

RHODE ISLAND EARLY LEARNING COUNCIL

June 26 2018

9:00 a.m. - 12:00 p.m.

Save the Bay Conference Center, Providence

EARLY LEARNING RI

Meeting Agenda

Welcome, Opening Remarks, and Meeting Overview

Policy & Program Updates

- State Budget and Legislation from 2018 Session
- Family Child Care Licensing Regulations

Overview & Discussion: Using Integrated Data to Improve Services for Children with High Needs

- Rhode Island KIDS COUNT & DataSpark Demonstration Project
- DCYF Getting to Kindergarten Initiative

Overview & Discussion: Child Care & Development Fund Triennial Plan

Overview & Discussion: Substance Affected Newborns

Policy & Program Updates: Summer Learning

- 21st Century Community Learning Centers
- Public Libraries
- Hasbro Summer Learning Initiative

Public Comment & Next Steps

Policy & Program Updates

Governor's FY19 Budget & Early Learning

4

- \$3.4 million to increase and implement tiered quality rates for infants, toddlers, and preschoolers enrolled in centers serving children in the Child Care Assistance Program
- Adopts intermediate sanctions for child care licensing
- \$1.1 million increase in funding for State Pre-K
- \$100,000 in funding to implement high-quality kindergarten curriculum
- Bond for public schools renovation/construction
- ~~\$200,000 for a pilot program to offer child care subsidies to families who are attending college/post-secondary education~~

DHS Announced Tiered Quality Rates

5

Percent Increase	Current Rates	1 Star	2 Star	3 Star	4 Star	5 Star
Infant/Toddler		2.5%	5.0%	13.0%	20.0%	33.0%
Pre-School		2.5%	5.0%	10.0%	13.0%	21.0%

Full Time Rates	Current Rates	1 Star	2 Star	3 Star	4 Star	5 Star
Infant/Toddler	\$193.64	\$198.48	\$203.32	\$218.81	\$232.37	\$257.54
Pre-School	\$161.71	\$165.75	\$169.80	\$177.88	\$182.73	\$195.67

Pending Legislation Related to Early Learning

6

ACTION

- H-7148/S-2120 increase and adopt tiered quality rates for ALL age groups in the Child Care Assistance Program. **Revised plan for children under age 6 enrolled in centers enacted through budget bill H-7200**
- H-7436/S-2506 establish and provide funding for dual language education to promote bilingualism and biliteracy. **Passed Senate. Did not pass House.**
- H-7413/S-2347 establishes a permanent legislative commission on out-of-school time learning. **House resolution passed to create a special 1 year study commission. Senate version passed to create permanent commission.**

NO ACTION

- H-7544/S-2470 to extend the Temporary Caregivers Insurance program to 8 weeks and improve wage replacement for low-wage workers
- H-7152/S-2817 Early Childhood Innovation Act to fund a DHS administered grant program for research-based initiatives to promote learning and development of infants and toddlers
- H-7040 require school districts to adopt evidence-based approaches to reduce chronic absence
- Various bills to provide professional development/certification for K-3 teachers and reading specialists to identify and provide evidence-based interventions for students with dyslexia

DCYF – Regulatory Revision

1

- Revision
 - ▣ Administrative Procedures Act
 - ▣ RI Code of Regulation
 - ▣ Stakeholder feedback
- Additions
 - ▣ field trips
 - ▣ general health and safety
 - ▣ transition to “Group FCCH”
- Key Clarifications
 - ▣ staff/child ratio
 - ▣ supervision
 - ▣ visitors
- In Progress
 - ▣ substitute planning

Integrated Early Care & Education Data

EARLY LEARNING POLICY BRIEF

Focus on Integrated Early Care and Education Data

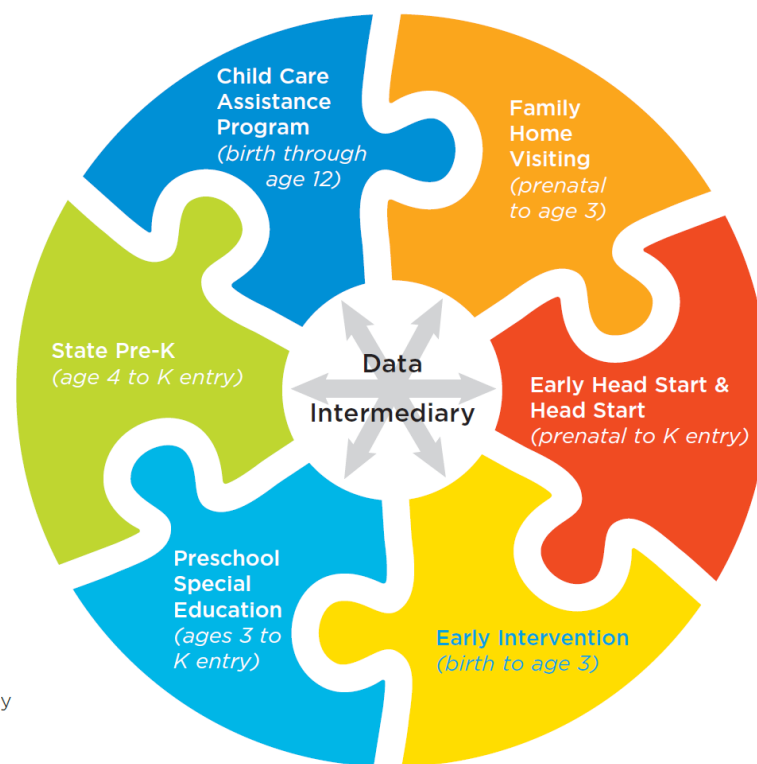


Why Do We Need Integrated Early Care & Education Data?

