

Addressing Challenges to Community Health and Childcare Systems

Part 2

September 21, 2020

LSC



Agenda

- ✓ About this Webinar Series
- ✓ ReCap and Respond to Questions from Part 1 of Series
- ✓ Update on Key Policy and Federal Budget Happenings Since Part 1
- ✓ Deep Dive on Rhode Island

Goals for today's session



Explore how one geography relied heavily on [cross departmental collaboration and existing community networks](#) to improve outcomes



Discuss the ways that focusing on the interconnectedness of all [social determinants of health especially people's basic needs](#) supports communities and residents during the pandemic and in recovery



Learn more about [concrete steps](#) you can take to increase equitable access to quality child care and early learning options in your community and explore ways that thoughtful reopening of child care can actually support better outcomes



Discover [resources](#) that have effectively been tapped and repurposed to aid in recovery

Today's Discussion Leaders



Nicole Barcliff,
Federal Policy
Director - LISC



Courtney Hawkins,
Director
Rhode Island Department
of Human Services



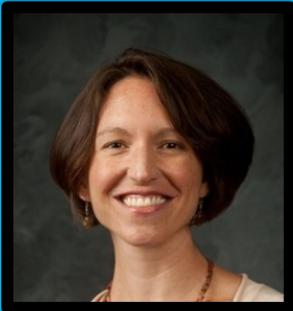
Cindy Larson,
National Director,
Child Care & Early
Learning - LISC



Shai Lauros,
National Director of
Health - LISC



Caitlin Molina,
Assistant Director
Rhode Island Department
of Human Services



Julia Ryan,
Vice President Health
Initiatives - LISC



Be sure to explore Part 1 of the Webinar Series:

The posted materials can be accessed on the [Distressed Cities Technical Assistance Program Resources - Webinars and Events page](#) [liscinstitute.cmail20.com].

New and Emerging Opportunities

A woman with dark hair, wearing a blue and white striped top, is sitting at a table in a restaurant. She is smiling and looking towards the camera. A young boy in a blue shirt is sitting next to her, drinking from a clear plastic cup with a white straw. The table in front of them has a colorful mural on it, featuring a large green and yellow character. The background shows a busy restaurant interior with other tables and chairs.

Child Care COVID-19 Pandemic Funding

\$3.5 Billion in new Child Care Development Block Grant (CCDBG) discretionary funds from the CARES Act

Next round of COVID recovery funding likely to include increased resources for child care:

\$15 Million proposed from the Senate

- \$5 million for CCDBG
- \$10 million for “Back to Work Child Care Grants”

\$7 Million proposed from the House

Child Care COVID-19 Pandemic Funding

Pending Legislation Related to Operations and Facilities:

- Child Care is Infrastructure Act* (H.R. 7201)
- Child Care for Economic Recovery Act* (H.R. 7327)
- Child Care is Essential Act (H.R. 7207 / S. 3874)

* Facilities provision included; passed the House of Representatives

CARES Act Child Care Resources

*Does not reflect Small Business Administration Resources or Department of Labor Unemployment Resources

