

Campaign for Kids



Policy Briefing Papers



Prepared by
Rhode Island KIDS COUNT

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INTRODUCTION

The purpose of these briefing papers is to provide important information for candidates and stimulate ideas for effective strategies to lift the political, financial, and bureaucratic barriers that exist so that all of our children can thrive and succeed. As additional resources, candidates are also urged to use the *2002 Rhode Island KIDS COUNT Factbook*, as well as Rhode Island KIDS COUNT's *Issue Brief* series and *Census Briefs*.

Particularly in difficult economic times, when Rhode Island's budget deficit is rising, we need leaders who will elevate children's needs beyond campaign promises. We need leaders who understand that investing in Rhode Island's children and their families is the very best way to improve the quality of life for our future.

In recent years, Rhode Island has made enormous progress on some key child well-being indicators.

When compared to other states, Rhode Island continues to be near the top – and sometimes first – on critical indicators of child and family well-being, such as child care, health insurance, prenatal care, child death, teen death and the Family Independence Program. It is critical that these gains are maintained as we move forward to ensure that all Rhode Island children have the resources they need to thrive, including economic security, effective schools, quality child care, quality health care, affordable housing, and caring communities.

Rhode Island KIDS COUNT is eager to educate candidates for public office on important and complex children's issues. In the following pages, candidates will find briefing papers on some of the greatest challenges facing our children. The four categories for which we provide background and policy options are children's health, education, early childhood, and children at risk.

Rhode Island KIDS COUNT is a children's policy organization that provides information on child well-being, stimulates dialogue on children's issues, and promotes accountability and action. If you need further information on issues affecting children and families in Rhode Island, please contact our office at 401-351-9400.



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CHILDREN'S HEALTH

Access to regular medical care and preventive services is critical to the physical, academic and social well-being of children beginning in the prenatal stage and continuing into adulthood. In recent years, Rhode Island has made enormous progress in expanding access to health insurance and improving the health of its children.

Covering Kids Rhode Island, a public-private initiative to enroll eligible, uninsured children in RIte Care, has reduced the number of children eligible for health insurance but not enrolled from 17,000 in 1998 to 5,000 in 2002. As a result, Rhode Island is ranked number one in the country for the lowest percentage of uninsured children. National studies have shown a direct correlation between health insurance and positive health outcomes.

Rhode Island also ranks number one best in the nation when it comes to women receiving timely prenatal care. Our first place status will save the state significant dollars down the road because timely and comprehensive prenatal care results in fewer complications at birth and reduces health care costs. In addition, women who receive adequate prenatal care are more likely to obtain preventive health care for their children.

Rhode Island has also made progress on its lead poisoning problem. As a result of annual screening for all children under age 6 and increased efforts to enforce the lead laws and make houses lead safe, the percentage of children entering kindergarten with elevated lead levels dropped from 35% in 1996 to 12% for 2003. Despite this progress statewide and in the core cities, the poorest neighborhoods across the state continue to have excessively high lead poisoning rates. The recent passage of a new lead bill aimed at reducing the childhood lead poisoning rate will add enforcement mechanisms that require landlords to clean up lead hazards on their property. Children with lead exposure are more likely to have lowered IQ and behavioral problems, resulting in academic failure, need for special education services and increased risk for juvenile delinquency. As the number of Rhode Island children with lead poisoning decreases, the burden on the medical and educational communities to provide specialized care for them will decrease as well.

Despite these significant improvements in the health of Rhode Island children overall, many disparities remain. Poor health outcomes are more prevalent among minority children and children living in the core cities. In 2001, 6% of White children tested had elevated blood lead levels, compared to 12% of Hispanic children, 13% of Asian children and 20% of Black children. In addition, children living in Rhode Island's five core cities were more than three times more likely to test positive for lead in 2001 than children in the remainder of the state. Nearly 70% of births to teens from 1996 to 2000 occurred in the core cities. Black and Asian women were twice as likely as White women to have delayed prenatal care during that same period. Children living in the core cities accounted for half of all asthma hospitalizations in Rhode Island from 1998 to 2000 and Black children were three times as likely as White children to be hospitalized for asthma.