Development and use of integrated state early care and education data, helps state policymakers:

- improve the quality of programs;
- improve the qualifications and effectiveness of the educators who work in the programs;
- increase participation in high-quality programs; and
- improve child outcomes.

INTEGRATED EARLY CARE AND EDUCATION PROGRAM DATA
CAN SUPPORT CHILDREN'S DEVELOPMENT & LEARNING



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Questions Requiring Integrated ECE Data

- 1) Which children are enrolled in early care and education programs? Which children are missing out?
by age, race, ethnicity, city/town, risk factors, type of program, quality of program
- 2) What is the quality of our early care and education programs? What are the barriers for quality improvement?
by ages served, funding stream (Child Care Assistance Program (CCAP), Head Start, private pay, etc), city/town, hours of operation
- 3) Are we attracting and retaining effective early educators/home visitors?
by program, funding stream, city/town, staff characteristics
- 4) How many children need and receive more than one program at a time?
simultaneous participation by city/town, risk factor, quality of program
- 5) What happens at key transition points?
succession of program participation (e.g. Early Intervention > Preschool Special Education) by city/town, risk factors, quality of program
- 6) Are low-income and high-needs children getting the services and supports for which they are eligible and entitled without any gaps and with the appropriate dosage and duration?
by child risk factor (low-income, victim of child maltreatment, in foster care, in homeless family, with developmental delay or disability, with challenging behavior, substance affected at birth, etc.)

Where Are the Data?

EARLY CARE & EDUCATION PROGRAM DATA IN RHODE ISLAND

EARLY CARE & EDUCATION PROGRAM

AGENCY AND DATA SYSTEM(S)

Family Home Visiting *(prenatal to age 3)*

In-home coaching for parents to improve child health and school readiness and reduce parental stress.

Department of Health

ETO and KIDSNET databases

Early Head Start & Head Start *(prenatal to K entry)*

Early care and education, health, nutrition, and parenting supports for families living in poverty.

7 Early Head Start & Head Start Agencies

Individual databases managed by each agency*

Child Care Assistance Program *(birth through age 12)*

Subsidized child care, early learning, after school and summer programs for low-income working families

Department of Human Services

RI Bridges database

Early Intervention *(birth to age 3)*

Family-focused services for children experiencing or at-risk for developmental delays.

Executive Office of Health & Human Services

Welligent database

Preschool Special Education *(age 3 to K entry)*

Child-focused services for children with a developmental delay or disability.

Department of Education

Special Education Census database

State Pre-K *(age 4 to K entry)*

Early education for children age 4.

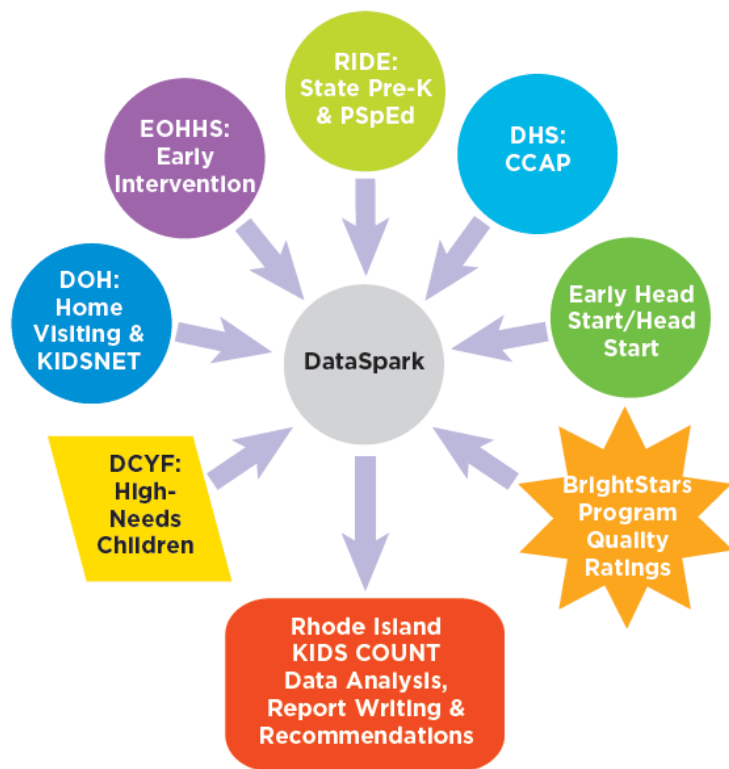
Department of Education

Pre-K - Grade 12 Enrollment Census

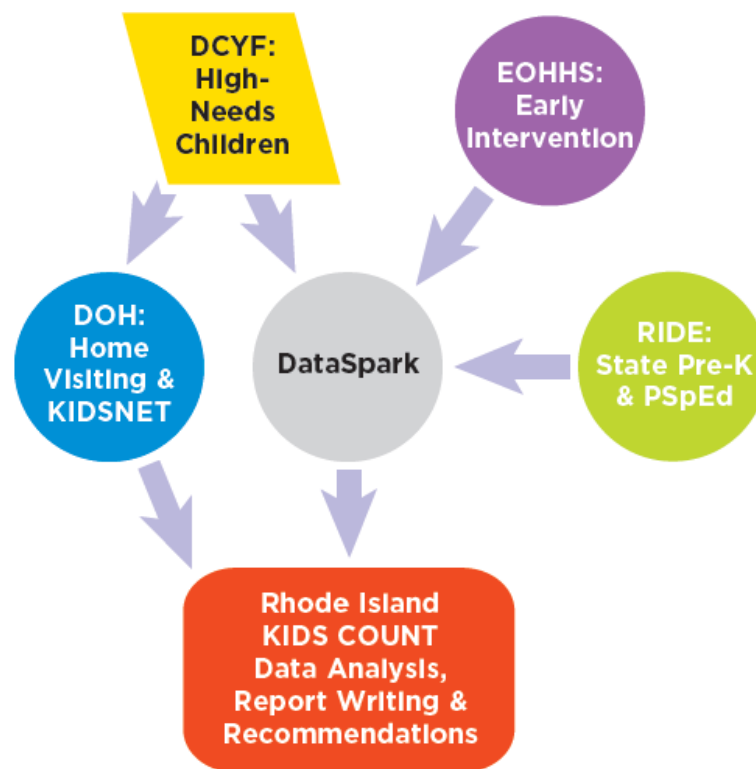
* Head Start agencies are: CHILD, Inc., Children's Friend, Comprehensive Community Action Program, East Bay Community Action Program, Meeting Street, Tri-County Community Action, and Woonsocket Head Start Child Development Association. As of June 2018, two Early Head Start and Head Start agencies send their enrollment data to the Department of Health for inclusion in the KIDSNET data system.

