

# Infants, Toddlers, and Their Families in Rhode Island



Policy Roundtable  
June 4, 2015

**#RIBabies**

# Special Thanks

- Alliance for Early Success
- Pew Charitable Trusts
- Zero to Three



# Issue Brief & Next Steps

Rhode Island KIDS COUNT

June 2013

## \*\*\* Issue Brief \*\*\*

### Infants, Toddlers, and their Families in Rhode Island

The first 1,000 days of life are a time of great opportunity and great vulnerability. The brain, architecture of the human body develops during the infant and toddler years. By age three, a child's brain has grown to 90% of its adult size and the foundation of every cognitive function and emotion is in place. Early experiences lay the foundation for future learning, and strong, positive relationships with parents and other caregivers are the building blocks for healthy development. All domains of child development – social, emotional, cognitive, language and physical – are interconnected during the early years. For example, language development, which typically expands exponentially during the infant and toddler years, depends on both the ability to distinguish sounds and the capacity to engage in social relationships.<sup>1,2</sup>

Families can experience great joy and excitement in welcoming and caring for a new baby, but they can also experience tremendous economic hardship and stress. Nearly 40% of babies in Rhode Island are the result of an unplanned pregnancy.<sup>3</sup> In the urban, high-poverty regions of the U.S., childbearing represents for infants and toddler groups nearly \$13,000 per year, the highest in the country.<sup>4</sup>

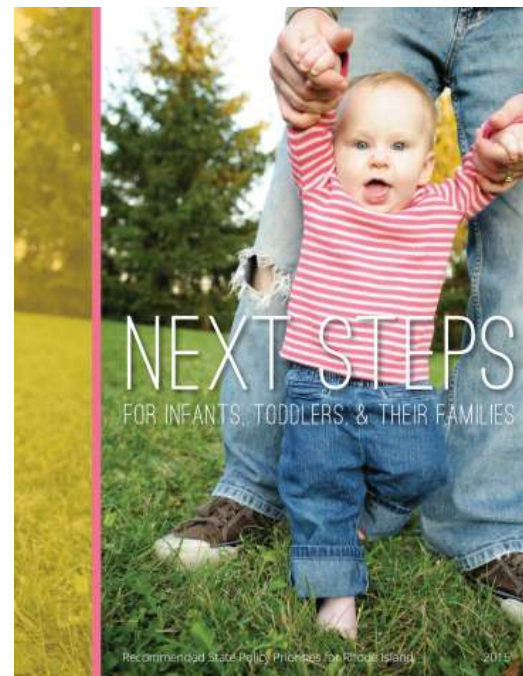
#### Birth Rates

- The number of babies born in the U.S. has declined steadily since 2007. In 2012, the U.S. birth rate for women ages 15 to 44 reached a record low. Rhode Island had the fifth lowest birth rate in the U.S. in 2012. The New England region had the lowest birth rate among the 50 states. Connecticut, Maine, New Hampshire and Vermont have slightly lower birth rates and Massachusetts has a slightly higher birth rate than Rhode Island.<sup>5</sup>
- The number of babies born in Rhode Island families has been declining since 2003, with the number of babies born in 2012 (10,769) 10% lower than in 2003 (11,922).<sup>6</sup>

**Babies Born to Rhode Island Residents, 2003-2012**



Source: Rhode Island Department of Health, Center for Health Data and Analytics, "Rhode Island Kids Count: 2013 Update," June 2013. Data by the U.S. Department of Health.



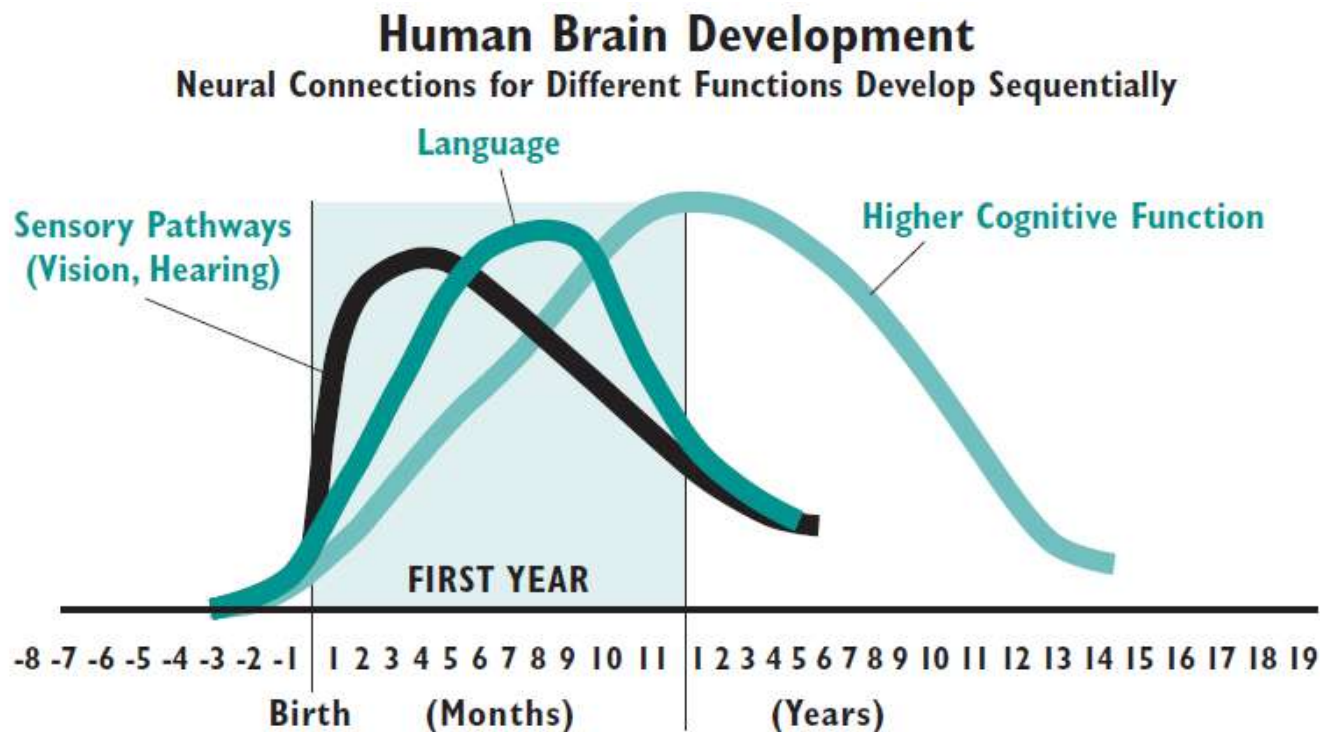
# Identifying Next Steps for Infants & Toddlers in Rhode Island

- Technical Assistance from Zero to Three supported by the Alliance for Early Success
- 5 states selected: Georgia, Louisiana, Michigan, Rhode Island, and Wisconsin
- Individualized technical assistance to public-private state teams
- Rhode Island formed a 25 member public-private Steering Committee

# The First 1,000 days

- The first 1,000 days of life are a time of great opportunity and great vulnerability.
- The basic architecture of the human brain develops during the infant and toddler years. By age three, a child's brain has grown to 90% of its adult size and the foundation of many cognitive structures and systems are in place.
- Early experiences lay the foundation for future learning, and strong, positive relationships with parents and other caregivers are the building blocks for healthy development.

