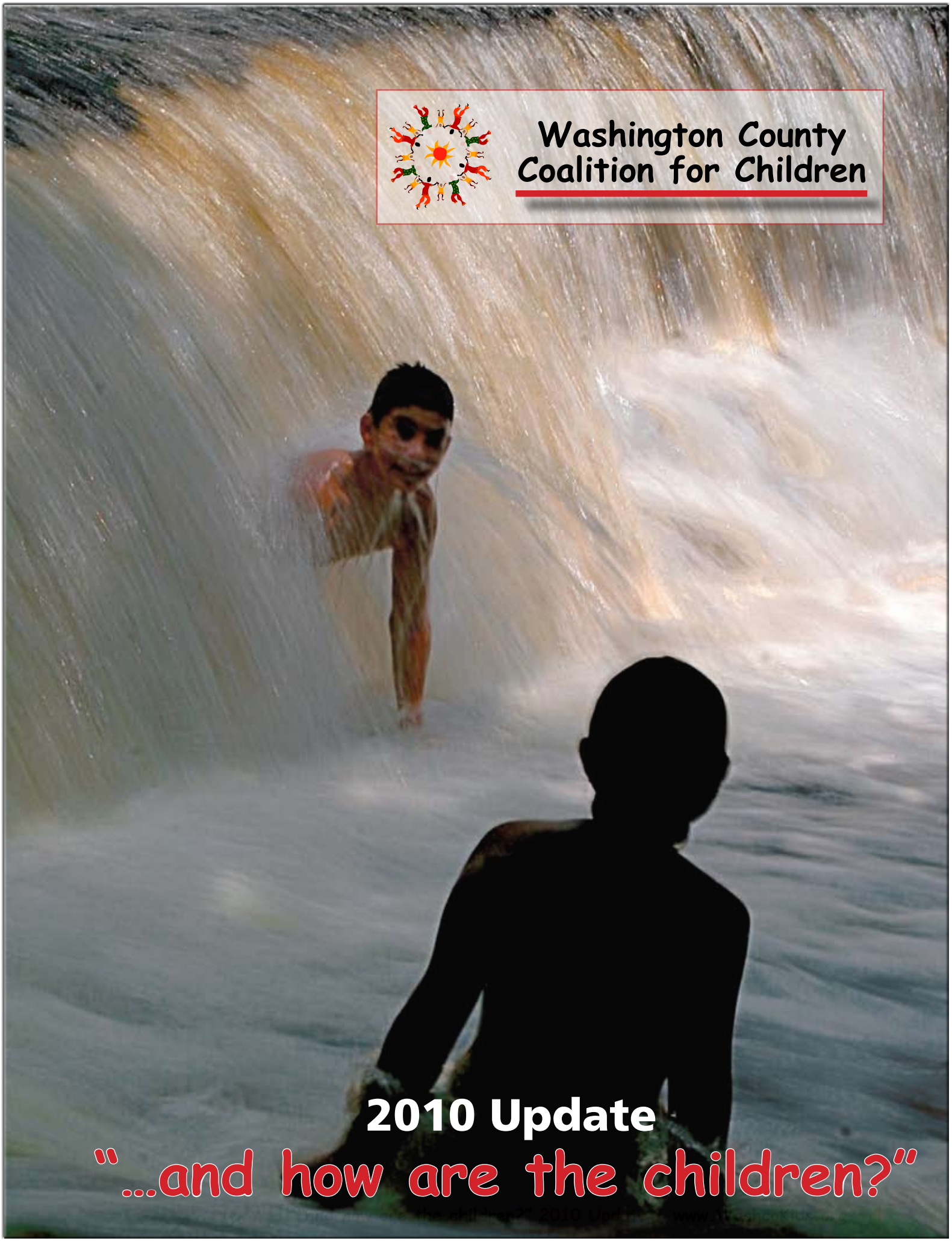

Washington County
Coalition for Children
2010 Update
"...and how are the children?"

Cover photograph:
Stephen C. Wood

...and how are the children?

2010 Update

Table of Contents

…and how are the children?

"…and how are the children?"

The traditional greeting among the Masai tribe in Africa acknowledged the high value that the Masai place on their children's well-being. Even warriors with no children of their own respond: "All the children are well"…indicating that life is good; peace and safety prevail and, despite daily struggles, the priorities of caring for their children are in place.

If only this were true for all of the children of Washington County…

In 2001, frustrated by increasing numbers of children "falling through the cracks," the Washington County Coalition for Children (formerly the Washington County Risk Response Team) began focusing its efforts on filling the gaps in services in Washington County. We began compiling available data regarding children and families and analyzing that data in relation to existing resources in the area at the time. In January 2003, we published our findings in a report entitled *The Status of Children and Families in Washington County: A Comprehensive Needs Assessment*. This ground-breaking report, which cited 39 gaps in services, laid the foundation upon which community change efforts could be built.

The Coalition then hosted two Children's Issues Forums that Spring to solicit community input in developing priorities for action. We launched several work groups to address these priorities and have been convening an annual Children's Issues Forum every Spring ever since.

Inspired by an article written by Reverend Dr. Patrick T. O'Neill entitled "…and how are the children", we have used this theme for each of our forums and these reports.

This third update of our original report tracks changes and progress made by our efforts and those of others concerned about children in our community.

The Washington County Coalition for Children is comprised of individuals, organizations, and businesses that are concerned about the children of our community.

Our mission is . . .

to be a voice that advocates for the health and well-being of children and families in Washington County, is serving as catalyst and facilitator for improved services.

Because many of the issues facing children and families in our community are complex and beyond the purview of any one agency or organization, we believe collaboration is essential. Our role is as catalyst and facilitator, in which we bring people together across the county to document needs and address priority issues for children and families.

For more information, visit www.washcokids.org.

At the beginning of each section of the report, you will find:

- **Key Findings:** a brief summary of the most significant findings related to each topic of this assessment.
- **Progress Since Last Report:** information regarding major changes and new facilities, initiatives, and programs that have been implemented since our last needs assessment was published in 2008.
- **Areas for Improvement:** concrete recommendations as what is needed to improve the status of children and families in Washington County.

Although progress has been made over the past seven years, significant gaps in services for children and their families in Washington County still exist. Children and their families who are falling through the cracks don't need to read this report. They live the reality everyday.

We hope that this update, containing the latest information available about the specific needs of children and families in our community, will inspire action to fill service gaps.

Our efforts to date demonstrate that we can accomplish far more working together than we can alone. Continuing collaboration holds the key to solving some of the most difficult challenges facing us. We are committed to improving services for children and families in Washington County.

As you read this report, we hope you will be moved to think what you or your organization can do to improve the lives of children and families in our community. We invite you to join our change efforts and become a member of the Coalition.

Demographics

Who are our children?

by Susan Orban

The characteristics and trends of the County's population – size, family structure, living arrangements, education, income and unemployment – provide a background for understanding the resources and services needed by the area's families and children. This section reports demographic information compiled by the U.S. Census Bureau and the U.S. Department of Labor. The decennial census is a snapshot of the population taken once every 10 years on Census Day, April 1st. To provide more current period estimates, the Census Bureau conducts the American Community Survey (ACS) continuously throughout the year to assist communities in planning investments and services. However, because estimated numbers fluctuate between seasons, particularly in college towns and vacation areas, caution must be used in comparing ACS figures to point-in-time estimates, such as Census 2000.

Key Findings

According to the U.S. Census, Washington County's population has grown significantly over the past twenty years. From 1990 to 2000, the county's population grew 12.3%, making it the fastest growing area of the state.

The rate of growth has slowed down considerably – 2008 projections estimate a 2.2% population increase since 2000.

The 2000 U.S. Census also revealed these factors affecting children and families in Washington County:

- 579 Grandparents in Washington County reported they had "assumed full care of their grandchildren on a temporary or permanent live-in basis."
- Almost three of four (73%) Washington County children under age 18 and two of three (65%) children under age 6 had all parents in the work force.
- One in five (20%) Washington County children were living in Single-Parent families.
- Median family income fell 10.2% from $94,071 in 2008 to $84,505 in 2009 as a result of the recession.
- Unemployment rates in Washington County skyrocketed during the past three years and in 2009, the county rate was 9.1%. This parallels national and state trends.

Progress since last report

- Many medical offices and some social service programs offer late-day and Saturday appointments to accommodate working parents.
- 24-hour access via the internet to social service program information and on-line applications is helping to meet the needs of working parents.

Areas for improvement

- Explore the needs of single-parent families, including the needs of children who often get caught in the middle of conflicts between their divorced parents
- Better accommodate the needs of working parents by:
  - changing business office hours for appointments, parent conferences, special events, etc.
  - offering more alternative programming for occasions when school is not in session
- Explore the needs of grandparents who have taken on the responsibility of caring for their grandchildren.

Population

The 2000 Census listed Washington County as the fastest growing county in RI with a 12.3% population growth from 1990 (110,006 residents) to 2000 (123,546 residents). Although since then, population growth in Washington County appears to be slowing down considerably. 2008 population projections from the U.S. Census Bureau listed Washington County with an estimated 126, 264 residents, an increase of 2.2% since 2000. Overall, growth in the last twenty years has increased significantly in Washington County and resources have simply not kept pace with needs of county's population.

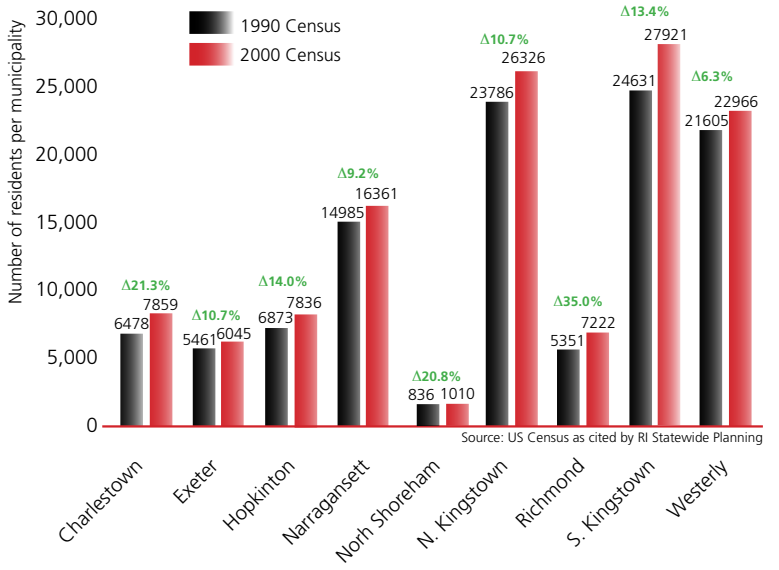
Child population

Washington County's child population (children under age 18) grew from 25,366 in 1990 to 28,882 in 2000 for an increase of 13.9%. At this time, children comprised almost a quarter (23.4%) of the county's total population.

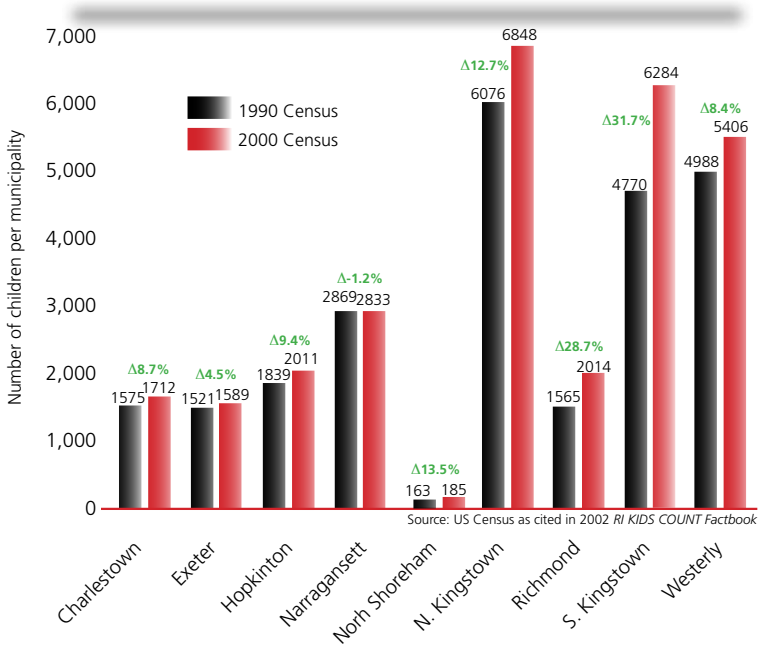
Young child population

Researchers document that children's first years of life are critical for their healthy development. During these years, children encounter critical windows of opportunity for learning that provide the cornerstones upon which all future learning takes place. In the 2000 Census, 7,260 children were under age 5 in Washington County. The graph on the next page illustrates the number of children under age 5 by town.

