

# Children's Cabinet

## September 22, 2025

# Agenda

- Welcome and Introductions
- Vote on adoption of August meeting minutes
- Faulkner – Strategic Planning Session
- Public Comment
- Adjournment



# RI Children's Cabinet Strategic Plan 2026 – 2030

RI Children's Cabinet Meeting 2  
Key Findings and Goal Setting  
September 22, 2025

# Agenda & Goals for Today's Meeting

Today, we will review key findings from the assessment phase and engage in a goal setting conversation.

## Agenda

**1** **Remind:** Strategic Planning Framework and Process

**2** **Share:** Key Findings from the Assessment Phase

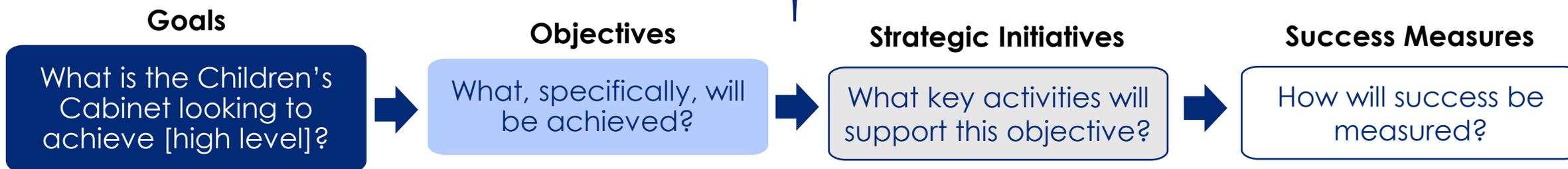
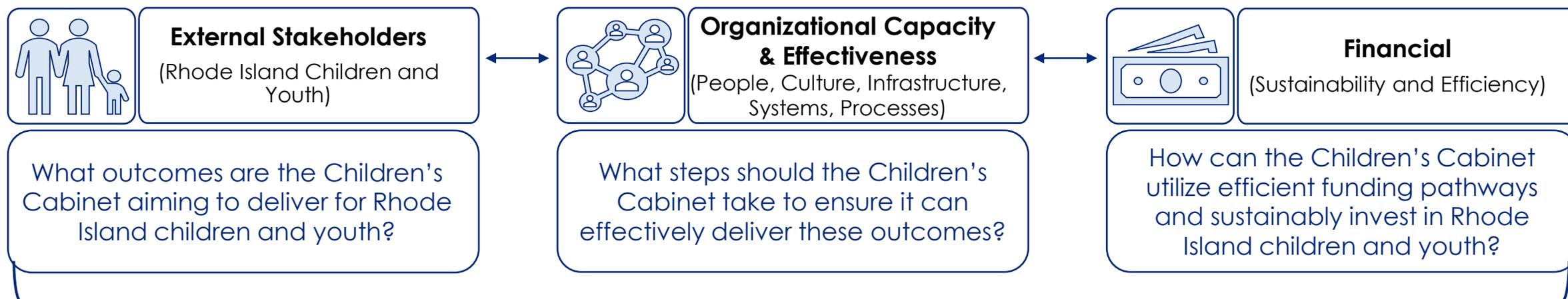
**3** **Discuss:** Setting Goals and Drafting Objectives

**4** **Preview:** Next Steps

# Strategic Planning Framework

Goal: Develop a 2026 - 2030 RI Children's Cabinet Strategic Plan

Our strategic planning framework are organized around three key domains, each with one or more associated goals, objectives, strategic initiatives, and success measures.



**Specific, Measurable, Attainable, Relevant, Timebound**

# Strategic Planning Process & Timeline

Development of the Children's Cabinet Strategic Plan will occur in three phases.



# Strategic Planning Key Inputs

During Phase 1, we conducted research and engaged with Children's Cabinet agencies and the community to understand what is working well and what could be improved.