# Science of Early Brain Development



# The First 1,000 Days

- Families can experience great joy and excitement in welcoming and caring for a new baby, but they can also experience tremendous economic hardship and stress.
- Nearly 40% of births in Rhode Island are the result of an unplanned pregnancy.
- Childrearing expenses for infants and toddlers average nearly \$15,000 per year, the highest in the country.



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I was super looking forward to having a newborn baby because I had been talking to some people who had said they had had a really great experience. Calling this a disappointment is an understatement. Long, grueling hours with no pay and an unnatural amount of stress (which no one ever fully explained). Tons of hidden costs and fees. If I could give it zero stars I would.



# Yelp Reviews – Newborn Babies



**NotLovingIt**  
Clear Lake, MN  
10 friends  
51 reviews

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★ ★ ★ ★ ★ 8/29/12

THIS WAS A TOTAL OUTRAGE. If I wanted to live with something whiny that did nothing but eat, sleep and poop I wouldn't have kicked out my last craigslist roommate.

Cries constantly and only sleeps for two hours at a stretch??? Was trying to figure out if possibly mine was defective but feedback I'm now hearing is that a lot of them are like this. SUPER strict no return policy. All in all has been really terrible. Wish I had read the reviews before attempting it.



**HappyByondWords**  
Winthrop, MA  
0 friends  
3 reviews

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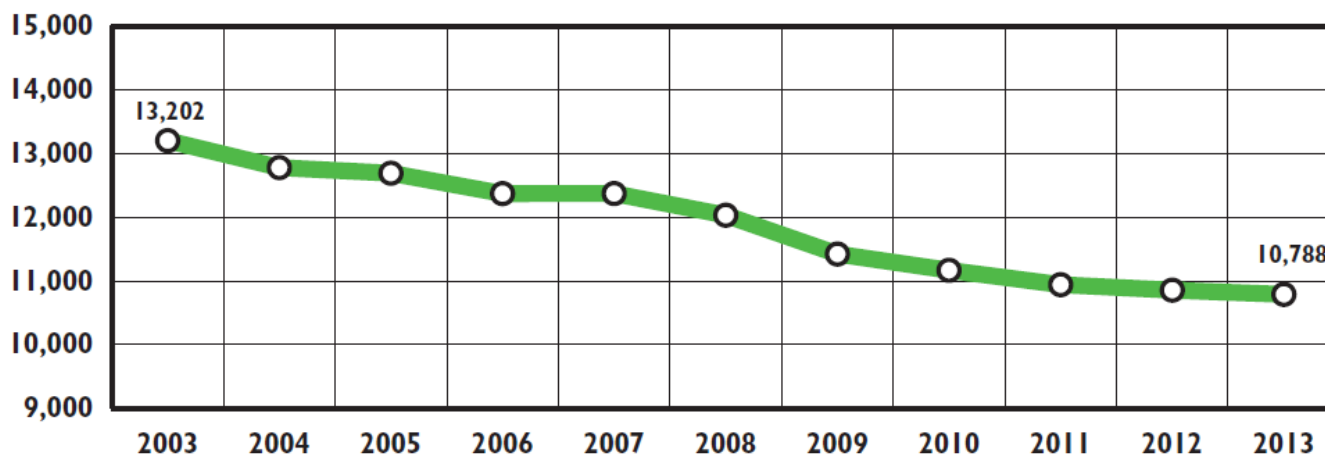
★ ★ ★ ★ ★ 11/4/12

HOW COULD ANYONE GIVE THIS EXPERIENCE ONE STAR? Are we living on the same planet? You get to create LIFE from nothing. Life literally grows inside your body like an amazing magic trick and then you have this baby who sleeps with its tiny body curled on your chest while you sing lullabies and rock it to sleep in the evenings. You have this little person that you created that loves you more than you have ever been loved by anyone. We were thrilled with our experience and can't wait to try it again. The loving-it part is totally overwhelming.



# Birth Rate

**Babies Born to Rhode Island Residents, 2003-2013**

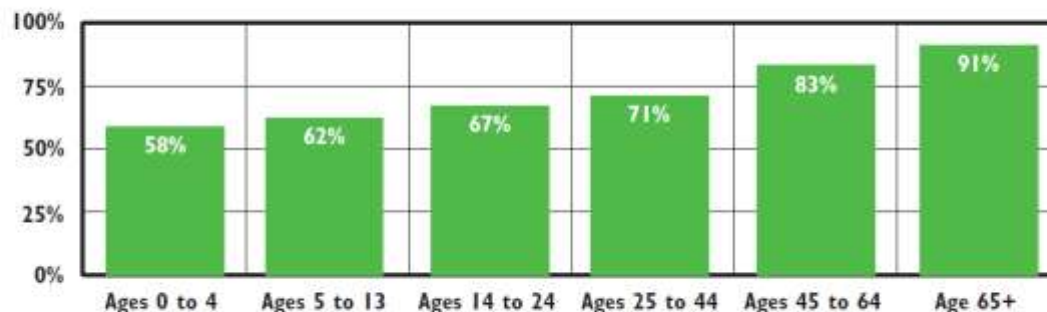


Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2003-2013. Data for 2013 births are provisional.

- The number of babies born in the U.S. has declined steadily since 2007. Rhode Island had the fifth lowest birth rate in the U.S. in 2013.

# Racial & Ethnic Diversity

Percent of Population Identified as White and Non-Hispanic by Age, Rhode Island, 2013

