride, and other community based organizations that support adolescent sexual health. Rosemary stated that from her perspective, one of great things as we bring people together around the table, there are relationships that get established among the school districts, the community organizations as well as the school districts that transcends the state so there is a lot of work that is occurring in those districts where they are utilizing those community based organizations to support parent groups, school staff professional development, and also instruction in the classroom.

Tom Bertrand added that they are going to reconvene their state level group and plan to identify up to three priority areas to focus on, one from education, one from medical and one from parenting/community and move forward with the goal of hopefully having some successes in 2017 and then build on them. We are at the very early stage of growth and at the same time are reaching out and working with schools, community groups and youth to hear from them on what their needs and interests are. That is an important component, as in his current work and past work he has learned so much from asking the youth questions. For instance, many youth are afraid to get tested for STD's because they think they will be drug testing at the same time. Our challenge is great, but we want to be very sensitive and very real about meeting the needs of young people about their questions and how do we get them answered. We believe we have created a nice plan that has Promising Practices and data to back it up with a general idea of where we would like to go, and we welcome the input from the Cabinet and the community.

Secretary Roberts inquired if they have identified an issue due to its public health impact or other reason that it needs to be a priority, and we can't wait to work on this issue.

Rosemary stated that it is based on the data and when you look at the report, there is a lot of data that supports why we need to be paying attention to adolescent health, but also adolescent sexual health specifically, because even though we have been trending downward with the rest of the nation in many of our indicators with the exception of chlamydia and gonorrhea in terms of our statewide numbers, but there is still a problem. When speaking with youth about what they want, they would like to be able to talk about these issues with adults who feel comfortable in talking with them about sexual health. How do we continue to build that capacity so that we are meeting the needs of our kids, because that is what they are looking for.

Tom added the thing that rises to the top of the list is health equity, as we have rates of pregnancy and STD's that are much higher for some racial ethnic groups than others. In regard to the LGBTQ students, their reports about adverse behavior around sex are really key that's a rising issue, and something he would prioritize.

❖ **Public Comment**

Secretary Roberts opened the room for public comment.

Sue Pearlmutter from Rhode Island College School of Social Work stated that she completely agrees and understands the priority for the LGBTQ students, but added that the teen pregnancy rate among young Hispanic women, particularly in Central Falls, Pawtucket, and Woonsocket, really needs some strong attention. Sue reported that there are some really positive health related activities going on in some of those communities, that it might be possible to put them together in some efforts. Sue stated that Central Falls has a clinic in its high school and there is the neighborhood health service that is happening in Central Falls where some activity about adolescent sexual health could be implemented.

Rosemary added that there is some work related to that where Memorial Hospital and Blackstone Valley Community Health Care which were part of the community partnership that established school based health center and Dr. Beata Nelken is the physician there who has worked closely with the school leadership to bring in other resources from the community in addition to the health education that the Central Falls district is offering to continue to support the youth there. We will see a lot of growth there.

Dr. Patricia Flanagan stated that in particular to Central Falls, Dr. Nelken's work has been tremendous and the rates have fallen dramatically in the last year and a half and has made great progress in a short amount of time. Dr. Flanagan added that what she does not hear is the Departments of Health and Education engaging or including the pediatricians and family doctors in their work.

Rosemary stated she would welcome Dr. Flanagan and the pediatricians at the table.

Dr. Flanagan added that Rhode Island's laws pertaining to adolescent access to confidential health care are muddy. While this makes caring for them complex, we certainly do not want more restrictive laws.

Rosemary agreed, and that is why they felt the next step in their process should be that adolescent sexual health policy group, because it's really important that there should be a shared understanding of the complexities of the laws, where there are gaps and where we could be doing better. As partners, we need to have a shared understanding of that across our departments so we can build our collective capacity so we can look at where there may be some opportunities to move forward and have some clear messages around where we need to go next and why this is so important.

Tom Bertrand added that they have met with the medical directors of every health plan and our goal is to be on the same page as them. They have a priority to get sexually active women screened for chlamydia, where they are measured on that. Tom stated they are starting the process to talk with them about on whether their providers know the frequency of how often they can test, whether an explanation of benefits will go home, can young people get tested without parental knowledge?

Darlene Allen of Adoption Rhode Island commented about the data on page 20 of the report which states that 50% of girls in foster care have been pregnant at least once by age 19. She thanked them for highlighting this issue regarding the foster care population and asked if their work group had any strategies they were proposing to address this health issue in our foster care population.