Demonstration Project

DEMONSTRATION PROJECT DESIGN 2016:
INTEGRATED EARLY CARE & EDUCATION
PROGRAM DATA



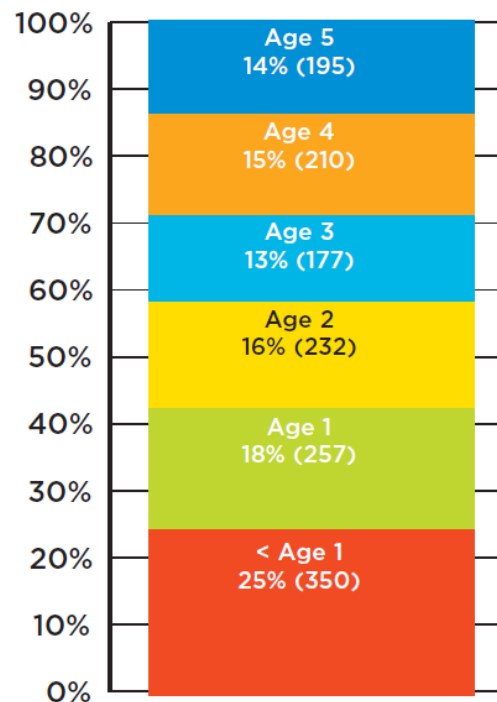
DEMONSTRATION PROJECT AS EXECUTED 2018:
INTEGRATED EARLY CARE & EDUCATION
PROGRAM DATA



DCYF Cohort

- 1,421 children under age 6 who were maltreated in 2015
- 12% (171) were repeat victims of maltreatment within the past 12 months
- 33% had been removed from their home at least once (402 had one removal, 56 had two removals, 11 had three removals, 1 had four removals, 1 had five removals)
- 66% White, 13% Black, 13% Multi-Racial
- 25% Hispanic, 65% Non-Hispanic
- 48% lived in core cities

MALTREATED CHILDREN BY AGE AS OF DECEMBER 2015, RHODE ISLAND

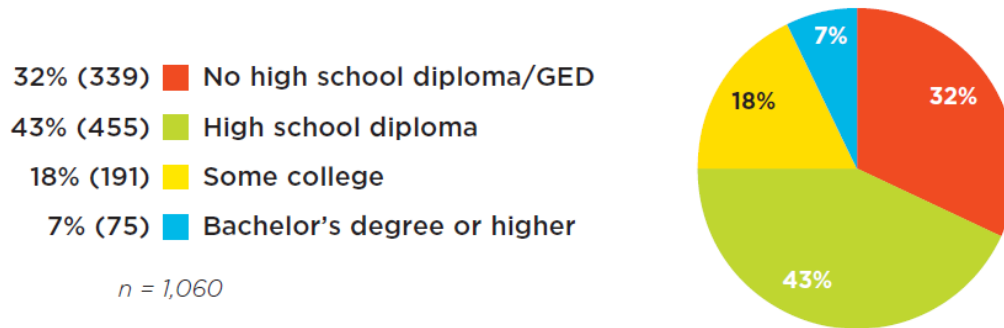


Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2015.

DCYF Cohort & KIDSNET

(DOH Intermediary)