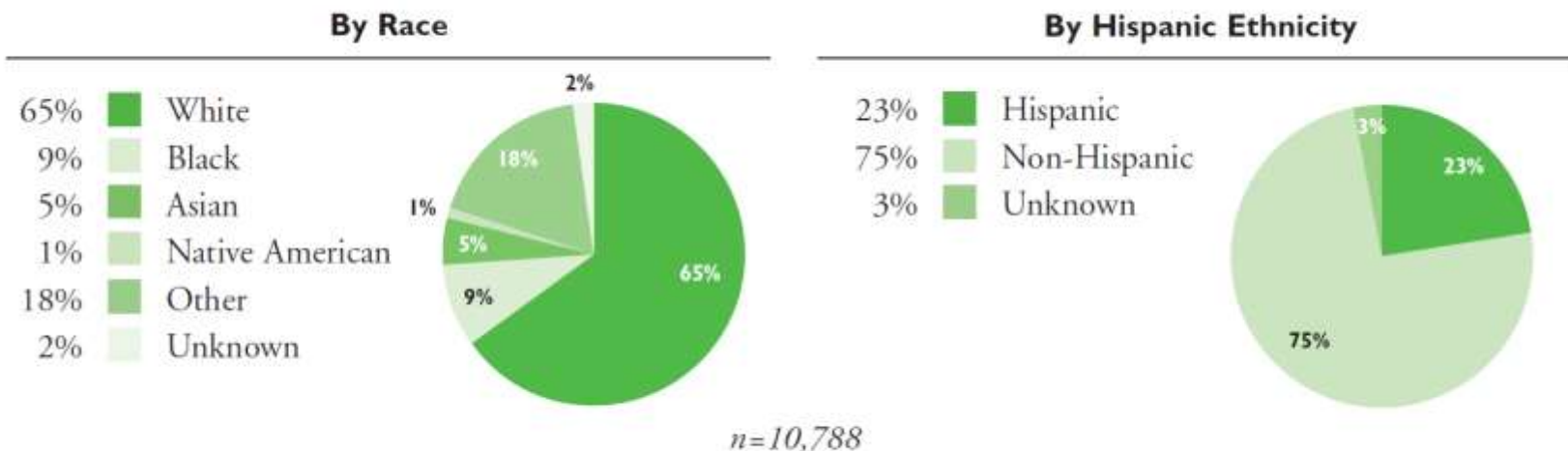


Source: U.S. Census Bureau, 2013 Population Estimates.

- In Rhode Island, young children are more diverse than any other age group.
- In the U.S., children under age three are “majority minority” - 51% were identified either as Hispanic or non-White. (42% in RI in 2013).
- Residential segregation - more than 84% of the children in Providence and 87% in Central Falls are racial and/or ethnic minorities.

# Racial & Ethnic Diversity

Births by Race and Ethnicity, Rhode Island, 2013

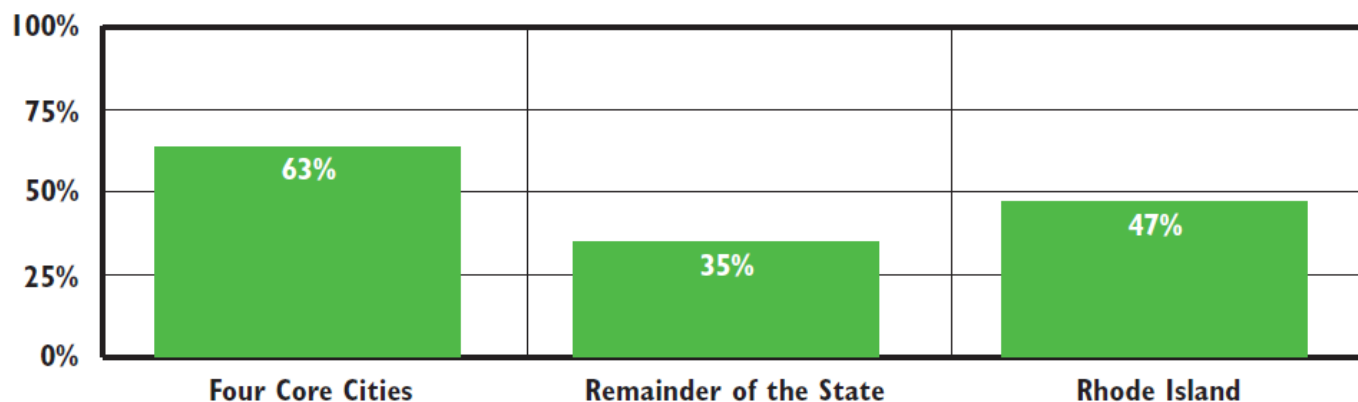


Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2013. Data for 2013 are provisional.

- Hispanics are the largest and fastest growing ethnic minority group in the U.S. In Rhode Island in 2013, 23% of births were to women who identified as Hispanic.
- Majority of U.S. Hispanic children live with two parents and build strong social-emotional skills in early childhood. Nearly one-third of Hispanic children in the U.S. and 45% in Rhode Island live in poverty.

# Single Mothers

**Percent of Births to Single Mothers, Rhode Island, 2014**



Source: Rhode Island Department of Health, KIDSNET Database, 2014.

- Since 1960, the percentage of births to single mothers has grown from 5% to 41% in the U.S.
- In Rhode Island in 2014, 47% of babies were born to single mothers.
- Children in single parent families in Rhode Island are five times more likely to be living in poverty than those in married-couple families.

# Parent Education

## Births by Parent's Education Level, Rhode Island, 2009-2013

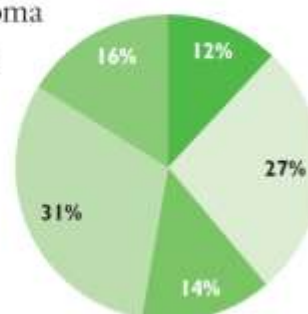
### Mothers

14% No High School Diploma  
25% High School Diploma  
17% Some College  
36% Four or More Years of College  
8% Unknown



### Fathers

12% No High School Diploma  
27% High School Diploma  
14% Some College  
31% Four or More Years of College  
16% Unknown



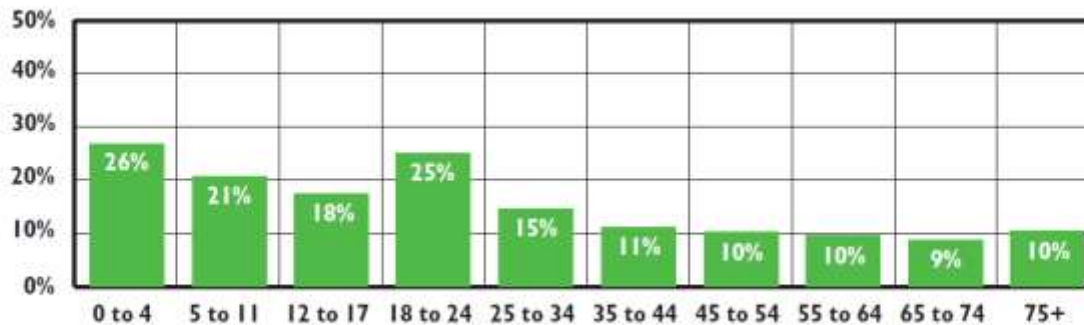
*n=55,169*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2009-2013. Data for 2013 are provisional.

- 88% of U.S. infants and toddlers with parents who have not finished high school and 72% who live with parents who have a high school diploma but no college live in low-income families.

# Economic Security

**Percent of Population Living Below Poverty Threshold by Age, Rhode Island, 2011-2013**



Source: U.S. Census Bureau, American Community Survey, 2011-2013. Table B17001.

- Infants and toddlers are the age group most likely to live in poverty (\$18,751 for a family of three in 2013).
- Nationally, children under age three are almost three times more likely to live in poverty than adults 65 years and older
- Living in poverty during infancy and the early childhood years is especially harmful.