Department	Funding	Program	Recipients
Health and Human Services (HHS) Administration for Children and Families (ACF)	\$3.5 B	Child Care Development Block Grant (CCDBG) This funding will allow child care programs to maintain critical operations, including meeting emergency staffing needs and ensuring first responders and health care workers can access child care while they respond to the pandemic.	Primary: States
Health and Human Services (HHS) Administration for Children and Families (ACF)	\$750 M	Head Start The bill includes \$750 million for Head Start to meet emergency staffing needs	Primary: Head Start Grantees
Housing and Urban Development, Community Planning and Development	\$5 B	Community Development Block Grant \$5 billion to enable states, counties, and cities to rapidly respond to COVID-19 and the economic and housing impacts caused by it, including the expansion of community health facilities, child care centers , food banks, and senior services. \$2B through existing formula, \$1B to states, \$2B based on prevalence and risk of COVID-19 economic and housing disruption. \$10 M for new or increase of prior awards to existing TA providers without competition. Builds on \$6.7 billion provided in FY19 and 20 by allowing grantees to combine prior year funds with new funding in order to prevent, prepare for, and respond to COVID-19; eliminates the public services cap for on these, FY19 and FY20 funds. Allows grantees to be reimbursed for COVID-19 response activities regardless of the date the costs were incurred. HUD can waive certain CDBG statutory provision and regulations.	Primary: States, Counties, Cites, and Unincorporated Areas Secondary: Partner Orgs, Area Nonprofits, CBOs, CDCs, and CFDIs, Businesses
Health and Human Services, Center for Disease Control	\$1.5 B	State and Local Preparedness Grants \$1.5 billion in designated funding for state and local preparedness and response activities. When combined with the first supplemental, the Congress has provided \$2.5 billion for state and local needs.	Primary: State and local entities
Housing and Urban Development, Indian Housing and Tenant-Based Rental Assistance	\$685 M	Public Housing Operating Fund \$685 million available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, including to provide additional funds for public housing agencies to maintain normal operations and take other necessary actions during the period that the program is impacted by coronavirus support. Funds may be used to maintain the health and safety of assisted individuals and families, and activities to support education and child care for impacted families	Primary: Tribes and Tribally Designated Housing Entities

CARES Act Child Care Resources

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\$685 million for the Public Housing Operating Fund

Housing and Urban Development, Indian Housing and Tenant-Based Rental Assistance
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\$750 million for Head Start

From the Health and Human Services (HHS) Administration for Children and Families (ACF)
The bill includes \$750 million for Head Start to meet emergency staffing needs

\$1.5 billion for the State and Local Preparedness Grants

Health and Human Services, Center for Disease Control
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CARES Act Child Care Resources

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\$3.5 billion for the Child Care Development Block Grant (CCDBG)

From the Health and Human Services (HHS)
Administration for Children and Families (ACF)

This funding will allow child care programs to maintain critical operations, including meeting emergency staffing needs and ensuring first responders and health care workers can access child care while they respond to the pandemic.

\$5 billion for the Community Development Block Grant

Housing and Urban Development,
Community Planning and Development

\$5 billion to enable states, counties, and cities to rapidly respond to COVID-19 and the economic and housing impacts caused by it, including the expansion of community health facilities, **child care centers**, food banks, and senior services. \$2B through existing formula, \$1B to states, \$2B based on prevalence and risk of COVID-19 economic and housing disruption. \$10 M for new or increase of prior awards to existing TA providers without competition. Builds on \$6.7 billion provided in FY19 and 20 by allowing grantees to combine prior year funds with new funding in order to prevent, prepare for, and respond to COVID-19; eliminates the public services cap for on these, FY19 and FY20 funds. Allows grantees to be reimbursed for COVID-19 response activities regardless of the date the costs were incurred. HUD can waive certain CDBG statutory provision and regulations.

CARES Act Child Care Resources

Potential Child Care Health Planning Integration Opportunity

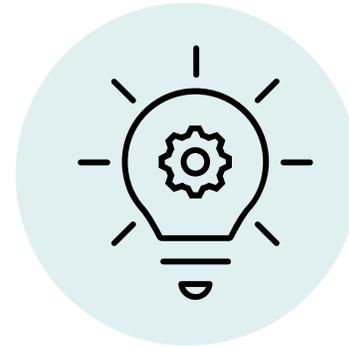
- On July 31, the House passed the Fiscal Year 2021 (FY2021) Labor-HHS-Education and Related Agencies Appropriations Act (H.R. 7614) as part of a package of FY2021 appropriations bills (H.R. 7617).
- The Labor-HHS-Education appropriations Report includes language suggested by the Social Determinants Accelerator Act.
- The Report would provide [\\$10 million](#) in funding to the Centers for Disease Control and Prevention (CDC) to award grants to states to develop Social Determinants Accelerator Plans. It would also instruct the Secretary of HHS to convene a council to oversee the grants and to draft and release a report on federal cross-agency opportunities to address SDoH.
- While the bill doesn't cover direct investments in SDoH interventions, if adopted it presents an opportunity to incorporate child care into state SDoH Accelerator plans.