MALTREATED CHILDREN UNDER AGE 6 BY MATERNAL EDUCATION AT BIRTH, RHODE ISLAND, 2015

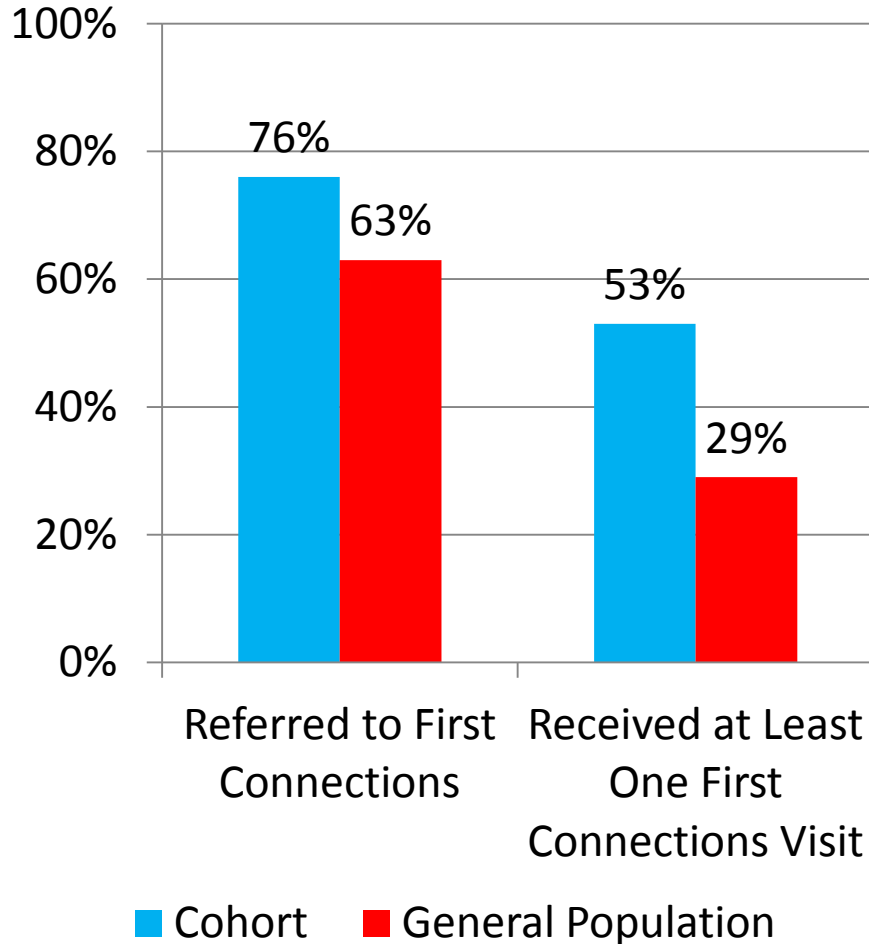


Source: Rhode Island Department of Health, KIDSNET Database matched with DCYF cohort of children with indicated child abuse and neglect.

- 32% born to a mother with a high school diploma or less vs. 11%
- 86% born to a low-income family (Medicaid or no insurance) vs. 50%
- 54% born to a mother with a documented history of treatment of mental health conditions vs. 31%
- 24% born to a mother with a documented history of substance abuse vs. 6%
- 17% born to a mother with a documented history of involvement with DCYF vs. 2%
- 10.4% pre-term vs. 9.0%, 11.5% low birth weight v. 7.5%
- 12% elevated blood lead level vs. 4%

DCYF Cohort & Home Visiting

(DOH Intermediary)

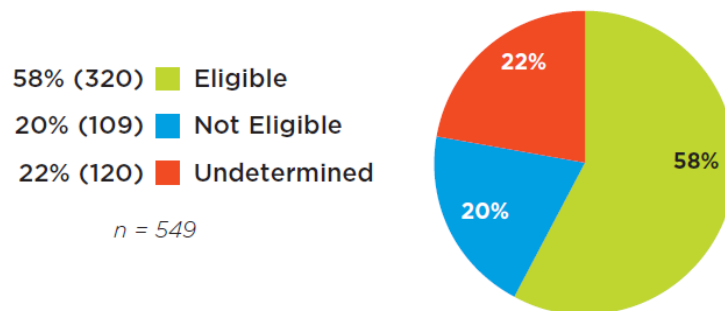


- 136 (10%) children in the cohort participated in an evidence-based home visiting program in 2009-2016 before, during, or after the maltreatment occurred.
- 88 in Healthy Families America
- 30 in Parents as Teachers
- 18 in Nurse-Family Partnership

DCYF Cohort & Early Intervention

(DataSpark Intermediary)

CHILDREN MALTREATED IN 2015 MATCHED WITH EARLY INTERVENTION REFERRALS 2009-2016 BY ELIGIBILITY



Source: DataSpark at the University of Rhode Island

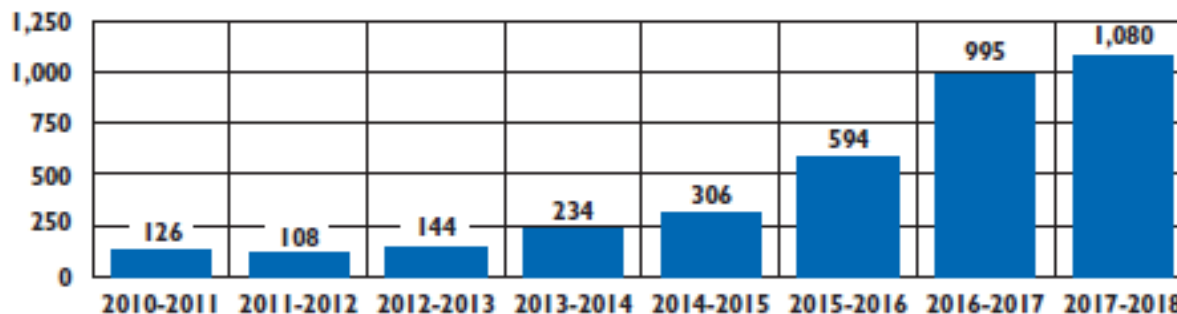
- 549 (39%) children from cohort had a referral record to Early Intervention in 2009-2016
- 320 (58%) were found eligible (23% of cohort vs. 6% of population in EI):
 - 262 (82%) measured developmental delay
 - 31 (10%) single established condition (e.g. Down Syndrome)
 - 16 (5%) multiple established condition – category eliminated by state in 2013
 - 11 (3%) informed clinical opinion

DCYF Cohort & State Pre-K

(DataSpark Intermediary)

- Out of 394 children in the cohort who were old enough, 7 (2%) were enrolled in State Pre-K before June 2016.
- An additional 34 children in the cohort were enrolled since 2016.
- State Pre-K grew from 234 children to 594 children enrolled between 2013-2014 and 2015-2016 school years. Continued to grow after.

Rhode Island State Pre-K Enrollment, 2010-2011 through 2017-2018

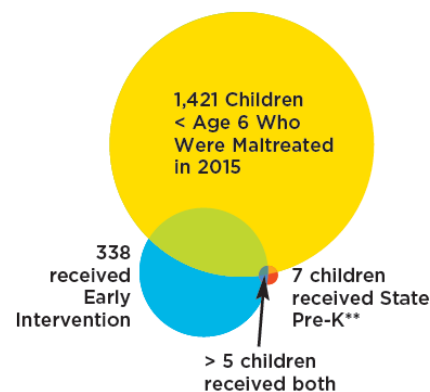


Sources: National Institute for Early Education Research, *The State of Preschool 2010, 2011, 2012, 2013, 2014, 2015*.
Rhode Island Department of Education, State Pre-K programs 2015-2016 through 2017-2018.