# Housing & Homelessness

**Cost of Rental Housing, Core Cities in Rhode Island, 2014**

CITY/TOWN	AVERAGE MONTHLY RENT 2-BEDROOM APARTMENT
Central Falls	\$893
Pawtucket	\$1,021
Providence	\$1,126
Woonsocket	\$983
<i>Four Core Cities</i>	<i>\$1,006</i>
<i>Remainder of State</i>	<i>\$1,240</i>
<i>Rhode Island</i>	<i>\$1,172</i>

Source: Rhode Island Housing, *Rhode Island Rent Survey*, 2014. Rents are adjusted to include HUD's utility allowance.

- Average RI rent for a two-bedroom apartment consumes 85% of monthly earnings of a full-time worker earning the minimum wage.
- In 2014, 202 children under age three stayed at an emergency homeless shelter, domestic violence shelter, or transitional housing facility in Rhode Island.
- Children who experience homelessness in early childhood are more likely to experience hunger, acute or chronic health problems, to have significant developmental delays (54% among homeless preschoolers vs. 16% among the general population), and to be placed in foster care.

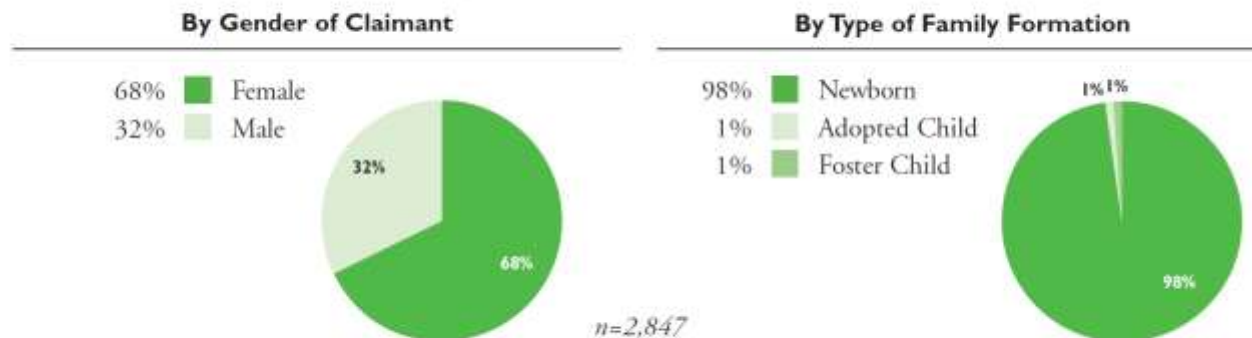


# Earned Income Tax Credits

- In 2013, the federal EITC lifted more than 2.7 million children out of poverty in the U.S.
- 84,091 Rhode Island households received \$190 million in federal EITC
- 25 states and D.C. administer a state EITC program to provide additional help to low-income families struggling to make ends meet. State EITCs typically are set as percentage of the federal credit (ranging from 3.5% to 40%, depending on the state).
- Currently, Rhode Island has a refundable state EITC that is 10% of the federal credit
- Children in low-income families who claim the EITC are healthier, do better in school, and earn more as adults.

# Paid Family Leave

Approved Temporary Caregiver Insurance (TCI) Claims  
for Bonding with a New Child, Rhode Island, 2014



Source: Rhode Island Department of Labor and Training, approved TCI Claims, 2014.

- Rhode Island has a new paid family leave program, launched in 2014. Taking time off from work to care for a new child reduces infant mortality rates, reduces maternal depression, improves breastfeeding rates and duration, and increases the likelihood that infants receive preventive medical care and immunizations.
- Short-term disability insurance provides wage replacement for people who are temporarily unable to work for health reasons, including workers recovering from childbirth and those with disabling pregnancy complications. In 2014 in Rhode Island, there were 969 approved TDI (Short-Term Disability) claims for pregnancy complications and 3,502 approved claims to recover from childbirth.

# Child Care

## Average Annual Cost for Full-Time Infant & Toddler Child Care, Rhode Island, 2013

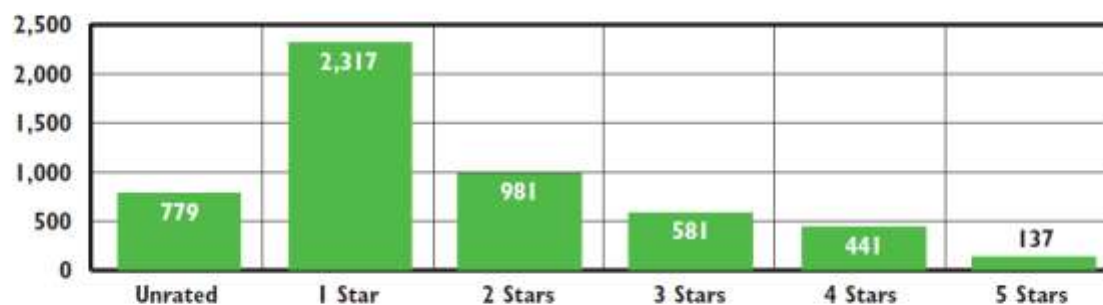
PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	\$12,097
Child Care Center (toddler care)	\$11,121
Family Child Care Home (infant care)	\$9,082
Family Child Care Home (toddler care)	\$8,971

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Bodah, M. M. (2013). *Statewide survey of child care rates in Rhode Island*. Kingston, RI: University of Rhode Island.

- Child care is the second largest expense, behind housing, for families with young children.
- In December 2014, there were 2,159 children under age three receiving a child care subsidy in Rhode Island (69% in a licensed center, 30% in a licensed family child care home and 1% through a license-exempt provider).
- Infants and toddlers are more likely to be cared for by a family child care provider than are preschoolers.

# Child Care Quality

**Licensed Infant Toddler Slots in Centers by BrightStars Rating, Rhode Island, 2015**



Source: Rhode Island Association for the Education of Young Children and Exceed Database, January 2015.

- As of January 2015, 11% of licensed infant/toddler child care slots were in a center with a high-quality rating of four or five stars. Two percent of licensed family child care slots (for all ages) were in a program with a high-quality rating of four or five stars.
- Studies of randomly selected licensed programs in Rhode Island found that 20% of infant and toddler classrooms in licensed child care centers and 64% of licensed family child care homes were providing low-quality care.

# Child Care Quality

- 31 states that post licensing inspection reports online. Currently, Rhode Island does not post licensing inspection reports online.
- 36 states and D.C. have differential reimbursement rates based on program quality – not Rhode Island.

# Child Care Quality

	HS or less	Some College	AA	BA or higher
I/T Teacher in Center	24%	44%	17%	15%
Family Child Care Provider	36%	40%	10%	14%

- In Rhode Island, the average hourly wage for an infant/toddler teacher is \$10.50 compared with \$13.00 for a preschool teacher.
- 47% of preschool teachers in licensed centers in Rhode Island have a BA or higher.