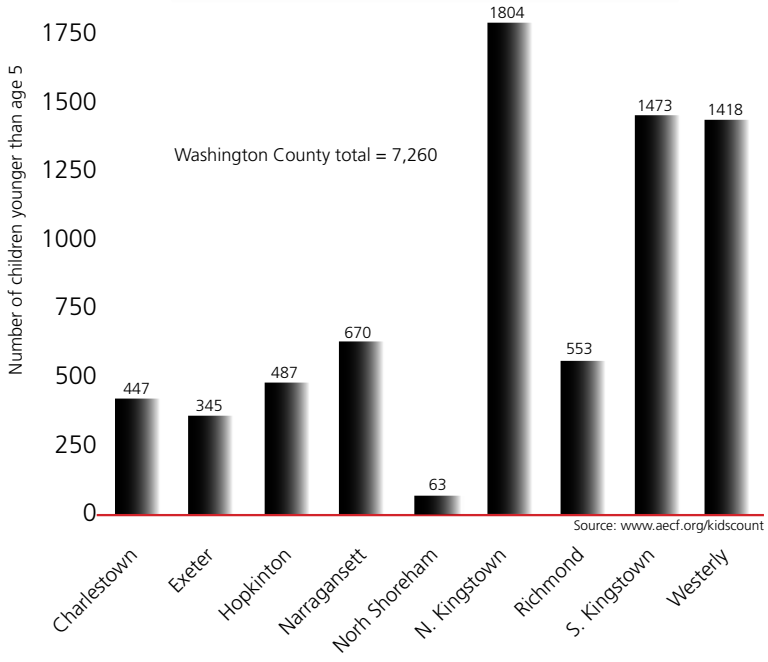
Washington County population change, 1990-2000



Child population < age 18 change, 1990-2000



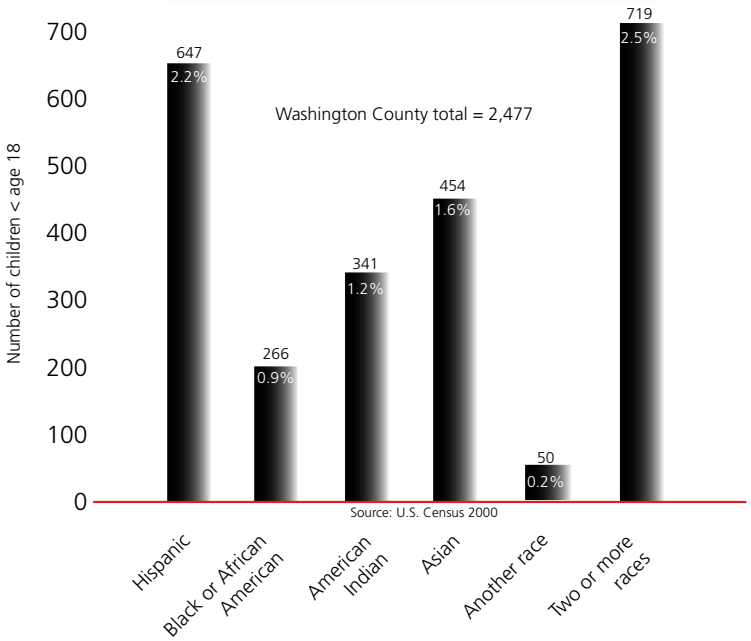
Children population < age 5, 2000



Racial and Ethnic Diversity

Census data for the racial and ethnic composition of Washington County's population documents that the vast majority of residents are white. Of the 28,882 children under age 18 living in Washington County during the 2000 Census, 26,405 of them or 91.4 % were white. All other population groups combined comprised only 8.6 % of the child population. The following graph illustrates the number and percentage of children belonging to each non-white racial and ethnic population in Washington County.

Race and ethnicity of non-White child population, 2000



Children's living arrangements

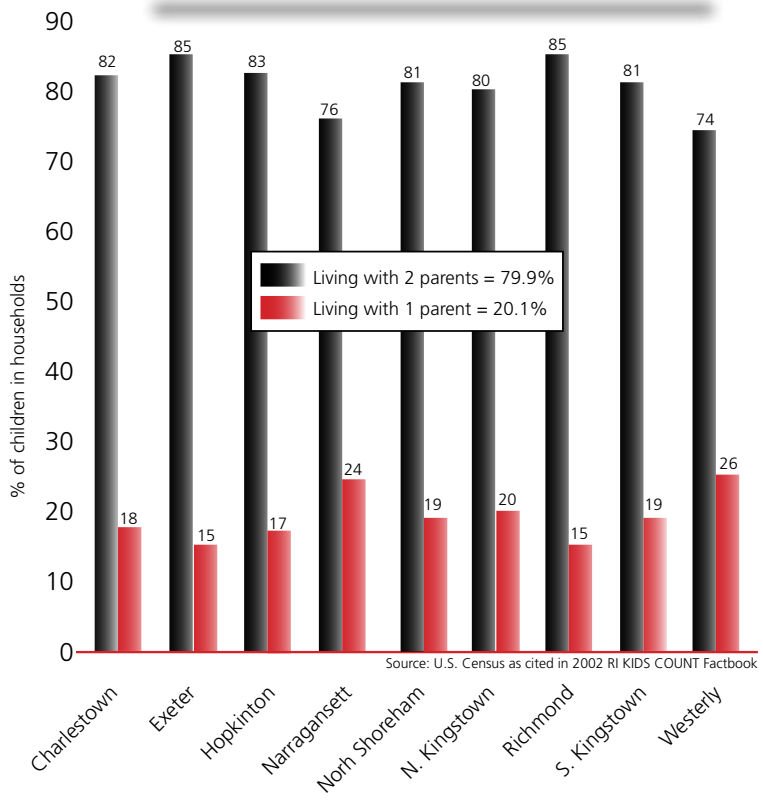
Nationally and in Rhode Island, many children live in single parent families. Children living in single parent families are more likely to be living in poverty compared to children living in 2-parent families. In addition, single parents are more likely to need community support services, such as child care. The graph to the right illustrates the living arrangements of Washington County's children by town as reported in the 2000 Census.

Grandparents responsible for grandchildren

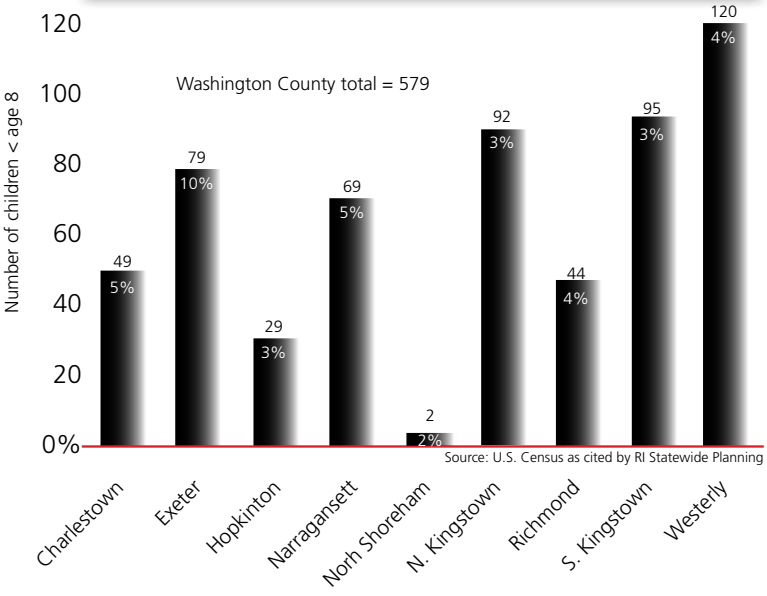
Grandparents are sometimes called upon to care for their grandchildren when the children's parents are unable to do so. Either because of physical or emotional problems, parenting difficulties, substance abuse, or unexpected death of the parents, growing numbers of grandparents are shouldering the burden of caring for the next generation in their families.

The 2000 Census revealed that 579 grandparents in Washington County had taken on the responsibility for their grandchildren - that is "Grandparents who have assumed full care of their grandchildren on a temporary or permanent live-in basis." The graph to the right illustrates the number and percentage of children who have grandparents as their full-time care providers. Exeter with 10% was one of two Rhode Island towns with the highest percentage of children cared for by their grandparents.

Children's living arrangements, 2000



Grandparents responsible for children, 2000



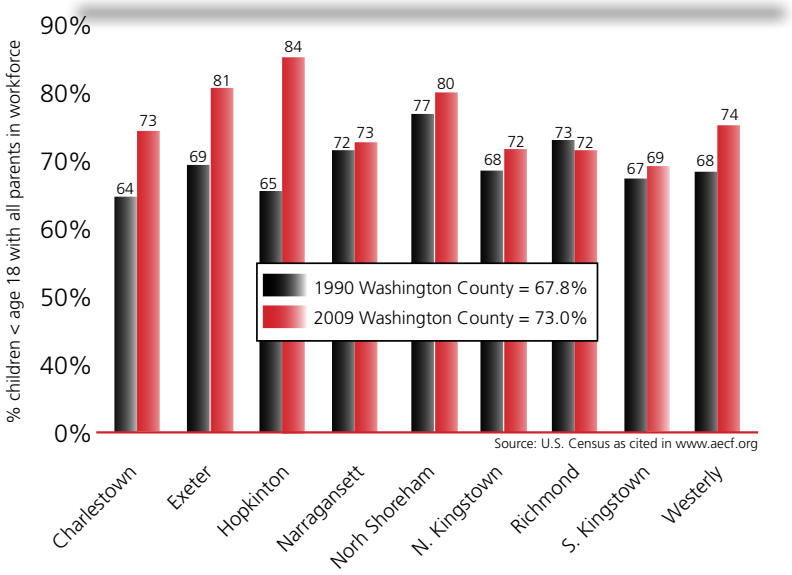
All parents in the workforce

In more families than ever before in our nation's history, all parents are employed. Families with all parents working typically need community services, such as child care. When the parents of school-age children are working, these children are often left without adult supervision after school. Without well designed after-school programs for these children, they are at risk for lower academic achievement, behavioral problems, such as crime, vandalism and substance abuse, and mental health problems.

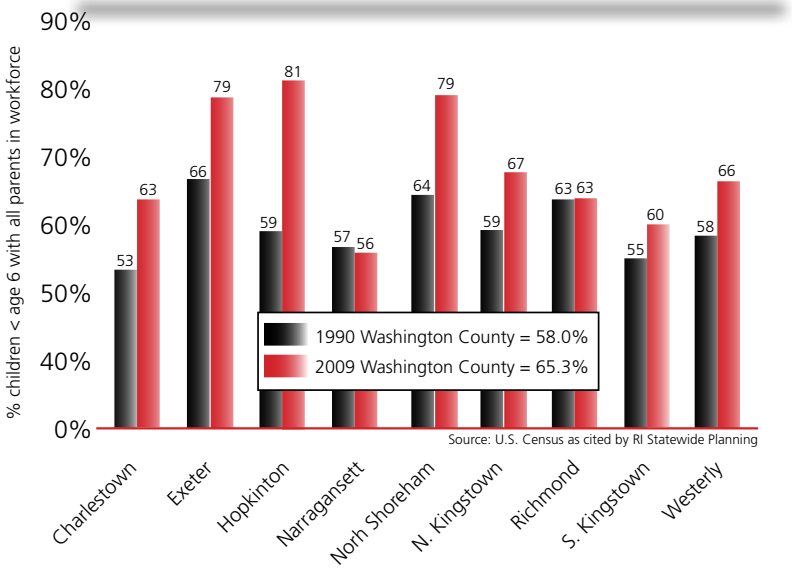
The percentage of Washington County children (under age 18) with all parents in the work force increased from 67.8% (16,650) in 1990 to 73% (20,211) in the 2000. The following graph illustrates changes from 1990 to 2000 by town. During this decade, more children in every town, except Richmond, had all parents in the work force. In other words, more children live in single parent families where their parent works and more children live in two parent families where both parents work.

The percentage of Washington County children under age 6 with all parents in the work force also increased significantly from 1990 to 2000. In 1990, 58% (4,970) of the children under age 6 in Washington County had all parents in the work force. By the 2000 Census, this had increased to 65.3% (5,646) of children under age 6. The towns of Hopkinton (80.8%), Exeter (78.8%), and New Shoreham (78.7%) reported the highest percentages of young children with all parents in the work force in the state.