Access to certain health care services continues to be a problem. RIte Care recipients are entitled to comprehensive dental prevention and treatment services under the federal Medicaid program, yet only one in three children enrolled in RIte Care had a dental visit in the past year. Access to dental providers who accept RIte Care is limited and hospital-based dental clinics do not have the capacity to meet the demand for dental services. Increased dental services capacity for children requires a comprehensive approach that involves dental providers, increased funding for dental services, and preventive education.

Although an estimated 20% of U.S. children ages 9 to 17 have a diagnosable mental health or addictive disorder, only 9% of Rhode Island children accessed services at one of Rhode Island's community mental health centers, psychiatric hospitals, or school-based health centers during 2001. Access to children's behavioral health services is a major problem for families across the state, regardless of whether they have public or private health insurance. Access to appropriate behavioral health services is especially critical to children in the care of DCYF, children with special needs, and children in families with multiple risk factors associated with poverty, substance abuse, mental illness, and/or domestic violence.

CHILDREN'S HEALTH

Children with special health care needs require a range of preventive and therapeutic services if they are to meet their full potential. In an effort to save costs within Medicaid, children with special needs who receive Medical Assistance through SSI, Katie Beckett or Medicaid fee-for-service will now be required to enroll in RIte Care. While this transfer has the potential to increase quality of care, it will be critical to monitor implementation to ensure that families continue to have access to appropriate preventive and specialty care that meets their family's needs.

In order to sustain the progress that has been made and address the inequities that remain, Rhode Island must continue its wise investment in RIte Care. It is critical to avoid roll-backs in eligibility, monitor the impact of premium increases on access to health insurance for families with incomes between 150% and 250% of the federal poverty level, and simplify enrollment and recertification procedures. As of July 1, 2002, a total of 1,038 families enrolled in RIte Care had been sanctioned for failing to pay premiums, resulting in loss of health insurance coverage. This represents 2,256 members, almost three-quarters of whom are children. An estimated 402 more children will lose coverage in August 2002 for failure to pay premiums, two-thirds of whom are below 185% of the federal poverty level. Premium increases have resulted in loss of coverage to more than 2,000 low-income children, many of whom do not have alternate forms of health insurance.

Children without health insurance can suffer permanent damage to their health due to conditions that could have been easily treated with preventive care. Expensive treatment in emergency rooms increasingly becomes the alternative for people who have no health insurance. It is cost-effective for Rhode Island to maintain its "first in the country" leadership in providing access to health care for children and adults.

RECOMMENDATIONS

- **Sustain RIte Care at current eligibility levels.** It is cost-effective for Rhode Island to maintain investments in RIte Care and to avoid strategies that reduce eligibility levels or further increase premiums to low-income and moderate-income families.
- **Maintain full RIte Care benefits for immigrant children.** All of our children, including immigrant children, must have access to the full array of health services in order to grow and learn.
- **Ensure access to dental services and mental health services.** Specific and targeted actions must be taken to improve access to dental health and mental health services.
- **Address the health disparities related to poverty and race/ethnicity.** Policies and programs must specifically address the health needs of children in the core cities and racial/ethnic minorities to improve health outcomes.
- **Continue to support state funding for school-based health centers.** Children who have access to preventive health care and a medical home are less likely to miss school. Investments in the education system will be compromised unless we continue to invest in the health of our children.

EDUCATION

A child's education is the single best indicator of future success. Educational attainment is directly linked to job opportunities, family income, healthy behavior, access to health care, and other areas of well-being. Unfortunately, not every child has equal access to a quality education in Rhode Island.

Comprehensive and strategic investments in the education of our children will help to bring Rhode Island to the highest levels of social and economic prosperity. Future educational policies must address the needs of all students, especially the most vulnerable children struggling with the most difficult learning environments.

The core cities, those communities with the highest child poverty rates, have an alarming number of low-performing schools as categorized by the Rhode Island Department of Elementary and Secondary Education. Fully 91% of schools in the core cities are low-performing. Students in these schools are less likely to receive high-quality instruction and to be in classrooms with high expectations for all children.