<b>Baseline Information</b>	Review of the Children's Cabinet's statute, RI 2030 Plan and previous strategic plans
<b>Environmental Scan</b>	Research on external constraints – including political, economic, and legal/regulatory factors
<b>National Scan</b>	Review of Children's Cabinet strategic plans from other states
<b>Children's Cabinet Interviews</b>	Ten interviews conducted with 25 representatives from Children's Cabinet agencies
<b>Focus Groups</b>	3 provider and 3 family focus groups (in English and Spanish) - 16 providers and 8 families
<b>Input Sessions</b>	RI Early Learning Advisory Council input session Public input session – including 45 participants

## Synthesis of Key Learnings: Children's Cabinet SWOT

<b>Strengths</b>	<b>Weaknesses</b>
<b>Opportunities</b>	<b>Threats</b>

# Children's Cabinet SWOT

## Strengths

The Children's Cabinet has **unique potential to drive interagency collaboration and visibility** across systems serving children and youth.

- Leadership-level **convening power**
- Public **transparency** and a visible **venue**
- System-wide **awareness** and **dissemination of information**
- Demonstrated ability to **drive coordination** when focused
- Statutory **foundation** and **cross-sector perspective**

## Weaknesses

The Children's Cabinet **lacks a problem-solving orientation** and is limited by substantial **capacity constraints, limited public engagement**, and a historic focus on early childhood.

- Update-driven meeting format is **not oriented to problem-solving**
- **Limited staff resources** to drive coordination and follow-through
- **Limited accountability, metrics, and tracking**
- **Meeting overload** and difficulty sourcing presenters
- **Public engagement** is limited and there is **low public awareness** of the Children's Cabinet
- Historic emphasis on early childhood **excludes other priority populations**

# Children's Cabinet SWOT

## Opportunities

The Children's Cabinet could improve its effectiveness and maximize its impact by **refining its focus**, building its execution and reporting **infrastructure**, enhancing **public engagement**, and engaging in **strategic budgeting**.

- Identify and focus on a **limited number of high-impact priorities** aligned with the Children's Cabinet mission and scope
- Prioritize and focus on **at-risk populations**
- **Coordinate workforce strategies** to address cross-sector challenges
- Establish a **staff structure** to drive execution
- Institutionalize **shared metrics and reporting**
- Enhance **public engagement**
- **Engage in cross-agency strategic budgeting**
- Coordinate readiness for **federal policy and budget changes** and communicate clearly

## Threats

**Funding uncertainty, volatility at the federal level, workforce challenges, interagency coordination, and competing priorities** could slow progress without deliberate planning and coordination.

- State and federal **budget pressures** and funding uncertainty
- Federal **policy and regulatory changes**
- **Cross-sector workforce** challenges
- **Complex roles** across agencies and lack of clarity about the distinct purpose of different interagency forums
- **Limited bandwidth**, competing priorities

# Broader System Strengths and Challenges

Providers, families, and other community members highlighted a range of strengths, challenges, and ideas for improving state services for children and families.

	Description	Examples
<b>What's working well</b>	<i>People valued the array of services available to children and families through state programs</i>	<ul style="list-style-type: none"> <li>• Access to mental and behavioral health services once connected</li> <li>• Mobile crisis response and wraparound supports</li> <li>• SNAP eligibility and benefits</li> <li>• Employment case management and training pathways</li> <li>• Cross-agency collaboration in early childhood care and education</li> </ul>
<b>Concerns and room for improvement</b>	<i>Participants highlighted challenges accessing services and navigating the system</i>	<ul style="list-style-type: none"> <li>• Access and waitlist barriers</li> <li>• Visibility and navigation of information gaps</li> <li>• District variability and service gaps</li> <li>• Transportation barriers</li> <li>• Stigma and fear around help-seeking</li> <li>• Family burnout and mistrust</li> </ul>
<b>What could help</b>	<i>Efforts to improve outreach and system navigation and build capacity could improve family and provider experience</i>	<ul style="list-style-type: none"> <li>• Proactive, in-person outreach</li> <li>• Universal navigation hub and asset map</li> <li>• Expand after-school and summer care</li> <li>• Strengthen workforce supports and address workforce shortages across key roles</li> <li>• Normalize supportive services</li> </ul>

# Feedback on Key Learnings

- Does this summary of learnings **resonate with your perspective** on the Children's Cabinet?
- Are there any learnings you want to discuss in **more detail**?
- Is there **anything notably missing** from this summary of learnings that you want this group to consider before we move into our goal setting discussion?