Integrated Data!

- Integrated data from DCYF (children with high needs), RIDE (State Pre-K enrollment), and EOHHS (Early Intervention referrals and enrollment) allowed analysis of overlapping services and/or services in succession.
- DOH/DCYF data also show that 10% of the DCYF cohort received evidence-based home visiting (but not shared with DataSpark).
- Evidence clearly indicates that young maltreated children also participate in Early Head Start, Head Start, Child Care Assistance Program, and Preschool Special Education (not shared with DataSpark).

YOUNG MALTREATED CHILDREN IN COHORT THAT RECEIVED EITHER OR BOTH EARLY INTERVENTION AND STATE PRE-K, 2009-2016*



Source: DataSpark at the University of Rhode Island.

* This diagram does not include data from Family Home Visiting, CCAP, Head Start, or Preschool Special Education because data from these programs was not shared with DataSpark.

** An additional 34 children from the cohort were enrolled in State Pre-K since the 2015-2016 school year.

Components of ECE Data Systems

- Secure linkage of child-level information across early learning programs
- Access to consistent child, program, and workforce information
- Inform policymakers and provide actionable information to program administrators.
- Facilitate collaboration among different early care and education programs to improve services for children.

INTERLOCKING COMPONENTS OF
AN INTEGRATED EARLY CARE AND
EDUCATION DATA SYSTEM



Data Intermediaries in RI

- DataSpark and RI DataHUB at URI
- Rhode Island Innovative Policy Lab (RIIPL) and RI 360 at Brown University
- KIDSNET at DOH
- Early Care and Education Data System (ECEDS) at RIDE
- The Data Ecosystem at EOHHS

As of June 2018, it is not clear which entity is responsible for integrating data across all ECE programs.

Children with High Needs

POPULATION WITH HIGH NEEDS

DATABASE(S)

Children in Low-Income Families	DOH: Children with Public or No Health Insurance DOH: Children receiving WIC DHS: Children receiving TANF/RI Works
Infants and Toddlers	DOH: Children < age 3 in KIDS NET
Children with Developmental Delays or Disabilities	EOHHS: Children with an IFSP RIDE: Children with an IEP
Children with Behavioral or Mental Health Challenges	Rite Care, KIDSNET or KIDS CONNECT?
Children Experiencing Homelessness	RIDE: McKinney-Vento data RI Emergency Shelter Information Project?
Children Involved in Child Welfare System	DCYF: Indicated cases of child abuse and neglect DCYF: Children in foster care DCYF: Children receiving services from the Family Care Community Partnerships
Children in Non-English Speaking Families	DOH: Children born to a mother who does not speak English
Children in Refugee Families	Dorcas International Institute & the Diocese of Providence?
Other	DOH: Children born to parents with low education levels DOH: Children born to parents under age 20 DOH: Children by race and ethnicity

Recommendations

- Establish coordinated governance across state agencies to **promote use of integrated ECE data**. Identify goals, develop data sharing and coordination systems, and produce regular reports.
- **Clarify** how data on early care and education enrollment is to be gathered and integrated across state agencies
- Ensure there is a **permanent home and staff capacity** to manage the Early Care and Education Data System (ECEDS)
- Improve systems to **ensure data about early childhood educators and home visitors** is regularly entered into ECEDS
- **Connect integrated data** from early care and education programs to children's health data and K-12 education data
- Consider establishing an **Office of Early Learning** to promote coordination, collaborative decision-making, and shared data and resources across the core early childhood programs.

DCYF: Rhode Island Getting to Kindergarten Grant

Three Year Grant Funded by The W.K. Kellogg Foundation-

Goals:

- **Access to Screening and Programs for Children B to 5 in the Rhode Island Child Welfare System.**
- **Access to High-Quality Early Care and Education Services for Children B to 5 in Foster Care.**
- **Cross-System Training to Support DCYF and Early Childhood Staff on Key Topics Relevant to the Needs of Young Children in the Rhode Island Child Welfare System.**

DCYF: Rhode Island Getting to Kindergarten Grant

Goal 2: Increase Access to High-Quality Early Care and Education Services for Children Birth to 5-Years-Old in Foster Care.

Data:

- **Initial Baseline Data Set Feb. 2018: N= 784 B to 5 in DCYF Care**
- **By Age: B to 3= 498 / 3 to 5= 286**
- **Birth to 3: Enrolled in 3 Star or Higher= 21%**
- **3 to 5: Enrolled in 3 Star or Higher= 41%**

DCYF: Rhode Island Getting to Kindergarten Grant

Strategies for Increasing Enrollment in High-Quality Early Care and Education For Children Birth to 5 in Foster Care:

Initial Key Strategies-

- ▶ **Workgroup Established**
 - ▶ **Access to State Pre-K for 4-Year-Olds in Foster Care**
 - ▶ **Access to Head Start for Children 3 to 5 Years Old in Foster Care**
 - ▶ **General Promotion of High-Quality Early Care With Foster Parents**
 - ▶ **Consider Development of Process for Access to High-Quality Early Care at the Point of Placement**

Child Care & Development Fund Plan

Overview of 2019-2021 CCDF State Plan

June 26, 2018



CCDF State Plan Overview



CCDF State Plan Sections

Section 1: Statewide Leadership and Coordination

Section 2: Promote Family Engagement through Outreach and Consumer Education

Section 3: Provide Stable Child Care Financial Assistance to Families

Section 4: Ensure Equal Access to High Quality Child Care for Low Income Children

Section 5: Establish Standards & Monitoring Process to Ensure the Health & Safety of Child Care Settings