# Early Head Start

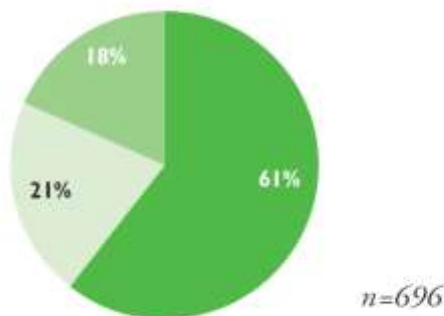
- Children who receive Early Head Start services demonstrate greater cognitive, language, and social-emotional gains than similar children who do not participate.
- Early Head Start slots - 31% are in licensed child care centers and 69% are in home visiting programs.
- 20% of the 578 infant and slots in licensed centers meeting high-quality BrightStars standards are Early Head Start slots.
- A new federal Early Head Start – Child Care Partnership grant, awarded in 2015, will create 100 new center-based Early Head Start slots in Rhode Island.
- 6% of the estimated eligible population is enrolled in Early Head Start



# Family Home Visiting

**Families Enrolled in Evidence-Based  
Home Visiting Programs by Program Type,  
Rhode Island, February 2015**

61% ■ Healthy Families America  
21% ■ Nurse-Family Partnership  
18% ■ Parents as Teachers\*



Source: Rhode Island Department of Health, February 2015.

\*Enrollment includes only MIECHV-funded Parents as Teachers programs in Rhode Island.

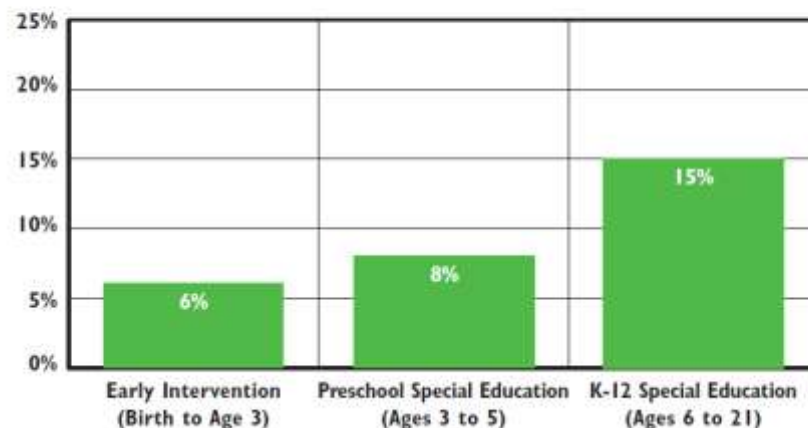
- In October 2014, 88% of participating families lived in one of Rhode Island's four core cities where poverty is concentrated.
- More than 20% were families with teen parents and more than 50% of the mothers in participating families had a high school diploma or less.

# Screenings

- Approximately 15% of U.S. children ages three to 17 have developmental disabilities, with higher prevalence among children from low-income families and among boys.
- AAP recommends the use of a standardized developmental screening tool during the 9-, 18-, and 30-month well-child visits to improve detection of developmental delays and ensure that children who could benefit from services receive timely intervention.
- It is also critical to ensure infants and toddlers are screened for lead poisoning so that corrective actions may be taken as early as possible.

# Early Intervention

**Percentage of Children Receiving  
Special Education Services by Age, June 2014**



- As of June 30, 2014 in Rhode Island, there were 2,184 infants and toddlers receiving EI services, 6% of the population of children under age three.
- Rhode Island is ranked second highest in the country (behind only Massachusetts) in identifying and enrolling eligible children in EI, well above the national average of 3%.

# Maltreated Infants and Toddlers & Early Intervention

- Infants and toddlers who have been maltreated are **six times more likely** to have a developmental delay than the general population.
- Of 831 maltreated infants and toddlers in RI, 62% were referred directly to EI for an eligibility assessment, 23% were referred to First Connections for screening, 4% were already enrolled in EI, and 11% were not referred due to case closure or family consent refusal.

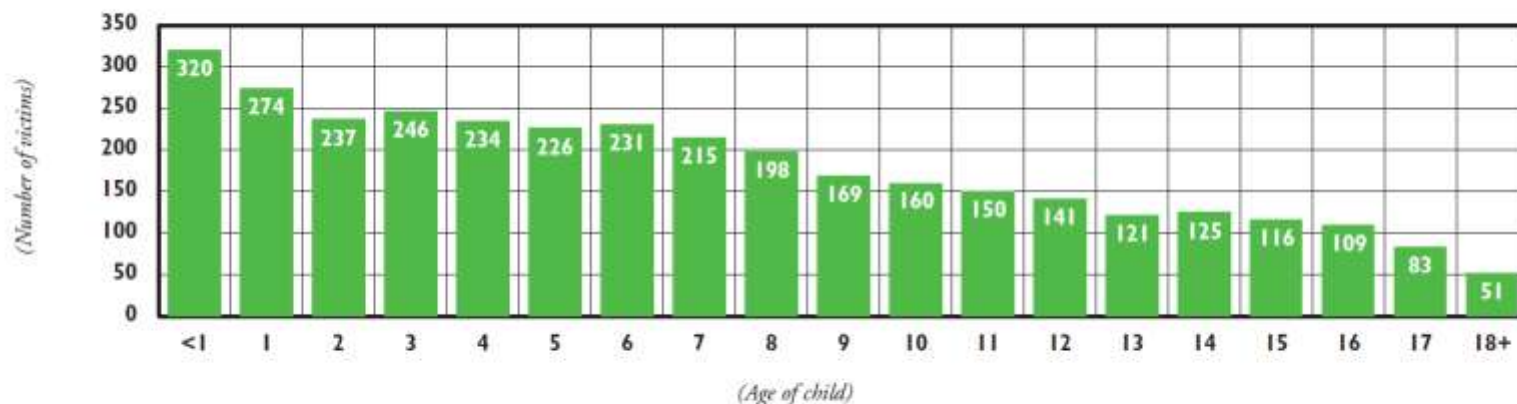
**Maltreated Infants and Toddlers by Early Intervention Eligibility Status, Rhode Island, 2014**



Source: RI Executive Office of Health and Human Services, 2014.

# Child Maltreatment

Child Abuse and Neglect by Age of Victim, Rhode Island, 2014



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2014. Data represent an unduplicated count of child victims. The number of victims is higher than the number of indicated investigations. One indicated investigation can involve more than one child victim.

- In Rhode Island and nationally, the youngest children are more likely to experience abuse or neglect than older children.
- In 2013 in Rhode Island, 83% of substantiated maltreatment cases for children under age three were classified as neglect, 12% were classified as physical abuse, 2% were classified as medical neglect, 2% were classified as “other” and less than 1% was classified as emotional abuse/neglect or sexual abuse.

