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Rhode Island KIDS COUNT Releases 21st Annual *Factbook* on the Status of Rhode Island's Children

New indicator on Paid Family Leave included in the 2015 *Factbook*

Warwick, RI (April 13, 2015) – Rhode Island KIDS COUNT released its twenty-first annual report on the well-being of Rhode Island's children at a policy breakfast attended by over 500 people, including Governor Gina Raimondo, Senator Jack Reed, Congressman James Langevin, General Assembly leaders (including House Speaker Nicholas Mattiello and Senate President Teresa Paiva Weed) and members, policymakers, and community leaders from education, health, and human services. The event took place on Monday, April 13, 2015, from 8:00 a.m. to 10:00 a.m. at the Crowne Plaza, 801 Greenwich Avenue, Warwick.

The *2015 Rhode Island Kids Count Factbook* charts improvements and declines in the well-being of children and youth across the state and in each of Rhode Island's 39 cities and towns, and provides the latest available data on 71 different aspects of children's lives, from birth through adolescence. The *Factbook* indicators are grouped into five interrelated categories: family and community, economic well-being, health, safety, and education.

Elizabeth Burke Bryant, Executive Director of Rhode Island KIDS COUNT, opened the policy breakfast by stating, "Our state's economic future depends on healthy children and strong families. We need to ensure that Rhode Island's public policy investments support children's health care, high quality child care, early childhood education, K-12 and higher education. Investing in healthy, well-educated children is an investment for our future workforce and the next group of community leaders for Rhode Island."

Keynote remarks were provided by Brown University President Christina Paxson, Ph.D., who called upon community leaders to work together to ensure that Rhode Island's children have the support they need to thrive. Paxson said, "We know more than ever before about the connection between children's economic status and their health and education prospects. Rhode Island's economic prosperity will require strategic investments in high quality health care, early learning opportunities, a first class education, and connections to college and careers for Rhode Island's children and youth."

Xilian Sansoucy of Young Voices Rhode Island spoke to the crowd about how to support young people. The Grade 5 Chorus from Lillian Feinstein/Sackett Street School performed two songs.

Presentation of the *Factbook* to State Leaders

Bryant presented the *2015 Rhode Island Kids Count Factbook* to Governor Gina Raimondo, Senator Jack Reed, Congressman James Langevin, House Speaker Nicholas Mattiello, Senate President Teresa Paiva Weed, retiring Central Falls Superintendent Frances Gallo, Ph.D. and Economic Progress Institute co-founder and Policy Director Linda Katz. "We know what children need to grow up healthy, safe, educated, and well-prepared for their future," stated Bryant. "The information presented in the *2015 Rhode Island Kids Count Factbook* can help our state leaders and policymakers make well-informed program and policy decisions that support the well-being of all children in Rhode Island."

HIGHLIGHTS FROM THE 2015 RHODE ISLAND KIDS COUNT FACTBOOK

COMMUNITY TRENDS and ECONOMIC WELL-BEING

- **Child population continues to decline** – Between 2000 and 2013, Rhode Island’s child population decreased by 14% (from 247,822 to 212,827). Rhode Island has the sixth lowest birth rate in the U.S.
- **Changes in the enrollment and demographics of Rhode Island public schools.** On October 1, 2014, there were 141,959 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 9% from 156,498 on October 1, 2004. In October 2014, 61% of Rhode Island public school students were non-Hispanic White, 24% were Hispanic, 8% were Black, 3% were Asian/Pacific Islander, 4% were Multi-Racial, and 1% were Native American. There are racial differences among communities - 20% of students enrolled in the four core cities were White, compared with 81% in the remainder of the state. In October 2014, 47% of students in Rhode Island were low-income (students who were eligible for the free or reduced-price lunch program). Again, there are differences - 77% of students enrolled in the four core cities were low-income compared with 31% in the remainder of the state.
- **Importance of grandparent caregivers.** Between 2011 and 2013, there were 6,071 grandparents in Rhode Island who were financially responsible for their grandchildren, two-thirds (67%) of whom had been financially responsible for three or more years. Six percent of all Rhode Island children live with a grandparent caregiver. On December 31, 2014, there were 696 children in DCYF care who were in out-of-home placements with a grandparent. Grandparents play a critical role in caring for their grandchildren who may otherwise end up in out-of-home placement.
- **Parental employment.** Rhode Island has the highest rate of children with at least one unemployed parent (12%), compared to the U.S. average of 8%. Between 2011 and 2013, there were 17,579 Rhode Island children living in families with no employed parents (9% of all families). In December 2014, Rhode Island’s unemployment rate was 6.8%, the fourth highest in the nation, and higher than the U.S. unemployment rate of 5.6%.
- **Continued decrease in cash assistance caseload.** Between 1996 and 2014, the Rhode Island cash assistance caseload decreased by 71%, from 18,428 cases to 5,422 cases. In December 2014, there were 3,918 adults and 9,077 children under age 18 enrolled in RI Works. More than two-thirds (70%) of RI Works beneficiaries were children, and nearly half (45%) of the children enrolled in RI Works were under the age of six. In State Fiscal Year 2014, for the fifth year in a row, only federal funds were used for cash assistance through the RI Works program.
- **More children were identified as homeless by school personnel.** During the 2013-2014 school year, Rhode Island public school personnel identified 1,023 children as homeless (up from 923 in the 2012-2013 school year). Of the 1,023 children, 59% lived with other families (“doubled up”), 33% lived in shelters, 8% lived in hotels or motels, and 1% were unsheltered.
- **Wide disparities exist in poverty and median family income among racial and ethnic groups.** Between 2011 and 2013 in Rhode Island, 21% of all children, 45% of Hispanic

