



STATE OF GEORGIA  
Children's Cabinet

Executive Children's Cabinet

March 3, 2020

Governor's Mansion

8 a.m.-10 a.m.

## Summary

### 1. Welcome

- Commissioner Jacobs welcomed the Cabinet.

### 2. Cabinet Meeting Updates

- Governor's Office of Student Achievement: There will be a Literacy Day at the Capitol by Governor and Mrs. Kemp on March 20, 2020 from 9 a.m. to 10 a.m.
- Office of the Child Advocate: A statewide service delivery plan for trafficking will be rolling out for review. If your agencies have staff that would like to look over the plan, please let OCA know.
- Department of Community Health: WellCare update: Most kids will go through an open enrollment period with their anniversary date. There will be three CMOs to choose from versus four; working with Governor's Office on making announcements. Guidance will be coming out shortly.
- Department of Human Services: DHS received approval to expand their quality program, which provides training and education for parents who are having problems paying child support but aren't in danger of being sent to jail. This program helps to keep them out of the jail system. This program is expanding to South Georgia.
- Council of Juvenile Court Judges: There is a major piece of legislation/policy change that proposes to raise the age of juvenile court jurisdiction to 17 years old. We don't have a problem with the legislation, our question now is are we prepared to deal with 17 year olds that have never been in our system.

- Department of Behavioral Health and Developmental Disabilities: The coordination of the Behavioral Health Commission will work over a 4-year period with 5 subcommittees. There has been an emphasis on taking a thoughtful approach and examining the interconnectedness of behavioral health and substance abuse for all of the people we serve. We have learned about numerous legislation that are also coming down the pipe that will possibly be channeled back to the behavioral health commission.
- Department of Education: Received a literacy grant; 47 school systems, 310 B-5 centers and K-12 schools. 32M granted year 1 – a lot of good work to be done with that money especially in rural Georgia. Intent is for whole community to be involved, everyone has a role to play. May 14<sup>th</sup> – announced at board meeting.

### **3. Review January meeting notes and action items**

- David Tanner reviewed the highlights from the January 2020 Full Children’s Cabinet meeting. The Cabinet reconfirmed goals and focus areas with the whole group. The Cabinet was reminded that they have an annual report written up in June, so it is ideal to begin with the end in mind as we move forward. The action items from the last meetings included:
  - i. An inventory of upcoming conferences that Cabinet agencies can engage in shared learning;
  - ii. Individual agencies can make the decision of whether they want to provide an update to the 2-1-1 system;
  - iii. An inventory of existing interagency teams or collaborative to document the current work in Georgia; and,
  - iv. The Cabinet will have a graduate student collecting information on local interagency collaborations, such as LIPTs, to find out what makes these local level collaborations continue to meet (e.g. best practices, 2 Gen approaches).

### **4. Inventory of interagency planning efforts and conference inventory**

- Melinda Moore reviewed an upcoming survey that will be sent to the Cabinet members. Cabinet will be collecting survey data document existing interagency team and collaborative work and also upcoming conferences and training that agencies can engage in shared learning.

- An email will be sent to the appropriate contact at each Cabinet agency
- Surveys are due March 30<sup>th</sup>, 2020.