Children < age 18 with all parents in workforce, 1990 & 2000



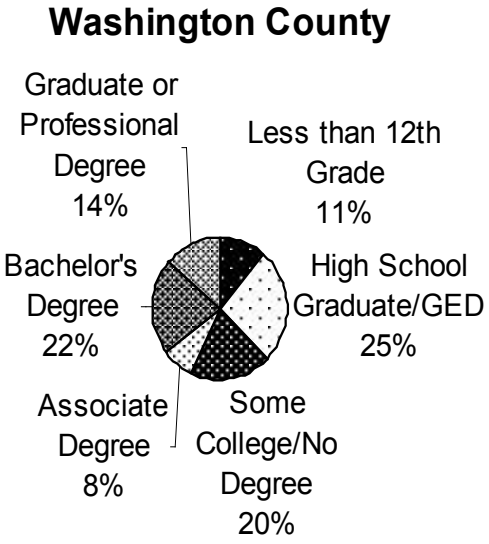
Children < age 6 with all parents in workforce, 1990 & 2000

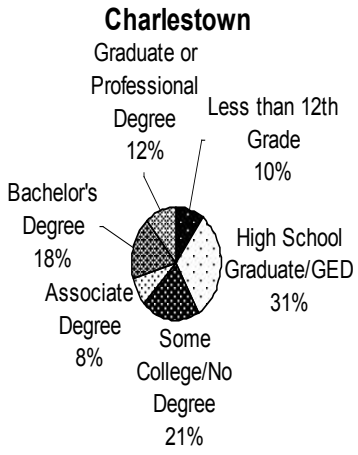


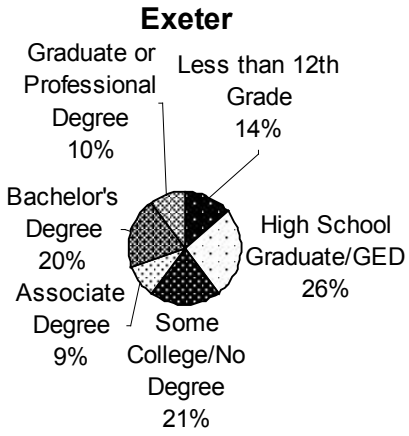
Educational attainment

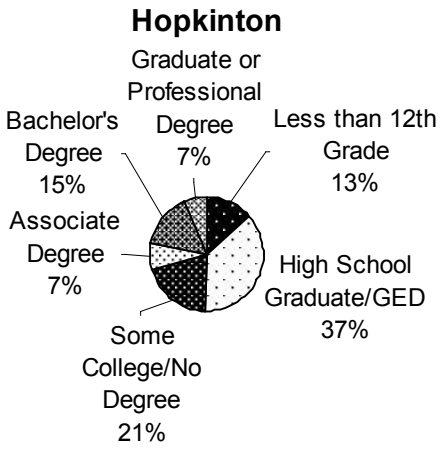
Educational attainment is an important community indicator to assess because higher educational attainment is associated with higher income potential. Washington County residents are generally well educated. In the 2000 Census, only 11.4% (9,241) of adults ages 25 and older in Washington County reported having less than a high school education; 26% (21,010) reported their highest educational attainment as a high school diploma or GED; 19.5% (6,174) had some college education; 7.6% (6,174) had Associate Degrees; 21.7% (17,580) had Bachelor's Degrees; and, 13.7% (11,112) completed Graduate or Professional Degrees. As the pie charts below illustrate, educational attainment rates documented by the 2000 Census vary significantly among the towns in Washington County.

The towns with the highest percentage of adults with less than a high school education were: Westerly 18.3%, Exeter 14%, Hopkinton 13.4%, and Richmond 12.7%. New Shoreham had the lowest percentage in Washington County with only 5.3% with less than a high school diploma. Towns with the highest percentage of adults with only a high school education or GED were: Hopkinton 36.8%, Charlestown 32%, and Westerly 30%. Towns with the highest percentages of adults with Bachelor's Degrees were New Shoreham 32.6%, South Kingstown 26.9%, North Kingstown 26.4%, and Narragansett 24.2%. Given the location of two University of Rhode Island Campuses in South Kingstown and Narragansett, it is not surprising that 2000 Census figures list these towns with the highest percentages of residents with graduate or professional degrees - South Kingstown 19.9% and Narragansett 17.6%.

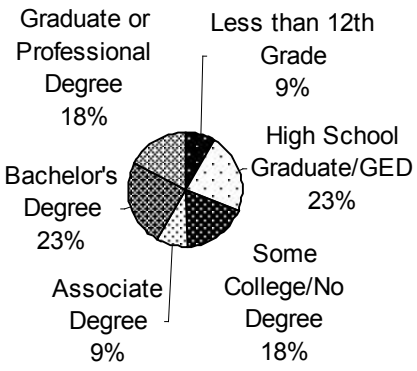




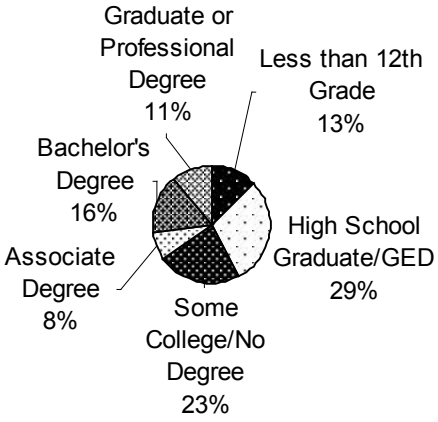




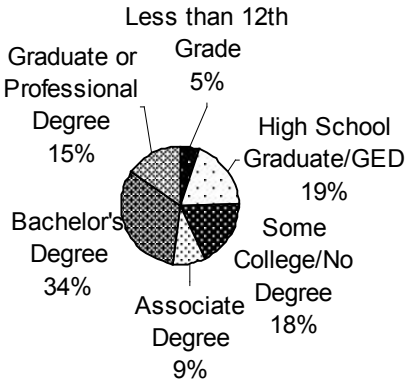
Narragansett



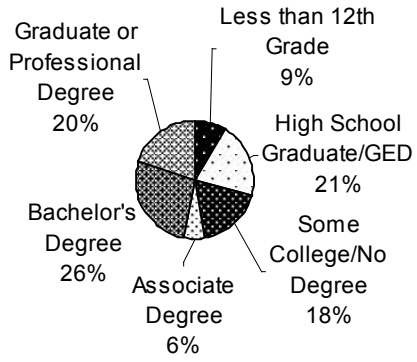
Richmond



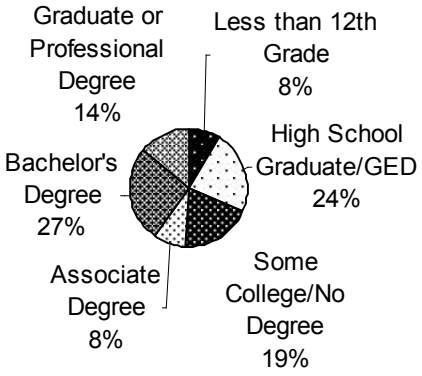
New Shoreham



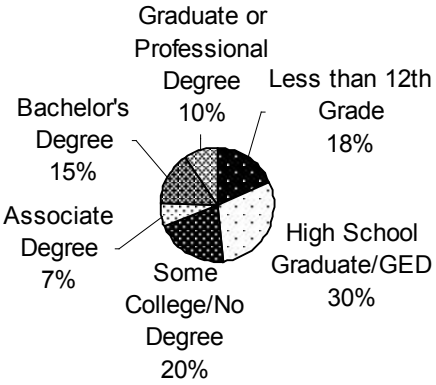
S. Kingstown



N. Kingstown



Westerly

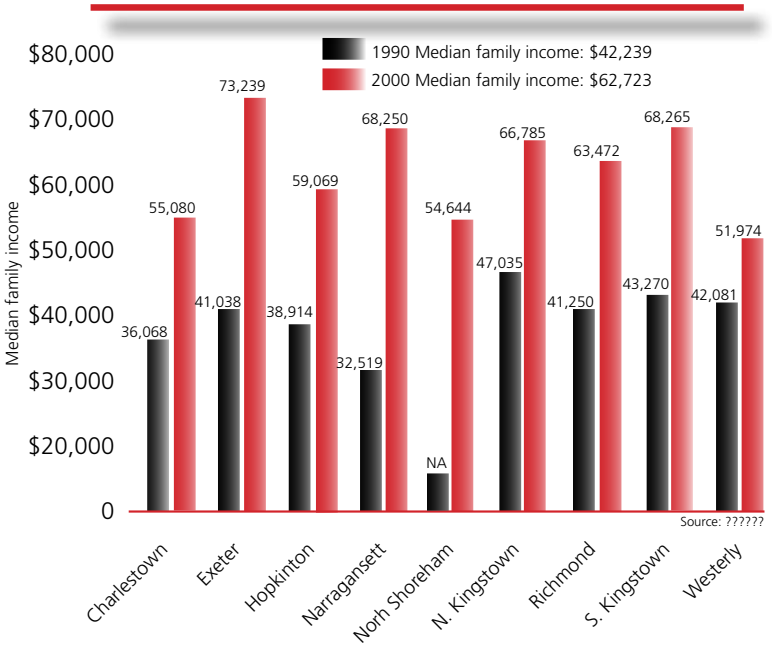


Median family income

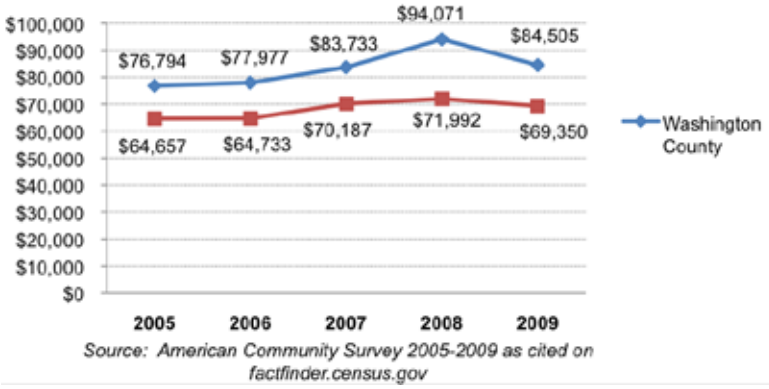
The median family income is the yearly income level where 1/2 of the population has a higher income and 1/2 of the population has a lower income. Town specific data is only available through the Census every 10 years. The median family income, for Washington County families with children less than 18 years of age, increased 48.5% from $42,239 in 1990 to $62,723 in 2000. The graph below shows the 1990 and 2000 median family income in Washington County towns for families with children less than 18 years old.

Median family income provides a measure of the ability of families to meet their daily living expenses, such as food, clothing, shelter, transportation, health care, child care, etc. 2005-2009 Data from the annual ACS conducted by the Census Bureau show the median family income in Washington County significantly higher than that of the state of Rhode Island as shown in the following trend line. As a result of the recent recession, the median family income in Washington County fell 10.2% from $94,071 in 2008 to $84,505 in 2009. Overall, however, the county's 2009 median family income was still up 9.1% from the 2005 median family income of $76,794.

