

R.I. Children's Cabinet

APRIL 25, 2016

10:00AM-11:30AM – DOA CONFERENCE ROOM A



Call To Order

- March 28 Meeting Minutes Adoption

EOHHS Data Analytics







Neonatal Abstinence Syndrome Task Force

Children's Cabinet
April 25, 2016

National and local trends



Nationally, and in Rhode Island, there is increasing public health, medical, and political attention paid to the parallel rise in the following trends:

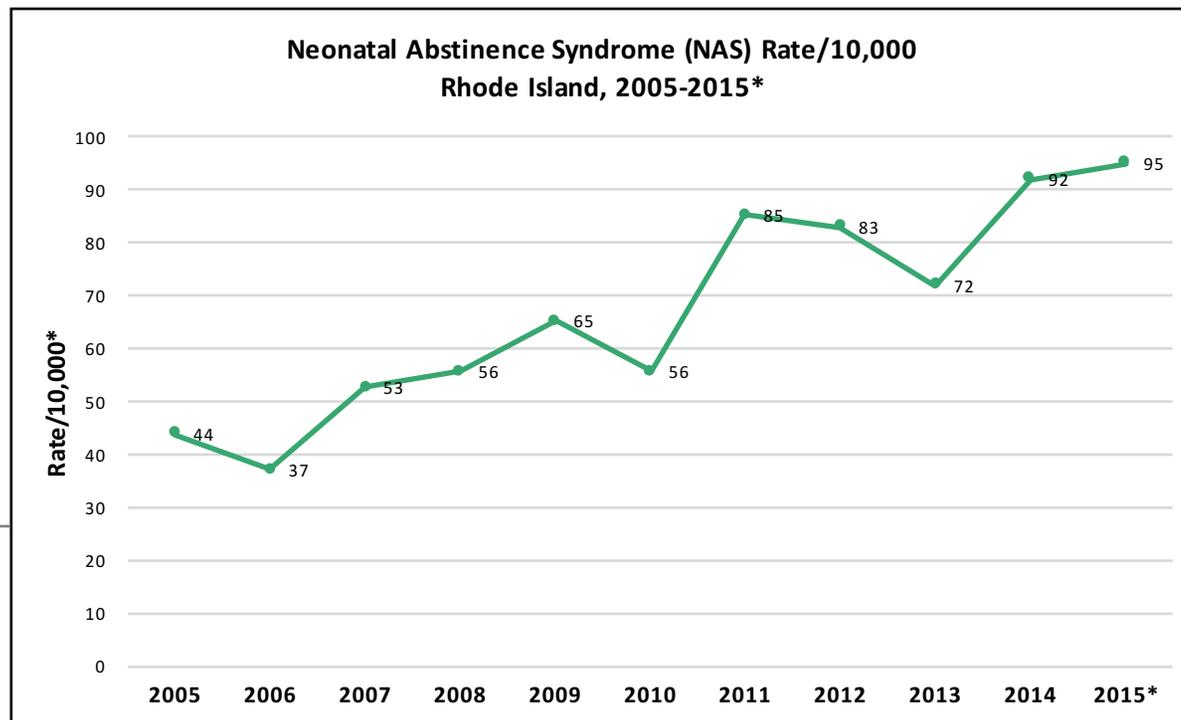
- prevalence of **substance use disorder**
(including prescribed and illicit substances)
-
- Incidence of **overdose**
 - Incidence of **neonatal abstinence syndrome (NAS)**

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

NAS Task Force



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)

NAS Task Force



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.

NAS Task Force Process mapping

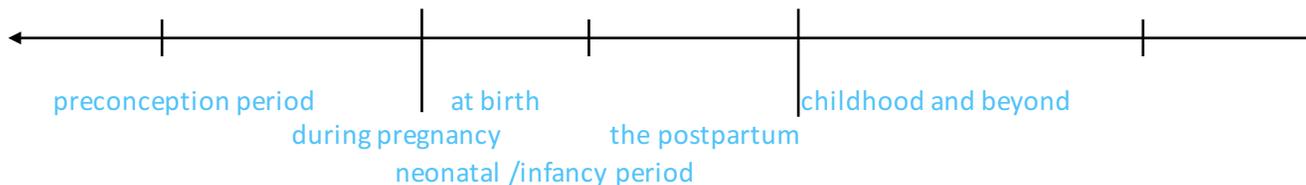


Best Practices to Guide the work of the NAS Task Force Preconception through Hospital Discharge
Goal: Best practices will guide all training guidelines and help to align efforts across work groups, may not reach consensus

Preconception	Prenatal	@ Birth
<p>All Providers including medical, mental health and substance use treatment providers, especially prescribers, Obs, CNW and PCPs,</p> <p>Screen and address pregnancy intention •Screen all women of child bearing age for pregnancy intention using the One Key Question protocol. •One Key Question: "Would you like to become pregnant in the next year?" •IF NO: review protocol and discuss/link to desired contraceptive (if applicable) •IF YES: review protocol.</p> <p>Screen and address substance use (rx and non rx) •Conduct standardized VERBAL screening of all patients for alcohol/substance use (especially women of child bearing 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</p>	<p>Substance Use Treatment Providers</p> <ul style="list-style-type: none"> •Routine VEBRAL standardized screening of women of child bearing age for pregnancy and pregnancy intention using the One Key Question (not currently universal practice) [How often, 1 Q protocol?] •Routine pregnancy test at enrollment, and prior to administrative discharge <p>If pregnant (or planning on it):</p> <ul style="list-style-type: none"> • Ensure prenatal care initiation as early as possible • Ensure referral to appropriate social/parenting support <i>Recovery Coaches, Family Visiting, WIC, Counseling support, etc.</i> • Support connection with birthing hospital SW • Discuss treatment plan during pregnancy and postpartum • Discuss possibility of NAS and establish birth plan <ul style="list-style-type: none"> • Note: automatic extended stay at birthing hospital for NAS • Child *may* receive toxicology screen following delivery • Offer referral for consultation with neonatologist to discuss implications of medications for parents, fetus, neonate. <p>Prenatal care providers (PCP, Ob, CNM, etc.) [other providers see preconception guidance]</p> <ul style="list-style-type: none"> •Limit prescription opioid use for ALL pregnant women •VERBALLY screen ALL patients for substance use at each prenatal visit (ask ALL to reduce screening stigma) •NOTE: URINE screens aren't evidence based best practice for determining parenting capacity nor appropriateness of maternal child contact or entry into treatment (recommendation not universal practice) <p>If substance use presents:</p>	<p>Family Care Considerations:</p> <ul style="list-style-type: none"> •Routine and appropriate screening and assessment of NAS severity •Support Family Centered Care for maternal/child dyad <ul style="list-style-type: none"> • Rooming in • Promote and support skin to skin • Promote and support breastfeeding •Deliver appropriate care for baby based on symptom severity <ul style="list-style-type: none"> • Severe [NAS] – medical detox [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 [Ideally optional, competing concern flag will prompt stigma] <p>Prior to Discharge</p> <p>DCYF Considerations:</p> <ul style="list-style-type: none"> • Advocate to keep mother and child together, or at least in contact, with consideration of infant mental health implications of separation. • Facilitate accommodations for breastfeeding at mothers discretion and as medically appropriate

DRAFT
Working Document 4/1/16

- 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



- Participants included: RIDOH, BHDDH, DCYF, EOHS, 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)

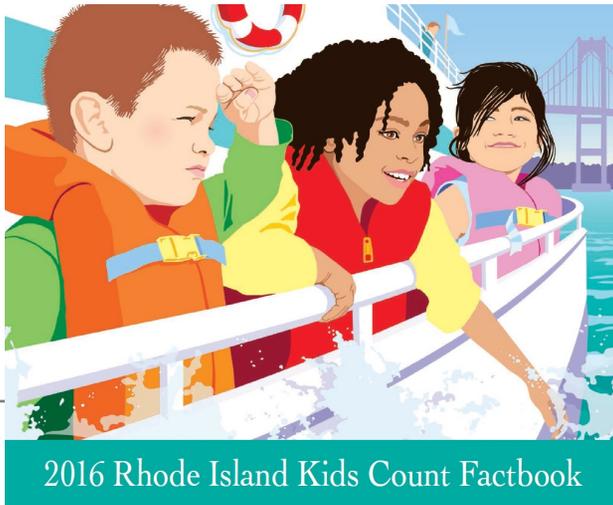


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RI KIDS COUNT Fact Book Update



