RHODE ISLAND
EARLY LEARNING COUNCIL

June 26 2018
9:00 a.m. - 12:00 p.m.
Save the Bay Conference Center, Providence
# Meeting Agenda

<table>
<thead>
<tr>
<th>Welcome, Opening Remarks, and Meeting Overview</th>
</tr>
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<tbody>
<tr>
<td><strong>Policy &amp; Program Updates</strong></td>
</tr>
<tr>
<td>• State Budget and Legislation from 2018 Session</td>
</tr>
<tr>
<td>• Family Child Care Licensing Regulations</td>
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</tbody>
</table>

| **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
$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

<table>
<thead>
<tr>
<th>Percent Increase</th>
<th>Current Rates</th>
<th>1 Star</th>
<th>2 Star</th>
<th>3 Star</th>
<th>4 Star</th>
<th>5 Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant/Toddler</td>
<td></td>
<td>2.5%</td>
<td>5.0%</td>
<td>13.0%</td>
<td>20.0%</td>
<td>33.0%</td>
</tr>
<tr>
<td>Pre-School</td>
<td></td>
<td>2.5%</td>
<td>5.0%</td>
<td>10.0%</td>
<td>13.0%</td>
<td>21.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Time Rates</th>
<th>Current Rates</th>
<th>1 Star</th>
<th>2 Star</th>
<th>3 Star</th>
<th>4 Star</th>
<th>5 Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant/Toddler</td>
<td>$193.64</td>
<td>$198.48</td>
<td>$203.32</td>
<td>$218.81</td>
<td>$232.37</td>
<td>$257.54</td>
</tr>
<tr>
<td>Pre-School</td>
<td>$161.71</td>
<td>$165.75</td>
<td>$169.80</td>
<td>$177.88</td>
<td>$182.73</td>
<td>$195.67</td>
</tr>
</tbody>
</table>
Pending Legislation Related to Early Learning

**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

- 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.
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**

<table>
<thead>
<tr>
<th>EARLY CARE &amp; EDUCATION PROGRAM</th>
<th>AGENCY AND DATA SYSTEM(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Home Visiting</strong> <em>(prenatal to age 3)</em></td>
<td>Department of Health</td>
</tr>
<tr>
<td>In-home coaching for parents to improve child</td>
<td>ETO and KIDSNET databases</td>
</tr>
<tr>
<td>health and school readiness and reduce parental</td>
<td></td>
</tr>
<tr>
<td>stress.</td>
<td></td>
</tr>
<tr>
<td><strong>Early Head Start &amp; Head Start</strong> <em>(prenatal to K entry)</em></td>
<td>7 Early Head Start &amp; Head Start Agencies</td>
</tr>
<tr>
<td>Early care and education, health, nutrition,</td>
<td>Individual databases managed by each agency*</td>
</tr>
<tr>
<td>and parenting supports for families living in</td>
<td></td>
</tr>
<tr>
<td>poverty.</td>
<td></td>
</tr>
<tr>
<td><strong>Child Care Assistance Program</strong> <em>(birth through age 12)</em></td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Subsidized child care, early learning, after</td>
<td>RI Bridges database</td>
</tr>
<tr>
<td>school and summer programs for low-income</td>
<td></td>
</tr>
<tr>
<td>working families</td>
<td></td>
</tr>
<tr>
<td><strong>Early Intervention</strong> <em>(birth to age 3)</em></td>
<td>Executive Office of Health &amp; Human Services</td>
</tr>
<tr>
<td>Family-focused services for children</td>
<td>Welligent database</td>
</tr>
<tr>
<td>experiencing or at-risk for developmental</td>
<td></td>
</tr>
<tr>
<td>delays.</td>
<td></td>
</tr>
<tr>
<td><strong>Preschool Special Education</strong> <em>(age 3 to K entry)</em></td>
<td>Department of Education</td>
</tr>
<tr>
<td>Child-focused services for children with a</td>
<td>Special Education Census database</td>
</tr>
<tr>
<td>developmental delay or disability.</td>
<td></td>
</tr>
<tr>
<td><strong>State Pre-K</strong> <em>(age 4 to K entry)</em></td>
<td>Department of Education</td>
</tr>
<tr>
<td>Early education for children age 4.</td>
<td>Pre-K - Grade 12 Enrollment Census</td>
</tr>
</tbody>
</table>

Demonstration Project

Demonstration Project Design 2016: Integrated Early Care & Education Program Data

- EOHHS: Early Intervention
- DOH: Home Visiting & KIDSNET
- DCYF: High-Needs Children
- RIDE: State Pre-K & PSpEd
- DHS: CCAP
- Early Head Start/Head Start
- BrightStars Program Quality Ratings
- Rhode Island KIDS COUNT Data Analysis, Report Writing & Recommendations

Demonstration Project as Executed 2018: Integrated Early Care & Education Program Data

- DCYF: High-Needs Children
- EOHHS: Early Intervention
- RIDE: State Pre-K & PSpEd
- DOH: Home Visiting & KIDSNET
- Rhode Island KIDS COUNT Data Analysis, Report Writing & Recommendations
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

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

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).