CARES Act Child Care Resources

Social Determinants Accelerator Act



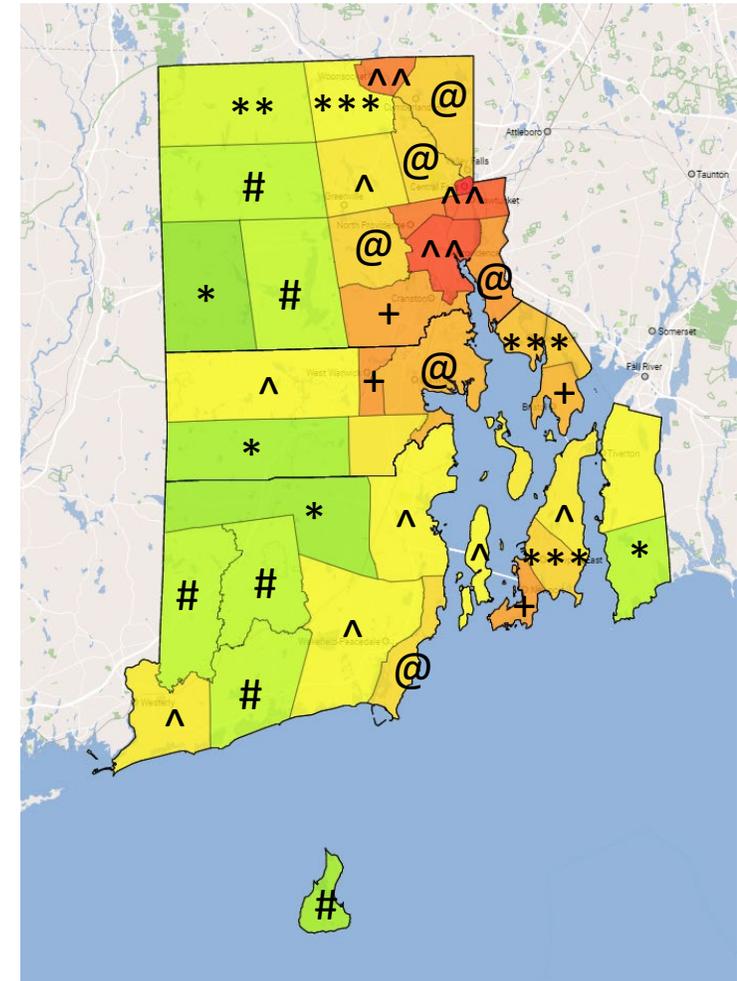
Helps states and communities develop strategies to better leverage existing programs and authorities to improve the health and well-being of those participating in Medicaid.



Provides planning grants and technical assistance to state, local and Tribal governments to help them devise innovative, evidence-based approaches to coordinate services and improve outcomes and cost-effectiveness.

Taking a Deep Dive into One Geography – Focus on Rhode Island

- Rhode Island has 39 distinct municipalities in state with a population of 1million – only 5 have a population >40,000
- The economy of the State and its communities is highly dependent upon tourism and hospitality
- State and community borders are very fluid
- There is a strong history of partnerships and historical work that set the stage for some of the supports were rapidly put in place
- History of needing to be creative with resources and make dollars stretch to meet needs



Introductory Remarks and Context Setting Overview

**Courtney Hawkins,
Director of the Rhode Island
Department of Human Services**



Context Setting - Focus on Child Care

**Caitlin Molina,
Assistant Director for the Rhode
Island Department of Human
Services**



Whole Family, All In Approach

How Rhode Island used existing methods
and partnerships to protect Rhode
Islanders during the COVID-19 pandemic