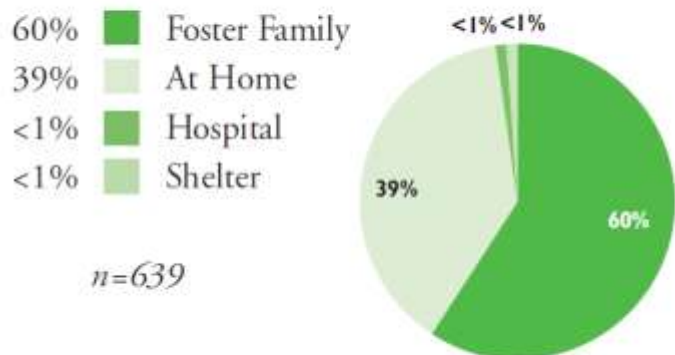
# What Happens to Victims of Child Maltreatment

	Placed in Foster Care	Receive Child Welfare Services At Home	Receive No Post-Maltreatment Services
U.S.	21%	37%	42%
Rhode Island	19%	23%	58%

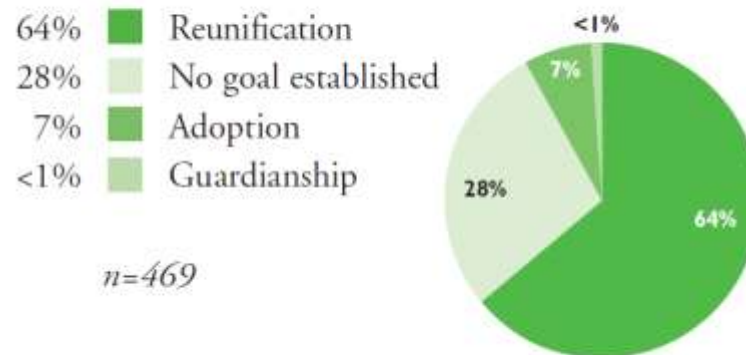
(All ages of children)

# Infants & Toddlers in the Child Welfare System

**Child Welfare Caseload by Setting for Children under Age 3, Rhode Island, December 31, 2013**



**Service Plan Goal for Children under Age 3, Rhode Island, December 31, 2013**



Source: Rhode Island Department of Children, Youth and Families. In 2013, there were 10 children under age three who spent one or more nights in shelter care.

- In the U.S. and Rhode Island, infants and toddlers are the largest group of children entering foster care.
- Of the children who entered foster care in 2013, 31% in the U.S. and 32% in Rhode Island were less than three years old.



# A Call to Action on Behalf of Maltreated Infants & Toddlers

- 1) Every child welfare decision and service should have a goal of enhancing the well-being of infants, toddlers, and their families to set them on a more promising developmental path.
- 2) Stable caring relationships are essential for healthy development. At least one loving, nurturing relationship is the linchpin of positive early development. This means maintaining and supporting parent-child contact; minimizing multiple placements; eliminating the use of congregate care except when parents and their young children can be cared for together; and promoting timely permanence.
- 3) Early intervention can prevent consequences of early adversity. Infant and early childhood mental health specialists can help address the relationship between baby and parent and between baby and foster parent. Child-parent therapy may be essential.
- 4) Families and communities must be key partners in efforts to ensure the well-being of every child. The child welfare system cannot do it alone. Child welfare policies should facilitate coordination among agencies to provide comprehensive assistance for at-risk families.
- 5) Child welfare administration at the federal, state, and local levels must focus on infants, toddlers, and their families.

# Toxic Stress

Number of Adverse Experiences\* for Children under Age 3, United States, 2011-2012



\* Adverse experiences include: frequent socioeconomic hardship, parental divorce or separation, parental death, parental incarceration, witnessing domestic violence, witnessing violence in the neighborhood, experiencing racial or ethnic discrimination, living with someone who is mentally ill or suicidal, and living with someone who has problems with substance abuse.

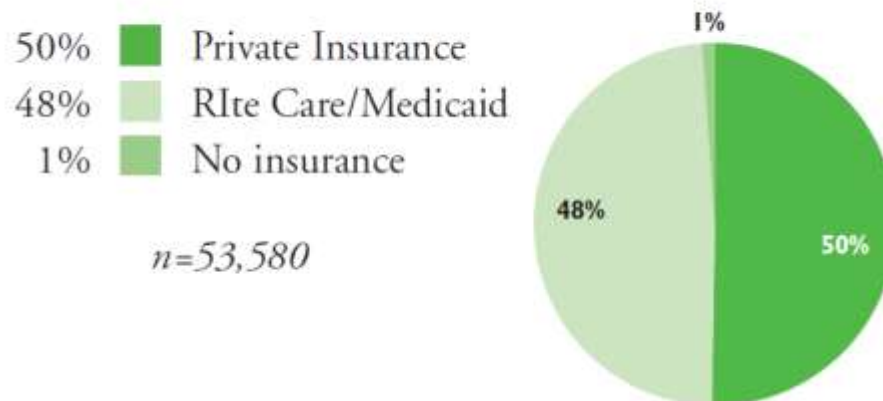
- Early exposure to adverse experiences, such as child abuse or neglect, poverty, neighborhood and domestic violence, and parental mental illness causes enduring trauma to a child's developing brain and can lead to permanent changes in learning, behavior and, physiology.
- Nearly one in four infants and toddlers in the U.S. has experienced one or more adverse experiences. Even after excluding economic hardship, children under age three who live in poverty are four times more likely to experience two or more adverse experiences.

# Infant, Toddler, and Family Mental Health

- The development of sound mental health **begins at birth** and continues through early childhood as children's experiences with parents, caregivers, relatives, teachers and peers shape emotional and social development.
- A young child's emotional well-being is directly tied to the **quality of relationships** and the emotional wellbeing of the people who care for him or her. Effective interventions for young children often focus on meeting the needs of the people caring for the child, including addressing adult mental health problems, parenting issues, and basic family needs.
- In the U.S., approximately **one in nine infants lives with a mother experiencing severe depression** and more than half live with a mother experiencing some level of depressive symptoms. While depression is highly treatable with medication and/or cognitive behavioral therapy, many low-income mothers do not receive treatment.
- **In Rhode Island in 2009-2011, 8.8% of pregnant women were diagnosed with depression and 11.2% of mothers reported frequent postpartum depressive symptoms.** Women with an unintended pregnancy and those who had experienced intimate partner violence were more likely to be diagnosed with depression during pregnancy or to experience postpartum depression symptoms.

# Access to Health Insurance

**Births by Insurance Status, Rhode Island, 2009-2013**



- Pregnant women with health insurance coverage are more likely to receive timely prenatal care. In Rhode Island, one-third of pregnant women with no health insurance received delayed/no prenatal care compared with 8% of those with private health insurance and 18% of those with RIte Care coverage.
- Children who have health insurance coverage are more likely to receive preventive care.
- In Rhode Island in 2013, 5.8% of children under age six did not have public or private health insurance, compared with 5.3% of children over age six.

