Call To Order

- March 28 Meeting Minutes Adoption
EOHHS Data Analytics
Neonatal Abstinence Syndrome Task Force

Children’s Cabinet
April 25, 2016
Nationally, and in Rhode Island, there is increasing public health, medical, and political attention paid to the parallel rise in the following trends:

- prevalence of **substance use disorder** (including prescribed and illicit substances)
- Incidence of **overdose**
- Incidence of **neonatal abstinence syndrome (NAS)**
Neonatal Abstinence Syndrome (NAS)

- In-utero exposure to certain substances can cause neonatal withdrawal after birth when the exposure ends.
- Neonatal withdrawal most commonly results from in-utero exposure to opioids but is also associated with exposure to benzodiazepines, barbiturates, and alcohol.
- NAS refers to clinical findings associated with withdrawal symptoms (neurological excitability, gastrointestinal dysfunction).
NAS Rates, Rhode Island, 2005-2012

*Note: Rate = Number of RI infants with NAS (ICD-9 code 779.5) per 10,000 live births

*Note: 2015 = Quarters 1-3 (January 1-September 30, 2015)

Source: Hospital Discharge Database, Rhode Island Department of Health
Goal: The NAS Task Force seeks to improve a coordinated system for early identification and support of impacted women, children, and families with an emphasis on comprehensive, family-focused, cross-sector, care coordination to support best health and social outcomes for baby and family.

Reach includes newborns diagnosed with NAS and, more broadly, pregnant women and substance-exposed newborns (intentionally includes cases too mild to be diagnosed as NAS and additional substances)
There is a critical need for developing a coordinated response to NAS among many systems, including:

- Child welfare
- Parenting and family support
- Substance use treatment providers
- Early care and education
- MAT providers
- Family court
- Medical professionals
- Economic support

RIDOH plays a key role linking various resources and providers by tracking substance-exposed infants through screening, assessment, and service delivery.
Demonstrates the work of the NAS Task Force Preconception through Hospital Discharge

**Best Practices to Guide the work of the NAS Task Force Preconception through Hospital Discharge**

**Goal:** Best practices will guide all training guidelines and help to align efforts across work groups, may not reach consensus

### Prior to Discharge

- **Family Care Considerations:**
  - Routine and appropriate screening and assessment of NAS severity
  - Support family Centered Care for maternal/child dyad
  - Rooming in
  - Promote and support skin to skin
  - Promote and support breastfeeding
  - Ensure appropriate care for baby based on symptom severity
  - Savings [NMs — medical decision varies across hospitals [studies]]
  - Mild — drug free options
  - Provide option to flag record if mother has opioid use disorder and wants to avoid opioids during/after delivery, requires override of standard orders (will be optional, but flags will prompt actions)

- **Prenatal care providers (PCP, Ob, CNM, etc.):** (other providers use preconception guidelines)
  - Limit prescriptions opioid use for ALL pregnant woman
  - HERBAL screens ALL patients for substance use at each prenatal visit (ask ALL to reduce screening stigma)
  - NOTE: UMS screens aren’t evidence based best practice for determining prenatal capacity nor appropriateness of maternal/child contact or entry into treatment (recommendation not universal practice)

### During Pregnancy

- **Screening and addressing substance use treatment providers**
  - Routine VERBAL standardized screening of women of childbearing age for pregnancy and pregnancy intention using the One Key Question (not currently universal practice) [how often, I'm protocol?]
  - Routine pregnancy test at enrollment, and prior to administrative discharge
  - If pregnant (or planning on it):
    - Ensure prenatal care initiation as early as possible
    - Ensure referral to appropriate social/parenting support
    - Support connection with birthing hospital SW

### Neonatal/Infancy Period

- **Screening and addressing substance use (for and non use):**
  - Conduct standardized VERBAL screening of all patients for alcohol/substance use (especially women of childbearing age)
  - Assess concurrent conditions and prescribed medications as appropriate to care being provided
  - Evaluate need for substance use treatment and support access for women of childbearing age, especially if considering pregnancy
  - Align screening for pregnancy intention and