Courtney E. Hawkins, Director
Caitlin Molina, Assistant Director | Child Care
Rhode Island Department of Human Services



Whole Family, All In Approach

“I’m inspired by how we’ve come together during this crisis. We’ve come so far and worked so hard. In fact, I’ve never been more proud to be a Rhode Islander.” - Governor Gina M. Raimondo

01

DHS

Mission, Vision, Blueprint

02

RI COVID-19 Response

Collaboration, Data Driven
Metrics & Flexibility

03

Actions – Meeting Basic Needs

Food Security, Cash Relief, PPE and More

04

Actions – Child Care

Supporting Families & Providers

DHS: Mission & Vision

Led by Director Hawkins since June 2017, RI's Department of Human Services (DHS) is an organization of opportunity. Its vision is that all Rhode Islanders have the opportunity to thrive at home, work and in the community.

DHS works hand-in-hand with community partners and resources throughout our great State to deliver these benefits to more than 300,000 families, adults, children, elders, individuals with disabilities and veterans every year. We are part of the solution to end poverty and food insecurity and we make a lasting, positive impact on the State's health and future.



Photos taken before COVID-19



Whole Family Approach

An expanded version of providing wrap-around services, a [whole family approach](#) includes new family-centered policies and strategies to improve employment access and family economic stability across workforce development, human services and education systems.

Right Service, Right Place

Effective triage is fundamental to serving customers as quickly as possible

Champion "The Easy Way"

Customers should be rewarded for being proactive, coming prepared, and using preferred channels.

Prevention > Correction

Breaking the cycle of churn requires greater efforts up front to avoid unnecessary closures.

Clear Message, Warm Voice

In every communication or interaction, customers should feel welcome, respected, and understood

Keep Customers in the Loop

Make extraordinary efforts to let customers know the status of their case at any given time.

Inspire Confidence

Highlight when things go well in order to rebuild trust with employees and customers and build a culture of excellence

Decide with Data

Use data to inform decisions and track progress toward department, program and service level goals

Guiding Principals

[Continuous improvement](#) results in a better Rhode Island. At DHS, these guiding principles are part of [our blueprint](#) that shapes every decision, customer interaction and policy. Feedback from all is also welcomed, valued and considered before proceeding.

RI COVID-19 Response: Collaboration

Taking the whole family approach to the pandemic, Governor Raimondo leverages existing community partnerships, participates in regional/national talks, uses COVID-19 workstreams and an Equity Council to help prevent the spread, safely reopen and decide with an equity lens and inclusion.

Health Equity Zones

The RI Department of Health (RIDOH)'s goal is to build healthy communities of opportunity in every corner of Rhode Island through our [Health Equity Zone \(HEZ\)](#) initiative. Working with RIDOH, community agencies in the 10 zones merge together on investments to build the infrastructure needed to [achieve healthy, systemic changes at the local level](#) and [address differences in health outcomes](#). <https://health.ri.gov/equity/>

COVID-19 Workstreams

[COVID-19 Workstreams](#) are essential for Rhode Island [to address all the impacts of the pandemic without areas falling through the cracks](#). If necessary, we [pivot with each Reopening phase](#), but the workstreams include Quarantine & Isolation, Epi Ops, Community Mitigation & Enforcement, High Density Communities, Testing and Outreach.

Equity Council

Led by RI Executive Office of Health and Human Services (EOHHS) Secretary Womazetta Jones, the COVID-19 Equity Council is an advisory council that uses an equity lens [to address the impacts of this virus in high density areas, poor neighborhoods and communities of color](#). The council consists of a diverse mix of community leaders of color and State staff committed to work that leads to meaningful action.



Governor Raimondo greeting students at the first day of in-person learning in Rhode Island on Monday, Sept. 14, 2020.

RI COVID-19 Response: Data Driven Metrics & Flexibility

These benchmarks will help us determine whether it's safe to fully reopen our schools.