Section 6: Recruit and Retain a Qualified and Effective Child Care Workforce

Section 7: Support Continuous Quality Improvement

Section 8: Ensure Grantee Accountability

Section 1: Statewide Leadership and Coordination



Important Changes

- State Plan period extended from 2 to 3 years
- Development of Statewide Disaster Plan
 - Including requirements for provider training and practice drills
- Collect data on supply and demand for child care, including
 - Infants & toddlers
 - Homeless children
 - Non-traditional hours

Section 2: Promote Family Engagement through Outreach and Consumer Education



Important Changes

- Consumer Education Website (*currently EXCEED.ri.gov*)
 - Must be consumer friendly
 - Available in multiple languages
 - accessible by those with disabilities
 - Provider search, including QRIS rating, by zip code
 - Provider -specific results of Monitoring and Inspection
 - Aggregate number of injuries, deaths, and substantiated child abuse by setting
 - Statewide/Coordinated policy on social-emotional health (PBIS) and expulsion
 - Research and best practices concerning children's development
 - Resources for developmental screenings

Section 3: Provide Stable Child Care Financial Assistance to Families



Important Changes

- Graduated Phase Out of Assistance for parents whose income has increased at redetermination
- Family assets do not exceed one million dollars (\$1,000,000)
- 12 month Continuous Eligibility period
- 3 months of Job Search following permanent job loss

Section 3: Provide Stable Child Care Financial Assistance to Families (cont)



Important Changes

- Homeless Children & Families
 - Prioritization
 - Coordinated Outreach
 - Grace period
 - Provider Training & Technical Assistance
- Strategies to build the Supply and Quality of child care for children:
 - In Underserved areas
 - Under age 3 (Infants & Toddlers)
 - With Disabilities
 - In non-traditional hour care

Section 4: Ensure Equal Access to High Quality Child Care for Low Income Children



Important Changes

- Market Rate Survey (option for Alternative Methodology)
 - 2018 Survey
 - Statistically valid and reliable
 - 50% response rate
 - Difference by geographical area
- Rate Setting must consider the cost of quality
- Generally Accepted Payment Practices
- Strategies to build the Supply and Quality of child care
- Prioritize Investments for children in areas with significant concentrations of poverty

Section 5: Establish Standards & Monitoring Process to Ensure the Health & Safety of Child Care Settings



Important Changes

- Pre-service and ongoing training on required health & safety topics:
 - Preservice = Before or during first 3 months of employment
- Pre-service inspection and/or annual monitoring
- Comprehensive Background Checks
 - Expanded checks
 - Every 5 years
 - Fees cannot exceed cost of administration
- License-Exempt Providers

Section 6: Recruit and Retain a Qualified and Effective Child Care Workforce



Important Changes:

•Professional Development System

- Progression of PD to increase teachers' effectiveness in supporting children's development and learning
- Incorporates knowledge of RIELDS (birth to 5)
- Appropriate (to the extent practicable) for different age groups, ELLs, children with disabilities, and Tribes
- Addresses WKC's, career pathways, advisory structure, articulation, and workforce data
- Reflects current research and best practices
- Improves the quality, diversity, stability, and retention of the child care workforce

•Specific Training & Technical Assistance on:

- Identifying and Serving children experiencing homelessness
- Strengthening provider business practices

Section 7: Support Continuous Quality Improvement



Important Changes

- Allowable Uses for Quality Setaside:
- Training and PD
- Development/Implementation of Early Learning Guidelines
- Developing, implementing, or enhancing a tiered QRIS
- Improving the supply and quality of programs/services for Infants/Toddlers
- Establishing /expanding a Statewide system of Resource & Referral
- Supporting compliance with State requirements for licensing, inspection, monitoring, training, and health and safety
- Evaluating the quality of child care programs in the State
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Other activities with measurable outcomes

Section 8: Ensure Grantee Accountability



Important Changes

- Update program integrity policies and procedures to reflect new requirements
 - Ex -Aligning improper payment policy with new requirements for 12 month eligibility
- Identify Program Violations
 - Review of provider billing/attendance records
 - System reports to flag potential errors
 - Required to impose sanctions on clients/providers in response to fraud

Timeline

- CCDF State Plan can be accessed at this link, <http://www.dhs.ri.gov/Regulations/CCAPStatePlan2019-2021-Proposed.pdf>
- Include all opportunities for input
 - Pre-Print to all providers and community partners
 - Pre-Print on DHS and Secretary of State's website
 - Public Hearing, 6/13 @ 10:00am at Louis Pasteur Building
 - PLCC, 6/12 @ 2:30pm at RI State House, Room 205
 - RI Children's Cabinet, July TBD, Department of Administration
 - Early Learning Council, 6/26 @ 9:00am at Save the Bay

Questions/Feedback

Email Caitlin Molina, Assistant Director of Child
Care at:

Caitlin.Molina@dhs.ri.gov

41

Substance Affected Newborns





SEN Task Force and Plans of Safe Care

Tuesday, June 26, 2018

Rhode Island Early Learning Council

Taskforce to Support Pregnant and Parenting Families with Substance Exposed Newborns (SEN Taskforce)

***Mission of the Taskforce:** To develop and build a comprehensive system of supports for parents, newborns, and families by providing prevention and intervention opportunities to avoid or ameliorate the outcome of prenatal substance exposure among the continuum of care using the life course approach.*

SEN Task Force



SEN Interagency
Coordinating Team
(in process)

Taskforce to Support Pregnant and Parenting Families with Substance Exposed Newborns (SEN Task Force)

Prenatal Referral and
Care Coordination

Hospital Policy
Alignment

Specialized
Recovery Coaches

Education/
Annual Meeting

SEN Data
(Added 2018)

Reports out to:

- Governors Overdose Prevention and Intervention Task Force
- Children's Cabinet

Ongoing efforts to support early identification and linkage to supports are *both a focus of the taskforce work group, and of ongoing collaboration between DCYF, RIDOH and EOHHS (CAPTA & Kellogg grant)*

SEN Task Force



Family-Focused Supports in Rhode Island – “Build your team”

Focus is on families with parents in recovery or medication/substance exposed newborns but supports are not limited to families with these experiences. All supports listed are available at no cost to the participating family.