children (who can be of any race), 44% of Native American children, 38% of Black children, 20% of Asian children, and 15% of White children in Rhode Island lived in families with incomes below the federal poverty level. In 2013, 50% of Rhode Island's Hispanic children were living in poverty, compared to the national rate of 33%. The median family income for Hispanics in Rhode Island was \$30,611, compared to \$72,152 overall for all races.

- **Income and family support programs, such as SNAP and School Breakfast, help families.**
 - From 2008 to 2012 (during the recession), the number of Rhode Islanders receiving *SNAP benefits* increased steadily. However, the number of children and adults receiving SNAP benefits has been decreasing slowly since 2012. Of the 166,759 Rhode Islanders enrolled in SNAP in October 2014, 63% were adults and 37% were children. More than one-third (35%) of the children enrolled in SNAP in October 2014 were under the age of six.
 - Among low-income children in Rhode Island, 39% participated in the *School Breakfast* program in 2014, the same as in 2013. Universal School Breakfast increases student participation by providing free breakfast to all children regardless of income. In Rhode Island, 22% of low-income students participated in School Breakfast Programs in schools not offering universal school breakfast or breakfast in the classroom, compared with 32% of low-income students in schools offering universal programs and 82% of low-income students in schools offering universal programs and breakfast in the classroom. During the summer, low-income children lose access to the free and reduced-price meals they rely on during the school year. In Rhode Island, 14% of the children who participated in the School Lunch Program during the 2012-2013 school year participated in Summer 2013 nutrition programs.

HEALTH

Improvements in Health Outcomes

- **Continued high rates of health insurance coverage.** In 2013, 5.4% of Rhode Island's children under age 18 were uninsured, compared with 7.1% of children in the U.S. Rhode Island ranks 16th best in the nation, with 94.6% of children with health insurance. Approximately 74% of the uninsured children in Rhode Island between 2011 and 2013 were eligible for RItE Care coverage based on their family incomes, but were not enrolled.
- **Rhode Island ranks best in U.S. for fully immunized children:** In 2013, Rhode Island's rate (82%) of children ages 19 months to 35 months that were fully immunized was above the national average of 70% and the best in U.S. This is an increase from 73% fully immunized in 2012.
- **More families are enrolled in evidence-based family home visiting programs.** As of October 2014, there were 500 families enrolled in one of the three MIECHV-funded evidence-based home visiting programs in Rhode Island (up from 288 in 2013). Rhode Island uses federal funding to support implementation of three of evidence-based models: Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.
- **Access to dental coverage care is improving, though slowly.** The federal *Affordable Care Act (ACA)* made pediatric dental benefits mandatory offerings for plans sold in the individual and small group market. As of November 2014, 1,282 children obtained commercial dental

coverage through HealthSource RI. Half (51%) of the children who were enrolled in RItE Care, RItE Share, or Medicaid fee-for-service on June 30, 2014 received a dental service during State Fiscal Year (SFY) 2014, up from 43% in SFY 2005 and down from 52% in SFY 2013. Rhode Island ranked 29th in the nation for percent of children enrolled in Medicaid with a dental visit in 2012.