Children deserve access to the best quality kindergarten programs possible. Statewide only 33% of all children are enrolled in full-day kindergarten programs. Research shows that many children benefit academically from participation in full-day kindergarten, especially if the child is from a low-income or educationally-disadvantaged background. Three of the core cities, Providence, Newport, and Central Falls, offer full-day kindergarten for all students. Woonsocket and Pawtucket offer these important programs for 26% and 15% of all children. The most vulnerable children need the valuable experiences offered in full-day kindergarten programs.

When children move from school to school during the year, their learning is greatly affected. Children in the core cities are more likely to move frequently during the year, which contributes to negative outcomes such as dropping out, delinquency, depression and teen births. In the core cities, 31% of children do not begin and end the academic year in the same school, compared to 14% in other Rhode Island cities and towns. Families may move for a variety of reasons, including job changes, the high cost of rent, and/or poor neighborhood conditions.

Families are more likely to stay in communities, and therefore keep their children in the same school environment, if they have the necessary supports to keep their lives stable. Such supports include access to jobs, affordable housing, strong social networks, and high quality schools.

Reading skills are critical to a student's success in school and in the workforce. Rhode Island tests its fourth grade students in basic and analytic reading skills. The percentage of students scoring at or above proficiency in basic understanding in the core cities ranged from a high of 65% in Newport to a low of 44% in Providence, as compared to 71% of students in the state as a whole. The percentage of students at or above proficiency in analytic reading skills in the core cities ranged from a high of 49% in Newport to a low of 27% in Providence, as compared to 57% in the state as a whole.

Racial and ethnic disparities in education outcomes have social and economic implications for the state. On the fourth grade reading test, 81% of White children met the standard for basic understanding while minority children trailed behind; 44% of Latino children, 51% of Black children, and 63% of Asian children met the standard. The high school graduation rate for White children is 85%; for Hispanic children the graduation rate is 63%, for Black children the graduation rate is 68%, and for Asian children the graduation rate is 78%. School districts with the highest concentrations of minority students also have the highest rates of student mobility. Black and Hispanic youths are less likely to enroll in college and less likely to complete college once enrolled. These educational gaps must be closed in order for a Rhode Island education to lead to positive social and economic outcomes for all children.

The federal *No Child Left Behind Act* requires that the achievement gap among students from different communities and different racial/ethnic groups be closed and that schools be held accountable for the success of all children. Rhode Island has strong standards in place, but all children must be educated to meet these standards. The 2002 Rhode Island legislative session included a \$28.2 million increase to school aid, a total allocation of \$628.4 million. The

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budget also included \$400,000 for the Child Opportunity Zones Family Centers (COZs), school-based centers that connect families with the social services that they and their children need.

Low educational attainment is often passed on from parent to child. Parents with low literacy skills are more likely to have children with low literacy skills, creating a cycle of low educational attainment. Rhode Island has the highest percentage (47%) in New England of adults lacking basic literacy skills; 368,000 people in Rhode Island lack the ability to read medical prescriptions, write bills, or read a story to a child. Rhode Island lags well behind the rest of New England in state funding for adult education services.

No issue is as central to the future of this state as the education of our children. Closing achievement gaps, improving the quality of schools, and supporting adult education are essential ingredients to a successful Rhode Island.

RECOMMENDATIONS

- **Continue Rhode Island's effort to close the achievement gap by increasing aid to schools in the core cities.** Investments made in the core cities will improve the quality of educational programs for a majority of Rhode Island's most vulnerable children.
- **Support the Rhode Island Department of Education's efforts to improve low-performing schools in the state.** Prioritize funding to these districts, especially to support programs that improve the quality of teaching.
- **Invest in young children.** A child's first five years are critical to future educational success. Continue state investments in child care and early education, provide state funding for Early Head Start programs serving children birth to age three, and continue to fund Child Opportunity Zones (COZs) Family Centers that link high-risk children and families to needed services.
- **Encourage the development of small schools for low-income and minority children in urban areas.** Children and teens thrive in school academically and socially when they feel known and have clear, high expectations set for them.
- **Improve access to full-day kindergarten programs for all children and families.** While the percentage of Rhode Island students in full-day kindergarten has increased from 18% in 1999-2000 to 33% in 2001-2002, more children could benefit from the enriched educational experiences afforded by full-day kindergarten programs.
- **Provide adequate funding to support adult education services.** The demand for adult education services far exceeds the capacity of the adult education system in Rhode Island. Investments in high-quality adult education and English as a Second Language programs are critical to the state's economic future.