Median family income with children < age 18, 1990 & 2000



Median Family Income 2005-2009

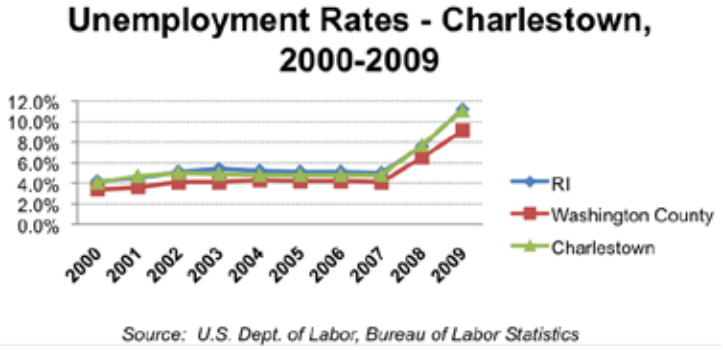


Source: American Community Survey 2005-2009 as cited on factfinder.census.gov

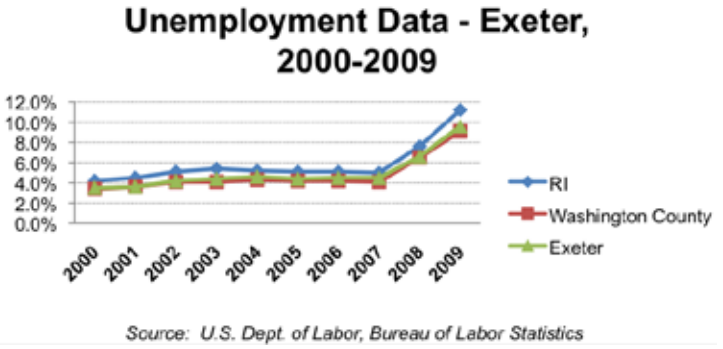
Unemployment rates

Unemployment rates are indicators of economic health and the number of people who are without steady wages and, therefore, more likely to need community support services. Generally, over the past decade, unemployment rates have been lower in Washington County than in the state of Rhode Island. Consistent with national economic trends, unemployment rates in Washington County have skyrocketed since the recession began in December 2007. At 11.2% in 2009, RI's unemployment rate has been one of the highest in the nation, compared to 9.1% in Washington County. Because much of Washington County's economy is dependent upon tourism and natural resource industries (fishing and agriculture), much of the area's employment is seasonal in nature. The county's highest monthly unemployment rates are typically January, February, and March. Unemployment rates are typically lowest in late spring (May, June) and early fall (September).

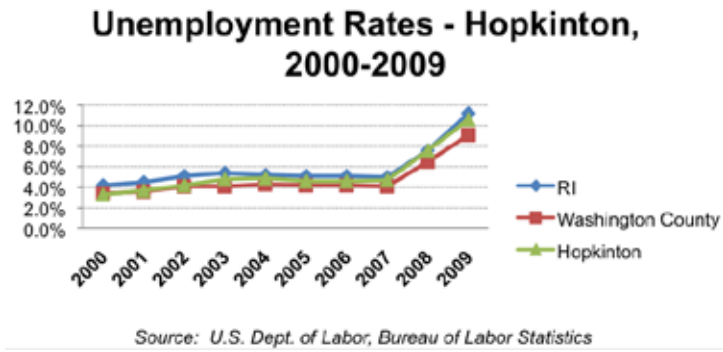
The following graphs illustrate annual unemployment rates (not seasonally adjusted) for all nine towns in comparison to Washington County and state-wide unemployment levels.



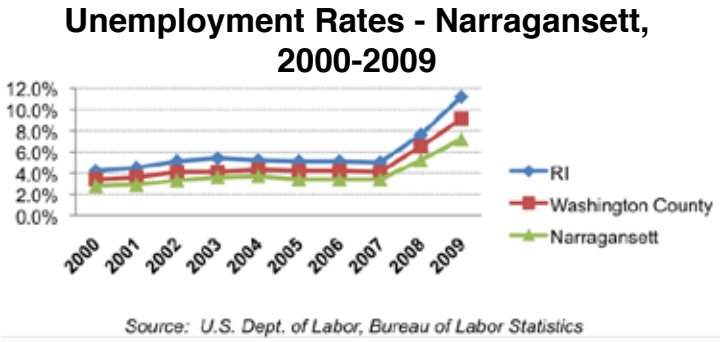
Source: U.S. Dept. of Labor, Bureau of Labor Statistics



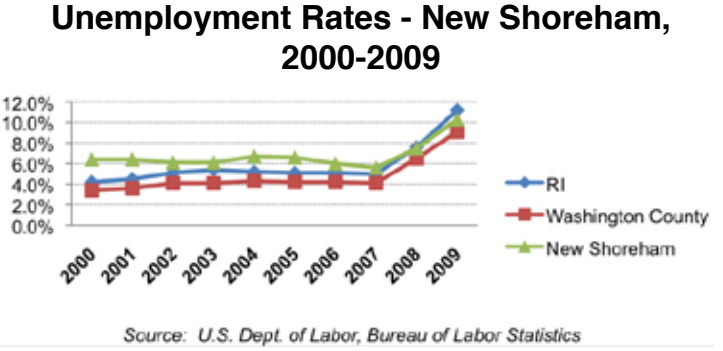
Source: U.S. Dept. of Labor, Bureau of Labor Statistics



Source: U.S. Dept. of Labor, Bureau of Labor Statistics



Source: U.S. Dept. of Labor, Bureau of Labor Statistics



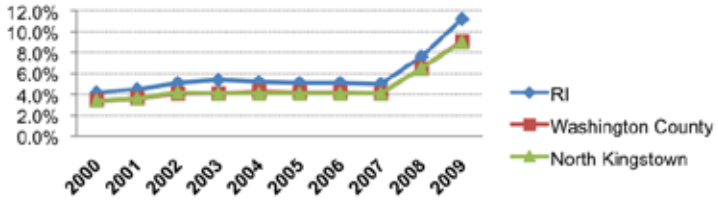
Source: U.S. Dept. of Labor, Bureau of Labor Statistics

Endnotes

1 U.S. Census Bureau, Population Estimates Program

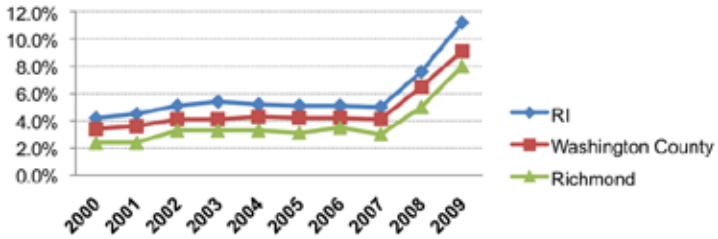
2 Heymann, Judy. (2002). Can Working Families Ever Win? A New Democracy Forum on Helping Parents Succeed at Work and Care-giving. Boston, MA: Beacon Press

Unemployment Rates - North Kingstown, 2000-2009



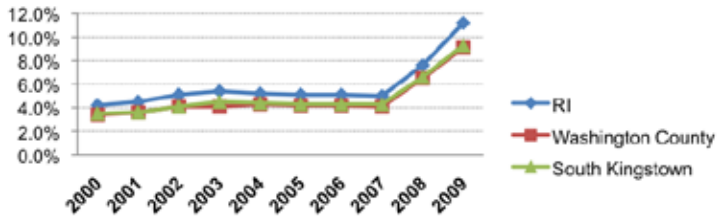
Source: U.S. Dept. of Labor, Bureau of Labor Statistics

Unemployment Rates - Richmond, 2000-2009



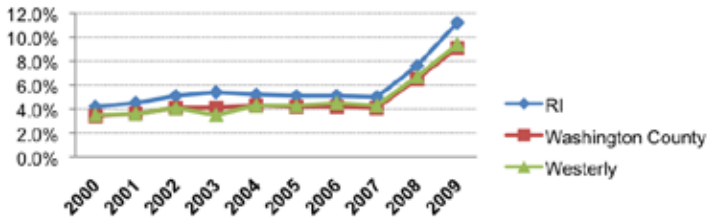
Source: U.S. Dept. of Labor, Bureau of Labor Statistics

Unemployment Rates - South Kingstown, 2000-2009



Source: U.S. Dept. of Labor, Bureau of Labor Statistics

Unemployment Rates - Westerly, 2000-2009



Source: U.S. Dept. of Labor, Bureau of Labor Statistics

Poverty

Are our children in economically stable families?

by Sean Walsh

Key Findings

As a result of the Great Recession, poverty appears to be growing in Washington County as partially reflected in enrollment in safety net programs –

Since 2001, children enrolled in . . .

- Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) is up 87.9%
- Free/Reduced School Meal Program is up 38.4%
- Low-Income Home Energy Assistance Program (LIHEAP) is up 49.4%

With stiff new reforms enacted to the state's cash assistance program, the number of impoverished children benefiting from the program has fallen 67.8% since 2001.

Progress since last report

- RI Dept. of Human Services has expanded eligibility and reduced application barriers to SNAP so that record numbers of residents are able to access needed food benefits.
- Local schools have removed enrollment barriers and stigma associated with the Free/Reduced School Meals Program and more students are eating needed meals at school.

Areas for Improvement

- Raise public awareness of increasing child poverty in Washington County and its long-term economic impact on our community.
- Partner with faith-based organizations to ensure that low-income families are making full use of available support services and programs, including Food Stamps, LIHEAP, Child Care Subsidies, etc.
- Advocate for policies and programs that promote economic security and provide critical safety net services to low-income families, including;
  - Protect needed income supports, such as Unemployment Benefits, Earned Income Tax Credits, Child Care Assistance and Cash Assistance
  - Create and support jobs for vulnerable populations through partnerships with local businesses
  - Establish Fatherhood Programs focused on job skills and parenting

Children living in poverty experience the highest risk of not achieving their full potential due to health and behavioral problems, school and learning issues, teen pregnancy, and job insecurity. Child poverty not only impacts individual families, but also impacts our economy as well through increased costs for health care, education, criminal justice, and safety net services.

Reeling from the Great Recession and high unemployment, U.S. poverty rates have increased significantly over the past three years. According to data released by the Census Bureau in September 2009, 1 in 7 Americans, including 1 in 5 children, are now living in poverty. The overall poverty rate in 2009 climbed to 14.3% or 43.6 million Americans, marking the largest number of people in poverty in the 51 years since poverty estimates have been published.[1] Nationally, the number of children living in poverty in 2009 also increased to 20.7% or 15.5 million children under age 18.

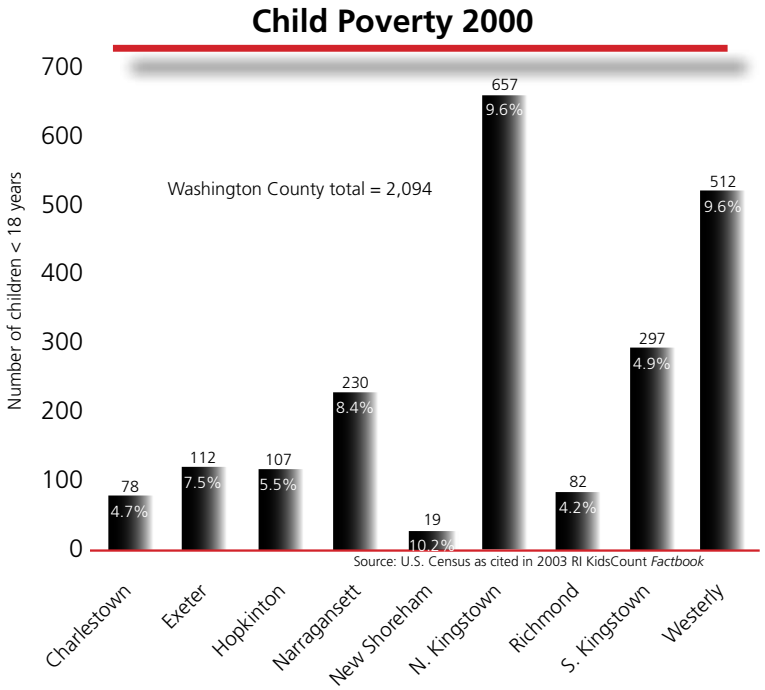
In Rhode Island, the estimate for overall poverty in 2009 is 11.5%. For children living in poverty, the rate is 16.9 % (37,731 children), up from 15.5% in 2008. Rhode Island ranks fifth among the six New England states and 19th in the nation for child poverty (where 1st is the best). This means roughly 1 in 6 RI children are living in

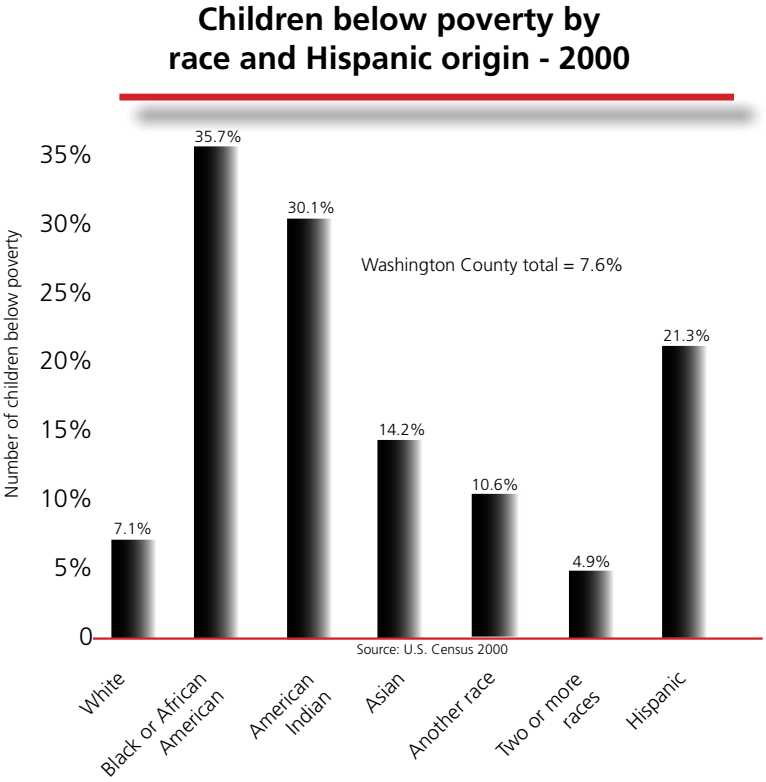
poverty. Of those children, almost half are living in extreme poverty, defined as one-half of the federal poverty level ($8,643 a year for a family of three with two children or $10,878 a year for a family of four with two children in 2009).[2] Because poverty data by town is only available through the decennial census conducted every ten years, there are no town specific updates at this time. However, it is worthy to note the following trends identified in previous reports as we anticipate the release of 2010 decennial census data next year.