### Substance Use Treatment Providers

<table>
<thead>
<tr>
<th>Preconception</th>
<th>Prenatal</th>
<th>@ Birth</th>
</tr>
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<tbody>
<tr>
<td><strong>All Providers including medical, mental health and substance use treatment providers</strong></td>
<td></td>
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### Preconception Period

- Cross-sector exercise including collaborating state agencies and community partners to discuss and outline best practices to support adults of child bearing age and families from pre-conception through early childhood

### Preconception

- preconception period
  - during pregnancy
  - the postpartum
  - neonatal/infancy period

### At Birth

- at birth
  - neonatal/infancy period

### Childhood and Beyond

- childhood and beyond
  - preconception period
  - during pregnancy
  - at birth
  - the postpartum
  - childhood and beyond

**Participants included:** RIDOH, BHDDH, DCYF, EOHHS, MAT providers and other substance use treatment providers, birthing hospitals (OB-GYNs and SW), family visiting
NAS Task Force

- Training (prenatal/substance use treatment providers)
  - Consistent training content for all prenatal providers
- Recovery coaches for new and expecting parents
  - Recovery coaches specially trained to work with new and expecting parents in recovery
- Hospital protocols (NAS)
  - Ensure all birthing hospitals have appropriate and consistent policies regarding identification and support for substance-exposed newborns and their mothers
- Prenatal referral mechanisms
  - Reciprocal referrals among prenatal providers, substance use providers, and family visiting (ideally all three on board with family consent)
Kristine Campagna
Division of Community Health and Equity
Rhode Island Department of Health
Kristine.campagna@health.ri.gov
RI KIDS COUNT Fact Book Update
Data Presentation to Rhode Island Children’s Cabinet

JILL BECKWITH, DEPUTY DIRECTOR
RHODE ISLAND KIDS COUNT
APRIL 25, 2016
Demographics & Economic Well-Being
Child Population Changes

- Between 2000 and 2014, Rhode Island’s child population decreased by 14% (from 247,822 to 212,555).

- Rhode Island had the fifth lowest birth rate in the U.S. in 2014.

- In Rhode Island, the non-Hispanic White child population declined by 21% between 2000 and 2010, while the Hispanic child population grew by 31%.
Young children in Rhode Island are less likely to be identified as non-Hispanic White than any other age group.

In 2014, the median age of Rhode Islanders who identified as Hispanic was 26 years, compared with 45 years for Whites, 34 years for Native Americans, 32 years for Blacks, 31 years for Asians, and 20 years for those who identify as Two or more races.
Secure Parental Employment

Employment Status of Parents by Family Type, Rhode Island, 2010-2014

- **Unemployment is decreasing.** In December 2015, Rhode Island’s unemployment rate was 5.4%, higher than the U.S. rate of 5.0%, and the 19th highest in the nation.

However, it was considerably lower than at the height of Rhode Island’s recession in December 2009, when the unemployment rate was 11.2%.

Source: U.S. Census Bureau, American Community Survey, 2010-2014. Table B23008.
The median income for White families in Rhode Island is higher than that of Asian families and more than twice that of Black, Hispanic, and Native American families.
Poverty by Race and Ethnicity

Between 2010 and 2014, 20% (43,144) of Rhode Island’s children under age 18 with known income status lived below the federal poverty threshold.

In 2015, the federal poverty threshold was $19,096 for a family of three with two children.

Source: U.S. Census Bureau, American Community Survey, 2010-2014. Tables S1701, B17020A, B17020B, B17020C, B17020D, B17020G and B17020I. *Hispanic children may be included in any race category.
Children in Families Receiving Cash Assistance

- The Rhode Island cash assistance caseload has been steadily declining since the program began. Between 2014 and 2015, the Rhode Island cash assistance caseload decreased by 17%.

- In State Fiscal Year 2015, for the sixth year in a row, no state general revenue was allocated for cash assistance.
Children Receiving SNAP Benefits

Of the 165,098 Rhode Islanders enrolled in SNAP in October 2015, 63% were adults and 37% were children.
Health
Children’s Health Insurance

- RItte Care enrollment rose to a new high of 141,901 in December 2015 (up from 130,639 in December 2014).

