AAP Chapters and State Children’s Cabinets

- Michael McManus, MD, MPH, FAAP
  - President, AAP Massachusetts Chapter
  - Member, AAP Committee on State Government Affairs
How are they established?

- Statute
- Executive Order
- Caucus of state legislators
- Informal association of stakeholders
What do they do?

- Develop **SHARED VISION**
- Create and implement **STATEWIDE STRATEGIC PLAN**
- Foster **COORDINATION**
- Pool **FUNDING STREAMS**
- Increase **EFFICIENCY**
- Advise **POLICYMAKERS**
- Raise **PUBLIC AWARENESS**
- Build **LONG TERM COMMITMENT**
What are they called?

- **FLORIDA**
  - Children and Youth Cabinet

- **MINNESOTA**
  - Children’s Cabinet

- **SOUTH CAROLINA**
  - Joint Citizens and Legislative Committee on Children

- **TEXAS**
  - Council on Children and Families
Who are the cabinet members?

- Governor/governor’s spouse
- State legislators
- State agency and department officials
- Pediatricians and other health care professionals
- Early education and child care advocates
- Teachers and school administrators
- Child welfare advocates
- Parents and other family advocates
What can AAP chapters do?

- **ADVOCATE** for a children’s cabinet statute.
- **SEEK** chapter representation on the children’s cabinet.
- **LEARN** your children’s cabinet priorities.
- **DEVELOP** and **MAINTAIN** relationships with cabinet members.
- **INCLUDE** the children’s cabinet in your chapter activities.
Experts

- Judy Schaechter, MD, MBA, FAAP
  - Member, AAP Florida Chapter
  - Member, Florida Children’s Cabinet

- Elizabeth Gaines
  - Director, Children’s Cabinet Network
  - Vice President, Policy Solutions, Forum for Youth Investment
About Florida’s Children & Youth Cabinet

Judy Schaechter, MD, MBA, FAAP
Chair and Associate Professor
Department of Pediatrics
University of Miami Miller School of Medicine
Chief of Service, Holtz Children’s Hospital, UM/Jackson Memorial Medical Center
Florida Statute 402.56

- 2007 legislation created the Florida Children and Youth Cabinet.
- The Cabinet is charged with promoting and implementing collaboration, creativity, increased efficiency, information-sharing and improved service-delivery between and within state agencies and organizations.
- 19 members, reporting to the Governor.
- Overall Goal: Ensure that Florida is the first place families think of when asked, “Where do you want to raise a child?”
Florida Children and Youth Cabinet

- **VISION**: All children in Florida grow up safe, healthy, educated and prepared to meet their full potential.

- **MISSION**: To ensure that the public policy of Florida relating to children and youth promotes interdepartmental collaboration and program implementation in order for services designed for children and youth to be planned, managed and delivered in a holistic and integrated manner to improve the self-sufficiency, safety, economic stability, health and quality of life of all children and youth in Florida.
Cabinet Members

- Director Agency for Persons with Disabilities
- Director of Adoption and Child Protection
- Director Office of Early Learning
- Director Statewide Guardian Ad Litem
- Sec Children and Family Services
- Sec Juvenile Justice
- Sec Health Care Administration
- Sec Department of Health/Surgeon General
- Commissioner of Education
- 5 Gubernatorial appointees, child/youth advocacy organizations, not service providers
- Ex officio/designees: Senate Pres, House Speaker, Chief Justice, Attorney General, CFO
Cabinet Tasks, per Statute

- Create shared vision
- Strategic plan
- Develop measurable outcomes for each agency, aligned with plan, report on progress
- Facilitate collaboration, efficiency, information-sharing among agencies
- Foster public awareness of children’s issues
- Create children & youth impact statement for proposed legislation
- Identify existing and potential funding streams
- Develop a children’s budget
- Additional activities to improve agency collaboration and service delivery
- Annual Report
Panhandle through Peninsula

• 4-6 annual meetings throughout the state.
• Child service/advocates engaged, Local hosts.
• Site visits, we learn their work.
• Ours is a very large state. Rural and urban.
1.1) Rate of mothers beginning PNC in first trimester: 78.3 (2009) to 79.9 (2013) per 1000
   – FloridaCHARTS (www.floridacharts.com)

1.2) Children with health insurance, Improved: 82% (2008) to 89% (2012)
   – US Census Bureau, in National KIDSCOUNT (www.kidscount.org)