EARLY CHILDHOOD

A child's earliest years dramatically shape lifelong learning capacity, social skills and behavior. In the first few weeks, months and years of life, children begin to make sense of the world as they develop vision, language and thinking skills. Brain research tells us that by age three, a child's brain has grown to 90 percent of what it will eventually become. Because of this rapid brain growth, early childhood is developmental "prime time."

Rhode Island has made significant investments in the early years through child care for working families and access to health care for pregnant women and children. Rhode Island's system of child care has received national attention because it has effectively provided child care for families transitioning from welfare to work and increased access to quality child care for low- and moderate-income working families. In keeping with national trends, the availability of affordable, high quality child care has become a fundamental need for Rhode Island families over the past two decades. In 1999, 69% of mothers with children under the age of six were in the labor force.

A recent report by *Education Week*, "Quality Counts 2002," gave Rhode Island high marks for its major increase in funding for child care through *Starting Right*, an early care and education law that passed in 1998. The law addresses critical issues of child care affordability, access, and quality. Under *Starting Right*, child care subsidies are an entitlement for all families with income less than 225% of the federal poverty level and are available for children up to age 16. Rhode Island has invested in its young children through major increases in state funding for child care, from just \$12 million in 1997 to almost \$70 million in 2002. The number of low-income and poor children receiving child care assistance more than doubled, from 6,000 in 1997 to more than 12,000 in 2002.

Even as more child care subsidies become available, there is a structural shortage of high quality, regulated child care slots necessary to meet demand. The supply of licensed and certified child care is especially limited in low-income communities and rural areas, for infants and children under age 3, for children with disabilities and special health care needs, for middle school-age children, and for parents with unconventional or shifting work hours. Many working families

experience a "cliff effect" with their child care subsidy. Once a family's income surpasses 225% of the federal poverty level, the family is no longer eligible for a child care subsidy, adding a serious financial burden to parents. Without a child care subsidy, moderate-income working parents are less likely to use a high-quality, regulated child care program for their children. For middle-class families ineligible for subsidies, the cost of child care can equal or surpass the cost of one year at the University of Rhode Island.

Research shows that children from low-income families benefit socially and academically when they have access to high-quality early care and education programs. Research consistently finds that children who have high quality child care arrangements have fewer behavioral problems, are better prepared to start school, and have more advanced language and reading skills. Research on the impact of child care has illuminated the relationships between child care quality, teacher training, and child outcomes. In particular, child care providers with more education and training have a positive impact on child performance, cognitive skills, and adjustment.

To support quality, the Rhode Island Department of Elementary and Secondary Education operates *Keys to Quality*, a collaboration between the Rhode Island Department of Education, CHILDSPAN (Rhode Island's Child Development and Education Training System), and the Rhode Island Department of Human Services. This collaboration provides funding and technical assistance to local school districts and early childhood care and education programs in pursuing accreditation by the National Association for the Education of Young Children (NAEYC).

High quality care is especially important for lower-income families whose children are often most at risk. A Head Start-like program called Comprehensive Child Care Networks was created through the *Starting Right* legislation in order to provide high quality early care and education to the lowest-income 4 year-olds in the state, especially those eligible for but not served by Head Start (which serves fewer than half of the children eligible). Comprehensive Child Care Networks provides enhanced child care services for up to 450 children who require the program's developmentally-appropriate education program, physical and mental health services, support for

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children with disabilities, and family education programs.

While Rhode Island can be proud of its leadership in early childhood issues, attention to the most vulnerable children in the poorest neighborhoods of the state will be important if we are to close the gaps in educational achievement, health outcomes, and family income that predict whether or not a child will get the best start in life. Early Head Start, a comprehensive child care and family support program for vulnerable families of children birth to age three, is a federally-funded program that has been shown to be effective and could be expanded to serve more children in Rhode Island. Many states are beginning to supplement federal Early Head Start funds with state funds in order to cost-effectively serve the most vulnerable young children and improve their educational, social and behavioral outcomes.