#### 5. Presentation: Preschool Development Grant (PDG B-5\_

- Commissioner Jacobs provided an update on the PDG B-5; services and early intervention for children b-5; vulnerable populations to access services.
- A lot falls in DECAL, but other programs as well, such as Babies Can't Wait, Special Education. As a requirement of the PDG was to conduct a needs assessment with cross-agency groups. What the needs assessment found was that we need to look at the mixed-delivery system for children B-5; no final document yet but will provide it when finalized. Preliminary findings from the needs assessment include:
  - i. Quality and workforce development – credentials, compensation, professionalization
  - ii. Access – not a direct pathway for families to access service; increased home visiting
  - iii. Transition from Babies Can't Wait to preschool special education.
  - iv. Vulnerable families, increasing the knowledge around child development; peer led family resilience programs, etc.
- Requirement of grant is build a strategic plan with a Cross-Agency Child Council to identify a deputy-level staff to sit on the CACC.
- This CACC can report up to the children's cabinet and support our work. Trying to think of ways the work we're already doing or going to do can support our work. Letter will be going out tomorrow morning.
- It is difficult to come up measures for birth – 5; as far as access goes – parents participated on the needs assessment and they don't know how to navigate the system. DPH Children's 1<sup>st</sup>; DFCS, etc. are helpful in that – to develop smoother transitions.
- Peggy Walker – impact on early development; quality early learning, they're going to build those social-emotional skills. Peggy is retired and might be available to help out.
- Quality child care is expensive, costs as much as a college tuition. Finding workforce with skills but are also getting paid a small salary – how can we address that? Help needed for challenging behaviors to give tools to keep those children in those classroom; more likely to

be expelled – so teachers need that support. Need work on coordination on the state level, etc. to ensure a comprehensive approach.

- i. Q: Do we collect data on insurance? Because private small business they don't have the capability to track that information.
  1. Single ID to track every child would make it easier.
  2. Self-reporting; can we capture upon registration?
  3. Could be done when a child or family joins GA Pre-K or Head Start; prior to that – it's private businesses.
- 1 of 20 states to be awarded the grant.
  - i. Comment: 1 in 2 are born on Medicaid rolls in Georgia; how many stay on it? If we're thinking a comprehensive approach, are we paying twice for something or three times for something? What would we expect those CMOs to be able to deliver to that age population?
  - ii. Comment: Home visits have expanded but it would be very easy for them to include this information in their presentation, faith communities, non-profits, libraries, very effective. They've hit 100, which is a huge milestone.

## **6. Discussion Item: 2 Gen Event**

- There is a two part proposal to bring up with you. Ascend at Aspen Institute has been a wonderful partner and is a national leader in the 2 Gen approach.
  - i. Proposal 1: Invite experts from Ascend to talk to the Cabinet; provide examples and how other states are doing this work. Find a date to bring them to the next full Cabinet. What does it mean to do 2 Gen? What already exists? How to move this work forward in this culture of 2 Gen?
  - ii. Proposal 2: Incorporate frontline staff in the 2 Gen approach, so not just leadership understands what 2 Gen practice and policy means – collaboration with other agencies. Three stages for introducing 2 Gen to states:
    1. Approach (new mindset, thinking about programs);
    2. Strategies (pilots, etc.),

3. Organization (scale up pilot type programs and measure the outcomes of the adult and child).

- We're in first step, build awareness among our staff – could we host a 2 gen staff conference and start a layer down from agency heads with decision-makers in our agencies. Bring in Ascend and bring in other states to talk about their work. We can talk about what actually already exists and start calling it what it is (2 gen). Would like to raise private dollars to do this. If you know of anyone or organizations supportive of your work, let the co-chairs know. First, who would you like to include? So we know how large the group and then seek the private dollars. An impactful win for the Children's Cabinet that can be done collaboratively. Thoughts? Considerations?
  - i. Comment: Sponsorship from the full cabinet.
  - ii. Comment: I love this idea. Are we thinking it will be more participatory or more receiving of the information? Response: I think it's both and a full day – receive information first and then participatory to start talking about what is happening in our state. A structured day. At some point going down to front line staff will be important, but first need to build awareness of 2 Gen at the top. We will need your support and will need you to be there, cannot do it alone, more impactful if we do it as a Cabinet.
- Take the planning in two parts: please get information to help you identify who from your teams would attend the meeting with Ascend to get a count of people; gather ideas of who to reach out to who would be interested in supporting/sponsoring.

**7. Children's Cabinet – Key Indicators**

- David Tanner facilitate the discussion on key indicators.
- It's helpful to have a scoreboard, indicators for the Cabinet to monitor. What are the things you watch to know how we're doing? We don't control them completely; it is affected by multiple agencies and sectors. When you put an indicator up on the board, all of your partners start watching those indicators. The gravity of those things bring people along – as we think about healthy, safety, literacy, 2 gen, what do you watch that you think the Cabinet should monitor. We pulled some potential indicators from Kids Count and OPB Performance Measures for 2021.