# Setting Goals and Drafting Objectives

During today's working session, we are aiming to:



We have drafted straw goals and potential objectives and initiatives based on the information collected during Phase 1 – note that this is a starting point only – **together we will refine and adapt this starting point** to more fully reflect the Children's Cabinet's priorities and future direction.

## Children's Cabinet Mission:

We, the leaders and agencies serving children and families in Rhode Island, come together to **ensure that our children and youth have opportunities for safe, healthy and bright futures**. By **providing the overarching leadership and holistic approach** necessary to improve the well-being of our children and youth, we set our State on a path toward a more stable and successful future.

## DRAFT GOALS



### External Stakeholders

(Rhode Island Children and Youth)

**Goal 1:**  
*Provide interagency coordination and leadership that drives improvement in the well-being of Rhode Island's children and youth.*



### Organizational Capacity & Effectiveness

(People, Culture, Infrastructure, Systems, Processes)

**Goal 2:**  
*Strengthen the Children's Cabinet's capacity to execute on its Mission.*



### Financial

(Sustainability and Efficiency)

**Goal 3:**  
*Align and maximize available funding to advance interagency priorities.*

# Goal 1: Potential Objectives and Strategic Initiatives



## External Stakeholders

(Rhode Island Children and Youth)

**Goal 1:**  
*Provide interagency coordination and leadership that drives improvement in the well-being of Rhode Island's children and youth.*

### For Discussion:

1. Do these **goals and objectives** reflect the Children's Cabinet's priorities?
2. Any specific **edits to wording**?
3. Any **feedback on the sample initiatives**? Are there other activities you envision the Children's Cabinet taking on to advance this goal?

## Potential Objectives & Sample Strategic Initiatives (DRAFT – Not Exhaustive)

### Objectives

[O1] Maximize collective impact

[O2] Improve outcomes for RI's children and youth

### Strategic Initiatives

- Ensure priorities are aligned with mandate
- Clearly define scope within the context of other interagency forums and coordinate as needed
- Restructure meetings around selected focus areas and work issues across multiple meetings
- Strengthen interagency data-sharing, coordination, and collaboration
- Work across agencies to understand, address, and communicate federal policy changes

- Establish a data-driven framework and process for selecting a limited number of high-impact priority and/or population focus areas
- Develop a process for executing selected initiatives within focus areas

# Goal 2: Potential Objectives and Strategic Initiatives



**Organizational Capacity & Effectiveness**  
(People, Culture, Infrastructure, Systems, Processes)

**Goal 2:**  
*Strengthen the Children's Cabinet's capacity to execute on its Mission.*

## For Discussion:

1. Do these **goals and objectives** reflect the Children's Cabinet's priorities?
2. Any specific **edits to wording**?
3. Any **feedback on the sample initiatives**? Are there other activities you envision the Children's Cabinet taking on to advance this goal?

## Potential Objectives & Sample Strategic Initiatives (DRAFT – Not Exhaustive)

### Objectives

[O1] Build a staffing structure that drives effective execution

[O2] Strengthen data driven decision making

[O3] Enhance community engagement

### Strategic Initiatives

- Establish an interagency staff team with appointees from each member agency
- Establish a structure to manage workstreams with clear roles, accountability, and project tracking

- Select outcome measures aligned with Children's Cabinet goals and focus areas
- Align with and leverage existing measure sets
- Establish a reporting structure and process – report on Cabinet progress at least annually
- Use shared data to execute on initiatives and improve outcomes

- Improve the community's ability to access and contribute to hybrid meetings
- Update the website regularly to ensure access to timely and useful information

# Goal 3: Potential Objectives and Strategic Initiatives



## Financial

(Sustainability and Efficiency)

**Goal 3:**  
*Align and maximize available funding to advance interagency priorities.*

### For Discussion:

1. Do these **goals and objectives** reflect the Children's Cabinet's priorities?
2. Any specific **edits to wording**?
3. Any **feedback on the sample initiatives**? Are there other activities you envision the Children's Cabinet taking on to advance this goal?