SEN Task Force



Skilled Nursing

In-home nursing for the baby and mother that is ordered by the physician prior to the newborn's hospital discharge. Most common providers (based on insurance):

- Home Care Advantage 401.781.3400
- Maxim 401.751.6333
- VNS Newport & Bristol Counties 682.2100
- South County Home Health 782.0500

First Connections (FC)

Provides free support to expectant parents and families with children under age three in RI. Infants diagnosed with NAS are referred to FC at birth. Family visitors can answer any questions about newborn and infant care, infant feeding and nutrition, developmental screening, home safety, family well-being, and referral coordination.

Early Intervention (EI)

Children referred to EI receive a comprehensive developmental evaluation to determine if they are eligible. EI promotes the growth and development of infants and toddlers who have a developmental disability or delay in one or more areas. Infants diagnosed with NAS are eligible and referred at birth.

Peer Recovery Specialist/Coaches

Peers with specialized training work with new and expectant parents to provide recovery support, identify community resources, and support the family.

Parent Support Network: 401.467.6855
Anchor Recovery: 721.5100, 615.9945
When you call, ask for a "pregnant and parenting recovery coach" if applicable.

Additional Programs (Partial list)

WIC: WIC benefits are available to parents who are pregnant or just had a baby, and to children under the age of five whose household meets income guidelines. 401.222.5960 (ask for WIC)
Project Link (Providence Center): Outpatient treatment for pregnant women, and those with young children, impacted by substance use disorder and mental health issues. 401.453.7618
Rhode Island's Recovery Helpline (24/7): 401.942.STOP (7867) for more treatment and recovery support options throughout the state.

DCYF Contracted Services: Various, more information from case manager if applicable

Additional state and local programs exist – this is not a complete list of services

Family Visiting

Nurse-Family Partnership (NFP): This free program provides guidance on preventative health and prenatal practices. Visitors help link families with appropriate care and resources. *Must be enrolled prenatally.*

Healthy Families America (HFA): HFA works with new and expectant families statewide. This program helps identify a family's needs, provides emotional support and links families with additional resources in the community. *May enroll prenatally or with children up to the age of three months.*

Parents as Teachers (PAT): Parent educators work with families to identify medical homes and provide developmentally appropriate activities for their children.
Enrollment usually up to age of two, but some programs serving families in North Kingstown, Westerly, Warwick, and Woonsocket enroll up to the age of three.

First Connections and Family Home Visiting supports (NFP, HFA, PAT):

Families or providers can make a single call or referral and program staff will help you find the program that is the best fit for a family. Program staff can also make connections to all other supports listed here.

To self-refer: text **baby** to **444999**, or call us at **401.222.5960** (ask for family visiting)

To refer someone else: call us at **401.222.5960** or fax completed referral form to the agency in their community

Print [referral forms](#) online or order preprinted referral pads from RIDOH at: <http://health.ri.gov/familyvisiting/>

Early Head Start (EHS)

EHS offers a wide range of services to pregnant women, infants, and toddlers under the age of three years old. Services are comprehensive and can include health, dental health, childcare, and more. There are income eligibility requirements and services are only available in some areas. *May enroll up to the age of two and a half years.*

Family Follow-up Clinic

The clinic provides ongoing services and evaluation for any infants with opiate exposure during pregnancy from hospital discharge into childhood. The clinic will enroll and support infants born at all hospitals across the region.
To set up an appointment call: 401.274.1122, ext. 48935

Plans Of Safe Care



Modification to CAPTA state plan. States required to ensure a **plan of safe care** is developed for each substance affected infant following delivery:

- Plans to address the needs of the **infant and affected family or caregiver**
- **Monitoring** plans to determine whether local entities are making referrals and delivering appropriate services for two generations
- Not just illegal substance exposure

Plans Of Safe Care

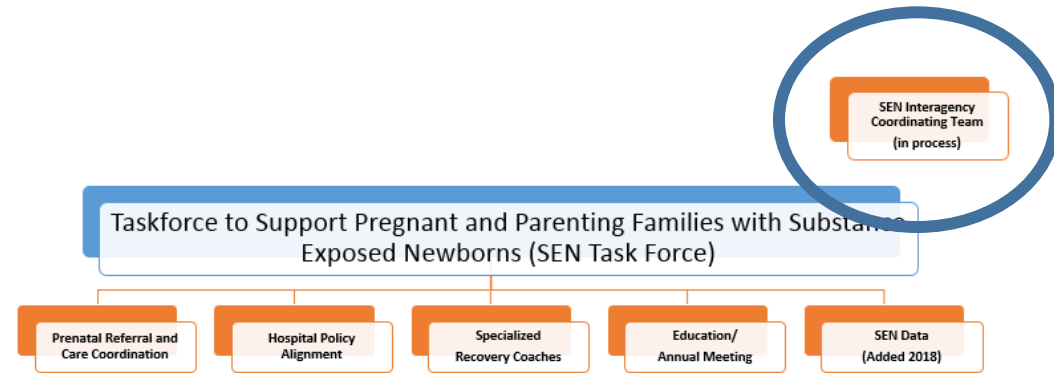


Inter-agency Implementation Work Group

DCYF, RIDOH,
BHDDH, EOHHS

Input from and
coordination with
birth hospitals

Builds on SEN Task
Force Collaboration





Plan of Safe Care Family Care Plan

- Kent
 Landmark
 Newport
 South County
 WIH



Infant Name _____ DOB ____/____/____ MRN _____

The Plan of Safe Care – Family Care Plan coordinates existing supports and provides referrals to new supports that may be helpful after an infant’s birth. The hospital treatment team is responsible for completing this form in consultation with the family.