Source: DataSpark at the University of Rhode Island.

* This diagram does not include data from Family Home Visiting, CCAEP, 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.
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

<table>
<thead>
<tr>
<th>POPULATION WITH HIGH NEEDS</th>
<th>DATABASE(S)</th>
</tr>
</thead>
</table>
| 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 | RItc 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.
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.
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%
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

<table>
<thead>
<tr>
<th>CCDF State Plan Sections</th>
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<tbody>
<tr>
<td><strong>Section 1:</strong> Statewide Leadership and Coordination</td>
</tr>
<tr>
<td><strong>Section 2:</strong> Promote Family Engagement through Outreach and Consumer Education</td>
</tr>
<tr>
<td><strong>Section 3:</strong> Provide Stable Child Care Financial Assistance to Families</td>
</tr>
<tr>
<td><strong>Section 4:</strong> Ensure Equal Access to High Quality Child Care for Low Income Children</td>
</tr>
<tr>
<td><strong>Section 5:</strong> Establish Standards &amp; Monitoring Process to Ensure the Health &amp; Safety of Child Care Settings</td>
</tr>
<tr>
<td><strong>Section 6:</strong> Recruit and Retain a Qualified and Effective Child Care Workforce</td>
</tr>
<tr>
<td><strong>Section 7:</strong> Support Continuous Quality Improvement</td>
</tr>
<tr>
<td><strong>Section 8:</strong> Ensure Grantee Accountability</td>
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</table>
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 WKCs, 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-Aligned 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](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
Email Caitlin Molina, Assistant Director of Child Care at:
Caitlin.Molina@dhs.ri.gov
Substance Affected Newborns
SEN Task Force and Plans of Safe Care

Tuesday, June 26, 2018
Rhode Island Early Learning Council
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.
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.

<table>
<thead>
<tr>
<th>Time</th>
<th>Support Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prenatal</strong></td>
<td>Recovery Support for Pregnant Women/Parents</td>
</tr>
<tr>
<td></td>
<td>Enroll any time before or during recovery process; Indefinite enrollment, not time-limited</td>
</tr>
<tr>
<td><strong>Birth</strong></td>
<td>Short-Term, In-Home, Support and Linkage for Immediate Needs</td>
</tr>
<tr>
<td></td>
<td>Refer and enroll prenatally; supports continue until baby is three years of age</td>
</tr>
<tr>
<td><strong>3 Months</strong></td>
<td>Long-Term Support to Give the Baby the Best Possible Start</td>
</tr>
<tr>
<td></td>
<td>Enrollment varies by model, options until child is two and a half years of age; Eligibility and duration vary by model. Programs end between two and five years of age. Healthy Families America, Nurse Family Partnership, Parents as Teachers, Early Head Start</td>
</tr>
<tr>
<td><strong>2 Years</strong></td>
<td>Support/Education for Developmental Delays</td>
</tr>
<tr>
<td></td>
<td>Enroll up until child is 30 1/2 months of age; Automatically eligible with Neonatal Abstinence Syndrome (NAS), program ends at three years of age</td>
</tr>
<tr>
<td><strong>3 Years</strong></td>
<td>Skilled Nursing Support Ordered by Physician</td>
</tr>
<tr>
<td></td>
<td>Ordered by medical provider at birth; Duration varies, approximately three months</td>
</tr>
<tr>
<td><strong>Support &amp; Evaluation for Newborns with Opiate Exposure</strong></td>
<td>Support available for all substance exposed newborns; Duration varies</td>
</tr>
</tbody>
</table>
# 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**: 882.2100
- **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 now and expectant parents to provide recovery support, identify community resources, and support the family.
**Parent Support Network**: 401.467.6855
**Anchor Recovery**: 721.5100, 615.5945
*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. 401.222.5660 (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 newborn 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/](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. 46936

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For general information on any of the listed resources, call RIDOH's Health Information Line at: (401) 222-5960
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

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
- SFI Data (Advised 2018)
Plan of Safe Care

Family Care Plan

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)

<table>
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<tr>
<th>Parent Supports</th>
<th>New Referral</th>
<th>Current</th>
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<td>Basic Needs (housing, food, safety, etc.)</td>
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<td>Other (behavioral, health, medical, etc.)</td>
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Check all applicable supports and new referrals for infant (Complete Plan of Safe Care – Foster Family Care Plan form, if applicable.)

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Discussion

Questions on SEN Task Force?

Questions on POSC?

Training Needs?
Summer Learning

June 26, 2018
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
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