Number of children living in poverty

According to the last decennial census, there were 2,094 children under age 18 living in poverty in Washington County. The chart above indicates both the number and percentage of children under age 18 living below poverty by town as reflected in the 2000 Census.

While the number of children in Washington County living in poverty is lower than elsewhere in the state, when evaluated by family type, 76% or 1,599 poor children live in single-parent households. This is significant in that the incidence of poverty is greater for single-parent households. Children under age 6 who live in poverty are considered to be the most vulnerable. They are likely to experience the most long-term consequences in the areas of learning, social skills, and mental health. Also, children under 18 who grow up in poverty are almost twice as likely to remain poor as adults.[3] 2000 Census figures reveal 32.3% of Washington County children under the age of 6 live in poverty. The majority (80%) of children under age 6 living in poverty live in single parent families.





Minority children living in poverty

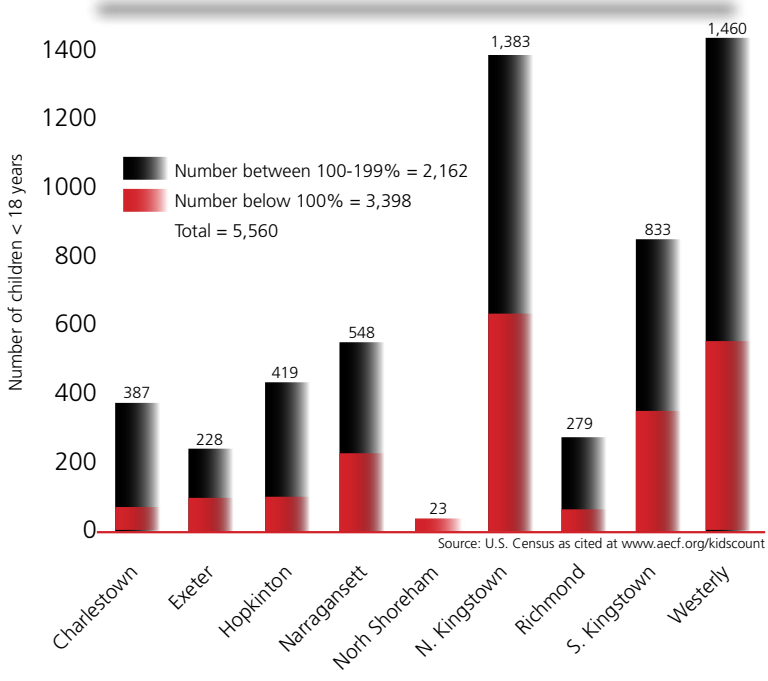
Racial and ethnic disparities are evidenced in our communities by the percentage of children from these groups living in poverty. The chart on the previous page provides a break-down by race and Hispanic origin of the 7.6% of minority children under age 18 living below poverty in Washington County as reported in the 2000 Census.

This is significant because as compared to their white peers:

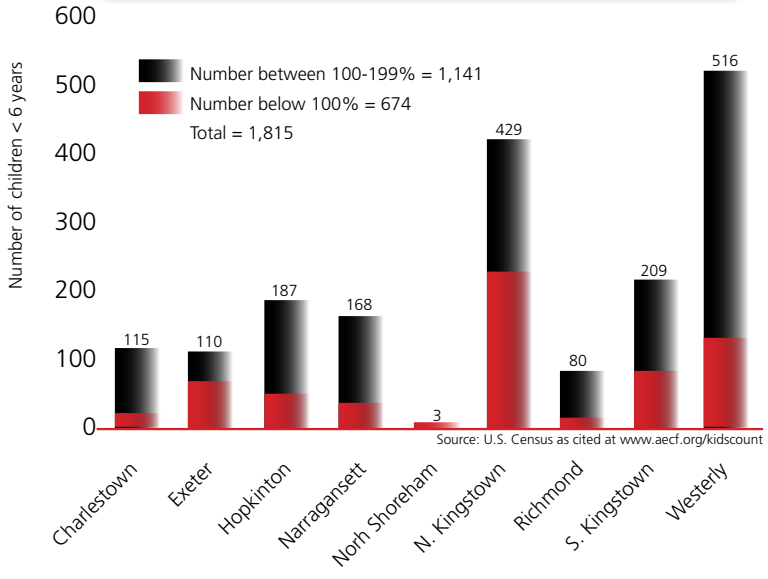
- Black or African American children are 5 times more likely to be living in poverty;
- Native American children are more than 4 times as likely to be living in poverty;
- Hispanic children are 3 times as likely to be living in poverty; and
- Asian children are twice as likely to be living in poverty in Washington County.

The U.S. definition of poverty is widely considered an outdated benchmark. Developed in the 1960's by estimating the cost of an "economy food diet" and multiplying it by three to cover rent, utilities, and other household, expenses, the current Federal Poverty Level (FPL), grossly underestimates the cost of basic goods and needed services and fails to account adequately for benefits, such as SNAP, earned income tax credits, child care assistance, etc. Since the 1960's, food costs have fallen significantly relative to other household costs for housing, heating, child care, transportation, medical expenses, insurance, etc. The official poverty thresholds have fallen well behind income growth among middle and higher income families.

Children <18 living below 200% FPL - 2000



Children <6 living below 200% FPL - 2000



For example, in the early 1960s, the FPL for a family of four was nearly 50% of the median family income; but now represents only 28%.[4] Because the FPL does not reflect a family's ability to make ends meet, public programs base eligibility criteria upon multiples of the FPL. A breakdown of eligibility criteria based on multiples of the FPL is as follows:

Program	Eligibility Criteria
SNAP (formerly Food Stamps)	185% FPL Gross & 100% FPL Net
Free and Reduced School Meals	130% FPL for Free Meals
	185% FPL for Reduced Meals
WIC	185% FPL
Commodities Program	130% FPL
RIte Care	175% FPL for Family Coverage
	250% FPL for Pregnant Women and Children
Child Care Subsidy	180 % FPL
LIHEAP (Energy Assistance Program)	60% RI Median Family Income

To understand this in real terms, the current Federal Poverty Guidelines stipulate an annual income for a family of 3 as $18,310/year;[5]

133% FPL = $24,352.30/year;

185% FPL = $33,873.50/year;

200% FPL = $36,620/year;

250% FPL = $45,775/year.

The graphs on the previous page provide information about the numbers of Washington County families potentially eligible for these important safety net and support services per the 2000 Census. At that time, there were 5,560 children (19.7%) of children under the age of 18 living below 200% of the FPL in Washington County.

Of these 5,560 children, 1,815 or 33% of them were under the age of 6.

Rhode Island Standard of Need

Because the FPL is flawed, every two years The Poverty Institute at the Rhode Island College School of Social Work publishes ***The Rhode Island Standard of Need*** (RISN) to provide a more realistic standard for measuring economic well-being among RI residents. The RISN serves as a supplement to the outdated FPL statistics. The following text and tables are based upon *The 2010 Rhode Island Standard of Need*.[6]

The RISN is designed to evaluate the ability of families to maintain a basic standard of living (in the Providence metropolitan area); a standard that does not ask the family to choose between such necessities as food, medical care, housing, or childcare. The RISN also reflects how federal and state income supports (cash assistance, Earned Income Tax Credit, SNAP, WIC and subsidies for child care and health care) help families meet their needs.

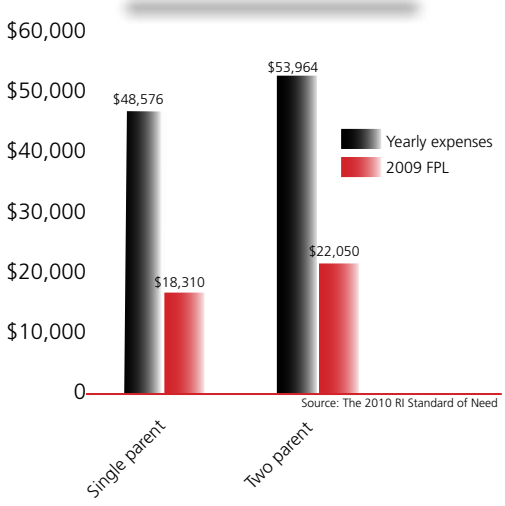
The RISN shows that RI families must meet the following basic monthly needs for 2010:

	Single Parent*	2-Parent*
Housing	$963	$963
Food	$594	$837
Transportation	$426	$588
Child Care	$1,321	$1,321
Medical	$359	$359
Misc. + Sales Tax	$385	$429
Total Monthly Expenses	$4,048	$4,497
Total Yearly Expenses	$48,576	$53,964

**Assumes 2 children, a toddler and a school-age child. Wages are based on a 40 hour work week. In the 2-parent family, both parents are working full-time.*

The "basic standard of living" used in the RISN is a conservative estimate of a family's costs and *does not include funds for:* purchase of a car, household necessities (such as cribs, strollers, bedding, furniture, towels, cooking utensils, etc.), occasional fast-food meals (often necessary due to work demands), child enrichment activities (school trips, music or art lessons, etc.), or any funds for vacations, birthdays, holidays or other special occasions.

Yearly costs compared to 2009 poverty level



Children's participation in assistance programs

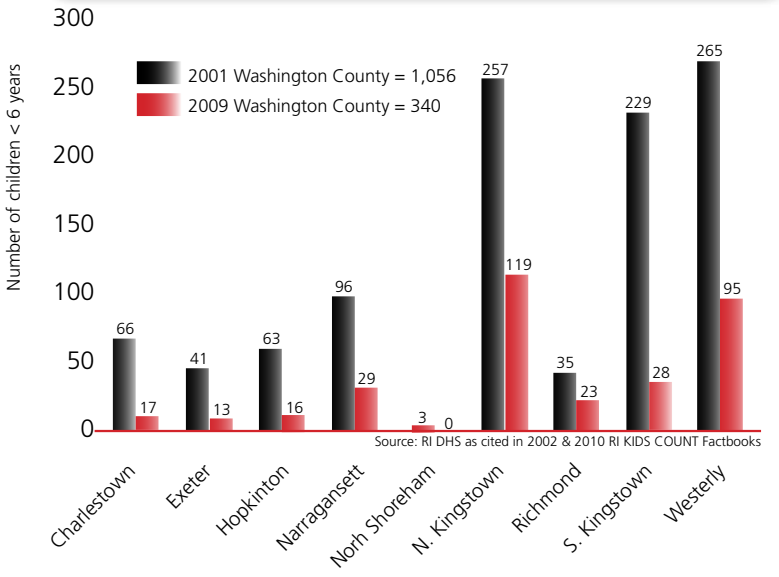
Enrollment in various public benefit programs for low-income families in Washington County can also provide information highlighting family needs. These programs include Rhode Island Works (formerly known as the Family Independence Program), SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps), Free and Reduced School Meals and the Commodities Program.

Children enrolled in Cash Assistance (formerly the *Family Independence Program*)

Rhode Island Works provides cash assistance and work supports to impoverished families, providing an essential safety net for children. Eligible families can obtain cash assistance, food stamps, health coverage, subsidized child care, and employment readiness services to support parents in finding jobs and succeeding in the workforce. Working families earning <100% FPL can also receive a supplemental cash payment through RI Works. Both single and two parent families are eligible for the program. Benefits are extremely low, i.e. $554 per month for a family of 3, and have not increased in twenty years.