01

STATEWIDE READINESS

-Does the state-level data indicate we should be in Phase 3 or higher?

02

MUNICIPAL READINESS

-Do municipal-level case incidence rates indicate it's safe to fully reopen?

03

TESTING READINESS

-Do we have the ability to test all symptomatic staff and students and on average get results within 48-72 hours?

04

SUPPLY READINESS

-Does every school have more than sufficient cleaning supplies, soap/hand sanitizer, and face masks?

05

OPERATIONAL READINESS

-Does every district have a plan that has been vetted by RIDE/RIDOH?

-Does every plan include necessary health precautions (i.e. mask requirement, social distancing, stable pods, safe transportation, facility readiness, accommodations for staff/students with underlying health conditions)?

-Does every school have a point-person to work with RIDE and RIDOH on testing and contact tracing?

-Does every school have health screening protocols in place?

-Does every school have a plan to support staff and students if they become ill?

RI is **reopening in phases based on the data**, CDC guidance and other critical health and safety measures. **Flexibility and innovation** are key as decisions are made for sectors, such as faith-based institutions, restaurants and child care. Here are the metrics we used to give the green light reopen schools for full in-person learning on September 14th for all districts except Providence and Central Falls. District plans are tailored-made for each community.

<https://www.back2schoolri.com/>

<https://reopeningri.com/>

Actions: Basic Needs

Just some of the actions taken and work accomplished to help Rhode Islanders during COVID-19. From the Governor to community leaders to essential workers to the teachers, parents, refugees and kids, we are all working together to better the state for all.



Food Security

- BeSafe+ grocery and supply box program that provided [free resources to elders and their families in need.](#)
- The launch of Food+Fitness “hot meals” program [support grandparents raising grandchildren in areas hardest hit](#) by COVID-19. Food is sourced through local, ethnic restaurants.



Masks

[More than 1 million](#) masks delivered to Health Equity Zones, community partners, churches and distributed at events and rallies held at our State House.



SNAP Waivers

- DHS secured multiple waivers to, among others:
- Increase SNAP benefits for [45% of RI's SNAP households](#) to the maximum per the household size.
 - [Buy groceries online](#) using an EBT card.
 - 2nd in the nation to give [Pandemic-EBT \(P-EBT\) benefits](#), a special monthly SNAP benefit (from March to June) to about [74,000 children who receive free or reduced-price meals](#) in school when school is in session.

Actions: Basic Needs (Cont.)



Culturally Appropriate

A culturally-competent plan specific for our hardest hit communities, such as our high density areas and communities of color



Resources through the HEZs

Using CARES Act funding to enlist our partners within the State's 10 Health Equity Zones to get free testing, PPE, other resources and critical information into the hands of all our residents, small business owners, homeless population and others.



Relief for the Undocumented

Raised \$3M for the weR1 fund, a cash relief fund for RI's undocumented population. The program will serve a minimum of 7,000 families who need help as well. <https://diiri.org/>

Workforce Stabilization Loan Program

A program to stabilize and maintain the congregate care workforce. The fund provided payroll support for frontline workers earning under \$20 per hour who work with seniors, people with developmental disabilities, individuals with mental health and substance abuse disorders and others.



\$1.6M Relief for RI Works Families

A one-time RI Works emergency payment (equal to an additional month of benefits) to 3,700 families with CARES Act funding. These are some of our most vulnerable families.

Actions: Child Care



Child Care is one of the basic needs. DHS' Office of Child Care is committed to helping families and providers before, during and after the COVID-19 pandemic.

For families during COVID-19, RI:

01

Waived all family copays for Child Care Assistance Program (CCAP) families

02

Is waiving allowable absence policy for CCAP families (currently defined as 5 days/month)

03

Is navigating federal policy adjustment to reinstate families.

04

Regulated summer camps to ensure safe environments. More than 100 summer camp programs were approved to serve 19,000 youth.