## Potential Objectives & Sample Strategic Initiatives (DRAFT – Not Exhaustive)

### Objectives

[O1] Maximize efficient deployment of resources

[O2] Align on budgetary risks and strategies

### Strategic Initiatives

- Inventory programs and investments associated with selected focus areas
- Analyze service gaps and overlaps and use data to deploy resources effectively
- Prioritize investments that maximize impact/ROI

- Coordinate on state budget requests that advance interagency priorities
- Collaborate on key federal and state budget risks and strategies

# Next Steps

We ask that members of the Children's Cabinet and the public **provide any additional feedback** on the materials reviewed today **by Friday October 3<sup>rd</sup>**

Feedback Form  
Link:



We will review a full draft strategic plan at the **next meeting of the Children's Cabinet on October 27<sup>th</sup> 2-3pm**

Children's Cabinet  
Meeting Link:

- **In-Person:** Department of Administration, One Capitol Hill, 4th Floor - Executive Conference Room, Providence, RI, 02908
- **Zoom:**  
<https://riema.zoom.us/j/95389476268?pwd=sj16Fq5sMTYgr3F4WqixaPAanzxSVm>





# Appendix

## § 42-72.5-1. Establishment

There is established within the executive branch of state government a children's cabinet. The cabinet shall include, but not be limited to: the director of the department of administration; the secretary of the executive office of health and human services; the director of the department of children, youth and families; the director of the department of behavioral healthcare, developmental disabilities and hospitals; the director of the department of health; the commissioner of postsecondary education; the commissioner of elementary and secondary education; the director of the department of human services; the director of the department of labor and training; the child advocate; and the governor or the governor's designee. The governor shall designate one of the members of the cabinet to be chairperson.

## § 42-72.5-2. Policy and goals

The children's cabinet shall:

- (1) **Meet at least monthly** to address all issues, especially those that cross departmental lines, and relate to children's needs and services;
- (2) **Review, amend, and propose all interagency agreements** necessary to provide coordinated services to children;
- (3) **Produce an annual comprehensive children's budget**, to be submitted with other budget documents to the general assembly;
- (4) Produce, by December 1, 2015, a **comprehensive, five-year (5) statewide plan** and proposed budget for an integrated state child service system. This plan shall be submitted to the governor, the speaker of the house of representatives, and the president of the senate, and **updated annually thereafter**;
- (5) [Deleted by P.L. 2015, ch. 141, art. 5, § 21.]
- (6) **Develop a strategic plan** to coordinate and share data to foster interagency communication, increase efficiency of service delivery, and simultaneously protect children's legitimate expectations of privacy and rights to confidentiality. This shall include data-sharing with research partners, pursuant to data-sharing agreements, that maintains data integrity and protects the security and confidentiality of these records. Any such data-sharing agreements shall comply with all privacy and security requirements of federal and state law and regulation governing the use of such data. Any universal student identifier now in use by the state or developed in the future shall not involve a student's social security number.

## § 42-72.5-3. Cooperation required

**The executive office of health and human services shall provide staff support to the children's cabinet** in preparing the integrated state child service system plan as required by this chapter. All departments represented on the children's cabinet shall cooperate with the executive office of health and human services to facilitate the purposes of this chapter.

# RI 2030 Plan

Select priorities and goals from the RI 2030 Plan that align with the Children’s Cabinet mission:

RI 2030 Priority	Goal Area	RI 2030 Goals
<b>Strengthening K-12 Education</b>	<b>K-12 Education Goals</b>	Reach or exceed Massachusetts' educational outcomes by 2030 and add one million hours of out-of-school learning time per year through the Learn365RI and the Community Learning Centers initiatives, while making progress in these key areas: <ul style="list-style-type: none"> <li>- Improving RICAS math and ELA scores</li> <li>- Boosting student attendance</li> <li>- Improving FAFSA completion rates</li> </ul>
		Ensure that all students graduate high school with a game plan for accessible and sustainable success through higher education or preparation to enter the workforce
		Ensure that all students have access to high- quality and personalized support from adults, both during the school day and through extended learning partnerships for before school, after school, and summer learning opportunities.
		Universally screen all students academically, socially, and emotionally, and align resources to those needs.
		Continue to turnaround Providence Public Schools and establish a strong foundation to transition the district back to local control after goals of the Turnaround Action Plan, which was crafted with significant input from the community, have been met.
		Continue to strengthen the instruction of core subjects (ELA, mathematics, and science) by providing local school districts with high-quality instructional materials, focusing particularly on multilingual learners and others who need additional support and providing professional learning for educators to support curriculum implementation.
		Provide funds for schools to update physical buildings with better HVAC equipment.
		Continue to build CTE programs designed to provide students with the academic and experiential skills to be equipped to succeed in a range of high-wage, high- skill, and high-demand careers.
<b>Building a Rhode to Prosperity</b>	<b>Workforce Development and Postsecondary Education Goals</b>	Increase the percentage of Rhode Islanders with postsecondary degrees to the level of its southern New England neighbors and increase the percentage of Rhode Islanders with postsecondary credentials.
		Address issues created by an aging workforce by intentionally connecting young Rhode Islanders to work and career opportunities and promoting inward migration of workers.

# RI 2030 Plan

Select priorities and goals from the RI 2030 Plan that align with the Children’s Cabinet mission:

RI 2030 Priority	Goal Area	RI 2030 Goals
<p><b>Creating a Healthier Rhode Island</b></p>	<p><b>Physical Health Goals</b></p>	<p>Increase physical activity among youth by supporting programs that encourage kids to be active for at least 60 minutes a day, fostering healthier lifestyles statewide.</p>
		<p>Leverage the HEAL Plan and other health initiatives to reduce the obesity rate in Rhode Island, currently estimated at 30 percent.</p>
		<p>Engage at least three new community partners annually to connect with the Statewide Tobacco Network workgroups in learning how to implement culturally sensitive educational programming and build local coalitions to educate on tobacco and nicotine health risks, reduce youth initiation, and provide local quit resources.</p>
		<p>Reduce current e-cigarette use in youth from 16.5 percent (2023 YRBS) to 10.1 percent by 2030.</p>
		<p>Implement a RIDOH continuous quality improvement project to increase lead screening rates among children and update the lead rental registry to prevent and reduce childhood lead poisonings.</p>
		<p>Increase the use of dental services among children by promoting school-based services and promoting oral health integration into maternal and child health primary care sites.</p>
		<p>Increase access to reproductive healthcare to decrease unintended pregnancies and ensure healthy births by providing training to implement routine pregnancy intention screening to facilitate reproductive health visits.</p>
	<p><b>Goals for Behavioral Health and Individuals with Disabilities</b></p>	<p>Reduce the rate of suicide by 10 percent, from 11.3 to 10.1 deaths per 100,000 Rhode Islanders. This equates to an annual decrease from approximately 120 suicide deaths to 107 suicide deaths.</p>
		<p>Continue initiatives that prevent and reduce opioid overdose and fatalities through public health overdose alerts and reduce fatal overdoses by 30 percent from the 2023 baseline (435) by 2030 (approximately 300).</p>
		<p>Open a safe and quality substance-use-disorder residential program for women with a substance use diagnosis where they can bring their children.</p>
		<p>Improve systems of care coordination for children with special needs and their families, as evidenced in the National Survey of Children’s Health by an increased satisfaction reported by families from 43 percent in 2024 to 50 percent by 2030.</p>

# RI 2030 Plan

Select priorities and goals from the RI 2030 Plan that align with the Children’s Cabinet mission:

RI 2030 Priority	Goal Area	RI 2030 Goals
<p><b>Creating a Healthier Rhode Island</b></p>	<p><b>Children and Families</b></p>	<p>Improve and expand in-state behavioral healthcare services for children, including the creation of a nationally accredited adolescent psychiatric residential treatment facility (PRTF), to reduce out-of-state placements.</p>
		<p>Invest in preventive health and behavioral health initiatives to ensure children are on track for child and adolescent well visits, vaccinations, lead screenings, and behavioral health screenings.</p>
		<p>Reduce screentime for children and adolescents given that excessive cellphone and social media use negatively affects behavioral health and contributes to increased anxiety, depression, and reduced interpersonal communication skills.</p>
		<p>Ensure that providers of key children's services, such as Early Intervention and pediatricians, can hire and retain staff and address the need for services by enhancing wages and providing professional development opportunities.</p>
		<p>Expand Rhode Island's nationally top-ranked Pre-K program through a mixed delivery system that strengthens the entire “birth through age five” system, inclusive of Head Start, Family Child Care, and center-based care.</p>
		<p>Encourage family-friendly workplace policies that allow families to participate in the workforce while raising their children.</p>
		<p>Increase coordination and alignment between the early learning system and the K-12 school system in each community to ensure all children are on a path to academic success.</p>
		<p>Ensure a continuum of care to meet the needs of children and adolescents.</p>