- **Continued progress on reductions in childhood lead poisoning.** The number of children with elevated blood lead levels have been steadily declining in all areas of Rhode Island for more than a decade and a half. The number of children in Rhode Island under age six who were significantly lead poisoned has from 212 in 2005 to 32 in 2014 (an 85% decline). However, children living in the four core cities (7.5%) were more than twice as likely as children in the remainder of the state (3.3%) to have confirmed EBLs ≥ 5 $\mu\text{g}/\text{dL}$ in 2014.
- **Continued declines in the teen birth rate.** In 2013, the birth rate for U.S. teens (26.5 births per 1,000 teen girls) and Rhode Island teens (17.7 births per 1,000 teen girls) were the lowest ever recorded. The five-year average teen birth rate in Rhode Island declined 30% between 2005 and 2013, from 30.1 to 21.0 births per 1,000 teen girls. The teen birth rate in the four core cities (Central Falls, Pawtucket, Providence, and Woonsocket) also declined by 30% during that time period.

Challenges in Health Outcomes

- **Disparities in maternal and infant health outcomes persist.** In Rhode Island, minority women are more likely than White women to receive delayed or no prenatal care, to have low birthweight infants, to have preterm births, and to have their infants die in the first year of life.
- **Disparities in asthma rates continue among racial and ethnic groups and young children.** While there was an overall positive decline in the rate of child hospitalizations due to asthma in Rhode Island, non-Hispanic Black children and Hispanic children continue to be much more likely to visit the emergency department or be hospitalized as a result of asthma than children of other races/ethnicities between 2009 and 2013.
- **Increases in hospitalizations of children related to mental health issues:** In 2013, there were 2,737 hospitalizations of children with a primary diagnosis of mental disorder at Bradley, Butler, Hasbro Children's Hospital, Newport, and Memorial hospitals. This represents a 53% increase from 2003.

SAFETY

Improvements in Child and Youth Safety Outcomes

- **RI ranks best in the nation for child death rate (lowest rate):** In 2013, Rhode Island's child death rate for children ages one to 14 was 9 per 100,000 children. This was a decrease from 14 deaths per 100,000 children in 2012. Rhode Island also ranked sixth best in the nation for the teen death rate, with a rate of a rate of 34 deaths per 100,000 teens ages 15 to 19 in 2013.
- **Decline in calls from Rhode Island to the National Runaway Switchboard:** In 2013, the National Runaway Switchboard handled 104 crisis-related calls regarding youth ages 21 and under who were homeless, runaways, or at risk of homelessness in Rhode Island. This is a decline from 142 calls in 2012.
- **Continued declines in number of children and youth referred to the Family Court.** The number of children and youth referred to Family Court for wayward and delinquent offenses declined 48% between 2008 and 2014, from 5,242 to 2,713. During the same period, the number of juvenile offenses declined by 44%, from 8,790 to 4,904.
- **Continued low rates of children and youth at Rhode Island Training School.** After several years of steep declines, the number of youth at the Rhode Island Training School leveled off, with 500 youth in custody during 2014. During 2014, 60% of youth at the Training School were discharged after less than two weeks in custody. Between 2013 and 2014, the number of youth from the core cities at the Training School declined (from 281 to 268); while the number from the remainder of the state increased (from 201 to 214).
- **Adoption timeframes improve and exceed national targets:** In FFY 2014, 42% of children in the Rhode Island child welfare system were adopted within 24 months from the time of removal from their home, up from 34% in FFY 2013. Rhode Island exceeded the national standard of 32% of adoptions occurring within 24 months of the child's removal in FFY 2014.

Challenges for Child and Youth Safety Outcomes

- **Increases in child abuse and neglect, with continued concentration among young children:**
 - In 2014, Rhode Island experienced more child maltreatment reports, completed investigations, and indicated investigations than any year since 2006.
 - Child maltreatment reports to the DCYF Child Protective Services Hotline have been on the rise for five straight years (from 12,189 in 2009 to 14,735 in 2014).
 - The total caseload of DCYF on December 31, 2014 was 7,078, the second consecutive annual increase after years of decline, increasing from 7,004 in 2013.
 - In 2014 in Rhode Island, there were 2,413 indicated investigations of child abuse and neglect involving 3,407 children. This is an increase from 2013 (when there were 2,294 investigations involving 3,228 children).
 - The rate of indicated investigations for child abuse and neglect for Rhode Island increased from 10.3 per 1,000 children last year to 10.8 per 1,000 children in 2014. This equates to 14.5 victims per 1,000 children in 2014, up from 14.0 in 2013.
 - Almost half (45%) of the victims of child abuse and neglect in 2014 were young children under age six and almost one-third (32%) were age three and younger.