To encourage communication between the child care community and the state, the Advisory Committee on Child Care and Development at DHS meets regularly to advise DHS on the functioning of the subsidized child care program. The committee consists of senior staff from state departments, family and center-based child care providers, Head Start program directors, and community leaders committed to high quality child care for children.

Rhode Island has a strong record of public/private partnerships to benefit early care and education. The Rhode Island Child Care Facilities Fund was founded in 2001 to improve the physical environments of child care facilities and improve availability of child care. The Fund was established through a partnership among the Local Initiatives Support Corporation (LISC), The Rhode Island Foundation, the Rhode Island Department of Human Services, and Rhode Island KIDS COUNT to provide both the capital and the technical expertise child care operators need to develop and improve child care centers and family child care homes throughout the state.

The first years of life provide a great deal of opportunity to help each child grow up to be healthy and well-educated. While parents have the first responsibility for the important task of nurturing the next generation of students, workers and community leaders, they cannot do it alone. Everyone – from

families to policy makers and elected leaders – has a role to play in giving all of Rhode Island's children a smart beginning.

RECOMMENDATIONS

- **Maintain current eligibility levels for child care subsidies at 225% of the federal poverty level (FPL) and consider expanding eligibility to 250% FPL.** Child care is the single largest expense after housing for low- and moderate-income families. Affordable child care is critical to a parents' ability to work and to healthy child development.
- **Continue funding Comprehensive Child Care Networks, Rhode Island's Head Start-like program.** Comprehensive child care programs ensure that the most vulnerable children receive high quality early education, social services and mental health services.
- **Use state funding to expand Early Head Start for vulnerable families with children ages birth to three.** This comprehensive child care and family support program has been evaluated nationally and supports positive outcomes for young children and families.
- **Provide financial resources and incentives to improve the quality of preschools and child care.** Research shows that better qualified teachers and increased salaries and benefits improve program quality and help to retain staff.
- **Increase access to quality child care and early education programs, especially for children in the state's poorest neighborhoods.** Low-income and educationally disadvantaged children show the most gains from participation in high quality child care and early education programs.

CHILDREN AT RISK: POVERTY

Children most at risk of not achieving their full potential are children in poverty. Children in poverty are more likely to have difficulty in school, to become teen parents, and to earn less as adults. Single parenthood, low educational attainment, part-time or no employment, and low wages of parents place children at risk of being poor. Family economic conditions in early and middle childhood appear to be more important for shaping ability and achievement than do economic conditions during adolescence. Efforts that improve the quality of a child's environment, especially in the early years of life, can produce lifelong impacts on learning social skills, and mental health.

Despite overall economic growth in the past decade, many Rhode Island families have experienced income losses since the late 1980s. According to recent Census data, Providence has the third highest child poverty rate (40.1%) in the country among cities with more than 100,000 residents. The child poverty rate for Rhode Island has increased from 14% in 1990 to 17% in 2000. It is estimated that more than half of Rhode Island's 40,117 poor children live in extreme poverty - with a family income less than \$8,825 (half of the federal poverty level of \$17,650 for a family of four). Even those with incomes above the official poverty level have a difficult time making ends meet due to the high costs of housing, utilities, child care, and health care. Adult literacy, child care subsidies, health care subsidies, affordable housing, food stamps, the Family Independence Program, and the Earned Income Tax Credit are critical tools to ensure the economic well-being of Rhode Island families.

Affordable Housing:

Inadequate, costly or crowded housing has a negative impact on children's health, safety, education and emotional well-being. The growth in income inequality in Rhode Island over the last decade has contributed to a housing crisis for low and moderate income families. Lack of construction of middle and low-income units statewide increased competition for low-income housing, resulting in rising rents for often substandard housing. Rent burdens over 30% are considered unaffordable. Disproportionately large shares of minority and single-parent households spend more than 50% of their income on housing. Fewer than one-third of families enrolled in the

Family Independence Program receive housing subsidies. The state allocation of \$10 million in bonds in funding for the production of affordable rental units through the continuation of the Neighborhood Opportunities Program is a beginning step toward addressing the affordable housing crisis in Rhode Island.