1.3) Children with a medical home, Worsened: 56.8% (2007) to 50.4% (2011)
   – National Survey of Children’s Health (http://childhealthdata.org)
2.1) Rate of birth to women with <12 years education, Improved: 187 (2009) to 143 (2013) per 1000 women

2.2) Children read to by their parents daily, No change: 47.1% (2007) - 47.1% (2012)  
   – National Survey of Children’s Health (http://childhealthdata.org)

2.3) School readiness by Kindergarten Assessment Exam, Improved: 71% (2008) to 81% (2012)  
   – FL DCF, Office of Child Care Regulation

2.4) Early Childhood Staff w/ Bachelor's Degrees: 11.2% (2010) to 12% (2013)  
   – FL DCF Office of Child Care Regulation
  - US Census Data, in Kids Count www.kidscount.org

3.2) Child Maltreatment Rate, varied: from 12.04 (2009) to 11.46 (2013) per 1000 population [peak 13.23 (2011)]
  - FL DCF

3.3) Teen birth Rate Improved: from 27.2 (2009) to 17.4 (2013) per 1000 teen population
  - FloridaCHARTS (www.Floridacharts.com)
Headline Indicators

4.1) Domestic Violence Rate Improved: from 623 (2009) to 559 (2013) per 100K population
   

4.2) Homeless Children, Worsened: from 49,100 (09-10) to 70,000 (11-12)
   

4.3) Percentage of children in supportive neighborhoods, Worsened: from 80.6% (2007) to 76.2% (2011)
   
   – *National Survey of Children’s Health* ([http://childhealthdata.org](http://childhealthdata.org))
Accomplishments

• Children’s Budget (1)
• Sexual Trafficking Policy
• Youth Commission
• Help Me Grow
• IT Integration
• Early Years – First Priority
• Cabinet – Agency Collaboration/Communication
• Cross-Over Children
• Bullying Awareness
Challenges

• Staffing

• Resources

• Strategic Planning Redux
AAP Member Role

• Use of research for decision-making
• Use of evidence-based programming for interventions
• Synergy
• Bullying (Olweus, www.Bullying.gov)
• Influence, i.e. Headline indicators (Parents reading to their children, medical home)
• Include health (very heavy composition of early education, and dependency, agree with, and . . . )
• And safe neighborhoods/align with toxic environment . . .
AAP Member Role

- Multi-system Children Workgroup (developmental, MH issues, probably also need attention)
- Sexual Trafficking
- Health insurance as an agenda item even when there resources are scarce
- Prioritization of Early Years and Early Education
- Pregnancy prevention
- Not always successful, but heard
- Not necessarily enshrined in statute
Legislative Input

• Child Impact Statements

• 2009 Recommended availability of developmental screening system for all children; 2012 Florida became a state affiliate of Help Me Grow, 2014, $2M in state funding to support expansion.

• Policy Committee, 2015
Needs

• Composition, Representation, Attendance
• Leadership
• Staff
• Budget
• Charge
• Authority
• Semi-Consistent Plan
OUR PREMISE: Moving the Small Gear Makes a Big Difference

The Forum for Youth Investment, with and through its Partners, offers standards and solutions to increase state & local leaders’ “collective impact,” helping them measure and increase the success of their investments in children and youth from birth through young adulthood.
Hitting the Readiness Target
... See a Problem, Convene a Task Force, Create a Program...
Has Created a Tangle of Inefficiencies

SOURCE: Margaret Dunkle

Children's Services in Los Angeles County
The Insulated Education Pipeline
Fragmented government structures
To Achieve Collective Impact for Children and Youth

Leaders must:

• Act as part of Broader Partnerships
• Set and tackle Bigger Goals
• Collect, Share and Use Better Data
• And take Bolder Actions
Membership of State Coordinating Bodies

Percent of Coordinating Bodies

- Official Member
- Regularly Participates

Categories:
- K-12 Ed
- Higher Ed
- Health
- Corrections
- Early Childhood
- Child Welfare
- Labor
- Housing
- Justice
- Human Services
- CYF
- Substance Abuse
- Disabilities
Joint Committee for Children, Youth & Families
Coordinate state efforts, investigate harming factors to state’s children, recommend new laws, regulations & budget priorities.

Children’s Cabinet
Promote the state’s vision for a stable, safe & healthy environment for children & their families, provide a regular forum for coordination & prepare a 3 year Children’s plan.

Youth Council
A statewide advisory group made up of youth to enable state leaders to create & refine policies with input from the population they are designed to serve.

Advisory Council for Children
Make recommendations for integrated children & family programs, coordinate with local government, LMBs & private groups.