Check all applicable supports and new referrals for parent(s)						
Parent Supports	New Referral	Current	Discussed	N/A	Organization	Contact person (if applicable)
Safe Sleep Education			<input type="checkbox"/>			
Smoking Exposure Education			<input type="checkbox"/>	<input type="checkbox"/>		
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Parenting Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Home Visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Substance Use Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Peer Recovery Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medication-Assisted Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Treatment Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Baby Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Basic Needs <i>(housing, food, safety, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other <i>(behavioral health, medical, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other <i>(behavioral health, medical, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Check all applicable supports and new referrals for infant <i>(Complete Plan of Safe Care – Foster Family Care Plan form, if applicable.)</i>						
Infant Supports	New Referral	Current	Discussed	N/A	Organization	Contact person (if applicable)
Pediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
First Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Brown Family Care F/U Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Plans Of Safe Care



Modification to CAPTA state plan. States required to ensure a **plan of safe care** is developed for each substance affected infant following delivery:

- Plans to address the needs of the **infant and affected family or caregiver**
- **Monitoring** plans to determine whether local entities are making referrals and delivering appropriate services for two generations
- Not just illegal substance exposure

Questions on SEN Task Force?

Questions on POSC?

Training Needs?



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Policy & Program Updates

Summer Learning

June 26, 2018

LIVE UNITED

**United
Way**



United Way of Rhode Island

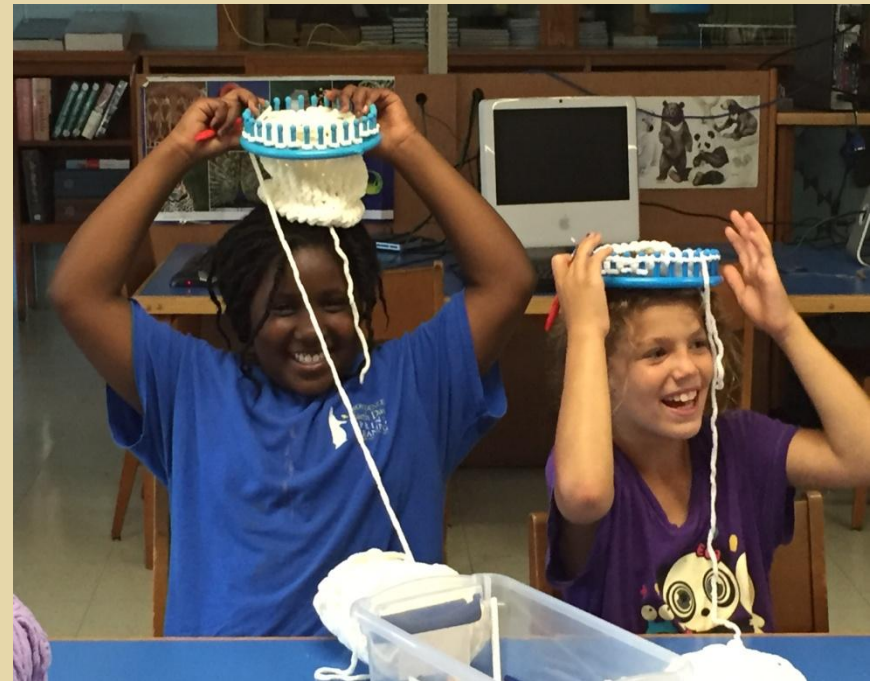
Research



- Two months of math computation skills lost, regardless of socioeconomic status, when non-engaged over summer. Lower-income children also tend to lose two months of reading skills (Cooper, 1996).
- Over half of the achievement gap between lower- and higher-income youth can be explained by unequal access to summer learning opportunities (Alexander, et al., 2007).
- Weight gain increases when children are on summer break (Von Hippel, et al., 2007). ***For minority children, it is twice as fast than during school year.***

Our Summer Learning Model: HSLI

- Collaboration between CBO and school district ; co-planning/co-implementation model
- Six weeks, 35 hours per week = 210 hours of dosage
- Hands-on, experiential, learning with real-world applications
- **Service learning** wrapped around core of program (with local lens)
- Focus on growth in academics, social-emotional awareness, community connectedness, and health/wellness



Tangibles/Intangibles



- Social, emotional, physical, academic, and citizenship growth
- Libraries heavily involved
- **Relationships that are built**

HSLI 2018: The Numbers

- 14 programs
- 10 municipalities
- Approximately 1,150 students
- Rising 1st – 12th graders



21st Century Community Learning Center Grant

- > \$5M in federal funding for out-of-school time programs
- In RI all grantees provide *both* after-school *and* summer learning
- Combination of enrichment, academic support & family engagement
- 33 grants to 20 CBOs or districts, serving 45 schools in low-income communities (23 elementary schools)
- Last Request For Proposals gave priority to programs with a focus on “Early Foundations” for PK/K to 3rd grade youth

21st Century Community Learning Center Grant

- Variety of summer program models, schedules, staffing structures
- Summer goals:
 - Prevent summer slide – and in some, provide credit or remediation
 - Increase social and emotional learning
 - Improve essential skills
 - Engagement in learning, in community, in interests
 - Some support school transition (to K, middle school, or high school)
- Evaluation of program has shown very positive impacts – but domain was entire year, not just summer

Public Comment

2018 Council Calendar



2018 Early Learning Council Meetings

- Wednesday, September 26, 9:00 to 12:00 noon
- Wednesday, December 12, 9:00 to 12:00 noon

Save the Bay Conference Center
Providence, RI