DHS recognized the need to thoughtfully reopen safe and developmentally appropriate child care to both support working families and ensure the economic viability of our valued providers, and did so on June 1st with help for providers, including:

- New regulations and plan submission process
- A temporary rate enhancement to support reopening costs
- Payments to reimburse providers who care for CCAP children based on enrollment rather than by attendance
- Free PPE resources and a one-stop shopping website for additional PPE, cleaning supplies and other needs
- The Child Care Provider Relief Fund, \$5M CARES Act funding, to provide critical resources necessary to help sustain the State's essential child care infrastructure



PDTA Supports & Utilization for Reopening

674 Providers participated in the virtual DHS Child Care Reopening Webinar

	# of Providers
English Session Participation (2)	473
Spanish Session Participation (2)	201
Total	674

3,784 Educators and child care staff participated in the DHS Child Care Reopening Webinar & completed the Enhanced Health & Safety Webinar (receiving PD hours)

	# of Staff
English Sessions Participation	3,094
Spanish Sessions Participation	690
Total	3,784

499 Providers participated in large group TA sessions to support their development of a COVID-19 Control Plan

	# of Providers
English Sessions (6)	276
Spanish Sessions (10)	223
Total	499

Action: Child Care Reopening

Pre-COVID DHS-Licensed Child Care Provider Capacity as of March 1st 2020: 100%

Provider Type	Number of DHS-Licensed Providers	Number of Slots
Family Child Care	465	3,084
Center-Based Child Care	446	32,435
Total	911	35,519

COVID DHS-Licensed Child Care Provider Capacity as of June 30th 2020: 70%

Provider Type	Number of DHS-Licensed Providers	Number of Slots
Family Child Care	374	2,433
Center-Based Child Care	257	15,752
Total	631	18,185

COVID DHS-Licensed Child Care Provider Capacity as of September 9th 2020: 87%

Provider Type	Number of DHS-Licensed Providers	Number of Slots
Family Child Care	402	2,531
Center-Based Child Care	371	18,685
Total	773	22,963

Child Care Closures & New Sites During COVID-19

Closures

Provider Type	Number of Closures
Family Child Care	22
Center-Based Child Care	6*
Total	28

Family child care providers who have permanently closed permanently since March 1st 2020 report doing so for the following reasons:

- 1) Retirement
- 2) Pre-existing, underlying health conditions potentially impacted by a COVID-19 diagnosis

*50% of the child care center closures are slated to reopen under new leadership and will remain DHS-licensed child care facilities. Centers who have permanently closed reporting doing so due to financial concerns which predate COVID-19.

New Sites

Provider Type	Number of New Sites	Number of Pending Applications
Family Child Care	3	5
Center-Based Child Care	6	6
Total	9	11

COVID-19 Impact on Child Care

Limited secondary transmission of COVID-19 in Child Care in RI, from June 1-July 31st 2020

DHS and RIDOH partnered with the CDC to better understand, and report on, incidents of COVID-19 in DHS-licensed child care programs.

Key Findings:

- High compliance with RI DHS requirements was observed during 127 unannounced monitoring visits.
- During June 1- July 31, RIDOH conducted investigations of any reported COVID-19 case in a child or adult, including staff members, parents, or guardians, present at a child care program.
- From June 1-July 31st, 33 persons had confirmed cases of COVID-19 in 29 child care programs in Rhode Island
- 20 of the 29 child care programs had a single COVID-19 case reported with no apparent secondary transmission. 5 programs had 2-5 cases; however, RIDOH excluded child care-related transmission because of the timing of symptom onset

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6934e2.htm>

<https://www.washingtonpost.com/health/2020/08/21/coronavirus-child-care-protocols/>

Questions



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Let's Dig In
and Discuss

Cross Agency Collaboration Community Engagement



Fostering Health and Wellbeing in Child Care, Camps and Other Community Based Settings



Helping Child Care Providers Survive and Adapt to Meet Community Needs



Community Health and Wellbeing



Maximizing Resources



Final Thoughts & Open Discussion



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