Despite steady declines in enrollment in cash assistance since the implementation of national welfare reform in 1996, RI revamped

Children receiving Cash Assistance, 2001 & 2009



its program in July 2008 to adopt a "work-first" approach (as reflected in the new name). In the process, the state enacted some of the nation's most stringent time limits on cash assistance. RI Works benefits are limited to 24 months in any 60 month time period with a 48-month lifetime limit. To be eligible for benefits, applicants must first participate in a month-long job search as a condition of enrolling in or remaining in the program. This "work first" reform came into effect just as Rhode Island entered the recession and unemployment rates began to climb.[7] Many parents enrolled in RI Works face significant hurdles in succeeding in the labor market, including low literacy, learning disabilities, physical or mental handicaps, transportation issues, and child care for children with special needs. For these parents, securing employment is challenging even in good economic times. Children in these families too often face extreme poverty, hardship, and homelessness once cash assistance benefits are exhausted.[8]

Since 2001 when the Coalition began tracking this data countywide, the number of children enrolled in the cash assistance program in Washington County has declined 67.8%. This is highlighted in the chart on the previous page comparing the total number of children enrolled on Dec. 1, 2001 and Dec. 1, 2009. Enrollment has fallen significantly in all nine Washington County towns.

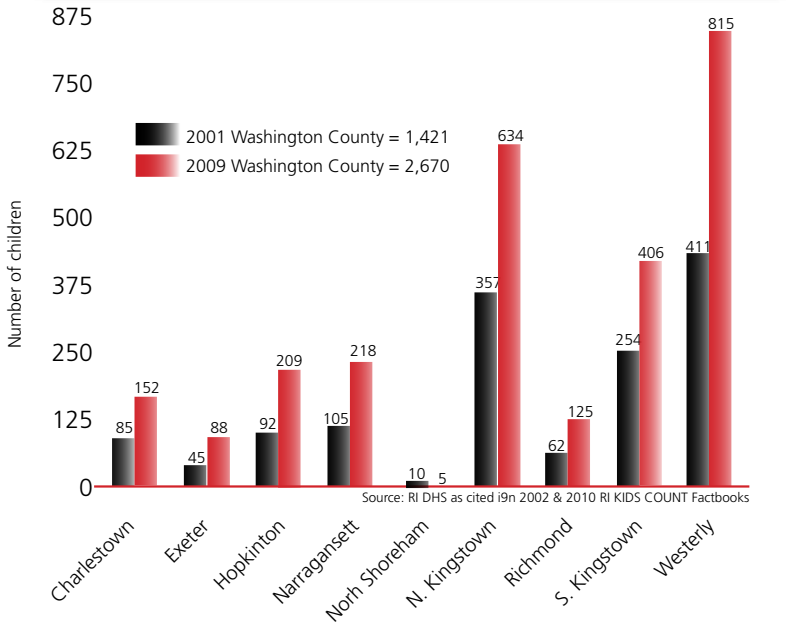
Children receiving SNAP
(Supplemental Nutrition Assistance Program)

Formerly known as Food Stamps, SNAP benefits are provided monthly to income eligible households to purchase food at retail stores and farmer's markets. SNAP provides important benefits to low-income families because of the high risk to children for poor nutrition and health problems. Traditionally, SNAP enrollment in Rhode Island lagged behind most other states.

However, in April 2009, Rhode Island implemented expanded categorical eligibility, an option encouraged by the U.S. Dept. of Agriculture (USDA), which allowed RI to increase the gross income limit and remove the resource limit for most applicants. Although households must still meet the 100% FPL net income criteria (after allowable deductions for housing costs and child care), the gross income limit for RI SNAP is now 185% FPL (up significantly from 130% FPL which it was previously).[9]

This new change in income criteria has led to significant increases in SNAP enrollment for children statewide. While the food stamps application process remains arduous, some improvements have been made. In the past, because the nearest SNAP office was located in Warwick, transportation often posed a barrier for working families seeking benefits. However, with staff from the URI Feinstein Center for a Hunger Free America now assisting eligible families at many

Children receiving Food Stamps/SNAP, 2001 & 2009



local food pantries/community agencies and the RI DHS offering telephone interviews and appointments in Wakefield and periodically in Westerly, more families are able to access needed benefits.

Overall in Washington County, the number of children under age 18 enrolled in SNAP has increased 87.9% since 2001. 1,421 children were receiving SNAP benefits on October 1, 2001 compared to 2,670 children enrolled in SNAP on October 1, 2009. Except for New Shoreham, SNAP enrollment (for children under age 18) increased significantly in every town in Washington County.

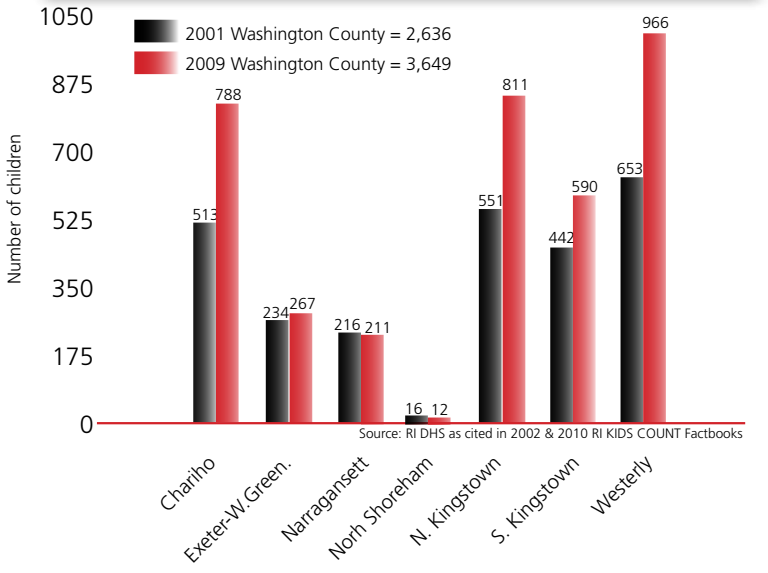
Specifically, enrollment during this period increased 78.8% in Charlestown, 91.1% in Exeter, 127% in Hopkinton, 107% in Narragansett, 77.6% in N. Kingstown, 102% in Richmond, 59.8% in S. Kingstown, and 98.3% in Westerly.

Children participating in Free/Reduced School Meal Program

In order to assure that low-income children are adequately nourished, schools offer free and reduced price meals to income eligible students. Students with family incomes at or below 130% FPL are eligible to receive free breakfasts and lunches at their schools. Students with family incomes between 131% and 185% FPL can receive school meals at reduced prices.

Overall, enrollment of Washington County students in the Free/Reduced School Meal Program increased 38.4% from 2,636 students in 2001 to 3,649 students in 2009. While enrollment stayed fairly consistent in Exeter-W. Greenwich, Narragansett, and New Shoreham, enrollment climbed by over 100 students in three Washington County school districts. From 2001 to 2009, school meal enrollment increased: 53.6% (from 513 to 788 students) in Chariho; 47.2% (from 551 to 811 students) in N. Kingstown; 33.5% (from 442 to 590 students) in S. Kingstown; and 47.9% (from 653 to 966 students) in Westerly. In many cases, these increases occurred despite overall declines in student population.

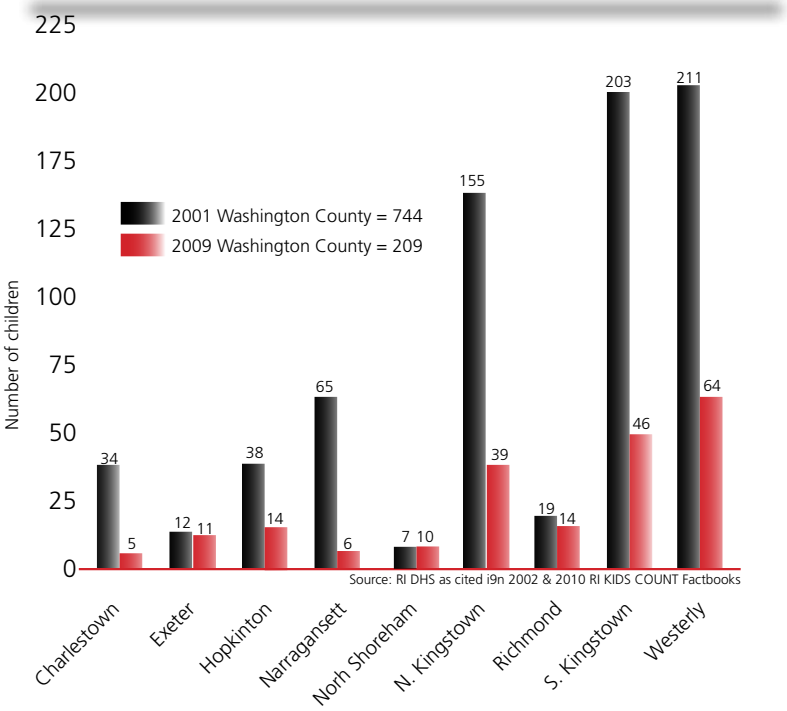
Children enrolled in Free/Reduced School Meals, 2001 & 2009



Children enrolled in Commodities program

Administered by South County Community Action, the Commodities program distributes surplus food items to low-income families once per month. Families with incomes below 130% FPL or who receive any type of public assistance, (i.e. RI Works, Food Stamps, WIC, Child Care Subsidies, etc.) are eligible to participate. Comparison of yearly enrollment figures shows a steady decline in enrollment from 744 children in 2001 to 209 in 2009. Overall, child enrollment in the Commodities Program declined 71.9% from 2001 to 2009. South County Community Action reported the content of the commodities food packages have changed significantly over the past three years, impacting interest in the program. The graph below illustrates the number of children in each town who have participated in this program.

Children enrolled in Commodities, 2001 & 2009



Food Insecurity

"Food insecurity" refers to not always having access to enough food for an active healthy lifestyle. Because of financial struggles, food insecure households reduce their food intake, skip meals, and, in the worst case, experience hunger. According to a study by the USDA, the prevalence of hunger in Rhode Island has reached the highest level in ten years. The study found that among all Rhode Island households, 11.7 percent – approximately 50,000 families – are food insecure and do not have the ability to afford adequate food.[10] With record levels of unemployment, it is not surprising that more people than ever in Rhode Island have come to rely upon emergency food pantries and soup kitchens. In Washington County, evidence of food insecurity can be found in the soaring numbers of residents seeking help from the area's 18 food pantries. On the next page is the list of established food pantries serving Washington County:

Washington County Food Pantries

Bradford Jonnycake Center of Westerly

Christ the King Church Food Pantry, Kingston

Exeter Community Food Bank

Family Service of RI, N. Kingstown

Jonnycake Center – Peace Dale

Narragansett Indian Health Center, Charlestown

New Life Assembly of God Food Pantry, Wakefield

North Kingstown Food Pantry

Pawcatuck Neighborhood Center, Westerly

RI Center Assisting Those in Need, Charlestown

St. Andrew Lutheran Church Food Pantry, Charlestown

St. Francis of Assisi Church Food Pantry, Wakefield

St. Luke's Episcopal Church N. Kingstown/E. Greenwich

St. Peter's By the Sea Episcopal Church Narragansett

St. Vincent DePaul Society, Westerly

Trinity Lutheran Church, Ashaway

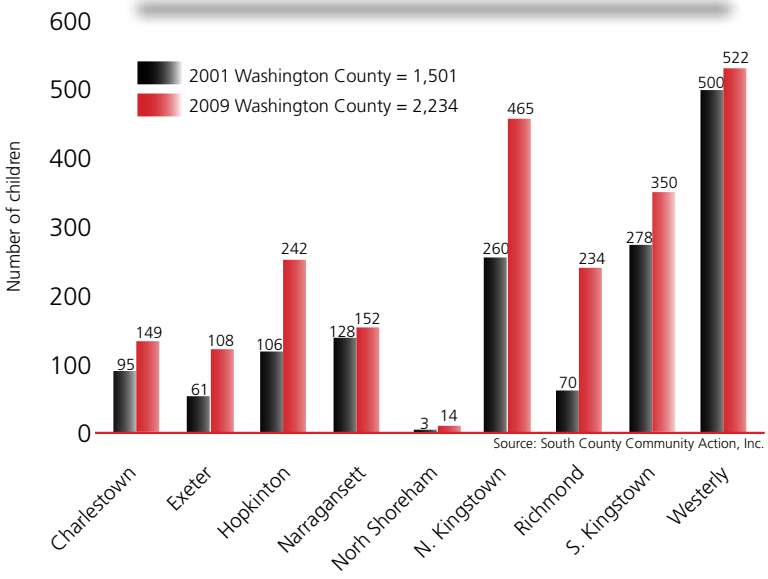
WARM Shelter, Westerly

Wood River Health Services, Hope Valley

Low-Income Home Energy Assistance Program

The Low-Income Energy Assistance Program (LIHEAP) provides grants for oil, natural gas, electricity, propane, wood, kerosene and coal for families with incomes below 60% of the State's median family income. Grant amounts, which are paid directly to heating vendors, depend upon family size, income and type of fuel used. The program is funded through federal grants and local donations and is usually available during fall and winter months (October through March) of each year. The program, which is administered in Washington County by South County Community Action, served 2,234 children in 2009. This number is up significantly from the 1,501 children (under age 18) served by the program in 2001. Enrollment increased 49.4% from 2001 to 2009.