# Healthy Births & Healthy Babies

**Preterm Births:** Declining across the U.S. RI has 12<sup>th</sup> best rate in the U.S. Black women continue to have highest preterm birth rate in U.S. and RI.

**Low Birthweight:** Slowly declining across the U.S. RI has 12<sup>th</sup> best rate in the U.S.

**Infant Mortality:** RI ranks in bottom half of states at 6.5 deaths per 1,000 births. Infant mortality rate is higher in the core cities and for Black infants.

**Opioid-Exposed Newborns:** In 2013 in Rhode Island, there were 76 babies diagnosed with Neonatal Abstinence Syndrome (withdrawal from opioid exposure).

# Nutrition Programs

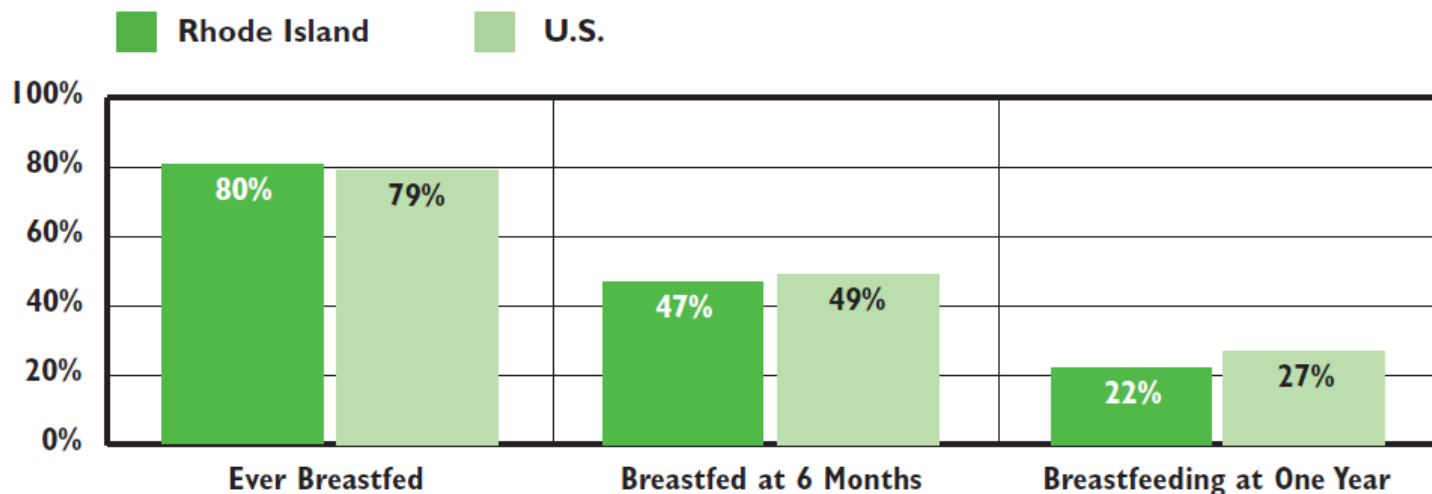
**SNAP:** Nationally 96% of eligible, poor households with children receive SNAP. Women with access to SNAP in the last trimester of pregnancy are less likely to have a baby born at low birthweight.

**WIC:** Half of all infants under age one and more than  $\frac{1}{4}$  of all children under age five receive WIC in the U.S. In Rhode Island, 65% of eligible population was enrolled in WIC in September 2014.

WIC participation reduces infant mortality, improves birth outcomes, enhances maternal and child nutrition, reduces child abuse and neglect risk, improves child growth rates, boosts cognitive development, and increases the likelihood of having a regular source of medical care.

# Breastfeeding

## Breastfeeding Rates by Age of Infant, Rhode Island and U.S., 2014



- Infants who are breastfed are at reduced risk for infectious diseases, Sudden Infant Death Syndrome, type 1 and type 2 diabetes, and obesity. Mothers who breastfeed are at reduced risk for developing breast and ovarian cancers and osteoporosis. Breastfeeding mothers also report higher rates of attachment to their child.

# Immunizations

- Timely and complete immunization protects children against a number of infectious diseases that are life-threatening.
- In 2013 in Rhode Island, 82% of children ages 19 to 35 months were fully immunized
- # 1 in the U.S.



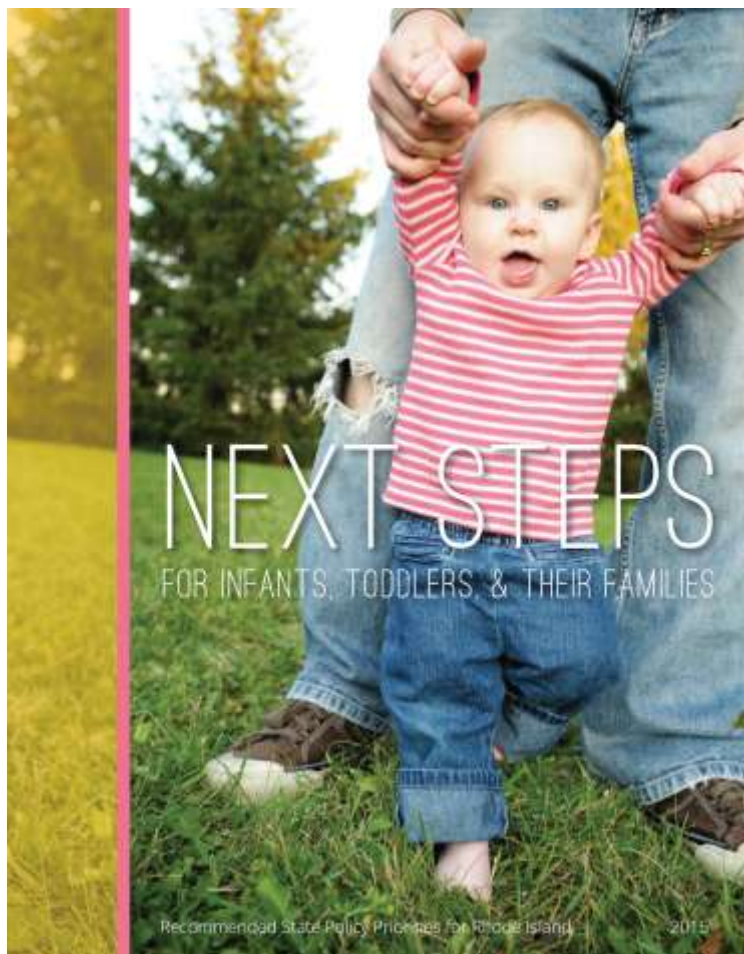
# Next Steps: Policy Priorities for Infants & Toddlers in Rhode Island