Governor’s Office for Children
Support the work of the Cabinet, promote policies for improving youth outcomes, partner with LMBs and administer funds per the Cabinet.

Local Management Boards (LMBs)
Strengthen decision making capacity at the local level, design and implement strategies at the local level and coordinate services.
Maryland’s Results for Child Well-Being

- Babies Born Healthy
- Healthy Children
- Children Enter School Ready To Learn
- Children Successful in School
- Children Completing School
- Children Safe in Their Families and Communities
- Stable and Economically Independent Families
- Communities that Support Family Life
# Louisiana Children’s Cabinet

Kids Data Dashboards on Health, Education and Well Being

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<tr>
<th>HEALTH CARE</th>
<th>BASELINE</th>
<th>CURRENT</th>
<th>TARGET</th>
<th>TREND</th>
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<tr>
<td>Low Birth-Weight Babies</td>
<td>10.8%</td>
<td>10.7%</td>
<td>7.8%</td>
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<td>Childhood Obesity</td>
<td>13.6%</td>
<td>13.1%</td>
<td>9.6%</td>
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<tr>
<td>(based on reported data)</td>
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<tr>
<td>Immunizations: 19-35 Month</td>
<td>81.4%</td>
<td>80.1%</td>
<td>90.0%</td>
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<tr>
<td>Immunizations: 13-17 Year</td>
<td>65.9%</td>
<td>71.0%</td>
<td>80.0%</td>
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<tr>
<td>Asthma-Related Hospitalizations</td>
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<tr>
<td>(per 100,000 children)</td>
<td>204</td>
<td>181</td>
<td>145</td>
<td>+</td>
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*all youth ready for college, work & life | Copyright the Forum for Youth Investment. Ready by 21 and the Ready by 21 LOGO are registered trademarks of the Forum for Youth Investment.*
Taking Bolder Action to:

• **Improve and coordinate existing programs and supports** across systems and settings. Fill gaps when needed.

• **Align existing policies and resources.** Understand the policy and resource landscape. Make adjustments aggressively.

• **Engage youth and families** as organizers, planners, advocates by ensuring ongoing opportunities for leadership and participation. Have strategies that reach all, not just a few.

• **Increase public, private and corporate demand** by expecting it. Communicate a big picture vision and plan. Leverage your champions.
What Can Children’s Cabinet do?

• Eliminate Wasteful Programs
• Reduce the Need for Expensive Services
• Coordinate Strategies to Improve Outcomes
• Increase Federal Funds
• Leverage Private Resources
Structural Assessment

Scope of the Vision
- Targeted Population & Outcomes
- All Youth & All Outcome Areas

Scope of the Mission
- Running Programs
- Incubate Programs
- Coordination
- Alignment

Authority
- Advisory
- Final Decision Making Power
- No Resources
- Control of Resources

Organizational Home
- Outside Government
- Inside Government

Scale of Composition
- Citizens
- Business
- Advocates
- Mid-Level Managers
- Agency Heads

Scale of Formality
- Brief & Informal Meetings
- Mandated & Formal Meetings
- Entity Tasked with Full Meeting Planning, Retreats, etc.

Staffing Resources
- None
- In-kind & Part Time
- Small & Dedicated
- Large & Dedicated

Funding Resources
- Unfunded
- Pooled Agency Funds
- Private Funds
- Dedicated Line Item Funding

Local Connections
- No Connection to Different Localities
- Informal Connections
- Formal Connections across Sectors
New Mexico Children’s Budget

2009 total spending by outcome

- Involved: $36.8 million (1.0%)
- Supported: $205.0 million (8.0%)
- Educated: $620.6 million (25.0%)
- Safe: $236.6 million (10.0%)
- Healthy: $1,396.4 million (56%)

Total: $2,513.0 million
Publications

• State Children’s Cabinets and Councils Series

• Ready by 21 State Policy Survey: Child and Youth Policy Coordinating Bodies in the U.S.

• What’s In Your Cabinet?

• Don’t Stop Collaborating Just Stop Creating New Collaboratives

• Adding It Up: A Guide to Mapping Public Resources for Children, Youth and Families

• How Public Policy Can Support Collective Impact
• Monthly peer to peer calls and webinars
• Updates and advocacy on federal policy
• Publications on topics of interest
• Annual convening
• Technical assistance (e.g. children’s budgets, retreat facilitation, planning, policy alignment)
For more information on the Children’s Cabinet Network contact:

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We’re Here to Help

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