Children receiving LIHEAP, 2001 & 2009



Summary: 2009 Washington County Poverty Indicators

# of Children Under Age 18 Living Below 100% FPL	2,162
# of Children Under Age 18 Living Below 200% FPL	5,560
# of Children Under Age 6 Living Below 100% FPL	674
# of Children Under Age 6 Living Below 200% FPL	1,815
# of Children Obtaining Free/Reduced School Meals	3,649
# of Children Receiving Food Stamps	2,670
# of Children Participating in the Commodities Program	209
# of Children Supported Through RI Works	340
# of Children Covered by LIHEAP	2,234

Endnotes

1 U.S. Census Bureau. (2010). 2009 Current Population Survey, Annual Social and Economic Supplement.

2 Rhode Island KIDS COUNT. Press Release Sept. 28, 2010. As cited on website: http://www.rikidscount.org/matriarch/documents/2010%20ACS%20Poverty%20Data%20Release%20Press%20Release%20FINAL%281%29.pdf

3 Frank, Ellen. State of Working Rhode Island: Workers Fall Behind as Economy Moves Ahead. (September 2005). Providence, RI: The Poverty Institute at Rhode Island College School of Social Work.

4 Greenberg, Mark. It's Time for a Better Poverty Measure. (August 2009). Washington, D.C.: Center for American Progress. Retrieved November 1, 2010 from http://www.americanprogress.org/issues/2009/08/pdf/better_poverty_measure.pdf

5 2009 Poverty Level Guidelines. All states (except Alaska and Hawaii) and DC. Income Guidelines as published in the Federal Register on January 23, 2009 (and in effect through December 2010). Retrieved November 1, 2010 from www.povertyinstitute.org

6 The 2010 Rhode Island Standard of Need. (November 2010). Providence, RI: The Poverty Institute, Rhode Island College School of Social Work.

7 An Uneven Path State Investments in Women's Economic Self Sufficiency (April 2010). Providence, RI: The Poverty Institute, RI College School of Social Work

8 Parrot, S. (2008). Recession could cause large increases in poverty and push millions into deep poverty: Stimulus package should include policies to ameliorate harshest effects of downturn. Washington, D.C.: Center for Budget and Policy Priorities.

9 2010 Rhode Island KIDS COUNT Factbook. (2010). Providence, RI: Rhode Island KIDS COUNT.

10 Status Report on Hunger in Rhode Island 2009. (December 2009). Providence, RI: Rhode Island Community Food Bank.

Key Findings

- Between 2001-2009, the number of children receiving Medical Assistance rose 25.2% in Washington County.
  - In 2009, 1 in 5 of the county's children were covered by Medical Assistance.
- Washington County continues to lead the state with high breastfeeding rates.
  - 72% of newborns are being exclusively breastfed at time of discharge from hospital.
- Birth rates to young teens (age 15-17) in Washington County have been declining steadily from 12.1 in 1996-2000 to 7.0 in 2004-2008.
  - Despite decline, teen births remain high in Westerly.
- In 2009, almost 1/3 of children ages 2-5 in the WIC Program in Washington County were overweight and at risk for obesity (BMI = >85Th percentile).

Progress since last report

- Westerly no longer ranks the highest in delayed prenatal care in Washington County.
- Lead poisoning rates have fallen significantly from 5% of eligible Kindergarteners in 2006 to 2.2% of eligible Kindergarteners for entry in 2011 with elevated lead levels in Washington County.
- Westerly's Children At-Risk: A Community's Self Assessment Report, released in March 2009, outlined local data findings and recommendations, setting the stage for local change efforts.

Areas for Improvement

- Implement evidence-based practices to reduce teen pregnancies in Westerly and surrounding communities
- Develop prevention strategies to address childhood obesity beginning in early childhood

Health

Are our children healthy?

by Linda Cardillo

The good news is that by most indicators (i.e. infant mortality rates, teen birth rates, # of low birth weight infants, access to medical care, etc.) the overall health status of children and families in Washington County ranks above urban areas of the state (i.e. Providence, Pawtucket, Newport and Woonsocket) on all measures of community health. Yet, there are still families and children with needs that are not adequately addressed by existing county programs and resources.

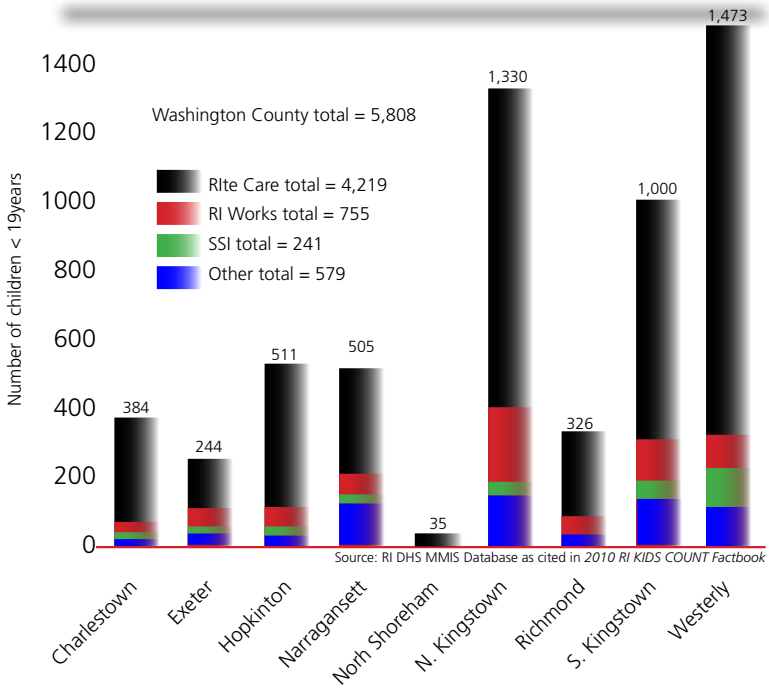
Children's health insurance

Access to health care is vital to children's healthy growth and development. For most families, access to health care is dependent upon health insurance coverage. Children are either covered by private health insurance as dependents on a parent's or guardian's plan or through Medical Assistance coverage available to eligible low-income and disabled children. Children's health insurance coverage is susceptible to changes in adults' insurance coverage status as well as changes in Medical Assistance. In 2008 & 2009 with rising unemployment both nationally and in Rhode Island, there was a decline in private insurance and an increase in public coverage of children through Medical Assistance. Rhode Island ranks 14th in the nation (1st

being the best) for percentage of uninsured children, down from 2nd in 2002 and 2003. As of 2008, 7.7% of Rhode Island's children under age 18 were uninsured compared to 10.8% of children in the U.S. This is in large part due to the state's innovative RIte Care/Rite Share (Medicaid Managed Care) Program. Statewide 89,746 children were enrolled in Medical Assistance as of December 31, 2009. Despite increased premiums and stricter documentation standards to process applications, the number and percentage of Washington County children under the age of 19 receiving Medical Assistance increased significantly from December 2001 to December 2009. The county total increased from 4,639 in 2001 to 5,808 in 2009, representing a 25.2% increase over this time period. A possible reflection of unemployment in the area, enrollment is up 8.8% from 2008. The following chart illustrates Medical Assistance enrollment by category (i.e. RIte Care, RI Works, SSI, and Other, including Katie Beckett, foster care, and adoption subsidy coverage) and town as of December 31, 2009.

The 5,805 children covered by Medical Assistance represent 20.1% or 1 in 5 of the County's children. The remaining 79.9% of children have commercial or no insurance.

Children <19 receiving medical assistance, 2009



Dental care

Access to dental care is essential to long term oral health and to decrease the likelihood of dental emergencies. Tooth decay is the single most preventable childhood disease and low-income children are at the highest risk. Unfortunately, only half (50%) of RI employers offer dental insurance to their full time employees and 9% offer it to their part-time employees compared to 79% and 10% respectively offering health insurance to their employees. Although dental care is covered through the EPSDT (Early and Periodic Screening, Diagnostic and Treatment) Program for Medicaid recipients, historically, few children have received dental services due to extremely low provider reimbursement rates. To address this problem in September 2006, RI launched RIte Smiles, a new dental managed care program for RIte Care recipients born on or after May 1, 2000. Over 45,000 young children in RI are now enrolled in the new program run by United Health Care Dental. In Washington County, 9 dentists participate in the Rite Smiles Program.

Historically, the bulk of Medical Assistance recipients have been served by two community health centers in Washington County. Currently, these two health centers house 7 of the area's RIte Smiles dental providers. In 2009, Wood River

Health Services (WRHS) Dental Clinic served 523 and Thundermist Health Center of South County (THCSC) Dental Clinic served 818 patients 18 years old and under. These figures reflect the total number of users and not visits. Included are visits for all services with a dentist or hygienist. Sources of reimbursement include medical assistance, private insurance and the sliding scale for the uninsured offered by both dental clinics.

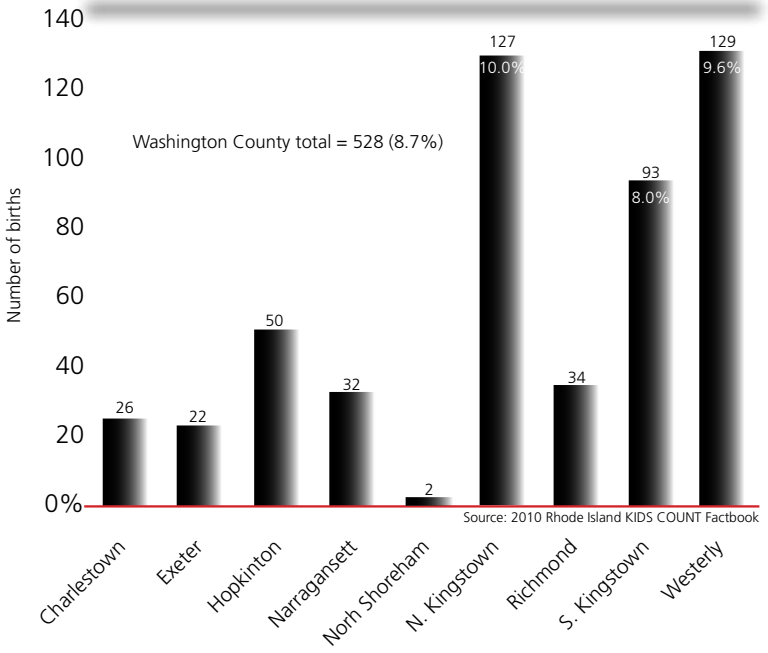
THCSC has an active community dental program. Each Fall and Spring, the program brings a dental hygienist and dentist into the local Head Start classrooms for exams, cleanings and education on proper dental care for children and their families. Referrals are made for identified dental care needs, and often connections to a dental home are established with either WRHS or THCSC depending upon parent preference. The Molar Express Van also began servicing area Head Start children, providing full general dentistry right outside the preschool, so needed fillings can be taken care of easily. Both WRHC and THCSC offer school-based care, including exams, cleanings and fluoride treatments for students in the Chariho, Peace Dale and West Kingston Elementary schools.

The Rhode Island Oral Health Commission notes that many Rhode Islanders, including many Washington County residents, receive water from community water systems and wells that lack fluoridation. Fluoridated water prevents tooth decay and children living with un-fluoridated water have a much higher risk of cavities and other dental problems.