# Learnings from National Scan

State	Children's Cabinet	Strategic Plan	Profile / Key Features
<b>Maine</b>	<b>Yes:</b> Established in 1996; revived in 2019 to coordinate work across early childhood, K–12, and youth-serving systems	<b>Yes:</b> Children's cabinet strategic plan as of 2023, organized around two core goals for populations entering kindergarten and entering adulthood	Chaired by Health & Human Services; two strategic plans (kindergarten readiness & youth transition); strong focus on early care, prevention, workforce, behavioral health.
<b>Connecticut</b>	<b>Yes:</b> Launched in 2023; responsible for collaborating on a multi-agency approach toward positive outcomes related to the well-being of children and young people	<b>No:</b> No children's cabinet strategic plan released; the cabinet has a limited online presence	Governor's Kids Cabinet; advisory panel for multi-agency collaboration; strong early childhood and parent advisory bodies.
<b>Massachusetts</b>	<b>No:</b> No Children's Cabinet; however, there is a bill currently being considered to establish one	No children's cabinet	Bill in committee to establish cabinet; would be co-chaired by health & education secretaries; mandate for integrated, holistic policies and annual reporting.
<b>Vermont</b>	<b>No:</b> No Children's Cabinet; however, the state has a robust structure for early childhood planning and coordination led by a public-private partnership entity	No children's cabinet A 2020–2025 early childhood action plan is available	Early Childhood Advisory Council; public-private partnership; 2020–2025 action plan; strong regional and family engagement.
<b>Georgia</b>	<b>Yes:</b> Established in 2019 through an Executive Order	<b>Yes:</b> Children's cabinet strategic plan as of 2025; outlines high level goals to improve outcomes for children and families	30 members including First Lady; meets twice a year; plan focuses on family engagement, prevention, best practices, and 2Gen capacity building.
<b>Kansas</b>	<b>Yes:</b> Established in 1999 by the state legislature	<b>Yes:</b> Children's cabinet strategic plan as of 2024; focus on early childhood	Advises governor/legislature; convenes Early Childhood Recommendations Panel, plan with pillars for ecosystem, workforce, and family experiences.

## *Key themes from national scan of Children's Cabinet strategic plans*

**1. Early Childhood Education & Care:** Expand access and improve quality; Strengthen workforce recruitment and retention

**2. Family & Community Engagement:** Involve families in program design and evaluation, foster resilience, connection, and belonging

**3. Health & Well-Being:** Ensure access to comprehensive physical and mental health supports, address basic needs for families facing adversity

**4. Prevention & Early Intervention:** Focus on upstream, proactive interventions; Support families before crises occur

**5. Racial Equity & Inclusion:** Embed equity in practices and culture and reduce racial and ethnic disparities

**6. Workforce Development:** Professional development and financial sustainability for early childhood workforce, Build supportive organizational culture

## *External constraints - political, economic, and legal/regulatory factors (national)*

### Medicaid & CHIP Cuts (OBBBA)

- \$1 trillion in federal cuts; stricter eligibility and work requirements.
- Nearly 12 million people projected to lose coverage.
- Schools face layoffs of health staff and reduced mental/behavioral health services due to loss of Medicaid funding.

### Federal School Vouchers

- New federal tax credit fully reimburses donors for private school scholarships.
- Could divert funding from public schools and increase inequities.

### Child Care Workforce

- Federal student loans prohibited for childcare professionals earning below median high school graduate salary.
- Limits access to training and worsens workforce shortages.

### Child Tax Credit Changes

- Increased to \$2,200/child, but stricter eligibility.
- 2.7 million children to lose eligibility due to parents' immigration status.
- 28% of children miss out on full credit due to low parental income.