- Approximately 72% of the estimated 9,590 uninsured children were eligible for RItte Care based on family income between 2010-2014.

Source: U.S. Census Bureau, American Community Survey, 2012 & 2014. Table CP03. Data are for children under 18 years of age and are not comparable to Factbooks prior to 2015.
Children’s Dental Care

- 44% of children who were enrolled in Rite Care, Rite Share, or Medicaid [fee-for-service] on June 30, 2015 received a dental service during State Fiscal Year 2015.

- Since Rite Smiles started in 2006, reimbursement rates have been raised for participating dental providers. The number of dentists accepting qualifying children increased from 27 before Rite Smiles began to 90 at the launch of Rite Smiles. In October 2015, there were 359 unduplicated dentists in 195 practice locations participating in Rite Smiles.
In 2014, there were 2,744 hospitalizations of children under age 18 with a primary diagnosis of a mental disorder in Rhode Island (a 53% increase since 2005).

This is up slightly from 2013, when there were 2,737 hospitalizations.
Children with Lead Poisoning

In Rhode Island, 8.3% (894) of children entering kindergarten in the Fall of 2017 had a history of a confirmed elevated blood lead level ≥5 µg/dL.

The percentage of children with lead poisoning is more than twice as high in the four core cities as it is the remainder of state.
Infants Born at Highest Risk

The number of infants born at highest risk is defined as babies born to unmarried teen mothers without a high school diploma.

Between 2007-2015 in Rhode Island, births to single mothers declined from 47% to 45% births to mothers without a high school diploma fell from 18% to 11%, and births to teen mothers fell from 10% to 5% of all births.
Racial and Ethnic Disparities in Health

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<td>7.5%</td>
</tr>
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<td>4.8</td>
<td>6.1</td>
<td>10.8%</td>
<td>6.4</td>
<td>NA</td>
<td>6.2</td>
</tr>
<tr>
<td>Asthma Hospitalizations (per 1,000 children)</td>
<td>1.2</td>
<td>2.2</td>
<td>4.3</td>
<td>1.0</td>
<td>NA</td>
<td>1.6</td>
</tr>
<tr>
<td>Births to Teens Ages 15-19 (per 1,000 teens)</td>
<td>11.6</td>
<td>45.9</td>
<td>33.2</td>
<td>11.5</td>
<td>53.6</td>
<td>18.6</td>
</tr>
</tbody>
</table>
### Declining #s of Youth in the Juvenile Justice System

**Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2009-2015**

<table>
<thead>
<tr>
<th>Year</th>
<th>Four Core Cities</th>
<th>Remainder of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>7,829</td>
<td>3,447</td>
</tr>
<tr>
<td>2010</td>
<td>7,493</td>
<td>3,211</td>
</tr>
<tr>
<td>2011</td>
<td>6,658</td>
<td>2,855</td>
</tr>
<tr>
<td>2012</td>
<td>5,780</td>
<td>2,275</td>
</tr>
<tr>
<td>2013</td>
<td>4,964</td>
<td>2,263</td>
</tr>
<tr>
<td>2014</td>
<td>4,904</td>
<td>2,105</td>
</tr>
<tr>
<td>2015</td>
<td>4,885</td>
<td>2,095</td>
</tr>
</tbody>
</table>

- The number of children and youth referred to Family Court for wayward and delinquent offenses declined 43% between 2009 and 2015, from 4,825 to 2,770.

- During the same period, the number of juvenile offenses declined by 38%, from 7,829 to 4,885.
Between 2006 and 2015, the annual total number of youth in the care and custody of the Training School declined from 1,123 to 470. Some of this decline is due to the cap that was placed on the population at the Training School in July 2008 of 148 boys and 12 girls on any given day. The population further declined by 47% between 2009 and 2015.