Adult Literacy:

Individuals with higher education generally have more job opportunities, higher wages and greater job security than those with lower levels of education. Almost half (47%) of all Rhode Island adults lack the ability to read medical prescriptions, write bills, or read a story to a child. The demand for adult education and English as a Second Language classes far exceeds the demand. Within the six New England states, Rhode Island provides the least amount of state and local dollars to adult education. Families who have not yet transitioned from welfare to work face considerable barriers due to limited literacy skills and lack of education. Almost half (46%) of the recipients of Rhode Island's cash assistance Family Independence Program (FIP) have less than a high school degree. Rhode Island's investment in adult education and training for welfare recipients, while delaying the rapid caseload declines seen in other states, is beginning to demonstrate positive results.

RECOMMENDATIONS

- **Increase housing opportunities for low-income and moderate-income families and children** by enforcing minimum housing codes statewide, by preserving the existing section 8 housing, eliminating regulatory barriers to affordable housing development, and increasing state investments in housing for low- and moderate-income families.
- **Provide adequate funding to support adult education services.** The demand for adult education services far exceeds the capacity of the adult education system in Rhode Island. Investments in high-quality adult education and English as a Second Language programs are critical to the state's economic future.

CHILDREN AT RISK: POVERTY

Family Independence Program:

The Family Independence Program seeks to help families make successful transitions to work by providing the work supports, including health insurance and subsidized child care, that families need to obtain and keep a job. Rhode Island has experienced a more gradual caseload reduction than other states because of a set of policies that were designed to help families make an effective transition from welfare to work - including a slower start-up while families developed employment plans required by law and policies that enable families to develop job skills through education and training. Because of the work requirements of the Family Independence Program, families need child care subsidies in order to remain in the workforce. The federal Temporary Assistance for Needy Families (TANF) federal block grant is the primary funding source for the Family Independence Program (FIP) in Rhode Island. The federal government is in the midst of reauthorizing federal legislation authorizing the TANF program.

Child Care Subsidies:

Families rely on child care to enable them to work and to provide the early education experiences needed to prepare their children for school. Yet the high cost of child care puts quality care out of reach for many families, particularly low-income and moderate-income families. National studies have shown that child care subsidies increase the likelihood that low-income parents, particularly current or former welfare recipients, will be able to work. The quality and stability of child care is critical to a parent's ability to work and to child development. Parents of children in quality child care programs are more likely to be productive workers because they are less hampered by child care problems that result in frequent employee turnover and absenteeism. The passage of Starting Right legislation in 1998 provided a legal entitlement to a child care subsidy for income-eligible families. Working families with incomes up to 225% of the federal poverty line are entitled to a child care subsidy for their children through age 16.

RECOMMENDATIONS

- **Ensure that the Family Independence Program continues to provide and strengthen the work supports necessary for families to successfully transition from welfare to work.** Families receiving cash assistance are at the lowest end of the economic scale and require adult education, job training, English as a second language classes, job search assistance, child care subsidies and health insurance if they are to make a successful, permanent transition to work.
- **Ensure that the Family Independence Program policies provide a safety net for the most vulnerable families.** Many of the families who have not yet transitioned from welfare to work face substantial barriers to employment, including low education levels, language barriers, and mental health and/or physical disabilities within their families. Special attention to the needs of these families and children is required.
- **Maintain investments in child care subsidies for low-income working families up to 225% of the federal poverty level.** Child care is critical to maintaining stable employment and to healthy child development.

CHILDREN AT RISK: POVERTY

Food Stamps:

The Food Stamp program provides monthly benefits to low-income households that can be used for the purchase of food at retail stores. The Food Stamp program provides important nutrition benefits to low-income families who are at high risk for under-nutrition and poor health. As of October 1, 2001 there were 36,871 children in Rhode Island who received benefits from the Food Stamp program. Half of all food stamp recipients in Rhode Island are children under age 18. Nationally, households with children receive 87% of all food stamp benefits. Food Stamp Participation has significantly declined since 1994. As the number of families using the Food Stamp program has decreased, food pantries and emergency food banks have seen their service numbers rise. It is estimated that only about half of all families with children eligible for Food Stamps participate. Efforts are underway in Rhode Island and nationally to minimize barriers to enrollment in this critical nutrition support program for low-income people.