### Mental Health Funding Cuts in Schools

- Early termination of \$1B in federal grants for youth mental health.
- Anticipated layoffs of school mental health professionals; RI is part of a lawsuit challenging these cuts.

### Head Start Eligibility Restrictions

- New federal policy restricts undocumented children from enrolling (currently paused in RI).

### Department of Education Workforce Reductions

- Executive Order calls for closure of the Department of Education.
- Trump administration has pursued a 50% workforce reduction.
- Threatens oversight of student loans, Pell grants, disability support, and civil rights enforcement.

### Other Federal Spending Cuts

- Trump administration proposed cuts to CDC, Child Care & Development Block Grant, and Head Start.
- Further developments expected throughout the appropriations process taking place in Fall 2025

## Strengths

*The Children's Cabinet has **unique potential to drive interagency collaboration and visibility** across systems serving children and youth.*

- **Leadership-level convening power.** The Cabinet brings the right decision-makers together, creating a forum with high potential for cross-agency action when priorities are clear.
- **Public transparency and a visible venue.** As a public meeting, the Cabinet increases visibility into work affecting children and youth and offers a channel for community voice when engagement is well structured.
- **System-wide awareness and dissemination of information.** Regular presentations build system-wide awareness, helping agencies see each other's priorities and spread information through their networks.
- **Demonstrated ability to drive coordination when focused.** When the scope is concrete and leadership is focused, the Cabinet has driven coordination (e.g., doula benefit rollout, pandemic primary-care/immunization, early childhood alignment, Grade 3 reading).
- **Statutory foundation and cross-sector perspective.** The Cabinet's mandate and design make it a natural home for a whole-child perspective spanning education, health, workforce, housing, transportation, and nutrition.

## Weaknesses

*The Children's Cabinet **lacks a problem-solving orientation** and is limited by substantial **capacity constraints, limited public engagement,** and a historic focus on early childhood.*

- **Update-driven meeting format is not oriented to problem-solving.** Current meetings tend to focus on presentations and updates, leaving less time for joint problem-solving or decision-making.
- **Limited staff resources to drive coordination and follow-through.** Without a full-time coordinator and a standing interagency staff team, it's hard to sustain follow-through between public sessions.
- **Limited accountability, metrics, and tracking.** Actions are not consistently assigned or tracked; shared metrics and a unified reporting structure is missing, making progress difficult to monitor and report.
- **Meeting overload and difficulty sourcing presenters.** Small-state constraints, meeting overload, and difficulty sourcing presenters can reduce session depth and quality.
- **Public engagement is limited and there is low public awareness of the Children's Cabinet.** Access barriers, limited public comment time, and an outdated website limit public engagement with the Children's Cabinet.
- **Historic emphasis on early childhood excludes other priority populations.** A historic emphasis on early childhood leaves adolescents/transition-age youth, system-involved youth, and youth with complex BH needs under-addressed.

## Opportunities

*The Children's Cabinet could improve its effectiveness and maximize its impact by **refining its focus**, building its execution and reporting **infrastructure**, enhancing **public engagement**, and engaging in **strategic budgeting**.*

- **Identify and focus on a limited number of high-impact priorities aligned with the Children's Cabinet mission and scope.** Select a limited number of cross-agency priorities per year and work them end-to-end with clear scopes and owners.
- **Prioritize and focus on at-risk populations.** Increase focus on foster/justice-involved youth, youth with serious BH needs, disconnected youth, and students with disabilities.
- **Coordinate workforce strategies to address cross-sector challenges.** Address workforce challenges across early childhood care, education, and healthcare - align with and leverage DLT tools and programs.
- **Establish a staff structure to drive execution.** Establish an interagency team consisting of agency representatives who are responsible for managing their agency's tasks and consider hiring a full-time coordinator to manage workstreams, intersession deliverables, and public feedback loops.
- **Institutionalize shared metrics and reporting.** Select measures from existing measure sets and report on outcomes and leading indicators on a regular cadence.
- **Enhance public engagement.** Use community venues and hybrid access; expand comment time; keep the website current and create a post-meeting feedback hub.
- **Engage in cross-agency strategic budgeting.** Leverage the Children's Budget as a strategic planning tool; inventory programs and investments associated with particular policy priorities and analyze gaps/overlaps and data/evidence to deploy resources most effectively.
- **Coordinate readiness for federal policy and budget changes and communicate clearly.** Use the Cabinet to digest federal changes, align responses across agencies, and synchronize messaging to providers and families.