- Break into groups and each group will brainstorm indicators you think the Cabinet should consider. You might think these potential indicators “suck” and that’s fine – it’s what you think is appropriate.
- David starts to walk through the indicators that were selected from Kids Count or OPB.

## 8. Indicators Report Out

Cabinet members were divided into groups and asked to brainstorm indicators for the Cabinet’s four goal areas. Members were then given 6 dots to help get a sense of preference or priority for the measures identified. They had to put one dot on each goal area and then the other 2 dots could be used on any goal area. The number of dots is indicated by the [#] next to the suggested indicator.

- **2 Gen**
  - i. Number of CAPS families with parent education gains
  - ii. Lower number of births to women without high school and/or TCSG education [1]
  - iii. Raise the number of mothers able to keep child benefits while pursuing high education
  - iv. Lower foster care utilization for children whose parent was in foster care
- **Literacy (Math)**
  - i. Standardized testing scores are improved
  - ii. Number of schools with STEAM incorporated into the curriculum
  - iii. School climate rating
- **Lower reliance on public aid [3]**
- **Home visits (trainings) [5]**
- **Benefits cliffs [3]**
- viii. Number of children centers at colleges
- ix. Seniors at home (finances, attention, depression) [1]
- x. Poverty measures
- **Number of children in quality-rated daycare [6]**
- v. Math and English remediation in college [1]
- vi. Math teacher and recruitment

vii. **3<sup>rd</sup> grade proficiency in math and reading [4]**

viii. 9<sup>th</sup> grade EOC reading/LEXILE

ix. Reinvent library and county center (use attendance as a measure) [1]

x. Broadband availability

• **Healthy**

i. Obesity for child

ii. Immunizations

iii. Maternal mortality rates

iv. Insurance coverage

v. Home visits

vi. School Climate

vii. **Access and availability of mental health services in schools and child care centers (Birth to 12th grade)[4]**

viii. **Mental health – suicide rates in children and teens [8]**

ix. Sports

participations/activity levels

x. Lower number children coming to foster care system due to parental abandonment

(Med/MH/DD)

**xi. Lower number of CHINS cases [2]**

xii. Lower premature birth rates

xiii. Stress and Anxiety [1]

• **Safe**

i. School Climate [8]

ii. Number of youth in custody

iii. Reported incidents in facility and placements

iv. Alcohol, drug use, vaping by age group [1]

v. Substantiated maltreatment [2]

vi. Homelessness connection to trafficking

vii. Domestic violence and the cycle [2]

viii. Bullying [4]

ix. Accidental deaths

x. Health and safe child care program

xi. Attachment levels [1]

xii. Child well-being index (CMO data) [1]

xiii. Note – make sure we have  
“feeling safe measures”

xiv. Note – MyGCAL app

### **Highest Ranking Indicators**

1. School Climate rating [8]
2. Mental health – suicide rates in children and teens [8]
3. Number of children in quality rated day care [6]
4. Home visits (trainings) [5]
5. 3rd grade proficiency in math and reading [4]
6. Access and availability of mental health services in schools and child care centers (Birth to 12th grade)[4]
7. Bullying [4]
8. Lower reliance on public aid [3]
9. Benefits cliffs [3]

### **9. Action items and wrap up**

- MyGECAL app information flier to be circulated back out to the Cabinet via DBHDD.
- Reminder: You will receive emails on the 2 gen event, inventories, and CACC
- Website: A link will be sent before the next cabinet meeting in May and can share documents on there for cabinet members
- Mental Health Day, May 7<sup>th</sup> (conflict with Cabinet) so alternative Cabinet meeting space will be discussed
- Provide CVIOG information on any local collaboratives

### **2020 Meeting Schedule**

May 7, 2020 – Full Cabinet

Location - TBD