Earned Income Tax Credit:

The federal Earned Income Tax Credit (EITC) is a refundable credit on the federal income tax, available since 1975 to low-income and moderate-income working families with children. The EITC removes more children from poverty than any other federal program. The state of Rhode Island is one of sixteen states that have established a state EITC program that helps to bring low-wage workers out of poverty. In 1999, there were 58,000 Rhode Island low-income working families that received the EITC. Rhode Island's EITC is non-refundable so that it provides no cash benefit to working families that have income too low to owe state income taxes. When a state EITC is refundable, the family receives a refund check if the size of the EITC exceeds its tax bill. Refundable EITC programs exist in 11 states and maximize economic benefits to the lowest-income families.

Children do well when their families do well. Without policies and programs that support parents, many of them find themselves unable to adequately feed their children, give them a place to live, find appropriate care for them while parents work, or give them proper medical attention when they are sick. All of the policy options recommended will have a dramatic impact on parents' ability to make ends meet and to provide stable living environments for their children.

RECOMMENDATIONS

- **Expand outreach and simplify enrollment and recertification processes for income support programs critical to the health and well-being of low-income families.** Implement streamlined application processes and expand outreach for the Food Stamp Program, the Child Care Subsidy Program, the Family Independence Program and RIte Care.
- **Enhance family economic security by increasing the ability of low-income families to build savings and assets.** Families in the lowest income communities in the state often do not have access to banks, credit, and home mortgages. Families also benefit from education that improves their knowledge of ways to build savings and assets.
- **Make the Rhode Island Earned Income Tax Credit refundable.** A refundable EITC benefits the lowest-income families the most and enables the poorest families to better meet their family's needs.

CHILDREN AT RISK: CHILDREN IN THE CARE OF DCYF

No group of children or young adults deserves more attention from elected leaders than those who are in the care of the Department of Children, Youth and Families (DCYF) due to child abuse or neglect. For many children, the state has been placed in the role of parent, and as such, has the responsibility to protect and nurture the child until a safe and permanent home can be found.

As of December 2001 there were 8,153 children in the DCYF caseload. Of these, just under one-third were in out-of-home placement, including foster homes, placement with a relative or friend, group home, shelter care, residential treatment or medical facility. There were 2,499 Rhode Island children under age 21 in the care of DCYF in out-of-home placements.

Children need stability, permanency and safety in order to develop and flourish. Removal from the home may be necessary for the child's safety and well-being; however, it is traumatic for both the child and the family. Children who have been abused or neglected are particularly vulnerable and in need of a safe, stable and permanent environment which provides for their well-being. Yet children in out-of-home care frequently remain in temporary placements for extended periods of time, experience multiple placements, lose contact with family members, friends, and neighborhoods, and may experience recurrence of abuse.

The federal Adoption and Safe Families Act of 1997 sets standards for states that help to ensure that out-of-home placement is stable, safe, and leads to a permanent placement (such as reunification, adoption, or guardianship) as quickly as possible without jeopardizing safety. States are now required to track how long children remain in out-of-home placement, how many placements they experience, how frequently reoccurrence of abuse occurs, and where they go after leaving state custody.

Nationally and in Rhode Island, these child welfare objectives continue to be challenged by insufficient staff, heavy caseloads, and inadequate and fragmented resources for foster care, mental health, substance abuse, child care and housing. The Department of Children, Youth and Families is chronically under-

funded with a significant portion of its resources going toward high-end care for children in crisis. The state needs to develop a long-term sustainable plan to shift resources to prevention and early intervention for families and children at risk. Increased attention to recruitment, training and compensation of foster care parents will improve the likelihood that children in the care of the state have healthy social and emotional development. Programs such as Early Head Start, Early Start, and Project Connect are cost-effective in the long-term because they provide comprehensive and intensive services to families struggling with substance abuse, instability, and poverty.