Data Presentation to Rhode Island Children's Cabinet



JILL BECKWITH, DEPUTY DIRECTOR

RHODE ISLAND KIDS COUNT

APRIL 25, 2016





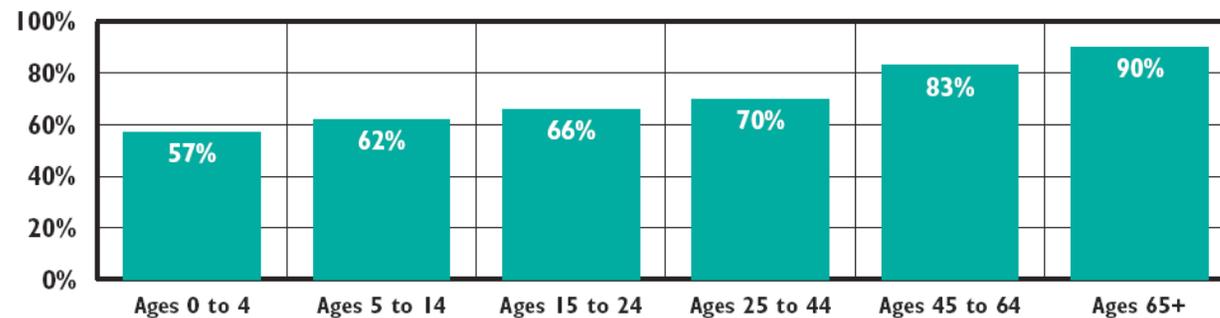
Demographics & Economic Well-Being

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%.
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Shifting Diversity

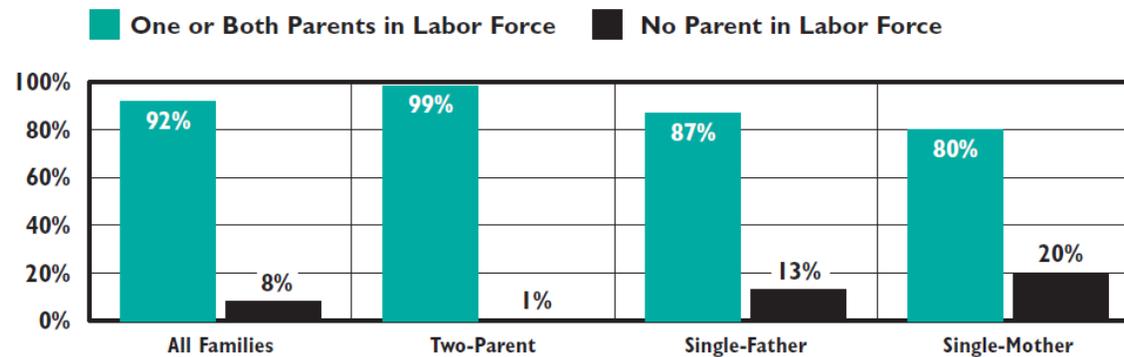
**Percent of Population Identified as Non-Hispanic White,
by Age, Rhode Island, 2014**



- 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

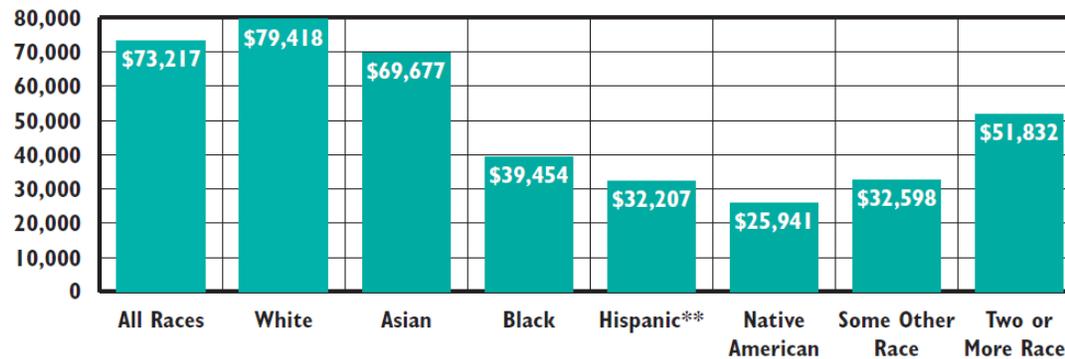


Source: U.S. Census Bureau, American Community Survey, 2010-2014. Table B23008.

- **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%.

Median Family Income

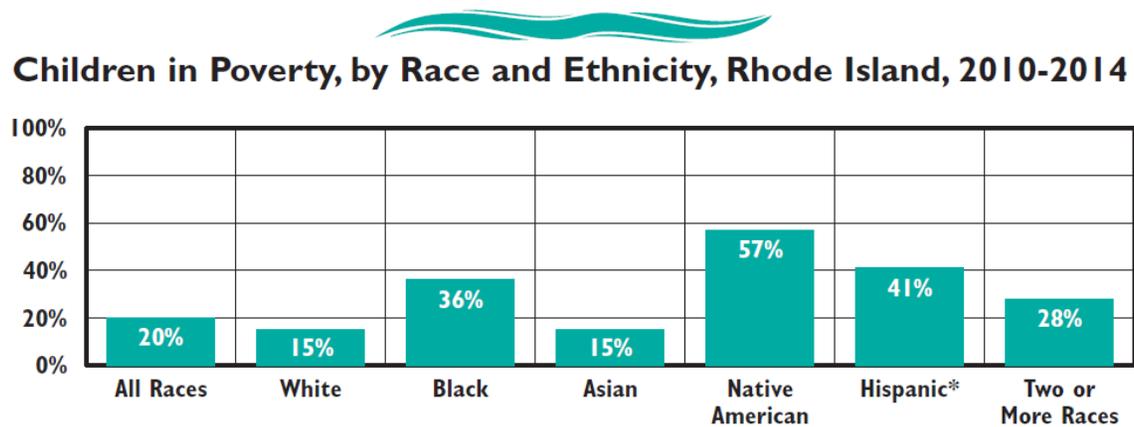
Median Family Income by Race and Ethnicity, Rhode Island, 2010-2014*



Source: U.S. Census Bureau, American Community Survey, 2010-2014. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E, B19113G, and B19113L. *Median Family Income by race and ethnicity includes all families because data for families with "own children" are not available by race and ethnicity. **Hispanics may be in any race category.

- 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.

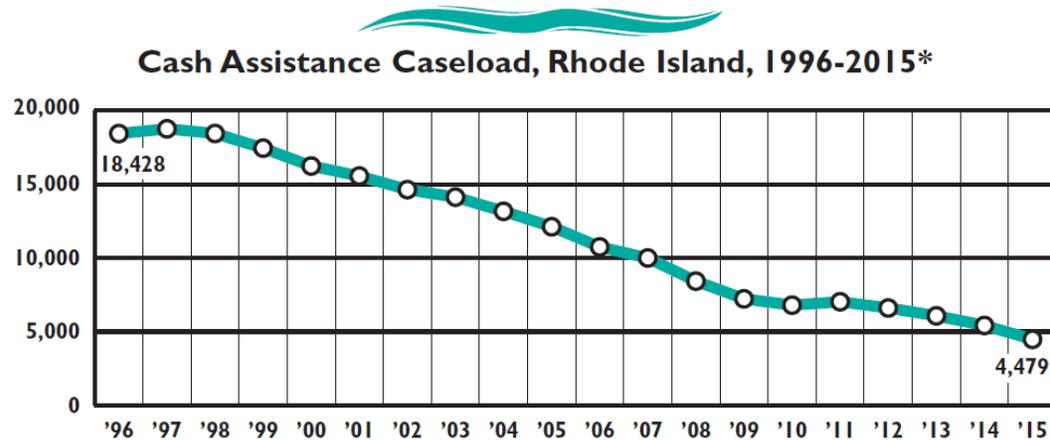
Poverty by Race and Ethnicity



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.

- 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.

Children in Families Receiving Cash Assistance

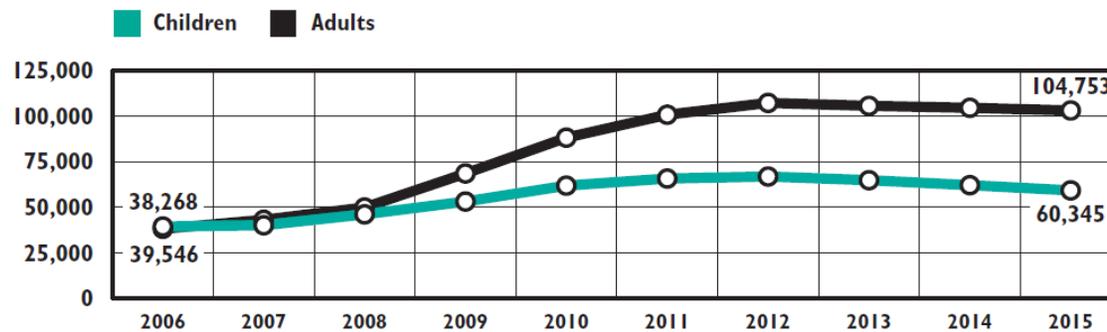


Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996-2015. Cases can be child-only or whole families and multiple people can be included in one case. *The Rhode Island Department of Human Services changed the method for calculating the caseload data starting in the 2012 Factbook. This change is reflected in 2010-2015 caseload data. Comparisons to earlier years should be made with caution.

- 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

Participation in the Supplemental Nutrition Assistance Program,
Children and Adults, Rhode Island, 2006-2015



Source: Rhode Island Department of Human Services, InRhodes Database, 2006–2015. Data represent children under age 18 and adults who participated in SNAP during the month of October.