On December 31, 2015, there were 88 youth at the Training School (67 males and 21 females).
Decrees in child abuse and neglect. After increasing annually between 2011 and 2014, the number of child maltreatment reports, completed investigations, and indicated investigations of child abuse and neglect declined between 2014 and 2015 in Rhode Island (but remain at high rate).
Children in Out-of-Home Placement

- **Decrease in children living in congregate care.** On December 31, 2015, 400 children lived in a residential facility or group home, a decline of 11% from 449 children on December 31, 2014.
Education
In December 2015, 84% of all child care subsidies in Rhode Island were being used by low-income working families not receiving cash assistance and 8% by families enrolled in the RI Works Program who were engaged in employment activities. Another 8% were used for children in the care of DCYF.
In Rhode Island in the 2015-2016 school year, 88% of children who attended public kindergarten were in a full-day program.

In the 2015-2016 school year, 31 of the 35 elementary school districts and all of the public charter elementary schools in Rhode Island offer universal access to full-day kindergarten.
### Third-Grade Reading Skills

#### Third Graders Meeting Expectations on the PARCC English Language Arts Assessment, by Student Subgroups, 2015

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Students</td>
<td>33%</td>
</tr>
<tr>
<td>Female Students</td>
<td>43%</td>
</tr>
<tr>
<td>English Language Learners</td>
<td>8%</td>
</tr>
<tr>
<td>Non-English Language Learners</td>
<td>41%</td>
</tr>
<tr>
<td>Students With Disabilities</td>
<td>10%</td>
</tr>
<tr>
<td>Students Without Disabilities</td>
<td>42%</td>
</tr>
<tr>
<td>Low-Income Students</td>
<td>21%</td>
</tr>
<tr>
<td>Higher-Income Students</td>
<td>53%</td>
</tr>
<tr>
<td>White Students</td>
<td>48%</td>
</tr>
<tr>
<td>Asian Students</td>
<td>47%</td>
</tr>
<tr>
<td>Black Students</td>
<td>22%</td>
</tr>
<tr>
<td>Hispanic Students</td>
<td>18%</td>
</tr>
<tr>
<td>Native American Students</td>
<td>17%</td>
</tr>
<tr>
<td>ALL STUDENTS</td>
<td>37%</td>
</tr>
</tbody>
</table>

Source: Rhode Island Department of Education, *Partnership for the Assessment of Readiness for College and Careers (PARCC)*, 2015. Low-income status is determined by eligibility for the free or reduced-price lunch program.

- In 2015, 37% of Rhode Island third graders met expectations in reading on the PARCC English Language Arts Assessment.
In 2015, 36% of Rhode Island third graders met expectations in math on the PARCC, compared to 25% of seventh graders.
Chronic Early Absence

Chronic absence is the percentage of children in kindergarten through third grade (K-3) who have missed at least 10% of the school year (i.e., 18 days or more), including excused and unexcused absences.