- Zero to Three's State Self-Assessment Tool
- Provided relevant RI data for each item
- Assess priorities
  - Increase State Focus
  - Maintain State Focus
  - Low Priority

# Survey Results

Policy Area	% Identify as Priority to Increase State Focus
Child Care Licensing	80%
Education & Jobs for Families with Infants and Toddlers	77%
Access to Trained Infant Mental Health Professionals	76%
Access to Early Head Start	75%
Access to Early Intervention	74%
Mental Health Consultation for I/T Child Care	72%
Maternal Depression Screening & Treatment	72%
Access to Quality I/T Child Care	71%
Housing & Energy Assistance for Families with Infants and Toddlers	71%

# Top Priorities



## Increase Focus:

- Economic Security
- Mental Health & Well-Being
- Parenting & Family Support
- High-Quality Early Learning & Development Programs

## Maintain Focus:

- Access to Health Insurance
- Prenatal, child, and family health systems
- Paid Family Leave
- WIC & SNAP
- Screenings
- Family Home Visiting
- BrightStars
- RI Early Learning & Development Standards

# Economic Security

- Jobs
- Housing
- Child Care
- EITC
- Parent Education Levels



# Jobs

- Expand job opportunities and work supports to ensure all parents of infants and toddlers are on a pathway to economic security.
- Help employers understand the needs of pregnant women and families with very young children and connect families with resources.

# Housing

- Develop strategies to meet the immediate needs of families experiencing a housing crisis, including rapid referral to a safe and appropriate shelter or a hotel voucher if no shelter is available and the family has no safe place to stay.
- Reduce the length of time families with young children stay in shelters and turn focus to homelessness prevention and rapid re-housing.
- Prioritize the most vulnerable families, including families with pregnant women, infants and toddlers, for available housing options.
- Invest state funds to create and preserve existing affordable housing, prevent and reduce evictions and foreclosures, and expand access to subsidized, longterm, safe affordable rental housing for families with young children.
- Improve the health and safety of neighborhoods, particularly in high-poverty communities.

# Child Care Access

Strengthen the state's Child Care Assistance Program (CCAP) by:

- Restoring CCAP eligibility for all working families with incomes between 180% and 225% FPL. Families with incomes at this level cannot afford licensed child care without a subsidy.
- Providing at least 12 weeks of child care during periods of unemployment to support job search and provide continuity of care for children.
- Allowing low-income families to use CCAP when parents are engaged in education and job training programs.

# EITC

- Expand Rhode Island's Earned Income Tax Credit for low-wage working families with children, while keeping it fully refundable.

## Parent Education Levels

- Help new mothers and new fathers complete their education (high school, professional training, and/or higher education) so they are not trapped in low-wage jobs and they can move up the economic ladder.



# Mental Health & Well-Being

- Routine Screening
- Mental Health Treatment
- Infant/Toddler Workforce
- Child Welfare



# Screening & Access to Treatment

- Establish policies and supports to implement **routine depression and psychosocial screening** and referral through obstetric and pediatric health care practices and WIC offices, for all pregnant women and parents of young children.
- Ensure access to infant/toddler and **family mental health consultation and treatment** by qualified mental health professionals.
- Provide professionals in pediatric health care practices and in early care and education programs with **rapid access** to qualified infant and early childhood mental health consultants to assess, evaluate, and facilitate referrals for follow-up and treatment as necessary.

# Infant/Toddler Workforce

- Support cross-sector professionals to develop infant-toddler expertise by **establishing an endorsement system** in Rhode Island (based on the Michigan system adopted by 20 states) that provides a pathway integrating infant/toddler mental health principles into practice across service sectors.

# Child Welfare – Mental Health

- Expand child welfare and family court **alternatives** to removing young babies from parental care.
- If a child needs to be removed from her/his home, ensure placements are **stable**.
- Whenever reunification is under consideration, provide comprehensive support to families to maintain and re-build parent-child relationships, including **daily** in-person interaction through supportive visitation.

# Parenting & Family Support

- Evidence-Based Family Home Visiting
- Family and Community Networks
- Child Welfare



# Home Visiting & Community Networks

- **Broaden eligibility** for the existing evidence-based family home visiting programs in Rhode Island by accepting enrollment of vulnerable families from every community in the state and by allowing families with children over 6 months of age to participate.
- Expand the availability of effective **community-based** resources and parenting programs to help families with young children strengthen social networks and build confidence in supporting their children's development.
- Strengthen and sustain initiatives to help families provide **enriched language environments** for infants and toddlers.

# Child Welfare – Parents/Families

- Prioritize child welfare resources to meet the needs of young children who have experienced maltreatment.
- Ensure families with young children who are involved in the child welfare system have adequate resources and high-priority access to **effective interventions** (e.g., drug treatment, mental health treatment, domestic violence programs, and intensive family support) so they can establish and maintain a stable, nurturing, and responsive home environment.

# High-Quality Early Learning & Development Programs

- Child Care
- Early Intervention
- Early Head Start
- Infant/Toddler Workforce
- Child Welfare





# Child Care Quality

Improve the quality of infant/toddler child care by:

- Adopting best practices for **child care license monitoring**, including conducting at least two inspections per year for all licensed facilities, posting licensing inspection reports on the internet for public review, and maintaining recommended caseload levels for licensors.
- Implementing a system of **tiered reimbursement rates** for the Child Care Assistance Program so child care programs have resources to meet higher quality standards required by BrightStars, the state's Quality
- Rating and Improvement System.
- Using **state contracts** to ensure the availability of high-quality infant care (at BrightStars level 5) in communities with large concentrations of low-income families.

# Early Intervention

- Ensure all children with developmental delays and disabilities have access to Early Intervention by expanding outreach and screening in low-income and at-risk communities to find and enroll eligible children in Early Intervention.

# Early Head Start

- Expand access to Early Head Start and expand collaboration between Early Head Start and community-based child care programs to meet the needs of low-income children in child care.

# Infant/Toddler Workforce

Strengthen the infant/toddler workforce across the early care and education system by:

- Providing **professional development** opportunities, resources, and supports to improve infant/toddler relationship-based practices, including initiatives designed to enrich language environments, establish culturally and linguistically responsive practices, and promote infant mental health.
- Ensuring all infant and toddler educators and program administrators are able to participate in professional development on the **Rhode Island Early Learning and Development Standards**.
- Developing and implementing strategies to **improve the wages** of professionals who work with infants and toddlers and their families.
- Exploring the development of a **state infant/toddler credential** that crosses service sectors (child care, home visiting, and Early Intervention) and recognizes an individual's qualifications for working with children under age 3 and their families. Link the credential to higher education systems at entry level, AA, and BA levels.

# Child Welfare – Early Learning and Development

- Ensure infants and toddlers who have experienced maltreatment have **access to high-quality early learning and development programs** (Early Head Start, Early Intervention, and/or high-quality child care).

# Contact Information

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