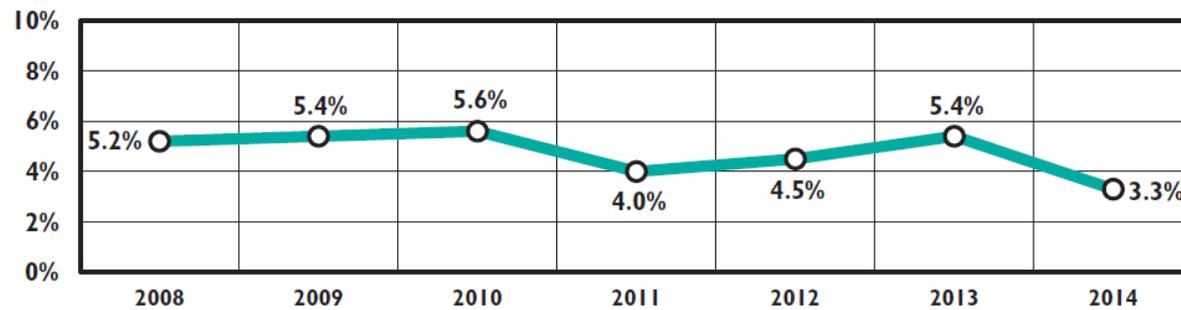
- Of the 165,098 Rhode Islanders enrolled in SNAP in October 2015, 63% were adults and 37% were children.



Health

Children's Health Insurance

Children Without Health Insurance, Rhode Island, 2008-2014

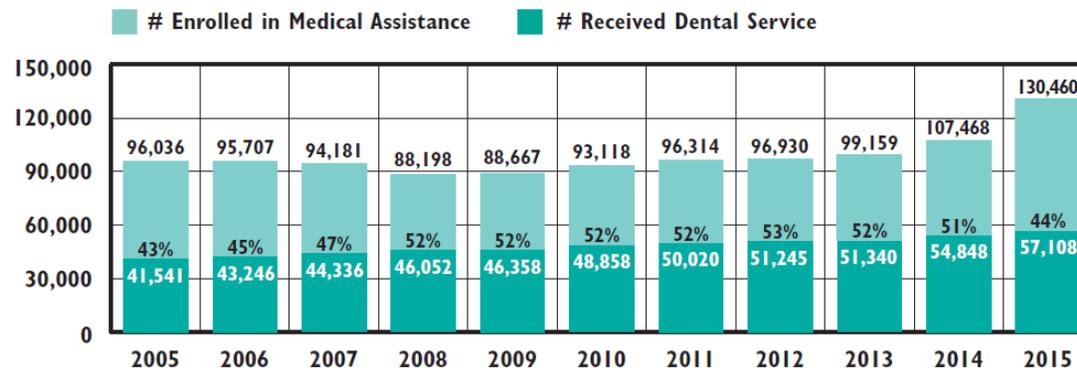


Source: U.S. Census Bureau, American Community Survey, 2012 & 2014. Table CP03. Data are for children under 18 years of age and are not comparable to Factbooks prior to 2015.

- RIte 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 RIte Care based on family income between 2010-2014.

Children's Dental Care

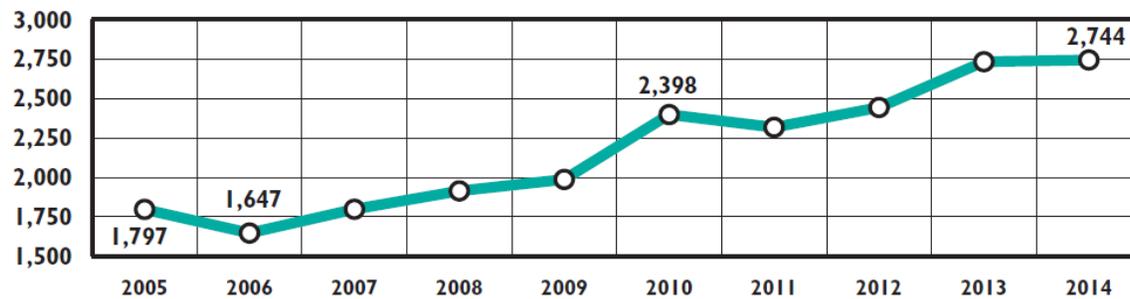
Children Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2005-2015



- 44% of children who were enrolled in Rlte Care, Rlte Share, or Medicaid [fee-for-service] on June 30, 2015 received a dental service during State Fiscal Year 2015.
- Since Rlte Smiles started in 2006, reimbursement rates have been raised for participating dental providers. The number of dentists accepting qualifying children increased from 27 before Rlte Smiles began to 90 at the launch of Rlte Smiles. In October 2015, there were 359 unduplicated dentists in 195 practice locations participating in Rlte Smiles.

Children's Mental Health

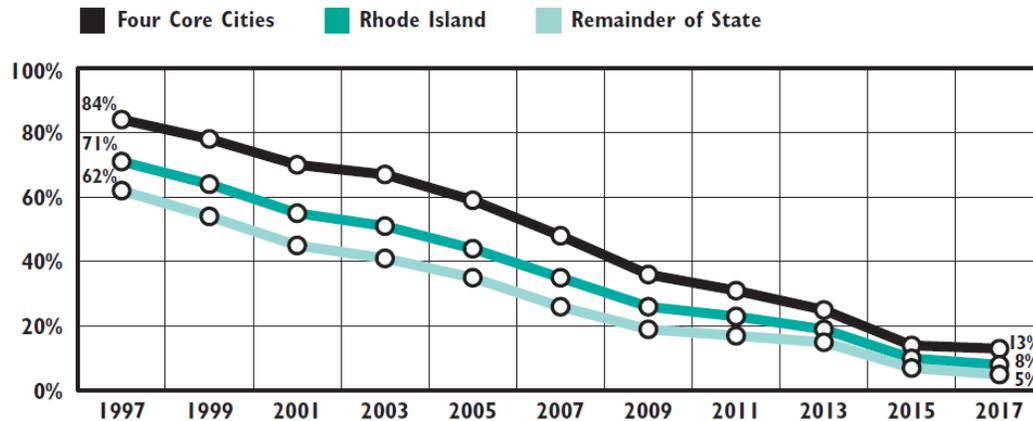
Hospitalizations with Primary Diagnosis of Mental Disorder,
Children Under Age 18, Rhode Island, 2005-2014*



- 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

Children Entering Kindergarten with History of Elevated* Blood Lead Level Screening ($\geq 5 \mu\text{g/dL}$), Rhode Island, Four Core Cities, and Remainder of State, 1997-2017



- 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 $\geq 5 \mu\text{g/dL}$.
- 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



Births by Key Risk Factors, Four Core Cities and Rhode Island, 2015

CITY/TOWN	BIRTHS	% TO MOTHERS WITHOUT A HSD/GED	% TO SINGLE MOTHERS	% TO MOTHERS YOUNGER THAN 20	% TO MOTHERS WITH ALL 3 RISK FACTORS
Central Falls	300	35%	70%	12%	7%
Pawtucket	916	16%	60%	6%	3%
Providence	2,471	21%	59%	8%	4%
Woonsocket	500	17%	64%	8%	4%
<i>Rhode Island</i>	<i>10,418</i>	<i>11%</i>	<i>45%</i>	<i>5%</i>	<i>2%</i>

Source: Rhode Island Department of Health, KIDSNET Database, 2015.

- 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



Health Outcomes, by Race and Ethnicity, Rhode Island

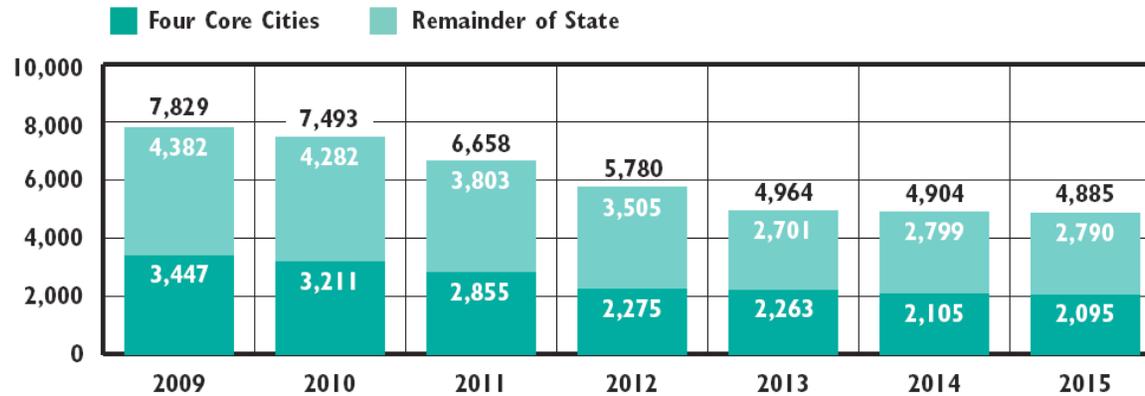
	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children Without Health Insurance	2.6%	4.7%	6.2%	7.6%	NA	3.3%
Women With Delayed Prenatal Care	10.3%	15.5%	18.5%	14.9%	13.7%	12.4%
Preterm Births	8.5%	9.6%	11.4%	9.1%	10.1%	9.1%
Low Birthweight Infants	6.6%	7.8%	11.2%	9.0%	10.8%	7.5%
Infant Mortality (per 1,000 live births)	4.8	6.1	10.8	6.4	NA	6.2
Asthma Hospitalizations (per 1,000 children)	1.2	2.2	4.3	1.0	NA	1.6
Births to Teens Ages 15-19 (per 1,000 teens)	11.6	45.9	33.2	11.5	53.6	18.6