High School Graduation Rate

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2015

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Cohort Size</th>
<th>Dropout Rate</th>
<th>% Completed GED</th>
<th>% of Students Still in School</th>
<th>Four-Year Graduation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Students</td>
<td>5,341</td>
<td>5%</td>
<td>1%</td>
<td>7%</td>
<td>86%</td>
</tr>
<tr>
<td>Male Students</td>
<td>5,564</td>
<td>8%</td>
<td>2%</td>
<td>10%</td>
<td>80%</td>
</tr>
<tr>
<td>English Language Learners</td>
<td>1,240</td>
<td>11%</td>
<td>&lt;1%</td>
<td>12%</td>
<td>77%</td>
</tr>
<tr>
<td>Students With Disabilities</td>
<td>2,553</td>
<td>12%</td>
<td>2%</td>
<td>19%</td>
<td>68%</td>
</tr>
<tr>
<td>Students Without Disabilities</td>
<td>8,352</td>
<td>5%</td>
<td>1%</td>
<td>8%</td>
<td>68%</td>
</tr>
<tr>
<td>Low-Income Students</td>
<td>6,276</td>
<td>10%</td>
<td>2%</td>
<td>12%</td>
<td>76%</td>
</tr>
<tr>
<td>Higher-Income Students</td>
<td>4,629</td>
<td>2%</td>
<td>1%</td>
<td>4%</td>
<td>93%</td>
</tr>
<tr>
<td>White Students</td>
<td>6,889</td>
<td>5%</td>
<td>2%</td>
<td>7%</td>
<td>87%</td>
</tr>
<tr>
<td>Asian Students</td>
<td>366</td>
<td>6%</td>
<td>1%</td>
<td>5%</td>
<td>89%</td>
</tr>
<tr>
<td>Black Students</td>
<td>891</td>
<td>8%</td>
<td>2%</td>
<td>13%</td>
<td>77%</td>
</tr>
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<td>Hispanic Students</td>
<td>2,341</td>
<td>10%</td>
<td>1%</td>
<td>13%</td>
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</tr>
<tr>
<td>Native American</td>
<td>82</td>
<td>20%</td>
<td>1%</td>
<td>15%</td>
<td>65%</td>
</tr>
<tr>
<td><strong>All Students</strong></td>
<td><strong>10,905</strong></td>
<td><strong>7%</strong></td>
<td><strong>2%</strong></td>
<td><strong>9%</strong></td>
<td><strong>83%</strong></td>
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Source: Rhode Island Department of Education, Class of 2015. Percentages may not sum to 100% due to rounding.

- The Rhode Island four-year graduation rate for the Class of 2015 was 83%, up from 70% for the Class of 2007.
63% of Rhode Island students who graduated from high school in the Class of 2014 enrolled in college immediately.

Gaps: 57% of higher-income students immediately enrolled in a four-year college, compared to 25% of low-income students.
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Rhode Island KIDS COUNT
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2016 Rhode Island Kids Count Factbook

JILL BECKWITH, DEPUTY DIRECTOR
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Racial and Ethnic Disparities in Health

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<td>NA</td>
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Declining #s of Youth in the Juvenile Justice System

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2009-2015

- The number of children and youth referred to Family Court for wayward and delinquent offenses declined 43% between 2009 and 2015, from 4,825 to 2,770.

- During the same period, the number of juvenile offenses declined by 38%, from 7,829 to 4,885.
Between 2006 and 2015, the annual total number of youth in the care and custody of the Training School declined from 1,123 to 470. Some of this decline is due to the cap that was placed on the population at the Training School in July 2008 of 148 boys and 12 girls on any given day. The population further declined by 47% between 2009 and 2015.

On December 31, 2015, there were 88 youth at the Training School (67 males and 21 females).
### Child Abuse and Neglect

**Decreases in child abuse and neglect.** After increasing annually between 2011 and 2014, the number of child maltreatment reports, completed investigations, and indicated investigations of child abuse and neglect declined between 2014 and 2015 in Rhode Island (but remain at high rate).

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL # UNDUPPLICATED CHILD MALTREATMENT REPORTS</th>
<th>% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS</th>
<th># OF INDICATED INVESTIGATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>14,957</td>
<td>59% (8,841)</td>
<td>2,862</td>
</tr>
<tr>
<td>2007</td>
<td>13,542</td>
<td>54% (7,363)</td>
<td>2,396</td>
</tr>
<tr>
<td>2008</td>
<td>12,204</td>
<td>51% (6,214)</td>
<td>1,913</td>
</tr>
<tr>
<td>2009</td>
<td>12,189</td>
<td>52% (6,362)</td>
<td>2,075</td>
</tr>
<tr>
<td>2010</td>
<td>13,069</td>
<td>53% (6,956)</td>
<td>2,392</td>
</tr>
<tr>
<td>2011</td>
<td>13,382</td>
<td>49% (6,520)</td>
<td>2,225</td>
</tr>
<tr>
<td>2012</td>
<td>13,540</td>
<td>50% (6,784)</td>
<td>2,266</td>
</tr>
<tr>
<td>2013</td>
<td>13,905</td>
<td>50% (6,975)</td>
<td>2,294</td>
</tr>
<tr>
<td>2014</td>
<td>14,735</td>
<td>51% (7,573)</td>
<td>2,413</td>
</tr>
<tr>
<td>2015</td>
<td>14,402</td>
<td>45% (6,470)</td>
<td>2,227</td>
</tr>
</tbody>
</table>
Children in Out-of-Home Placement