## Threats

*Funding uncertainty, volatility at the federal level, workforce challenges, interagency coordination, and competing priorities could slow progress without deliberate planning and coordination.*

- **State and federal budget pressures and funding uncertainty.** Federal funding is at risk, and state budget constraints may require careful prioritization of resources.
- **Federal policy and regulatory changes.** Shifts in federal policy and regulations has created uncertainty and requires rapid coordination across agencies.
- **Cross-sector workforce challenges.** Workforce shortages across sectors (e.g., early childhood, behavioral health, education) pose significant challenges to high-quality service delivery.
- **Complex roles across agencies and lack of clarity about the distinct purpose of different interagency forums.** Overlapping responsibilities between agencies and interagency forums leads to confusion unless roles and coordination are clearly defined.
- **Limited bandwidth, competing priorities.** Small-state capacity, multiple interagency forums, and other competing priorities limit time and resources, making it harder to sustain momentum.

# Community Engagement: System Strengths & Challenges

Focus Groups &  
Input Sessions

## System Strengths

*Community voices valued the array of services available to children and families through state programs.*

- **Access to mental and behavioral health services once connected.** Families valued access to doctors and behavioral health supports, especially when coverage is in place and services are staffed.
- **Mobile crisis response and wraparound supports.** Immediate clinical response and in-home therapy help families avoid unnecessary emergency department visits and connect to the right level of care.
- **SNAP eligibility and benefits.** SNAP applications are processed quickly, and EBT cards provide valuable discounts for family activities.
- **Employment case management and training pathways.** RI Works and DLT offer hands-on support, resume building, and accessible training/certification options that help families upskill without debt.
- **Cross-agency collaboration in early childhood care and education.** Providers see improved alignment between agencies (e.g., DHS–RIDE), reducing conflicting asks and supporting quality improvement.

# Community Engagement: System Strengths & Challenges

Focus Groups &  
Input Sessions

## System Challenges

*Community voices highlighted challenges accessing services and navigating the system.*

- **Access and waitlist barriers.** Long waits for early intervention, behavioral health, and specialty care persist; access varies by region and for children with complex needs.
- **Visibility and navigation of information gaps.** Families often rely on informal networks (e.g., Facebook) to find services, and there is no single “front door” for support.
- **District variability and service gaps.** Service availability and quality differs widely across districts, with some families struggling to secure evaluations or appropriate placements.
- **Transportation barriers.** Unreliable non-emergency medical transport and limited public transit options make it difficult for families to access care, especially outside Providence.
- **Workforce shortages and instability.** Low wages, burnout, and vacancies in nursing, behavioral health, and early childhood education reduce coverage and continuity.
- **Stigma and fear around help-seeking.** Misconceptions about DCYF and immigration-related concerns deter families from seeking support early.
- **Family burnout and mistrust.** Systems that require relentless advocacy and rely on informal networks disproportionately burden families with fewer resources.

# Community Engagement: System Strengths & Challenges

Focus Groups &  
Input Sessions

## System Opportunities

*Efforts to improve outreach and system navigation and build capacity could improve family and provider experience.*

- **Proactive, in-person outreach.** Share information in everyday locations (doctors' offices, supermarkets, food banks) and use mailers/posters to reach families beyond digital channels.
- **Universal navigation hub and asset map.** Create a single, accessible portal for families to learn about and access services, with a public cross-agency “who does what” map.
- **Expand after-school and summer care.** Broaden eligibility and access to safe, affordable programs that support working parents.
- **Strengthen workforce supports and address workforce shortages across key roles.** Raise wages, improve benefits, and offer centralized training to stabilize and grow the early childhood, behavioral health, and education workforce.
- **Normalize supportive services.** Increase public understanding that DCYF and other agencies offer voluntary, non-punitive help.

# Public Comment