Safety

Declining #s of Youth in the Juvenile Justice System

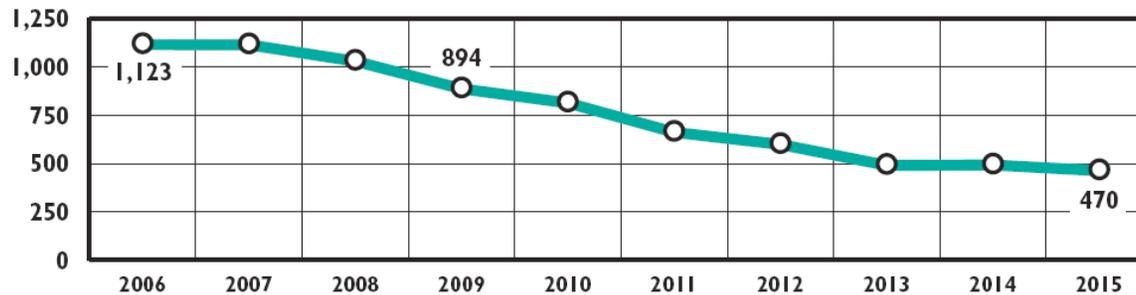
Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2009-2015



- 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.

Declining #s of Youth in the Juvenile Justice System

Youth in the Care and Custody of the Rhode Island Training School,
Calendar Years 2006-2015



- 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



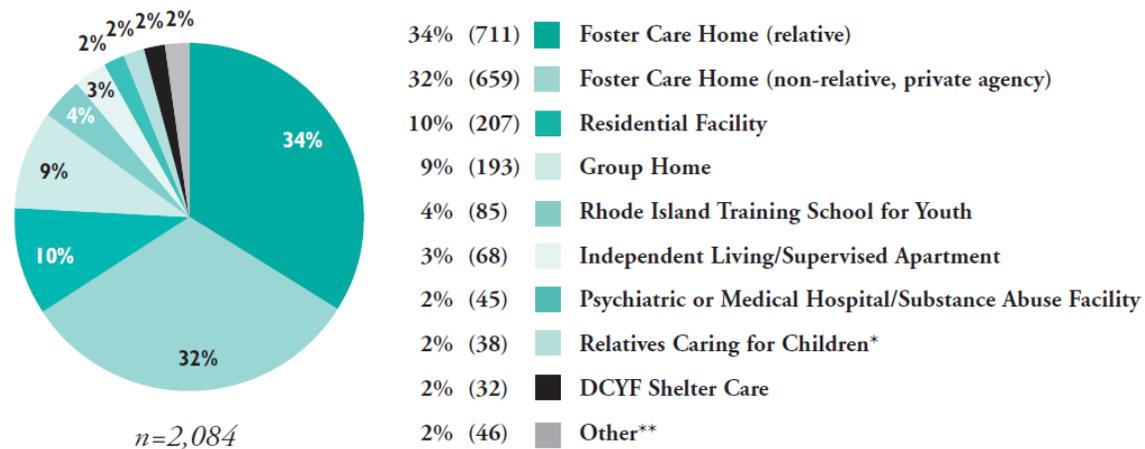
DCYF Child Protective Services (CPS) Hotline Calls for Reports of Abuse and/or Neglect, Investigations,* and Indicated Investigations, Rhode Island, 2006-2015

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

- **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).

Children in Out-of-Home Placement

Children in Out-of-Home Placement, Rhode Island, December 31, 2015

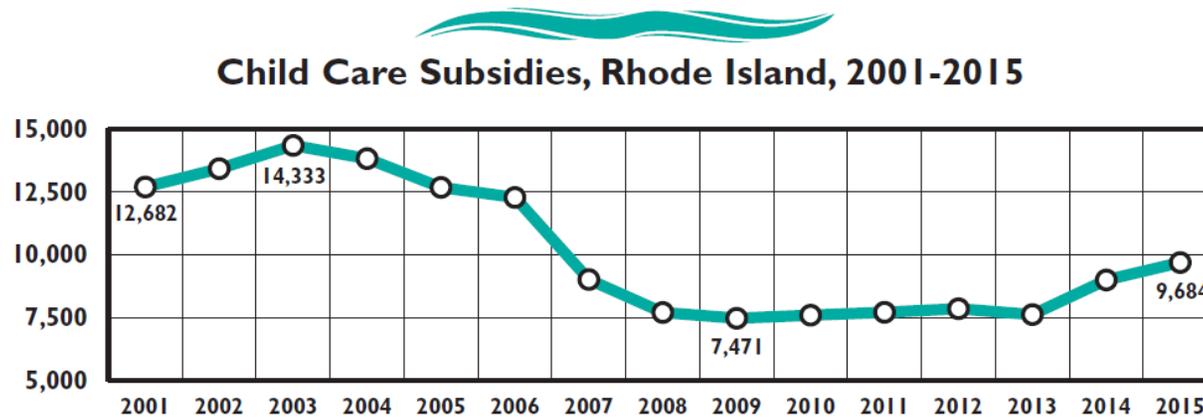


- Decrease in children living in congregate care.** On December 31, 2015, 400 children lived in a residential facility or group home, a decline of 11% from 449 children on December 31, 2014.



Education

Child Care Subsidies

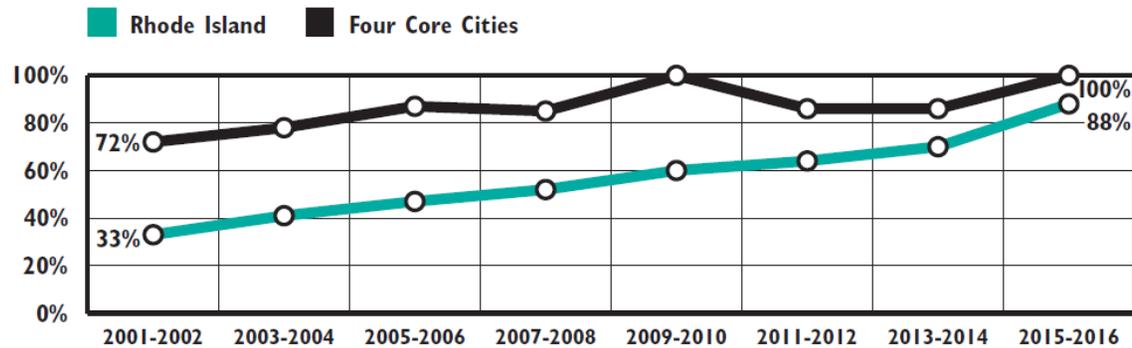


Source: Rhode Island Department of Human Services, December 2001–December 2015.

- 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.

Children in Full-Day Kindergarten

Children in Full-Day Public Kindergarten Programs,
Rhode Island, 2001-2002 through 2015-2016 School Years



- 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**

Male Students	33%
Female Students	43%
English Language Learners	8%
Non-English Language Learners	41%
Students With Disabilities	10%
Students Without Disabilities	42%
Low-Income Students	21%
Higher-Income Students	53%
White Students	48%
Asian Students	47%
Black Students	22%
Hispanic Students	18%
Native American Students	17%
ALL STUDENTS	37%

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.

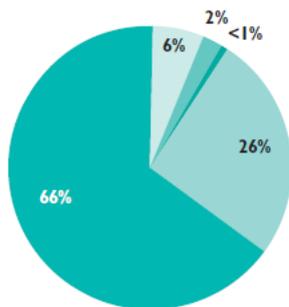
- In 2015, 37% of Rhode Island third graders met expectations in reading on the PARCC English Language Arts Assessment.

Math Skills

Algebra and Geometry PARCC Test Takers by Grade, Rhode Island, 2015

Algebra PARCC, 2015

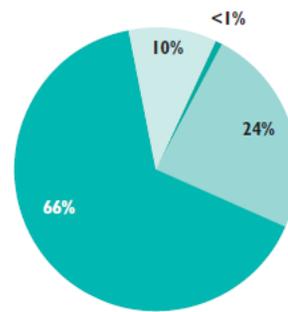
<1% 6th & 7th Grades
26% 8th Grade
66% 9th Grade
6% 10th Grade
2% 11th Grade



n=9,465

Geometry PARCC, 2015

<1% 7th & 8th Grades
24% 9th Grade
66% 10th Grade
10% 11th Grade



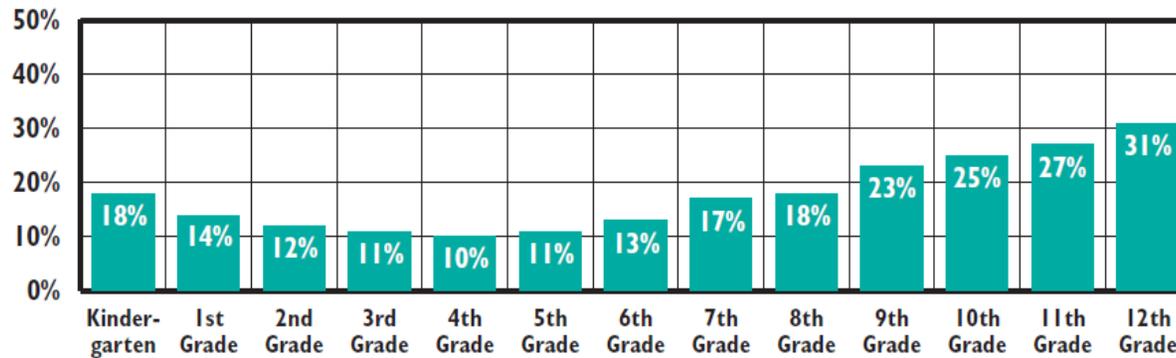
n=7,882

Source: RIDE, *Rhode Island's PARCC Results for Students in Grade 3 through 8 and High School*, 2015.