- **Decrease in children living in congregate care.** On December 31, 2015, 400 children lived in a residential facility or group home, a decline of 11% from 449 children on December 31, 2014.
Education
In December 2015, 84% of all child care subsidies in Rhode Island were being used by low-income working families not receiving cash assistance and 8% by families enrolled in the RI Works Program who were engaged in employment activities. Another 8% were used for children in the care of DCYF.
In Rhode Island in the 2015-2016 school year, 88% of children who attended public kindergarten were in a full-day program.

In the 2015-2016 school year, 31 of the 35 elementary school districts and all of the public charter elementary schools in Rhode Island offer universal access to full-day kindergarten.
Third-Grade Reading Skills

<table>
<thead>
<tr>
<th>Third Graders Meeting Expectations on the PARCC English Language Arts Assessment, by Student Subgroups, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Students: 33%</td>
</tr>
<tr>
<td>Female Students: 43%</td>
</tr>
<tr>
<td>English Language Learners: 8%</td>
</tr>
<tr>
<td>Non-English Language Learners: 41%</td>
</tr>
<tr>
<td>Students With Disabilities: 10%</td>
</tr>
<tr>
<td>Students Without Disabilities: 42%</td>
</tr>
<tr>
<td>Low-Income Students: 21%</td>
</tr>
<tr>
<td>Higher-Income Students: 53%</td>
</tr>
<tr>
<td>White Students: 48%</td>
</tr>
<tr>
<td>Asian Students: 47%</td>
</tr>
<tr>
<td>Black Students: 22%</td>
</tr>
<tr>
<td>Hispanic Students: 18%</td>
</tr>
<tr>
<td>Native American Students: 17%</td>
</tr>
<tr>
<td>ALL STUDENTS: 37%</td>
</tr>
</tbody>
</table>

Source: Rhode Island Department of Education, *Partnership for the Assessment of Readiness for College and Careers (PARCC)*, 2015. Low-income status is determined by eligibility for the free or reduced-price lunch program.

- In 2015, 37% of Rhode Island third graders met expectations in reading on the PARCC English Language Arts Assessment.
In 2015, 36% of Rhode Island third graders met expectations in math on the PARCC, compared to 25% of seventh graders.
Chronic Early Absence

Chronic early absence is the percentage of children in kindergarten through third grade (K-3) who have missed at least 10% of the school year (i.e., 18 days or more), including excused and unexcused absences.

High School Graduation Rate

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2015

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Cohort Size</th>
<th>Dropout Rate</th>
<th>% Completed GED</th>
<th>% of Students Still in School</th>
<th>Four-Year Graduation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Students</td>
<td>5,341</td>
<td>5%</td>
<td>1%</td>
<td>7%</td>
<td>86%</td>
</tr>
<tr>
<td>Male Students</td>
<td>5,564</td>
<td>8%</td>
<td>2%</td>
<td>10%</td>
<td>80%</td>
</tr>
<tr>
<td>English Language Learners</td>
<td>1,240</td>
<td>11%</td>
<td>&lt;1%</td>
<td>12%</td>
<td>77%</td>
</tr>
<tr>
<td>Students With Disabilities</td>
<td>2,553</td>
<td>12%</td>
<td>2%</td>
<td>19%</td>
<td>68%</td>
</tr>
<tr>
<td>Students Without Disabilities</td>
<td>8,352</td>
<td>5%</td>
<td>1%</td>
<td>6%</td>
<td>88%</td>
</tr>
<tr>
<td>Low-Income Students</td>
<td>6,276</td>
<td>10%</td>
<td>2%</td>
<td>12%</td>
<td>76%</td>
</tr>
<tr>
<td>Higher-Income Students</td>
<td>4,629</td>
<td>2%</td>
<td>1%</td>
<td>4%</td>
<td>93%</td>
</tr>
<tr>
<td>White Students</td>
<td>6,889</td>
<td>5%</td>
<td>2%</td>
<td>7%</td>
<td>87%</td>
</tr>
<tr>
<td>Asian Students</td>
<td>366</td>
<td>6%</td>
<td>1%</td>
<td>5%</td>
<td>89%</td>
</tr>
<tr>
<td>Black Students</td>
<td>891</td>
<td>8%</td>
<td>2%</td>
<td>13%</td>
<td>77%</td>
</tr>
<tr>
<td>Hispanic Students</td>
<td>2,341</td>
<td>10%</td>
<td>1%</td>
<td>13%</td>
<td>76%</td>
</tr>
<tr>
<td>Native American</td>
<td>82</td>
<td>20%</td>
<td>1%</td>
<td>15%</td>
<td>65%</td>
</tr>
<tr>
<td><strong>ALL STUDENTS</strong></td>
<td>10,905</td>
<td>7%</td>
<td>2%</td>
<td>9%</td>
<td><strong>83%</strong></td>
</tr>
</tbody>
</table>