- **Children continue to witness and experience domestic violence.** In Rhode Island in 2013, there were 5,028 total domestic violence incidents that resulted in arrests, an improvement from 5,533 in 2012. While there was a decline in the incidents of domestic violence without children present, the number of incidents with children present increased (2,018 in 2013, up from 1,717 in 2012). In 2013, 40% of all domestic violence incidents had a child present, up from 31% in 2012. New federal reporting requirements also provided new data showing that 25% of indicated allegations of child neglect by DCYF in 2014 involved children being exposed to domestic violence.
- **Increases in the number of children in out-of-home placement.** The number of children in out-of-home placement in Rhode Island in 2014 was 2,078, up from 2,010 in 2013 (and marking second straight year of increases). Children who are in “out-of-home placement” have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting permanency. Out-of-home placements include foster care homes, group homes, shelter care, residential facilities, and medical facilities.
- **Children and youth in out-of-home placement in Rhode Island are experiencing negative outcomes:**
 - Children in out-of-home care often experience multiple placements. In Federal Fiscal Year (FFY) 2014, 12.4% of the 1,534 Rhode Island children who had been in out-of-home care for less than one year had experienced three or more placements, up from 11.7% in FFY 2013.
 - In FFY 2014, 13.7% of children in Rhode Island who entered out-of-home placement re-entered care within 12 months of a prior episode, above the national standard of 8.6%.
 - Of the 1,711 Rhode Island children who were victims of abuse or neglect during FFY 2014 (whether or not they were removed from the home), 8.8% experienced one or more recurrences of abuse or neglect within six months, up from 8.2% in FFY 2013. The national standard is 6.1% or fewer.

EARLY CHILDHOOD AND K-16 EDUCATION

Improvements in Education Outcomes

- **More early care and education programs are participating in BrightStars.** As of January 2015, there were 669 licensed early care and education programs with an active BrightStars quality rating, more than three times as many as were rated in January 2014. BrightStars is Rhode Island’s Quality Rating and Improvement System (QRIS). BrightStars conducts program quality assessments using research based standards for licensed centers (including child care, preschool and Head Start), family child care homes, and public schools. Rhode Island’s four-year, \$50 million Race to the Top-Early Learning Challenge grant is focused on increasing participation in BrightStars and providing intensive support to programs to meet high-quality benchmarks. As of October 2014, all programs serving children participating in the Child Care Assistance Program are required to have a BrightStars rating.
- **Use of child care subsidies is up.** In December 2014, there were 8,991 child care subsidies in Rhode Island, an increase of 18% from 7,616 in December 2013, but significantly lower than the peak of 14,333 in 2003. Child care subsidies are administered by the Child Care Assistance Program. This could be an indicator of higher employment among Rhode Island parents. Child care subsidies increase the likelihood that low-income parents are able to work, reduce the likelihood that parents who previously received cash assistance payments do so again, and increase the range of affordable child care options.

- **More children are enrolled in State Pre-K.** In the 2014-2015 school year, there are 17 State Pre-K classrooms in Rhode Island with a total of 306 children enrolled. The State Pre-K program is one of the categorically funded programs within the state education funding formula. Rhode Island was one of 13 states to receive a federal Preschool Expansion grant that will accelerate the expansion of the State Pre-K program over the next four years.
- **More children enrolled in full-day kindergarten.** In the 2014-2015 school year, 81% of Rhode Island kindergartners statewide and 100% of kindergartners in the four core cities were in full-day kindergarten. As of the 2014-2015 school year, 28 of the 35 elementary school districts and all of the public charter elementary schools in Rhode Island offer universal access to full-day kindergarten programs.
- **Increased graduation rates.** The four-year graduation rate for Rhode Island's Class of 2014 was 81%, up from 80% for the Class of 2013, and 70% for the Class of 2007.
- **Suspensions continue to decline.** In the 2013-2014 school year, there were a total of 30,790 disciplinary actions in Rhode Island school districts, a rate of 22 per 100 students. This was down from 32,296 disciplinary actions (a rate of 23 per 100 students) during the 2012-2013 school year. Since the 2008-2009 school year, the number of out-of-school suspensions in Rhode Island has decreased by 37%. In 2013-2014, more than one-half of out-of-school suspensions were for non-violent offenses, such as insubordination or disrespect (31%) and disorderly conduct (21%).