- 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 Rates in Rhode Island by Grade,
2014-2015 School Year



Source: Rhode Island Department of Education, 2014-2015 school year.

- 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**

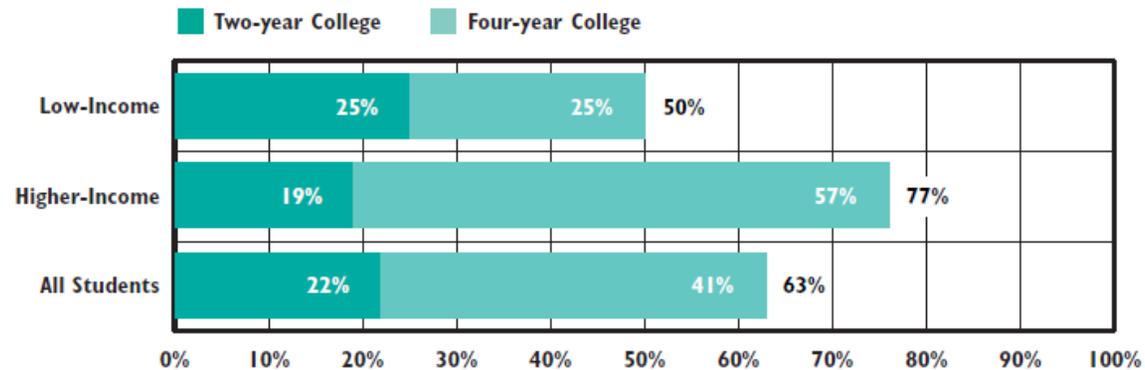
	COHORT SIZE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Female Students	5,341	5%	1%	7%	86%
Male Students	5,564	8%	2%	10%	80%
English Language Learners	1,240	11%	<1%	12%	77%
Students With Disabilities	2,553	12%	2%	19%	68%
Students Without Disabilities	8,352	5%	1%	6%	88%
Low-Income Students	6,276	10%	2%	12%	76%
Higher-Income Students	4,629	2%	1%	4%	93%
White Students	6,889	5%	2%	7%	87%
Asian Students	366	6%	1%	5%	89%
Black Students	891	8%	2%	13%	77%
Hispanic Students	2,341	10%	1%	13%	76%
Native American	82	20%	1%	15%	65%
<i>ALL STUDENTS</i>	<i>10,905</i>	<i>7%</i>	<i>2%</i>	<i>9%</i>	<i>83%</i>

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

Immediate College Enrollment by District Type and Type of College,
Class of 2014, Rhode Island



Source: Rhode Island Department of Education, Class of 2014. Percentages may not sum exactly due to rounding.

- 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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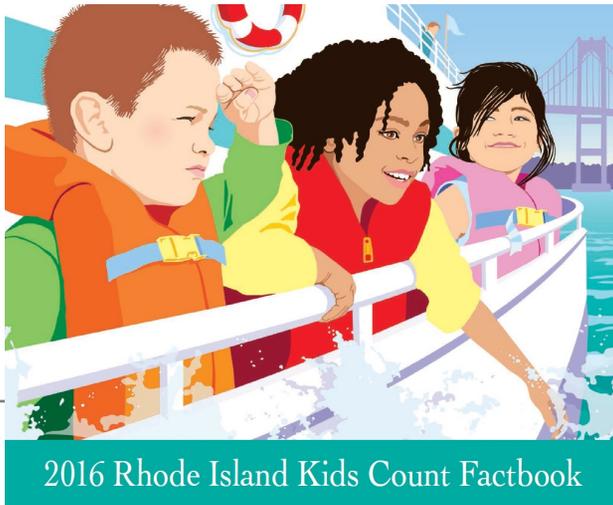


Rhode Island
KIDS COUNT



@RIKidsCount

Data Presentation to Rhode Island Children's Cabinet



JILL BECKWITH, DEPUTY DIRECTOR

RHODE ISLAND KIDS COUNT

APRIL 25, 2016





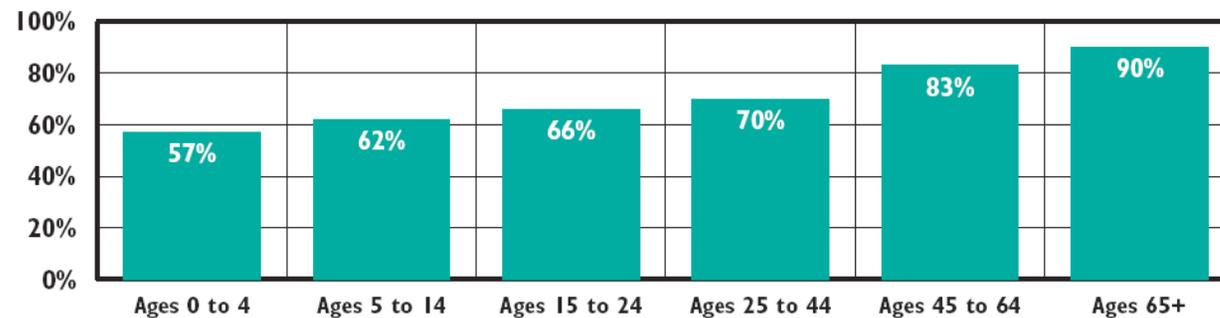
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Shifting Diversity

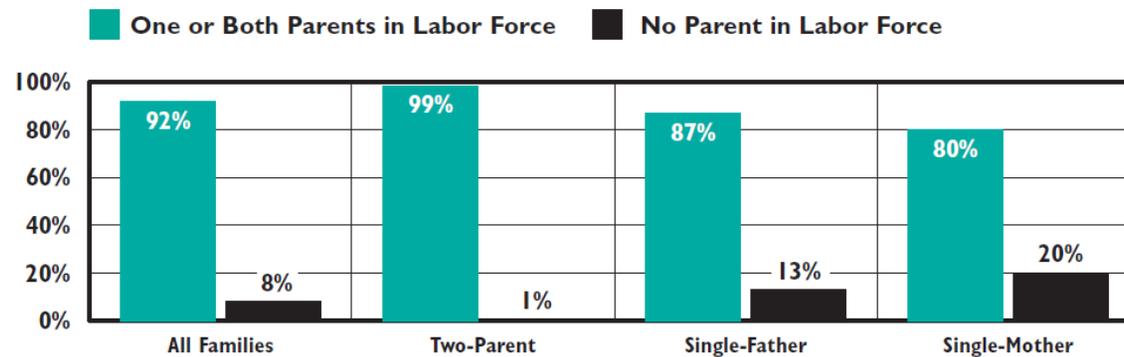
**Percent of Population Identified as Non-Hispanic White,
by Age, Rhode Island, 2014**



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- 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

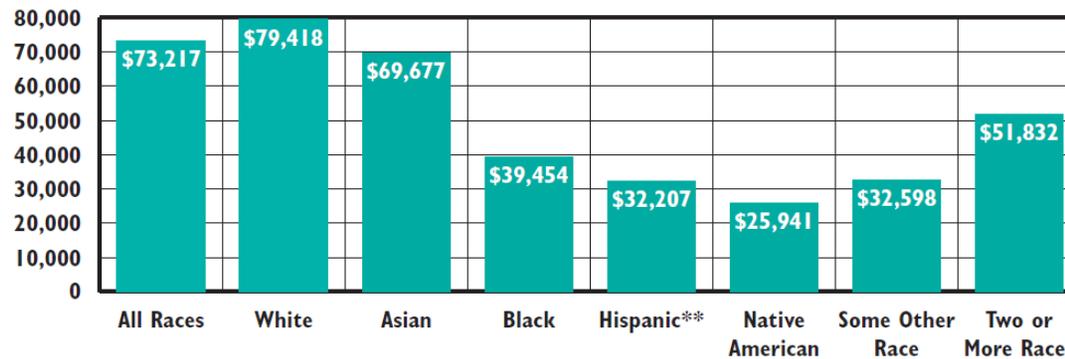


Source: U.S. Census Bureau, American Community Survey, 2010-2014. Table B23008.

- **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%.