Source: Rhode Island Department of Education, Class of 2015. Percentages may not sum to 100% due to rounding.

- The Rhode Island four-year graduation rate for the Class of 2015 was 83%, up from 70% for the Class of 2007.
College Preparation and Access

- 63% of Rhode Island students who graduated from high school in the Class of 2014 enrolled in college immediately.

- Gaps: 57% of higher-income students immediately enrolled in a four-year college, compared to 25% of low-income students.

Sources: Rhode Island Department of Education, Class of 2014. Percentages may not sum exactly due to rounding.
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@RIKidsCount
<table>
<thead>
<tr>
<th>Proposed 2016 Children’s Cabinet Data Dashboard Indicators (a/o 4-25-2016)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physically Healthy &amp; Safe</strong></td>
<td><strong>Behaviorally Able &amp; Emotionally Hopeful</strong></td>
</tr>
</tbody>
</table>
| Health Coverage  
% of children without health insurance. | Mental Health - Depression  
% of HS students who felt depressed, sad or hopeless. | School Readiness  
% of children enrolled in Pre-K. | Multilingualism  
Rate of participation in dual language programs. | Child Poverty  
% of children under 18 living HH with incomes below the FPL. |
| Maltreatment  
Child abuse and neglect indicated victims rate (per 1,000). | Mental Health - Hospitalizations  
Rate of hospitalization for children under 18 due to mental health conditions. | Third Grade Reading  
% of 3rd graders meeting expectations in reading. | Bullying  
% of out-of-school suspensions for harassment/intimidation. | Mother’s Education Level  
% of total births to women with less than a high school diploma. |
| Asthma Prevalence  
Rate of hospitalizations for asthma where asthma was the primary diagnosis per 1,000. | Mental Health – Suicide  
Rate of suicide amongst children under 18. | Chronic Absence  
Rate of chronic absenteeism. | Disconnected Youth  
% of teens not in school and not working. | Homelessness  
% of children under 18 who stayed at a shelter or transitional housing facility. |
| Lead Exposure  
% of children with >5 mcg/DL blood lead level. | Substance Use – Marijuana  
Proportion of adolescents reporting use of marijuana in past 30 days. | Graduation Rate  
Rate of student graduation after four years. | Juvenile Justice  
% of children and youth referred to Family Court for wayward and delinquent offenses. | Housing Cost Burden  
% of renters spending >30% of household income on rent. |
| Infant Mortality  
Rate of infant mortality per 1,000 live births. | Substance Use – Alcohol  
% of high school students currently drinking. | Post-Secondary Readiness  
% of RI HS graduates requiring remediation at CCRI. | Secure Parental Income  
% of children living with at least one parent who has full-time, year-round employment. |  |
| Gun Violence  
Gun-related ED visits among children and youth. | Career Readiness  
% of HS students earning industry recognized cred. |  |  |  |
Please contact Children’s Cabinet Policy Director, Dacia Read, with questions, concerns or comments. Dacia.Read@OHHS.RI.GOV