Challenges in Education Outcomes

- **Licensed capacity of early learning programs has declined.** The total number of licensed early learning slots declined from 23,056 in January 2014 to 21,670 in January 2015. There were 673 fewer slots for infants and toddlers (children under age three), an 11% reduction, and 589 fewer slots for preschoolers (children ages three to five), a 4% reduction, in licensed child care centers in Rhode Island than in the previous year. In January 2015, there were 124 fewer slots in licensed family child care homes than in the previous year. The number of family child care slots is down 57% from a peak high of 8,601 in 2006 to 3,723 in 2015.
- **Insufficient access to Early Head Start and Head Start.** As of October 2014, there were 203 eligible pregnant women and children ages birth to three on waiting lists for Early Head Start Services and 532 eligible preschool children on waiting lists for Head Start services in Rhode Island. All Rhode Island Head Start programs maintain active waiting lists of eligible children. A new federal Early Head Start-Child Care Partnership grant, awarded in early 2015, will create 100 new Early Head Start slots in Rhode Island and will help to alleviate, but not solve, this issue.
- **Chronic absence (students who are absent 18 days or more) is a problem at all grade levels.** Students who are absent from school miss opportunities to learn and develop positive relationships within the school community. In Rhode Island during the 2013-2014 school year, 12% of children in grades K-3, 15% of middle schoolers, and 24% of high schoolers were chronically absent. These figures are unchanged from the previous year.
- **Disparities in suspensions and disciplinary actions.** In Rhode Island during the 2013-2014 school year, minority students made up 39% of the student population, but received 57% of all disciplinary actions. Also, while 15% of Rhode Island students received special education services in 2013-2014, they accounted for 30% of the disciplinary actions and 26% of students disciplined. Of all disciplinary

actions during the 2013-2014 school year, 10% involved elementary school students (pre-kindergarten through 5th grade), 39% involved middle school students (6th-8th grades), and 52% involved high school students (9th-12th grades). Kindergartners received 197 disciplinary actions, including 184 out-of-school suspensions.

- **Rhode Island has an access gap for college enrollment.** Among the Rhode Island Class of 2012, 58% immediately enrolled in college. There are large gaps in four-year college access between students who graduate from high schools in the four core cities and the remainder of the state. Nineteen percent of students from the four core cities immediately enrolled in a four-year college, compared to 47% of students from the remainder of the state.
- **“NECAP Recap” presented for fourth- and eighth-grade reading Scores.** The *New England Common Assessment Program (NECAP)* was Rhode Island’s statewide assessment system between 2005 and 2013. Starting in the 2014-2015 school year, Rhode Island is using a new statewide assessment, the *Partnership for Assessment of Readiness for College and Careers (PARCC)*. PARCC data will be available in the 2016 Factbook. In the *2015 Rhode Island Kids Count Factbook*, Rhode Island KIDS COUNT prepared a “NECAP Recap,” which shows the trends in the percentage of fourth- and eighth-grade students who scored at or above the proficiency level for reading for each community, as well as the four core cities, remainder of state, and the state of Rhode Island.

New Indicator in the 2015 Rhode Island Kids Count Factbook

This year’s *Factbook* includes a new indicator on **Paid Family Leave**.

- **Paid Family Leave** is defined as the number of approved claims to bond with a new child or to care for a seriously ill family member through Rhode Island’s Temporary Caregiver Insurance Program (TCI). Paid family leave provides job security and consistent income so that working parents can care for a new child or any worker can care for a seriously ill family member.
- There were 3,870 approved claims for Temporary Caregiver Insurance during 2014, 74% of to bond with a new child and 26% were to care for a seriously ill family member.
- Of the 2,847 approved claims to bond with a new child, 98% were for a newborn child, 1% were for a newly adopted child, and 1% were for a new foster child. Thirty-two percent of claims to bond with a new child were filed by men and 68% were filed by women.

This year’s *Factbook* also is the first year in which Rhode Island KIDS COUNT has reported data on babies born with exposure to opioids or alcohol (in the *Infants Born at Highest Risk* indicator):

- Babies born with exposure to alcohol and/or opioids (pain medication) face immediate and long-term negative effects. Births of babies with Neonatal Abstinence Syndrome (NAS) have been on the rise in Rhode Island and nationwide. NAS refers to the withdrawal and negative effects experienced by newborns born to mothers who used opioids during pregnancy.
- In Rhode Island in 2013, 76 babies were diagnosed with NAS at birth, a rate of 72.0 per 10,000 births, nearly double the rate of 37.2 in 2006. Ninety percent of babies born with NAS between 2009 and 2013 in Rhode Island were born to white mothers and 32% lived in the four core cities.

Bryant closed the event by encouraging advocates to keep up the work on behalf of children, “While we have made much progress for Rhode Island’s children, we must accelerate our efforts and work together to ensure that all of Rhode Island’s children have the opportunity to succeed. We know you will use the *2015 Rhode Island Kids Count Factbook* to do your best work on behalf of children.”

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Rhode Island KIDS COUNT is a statewide children’s policy organization that works to improve the health, economic well-being, safety, education and development of Rhode Island children.