Median Family Income

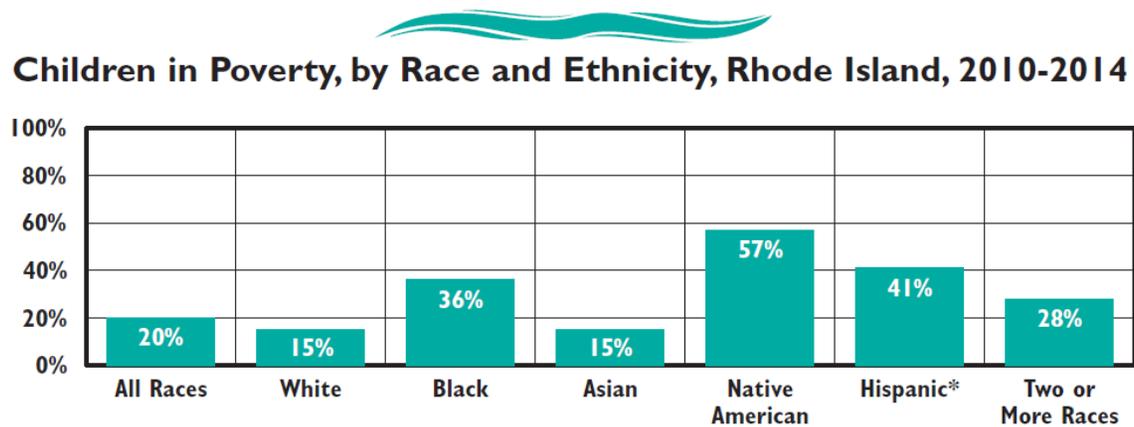
Median Family Income by Race and Ethnicity, Rhode Island, 2010-2014*



Source: U.S. Census Bureau, American Community Survey, 2010-2014. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E, B19113G, and B19113L. *Median Family Income by race and ethnicity includes all families because data for families with "own children" are not available by race and ethnicity. **Hispanics may be in any race category.

- 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.

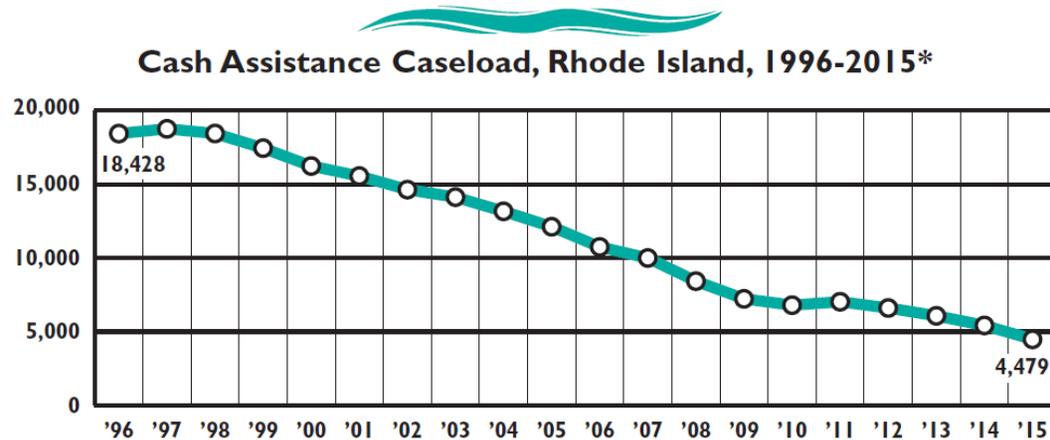
Poverty by Race and Ethnicity



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.

- 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.

Children in Families Receiving Cash Assistance

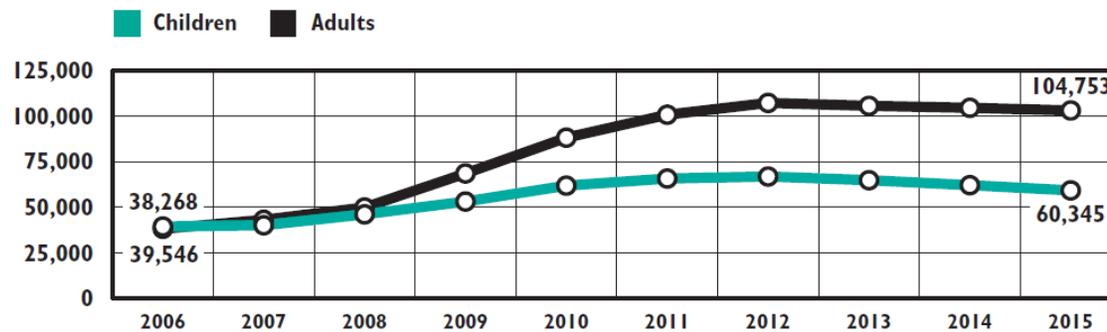


Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996-2015. Cases can be child-only or whole families and multiple people can be included in one case. *The Rhode Island Department of Human Services changed the method for calculating the caseload data starting in the 2012 Factbook. This change is reflected in 2010-2015 caseload data. Comparisons to earlier years should be made with caution.

- 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

Participation in the Supplemental Nutrition Assistance Program,
Children and Adults, Rhode Island, 2006-2015



Source: Rhode Island Department of Human Services, InRhodes Database, 2006–2015. Data represent children under age 18 and adults who participated in SNAP during the month of October.

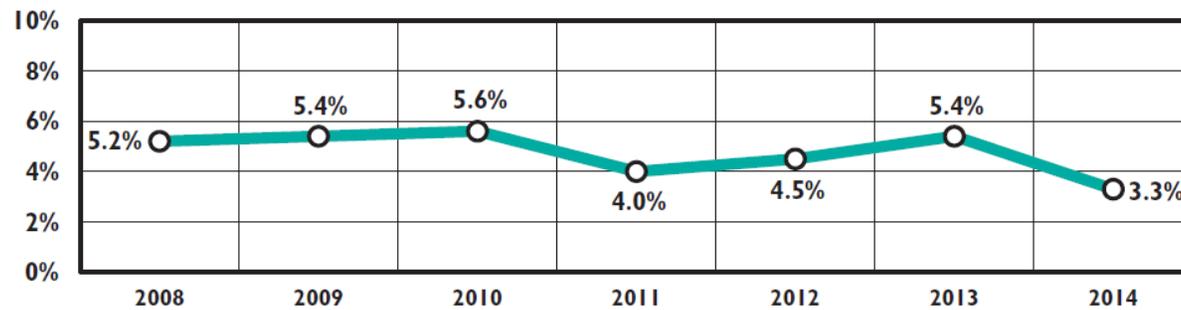
- Of the 165,098 Rhode Islanders enrolled in SNAP in October 2015, 63% were adults and 37% were children.



Health

Children's Health Insurance

Children Without Health Insurance, Rhode Island, 2008-2014

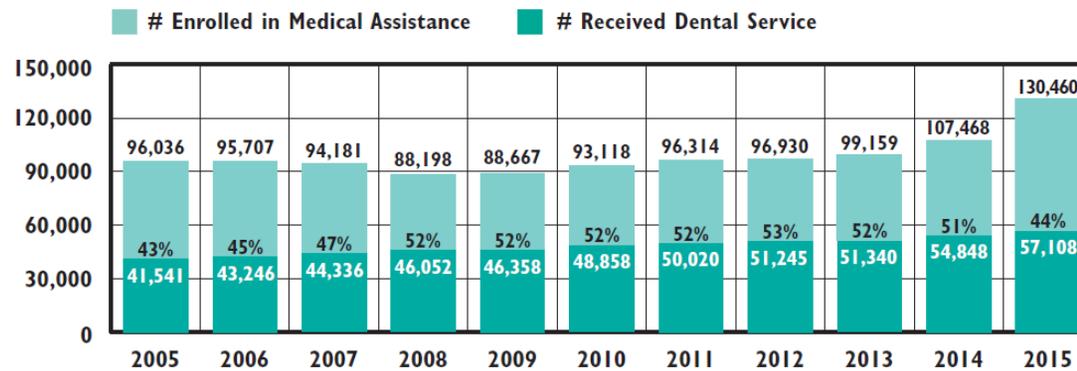


Source: U.S. Census Bureau, American Community Survey, 2012 & 2014. Table CP03. Data are for children under 18 years of age and are not comparable to Factbooks prior to 2015.

- RIte 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 RIte Care based on family income between 2010-2014.

Children's Dental Care

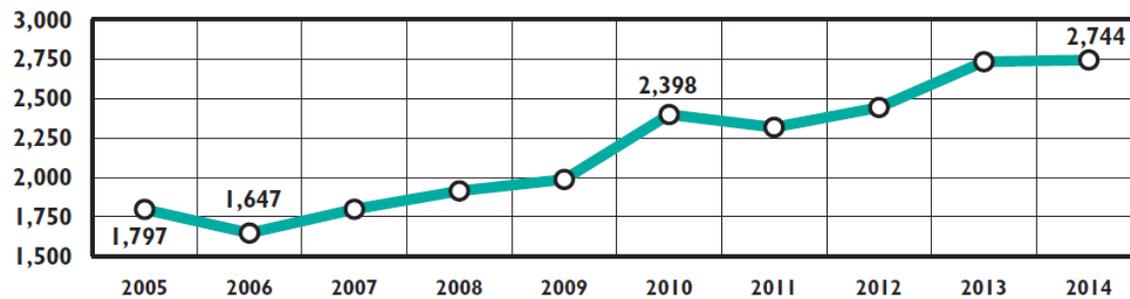
Children Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2005-2015



- 44% of children who were enrolled in Rlte Care, Rlte Share, or Medicaid [fee-for-service] on June 30, 2015 received a dental service during State Fiscal Year 2015.
- Since Rlte Smiles started in 2006, reimbursement rates have been raised for participating dental providers. The number of dentists accepting qualifying children increased from 27 before Rlte Smiles began to 90 at the launch of Rlte Smiles. In October 2015, there were 359 unduplicated dentists in 195 practice locations participating in Rlte Smiles.