During the past year, all three branches of government have been engaged in the DCYF Ideal System of Care Task Force. In the fall of 2002, the Task Force will be releasing an important policy document with recommendations. This report builds on and reiterates the findings of the 2001 report by the Rhode Island Public Expenditure Council that recommended a shift of child welfare resources from high-end crisis management to prevention and early intervention.

When family reunification is not possible, caseworkers seek to place children in a permanent loving home. Foster parents often become adoptive parents and relatives are also encouraged to provide permanent homes for children. Adoption subsidy and legal guardianship are two programs that help support permanency. Even with the low foster care rate, other supports and allowances are available in foster care that are not available in these subsidy programs. For example, child care subsidy and monthly allowances for children are not continued if a child legally moves to permanency with the help of one of these subsidy programs. This means that families that have received such supports during a foster care placement will lose them if they adopt the child or become permanent guardians. Some families are reluctant to take this step towards permanency for a child, simply because they cannot afford it.

Night-to-night placements refer to the temporary nightly placements of youth under the care of DCYF who are awaiting longer term placements. As a result of court action by the Office of the Child Advocate, a

CHILDREN AT RISK: CHILDREN IN THE CARE OF DCYF

court order now reaffirms the principle that night-to-night placements are unacceptable, except in rare emergencies. Any children who are in night-to-night placement must now be transported to school. DCYF also agreed to expand capacity of temporary placement beds, especially for adolescents, and to make additional efforts to recruit foster parents for adolescents. Despite the court decree and recommended action, DCYF continues to have more children in night-to-night placement than is acceptable.

Older children who come into the care of the state may linger in care until adulthood. In Rhode Island in FY1999, 43 children exited out-of-home placements to emancipation. Of these, 84% were older than age 12 when they entered care. Youth who spend their teens in foster care suffer disproportionately from homelessness,

unemployment, academic failure, incarceration, and premature parenting. Federal funding through the John H. Chafee Foster Care Independence Program is now available for Independent Living programs that help prepare foster care youth for transition to adulthood.

Whether it's providing support to vulnerable families, ensuring that children are removed from abusive or neglectful homes, retaining quality DCYF staff members and community-based contract agencies, or promoting prevention efforts, the state in its role as parent for many of these vulnerable children must ensure that the resources exist that will allow children to have a safe and stable place to call home.

RECOMMENDATIONS

- **DCYF needs to work with other state agencies and community partners to develop and implement a long-term sustainable plan that shifts resources from high-end crisis care to prevention and early intervention.** According to the Rhode Island Public Expenditure Council report on the Department of Children, Youth and Families (DCYF), a disproportionate share of the DCYF budget continues to be spent on high-end costs such as psychiatric hospitalization, juvenile corrections, and residential treatment rather than in community-based placements.
- **Increase investments in comprehensive, intensive family support programs for families with young children.** State funding of research-based programs such as Early Head Start, Early Start and Project Connect are cost-effective investments.
- **Provide additional resources to recruit, train and compensate foster care providers.** Children in out-of-home care have more complex physical and behavioral health needs and their foster care parents need support and resources to nurture and care for them effectively.
- **Ensure that children in the care of DCYF receive the physical health, mental health, education and social support they need to thrive.** Effective strategies to promote optimal development of at-risk children include assessment of the child's needs at system entry, a process to address identified physical, mental, emotional, behavioral health and education needs immediately; monitoring mechanisms to ensure services are provided; and, access to quality early education programs and after-school care.
- **Night-to-night placement of teens in temporary care must be eliminated.** DCYF is currently under a federal consent decree – reaffirming the principle that night-to-night placements are unacceptable, except in rare emergencies.
- **Build the new Training School for Youth but increase investments in after-care and prevention programs for teens at risk.** The majority of youth at the Training School come from the five core cities with high child poverty rates. Attention to positive youth development and educational success for all children in these communities will reduce Training School costs. More than a third of the children at the Training School had been victims of child abuse and neglect during childhood, more than half have a history of substance abuse, and two-thirds have significant academic difficulty and special education needs.