Tom stated that is an important topic and stated that some regulations include that having condoms is considered contraband in the group homes and they are confiscated. Tom stated that they purposely involved DCYF to the table so we can start to address some of these issues.

Leanne Barrett of Kids Count added that the Department of Human Services manages a program called Youth Success which may be where a lot of the pregnant and parenting teens go and work on preventing or delaying a second birth. It is also a great connection to evidence based home visiting. There is one model that we are using in Rhode Island that has a track record of delaying a second birth and doing great outreach and support for young vulnerable families around sexual health.

Mark Fields inquired about the age bracket of the 14 percent of disabled youth who have sexual encounters.

Rosemary stated that the information is a result of a youth risk behavior survey conducted in high schools grade 9 through 12. And the questions are: do you have a physical disability, or an emotional/learning disability. A member of the public inquired if the plan will be engaging parents and youth that are middle school age that have disabilities. A lot of their youth who have disabilities are at risk of being sexual offenders because they cannot distinguish appropriate behavior and non-appropriate behavior.

Rosemary stated that part of the work they are doing through the CDC grant and working with the ten districts, they have begun to reach out to parents within their communities. For example, in Lincoln they have had a few parent events around adolescent development, sexual health has been a part of it as well as other adolescent health issues to inform parents. In North Kingstown provided professional development to the school staff about what it

feels like to be LGBTQ within the school and what inclusion looks like. There are opportunities like that we want to help to see and share among other districts so they can replicate as well.

Linda Mendonca, the State School Nurse Consultant at the RI Department of Health asked about the pilot schools that they have been working with, has RIDE been able to evaluate their health education curriculum and what they are using. Also, as RIDE moves forward to expand the School Health Advisory Committee (SHAC), are they going to be able to help districts make sure they are doing what they are supposed to do.

Rosemary stated that the CDC has also funded non-governmental organizations to work with states. Advocates for Youth, a national organization, is working around the sexual health education piece. We had applied for some extra intensive professional development with them that we have offered. Rosemary stated that they can't require, but can recommend schools to use a particular curriculum because those decisions are made locally. Rosemary stated that they did make available an evidence informed curriculum out of the Seattle Department of Health. Also, the Advocates for Youth offered a curriculum called Rights, Respect and Responsibility which is aligned with the national sexual health education standards as well as our local standards. Rosemary stated that this curriculum is online and she can share the link, so if someone is looking for a lesson for a certain age group to meet a particular standard, they can obtain that lesson online. Rosemary stated that as the SHAC comes across curricula that are aligned with the standards, they share that with the districts so they can utilize them. Rosemary added that as part of the CDC requirements, every six months the districts complete a performance evaluation review and one of the questions is "what curriculum are they using".

Elizabeth Burk Bryant of Kids Count complimented Rosemary and Tom on their work on producing such a great report, and added that the Youth Risk Behavior Survey has also been a great source of data for the Rhode Island Kids Count Fact Book, and hopefully will continue to get this important resource across the state departments. There is more work to be done, and page twelve of the report really highlights the progress made in the nation in decreasing teen pregnancy with the Rhode Island trends mirroring that. Elizabeth stated if there are more recent Bright Spots onward going in Central Falls, hopefully this group can share best practices or Bright Spots so that other communities can get that sooner rather than later because it seems like that is really working.

Dr. William Hollingshead stated that while Adolescent Sexual Health is the big focus, he encouraged that these important developmental issues also be included for youth before puberty occurs. It is never too early to talk about this issue with youth, as some have older siblings and are getting information one way or another, and a lot of folks feel they don't know how to talk to their kids about the issue.

Sue Pearlmutter asked if they were looking the connections between substance use and adolescent sexual health, and added that the State Innovation Model (SIM) is trying to focus on identifying substance use among citizens in Rhode Island and there is a model that can be used for working with teens and young adults.

Rosemary stated that yes, they are looking at those connections as well.

Dr. Alexander Scott thanked Tom, Rosemary and John from DCYF as well, as she and Commissioner Wagner have spoken and have expressed full support for the interagency progress that has been done and look forward to engaging with the Children's Cabinet and in particular with the community to bring some tangible outcomes from this good work that is happening.

❖ **Adjournment:**

Secretary Roberts stated the next Children's Cabinet meeting will be Monday, February 27th. We are working to have that meeting in Woonsocket, and will alert our email list serv when a location is confirmed. The Secretary thanked everyone for attending and asked for a motion to adjourn. Director Jensen made a motion to adjourn, Director Alexander-Scott seconded. All were in favor, 0 opposed. The meeting adjourned at 11:20 a.m.