Children's Mental Health

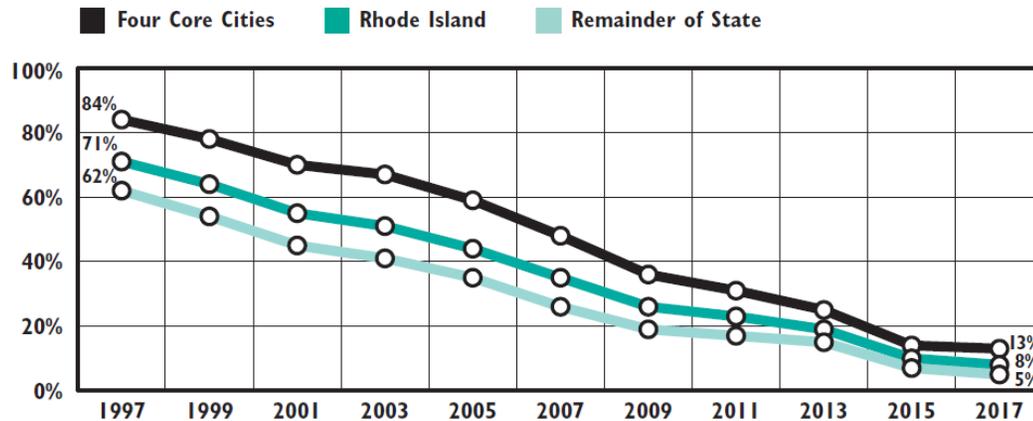
Hospitalizations with Primary Diagnosis of Mental Disorder,
Children Under Age 18, Rhode Island, 2005-2014*



- 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

Children Entering Kindergarten with History of Elevated* Blood Lead Level Screening ($\geq 5 \mu\text{g/dL}$), Rhode Island, Four Core Cities, and Remainder of State, 1997-2017



- 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 $\geq 5 \mu\text{g/dL}$.
- 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



Births by Key Risk Factors, Four Core Cities and Rhode Island, 2015

CITY/TOWN	BIRTHS	% TO MOTHERS WITHOUT A HSD/GED	% TO SINGLE MOTHERS	% TO MOTHERS YOUNGER THAN 20	% TO MOTHERS WITH ALL 3 RISK FACTORS
Central Falls	300	35%	70%	12%	7%
Pawtucket	916	16%	60%	6%	3%
Providence	2,471	21%	59%	8%	4%
Woonsocket	500	17%	64%	8%	4%
<i>Rhode Island</i>	<i>10,418</i>	<i>11%</i>	<i>45%</i>	<i>5%</i>	<i>2%</i>

Source: Rhode Island Department of Health, KIDSNET Database, 2015.

- 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



Health Outcomes, by Race and Ethnicity, Rhode Island

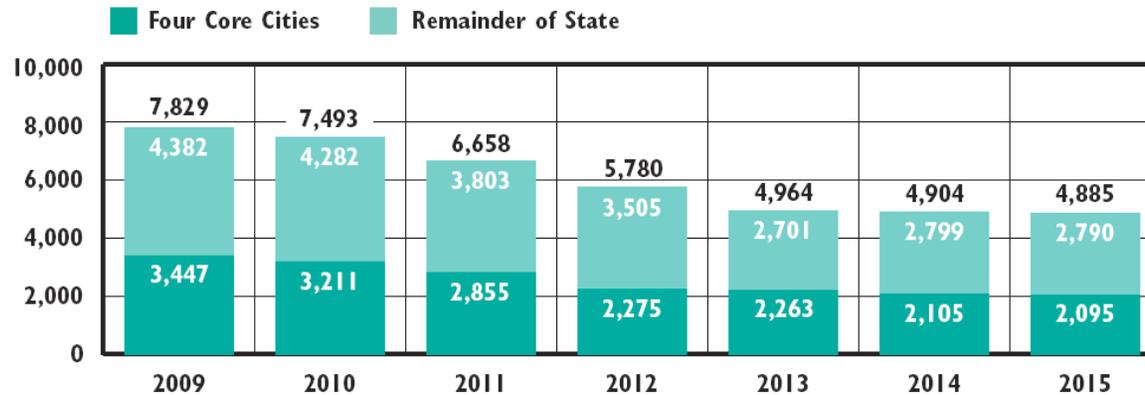
	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children Without Health Insurance	2.6%	4.7%	6.2%	7.6%	NA	3.3%
Women With Delayed Prenatal Care	10.3%	15.5%	18.5%	14.9%	13.7%	12.4%
Preterm Births	8.5%	9.6%	11.4%	9.1%	10.1%	9.1%
Low Birthweight Infants	6.6%	7.8%	11.2%	9.0%	10.8%	7.5%
Infant Mortality (per 1,000 live births)	4.8	6.1	10.8	6.4	NA	6.2
Asthma Hospitalizations (per 1,000 children)	1.2	2.2	4.3	1.0	NA	1.6
Births to Teens Ages 15-19 (per 1,000 teens)	11.6	45.9	33.2	11.5	53.6	18.6



Safety

Declining #s of Youth in the Juvenile Justice System

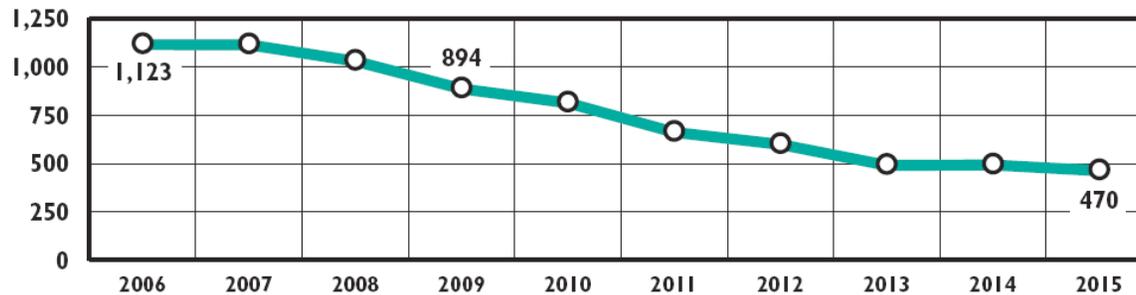
Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2009-2015



- 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.

Declining #s of Youth in the Juvenile Justice System

Youth in the Care and Custody of the Rhode Island Training School,
Calendar Years 2006-2015



- 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



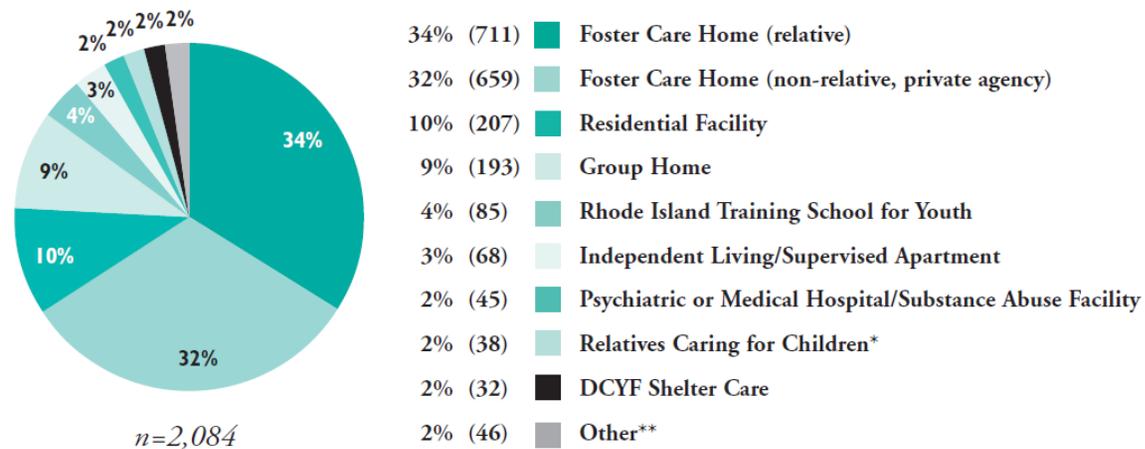
DCYF Child Protective Services (CPS) Hotline Calls for Reports of Abuse and/or Neglect, Investigations,* and Indicated Investigations, Rhode Island, 2006-2015

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

- **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).

Children in Out-of-Home Placement

Children in Out-of-Home Placement, Rhode Island, December 31, 2015

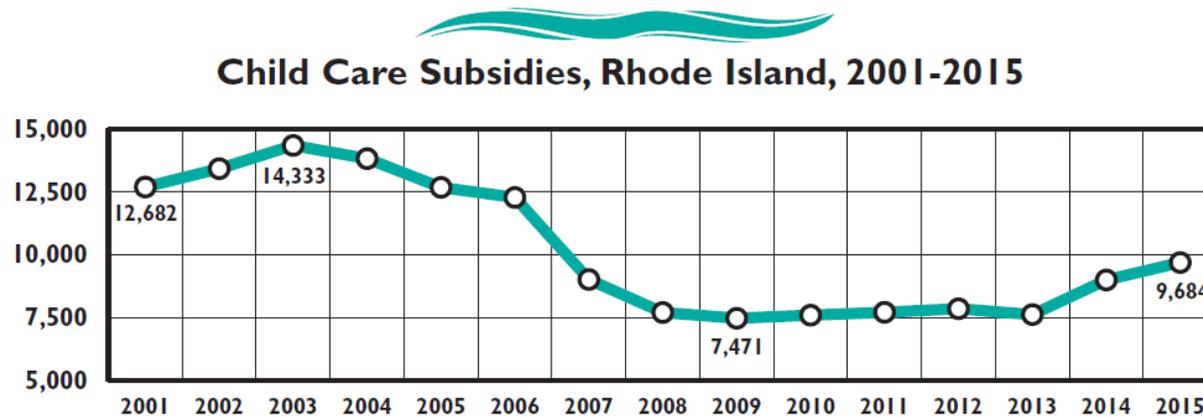


- Decrease in children living in congregate care.** On December 31, 2015, 400 children lived in a residential facility or group home, a decline of 11% from 449 children on December 31, 2014.



Education

Child Care Subsidies

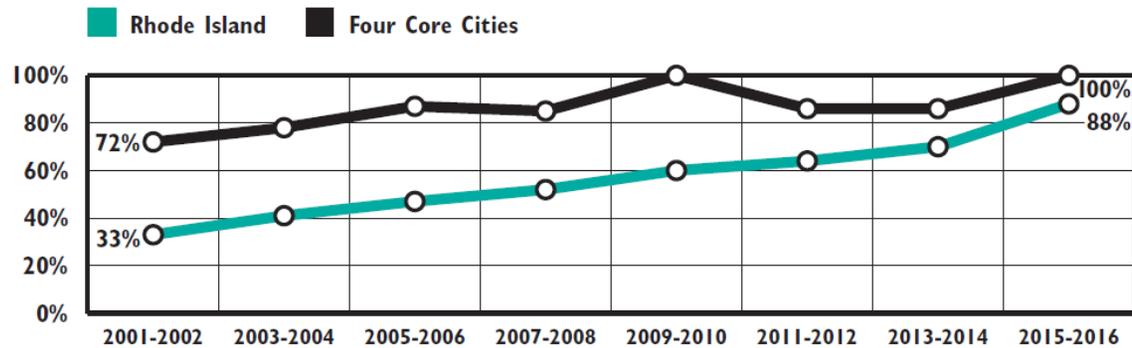


Source: Rhode Island Department of Human Services, December 2001–December 2015.

- 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.

Children in Full-Day Kindergarten

Children in Full-Day Public Kindergarten Programs,
Rhode Island, 2001-2002 through 2015-2016 School Years



- 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**

Male Students	33%
Female Students	43%
English Language Learners	8%
Non-English Language Learners	41%
Students With Disabilities	10%
Students Without Disabilities	42%
Low-Income Students	21%
Higher-Income Students	53%
White Students	48%
Asian Students	47%
Black Students	22%
Hispanic Students	18%
Native American Students	17%
ALL STUDENTS	37%

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.

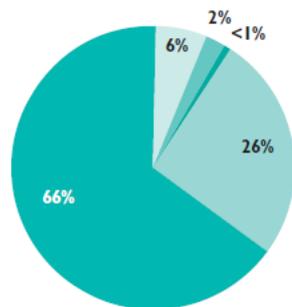
- In 2015, 37% of Rhode Island third graders met expectations in reading on the PARCC English Language Arts Assessment.

Math Skills

Algebra and Geometry PARCC Test Takers by Grade, Rhode Island, 2015

Algebra PARCC, 2015

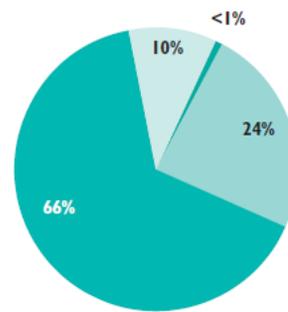
<1% 6th & 7th Grades
26% 8th Grade
66% 9th Grade
6% 10th Grade
2% 11th Grade



n=9,465

Geometry PARCC, 2015

<1% 7th & 8th Grades
24% 9th Grade
66% 10th Grade
10% 11th Grade



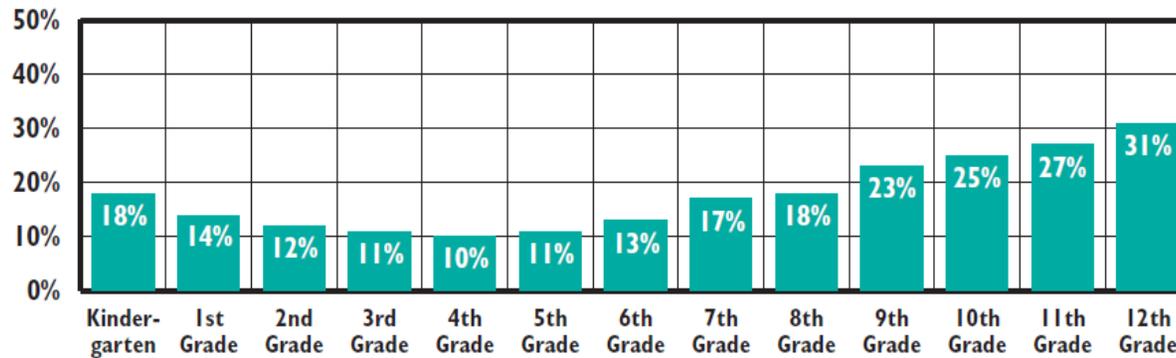
n=7,882

Source: RIDE, *Rhode Island's PARCC Results for Students in Grade 3 through 8 and High School*, 2015.

- 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 Rates in Rhode Island by Grade,
2014-2015 School Year



Source: Rhode Island Department of Education, 2014-2015 school year.

- 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**

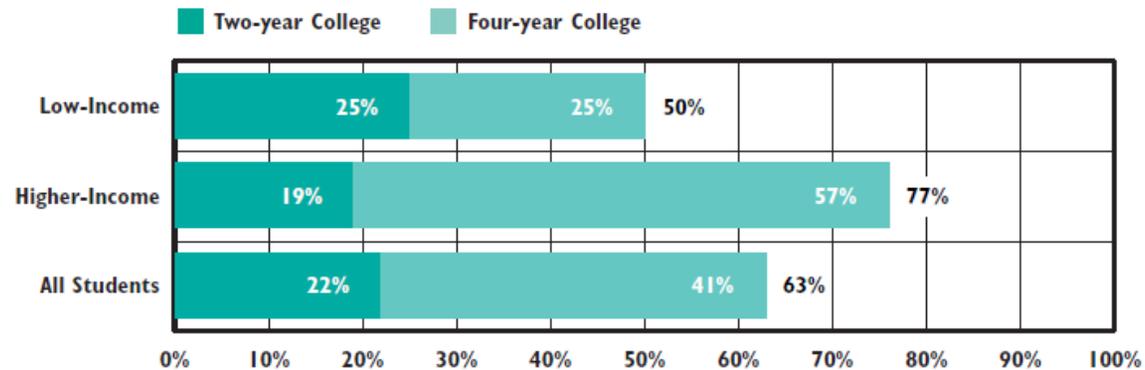
	COHORT SIZE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Female Students	5,341	5%	1%	7%	86%
Male Students	5,564	8%	2%	10%	80%
English Language Learners	1,240	11%	<1%	12%	77%
Students With Disabilities	2,553	12%	2%	19%	68%
Students Without Disabilities	8,352	5%	1%	6%	88%
Low-Income Students	6,276	10%	2%	12%	76%
Higher-Income Students	4,629	2%	1%	4%	93%
White Students	6,889	5%	2%	7%	87%
Asian Students	366	6%	1%	5%	89%
Black Students	891	8%	2%	13%	77%
Hispanic Students	2,341	10%	1%	13%	76%
Native American	82	20%	1%	15%	65%
<i>ALL STUDENTS</i>	<i>10,905</i>	<i>7%</i>	<i>2%</i>	<i>9%</i>	<i>83%</i>

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

Immediate College Enrollment by District Type and Type of College,
Class of 2014, Rhode Island



Source: Rhode Island Department of Education, Class of 2014. Percentages may not sum exactly due to rounding.

- 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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Proposed 2016 Children's Cabinet Data Dashboard Indicators (a/o 4-25-2016)

Physically Healthy & Safe	Behaviorally Able & Emotionally Hopeful	Academically Prepared & Career Ready	Socially, Civically, Culturally Engaged	Supported by Stable Families & Communities
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 3 rd 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.		

PUBLIC COMMENT

Please contact Children's Cabinet Policy Director, Dacia Read, with questions, concerns or comments. Dacia.Read@OHHS.RI.GOV