Delayed prenatal care

Early and comprehensive prenatal care is linked with better maternal and child health outcomes. Women who receive late or no prenatal care are more likely to experience complications and deliver infants with birth defects or who have low birth weights, are still born, or die within their first year of life. Between 2004-2008, uninsured women in Rhode Island were more than twice as likely to receive delayed prenatal care (44.2%) than women enrolled in Rite Care (20.4%) During the period from 2004 – 2008, 514 women in Washington County presented late or received no prenatal care at all prior to delivery. The total number of births in Washington County during this time period was 5,863. Delayed prenatal care accounted for 8.7% of live births. This figure is lower than the state level of 14%.

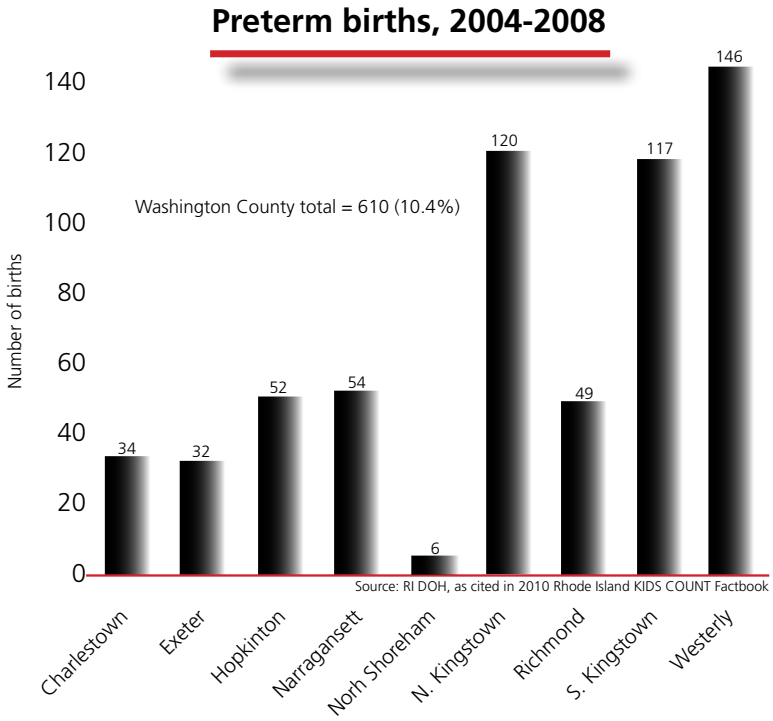
Births with delayed prenatal care, 2004-2008



Progress has been most significant in Westerly, where the delayed prenatal rate was the 5th highest in the state several years ago, but is down to 18th in the state with 129 or 9.6% of women receiving delayed prenatal care in Westerly in from 2004-2008. Delayed prenatal care rates have been steadily declining since 2004 when Westerly OB providers put new office procedures in place, no longer requiring Rite Care enrollment prior to first prenatal appointments. With some 10% of births with delayed prenatal care, North Kingstown now has the highest rate of delayed prenatal care in Washington County. Interventions, such as the change in office practices, can have a significant impact on health status as this indicator's decline clearly demonstrates.

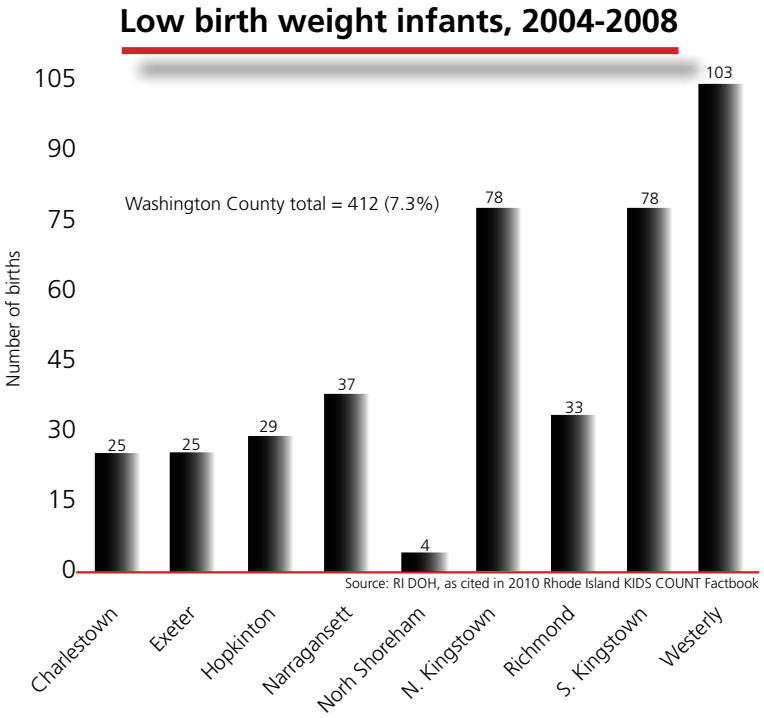
Preterm births

Preterm births occur prior to the 37th week of pregnancy. Prematurity is a major determinant in infant mortality and morbidity and is the leading cause of death during the first month of life in the U.S. Premature infants are at higher risk than their full-term peers for neuro-developmental, respiratory, gastrointestinal, immune system, central nervous system, hearing and vision problems. Preterm babies often experience learning and behavioral difficulties later in life. The rate of preterm births in RI from 2004-2008 was 11.9%, while the rate of preterm births in Washington County from 2004-2008 was slightly lower at 10.4%. The following chart shows the number and percentages of preterm births by town.



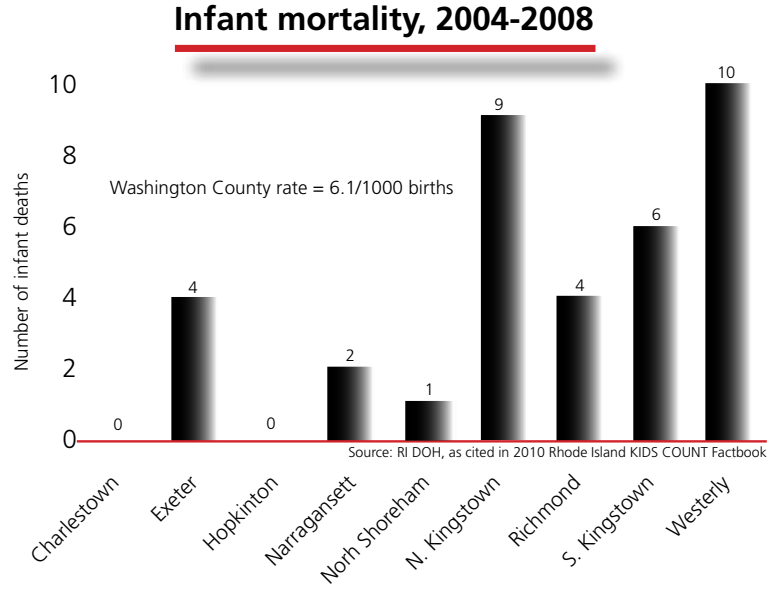
Low birth weight infants

A significant measure of newborn health, linked to infant survival, health and growth is birth weight. Experts consider infants weighing less than 5.5 lbs. low birth weight, which makes them vulnerable to other health problems, such as developmental delay, disability, or even death. Low birth weight is often the result of premature birth, but can occur at full-term as well. Low birth weight infants are most associated with twin and multiple births. The percentage of low birth weight infants has been increasing steadily both nationally and in Rhode Island. Between 2004-2008, 412 Washington County newborns had low birth weights. The Washington County rate of 7% is significantly lower than the statewide rate of 11.9% of infants born with low birth weights during the same time period.



Infant mortality

Infant mortality is the "rate at which babies under the age of one year die. It is used to compare the health and well being of populations across and within countries" Risk factors for infant mortality include delayed or no prenatal care, smoking during pregnancy, pregnancies involving more than one fetus, maternal age over 40 years or under 20 years at the time of birth, having low education levels and being unmarried. The rate is measured per 1,000 births. In 2006, the U.S. infant mortality rate was 6.7. For the 5 year period 2004-2008, Washington County's infant mortality rate was 6.1, ranking nearly the same as the state rate of 6.2 for the same period. The highest infant mortality rates from 2004-2008 were found in North Kingstown (7.1), and Westerly (7.5).

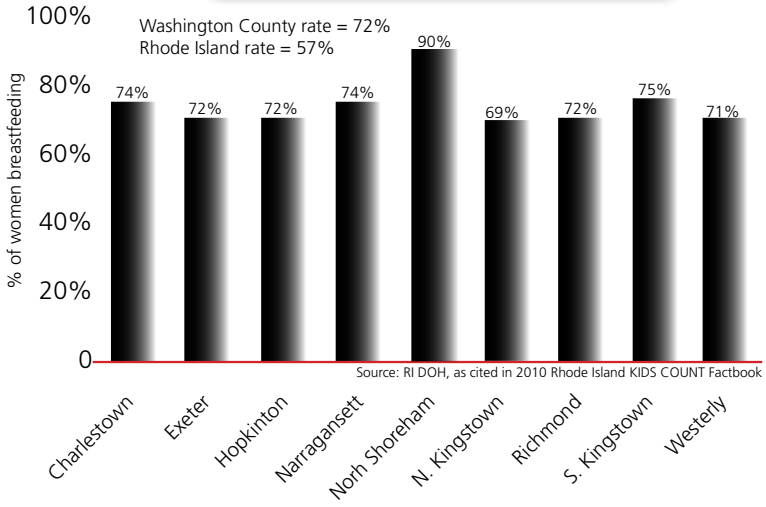


Breastfeeding rates

Breastfeeding reaps various benefits, both for moms and babies. According to the National Women's Health Information Center (a project of the U.S. Department of Health & Human Services), these benefits range from physical and emotional to societal and environmental. Breastfed babies are healthier as they have better immune system responses and gain healthy amounts of weight. Breastfeeding moms shed pregnancy pounds more easily and have less post partum bleeding. Studies also show that breastfeeding lowers breast and ovarian cancer risks. Additionally, mom and baby bond during the breastfeeding experience. Families also save time and money with breastfeeding.

Breastfeeding rates are high in Washington County. 72% of Washington County infants were reported to be exclusively breastfeeding at the time of discharge from the hospital in the 2004-2008 time periods. The breastfeeding rate for the state of Rhode Island from 2004-2008 was only 57%. Washington County's high breastfeeding rates can be attributed in part to the efforts of the South County and Westerly Hospitals who emphasize the importance of breastfeeding to their patients.

Breastfeeding rates, 2004-2008

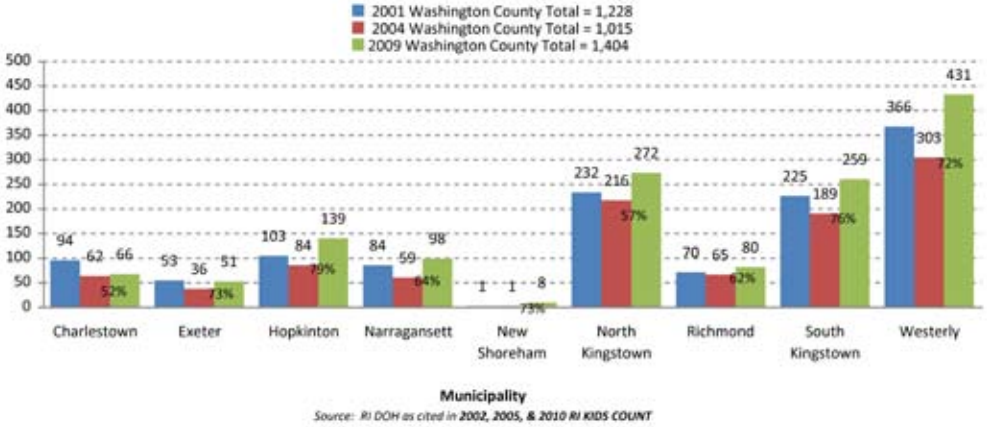


Source: RI DOH, as cited in 2010 Rhode Island KIDS COUNT Factbook

WIC enrollment

WIC, or the Special Supplemental Nutrition Program for Women, Infants & Children, is a federally funded program designed to provide food vouchers and nutrition education for pregnant women, infants and children under the age of 5. Families must have a gross monthly income of less than 185% of the Federal Poverty Level (FPL) for their monthly household size. To qualify for WIC in 2009, a family of three has to have a gross income below $634 per week. Not all eligible residents participate in the program. Statewide, 77% of eligible pregnant women and children are enrolled in WIC. The chart below shows the number of participants enrolled in the WIC program in August 2001, 2004, 2009, as well as the percentage estimate by town of those eligible for WIC who participated in 2009. Overall, WIC participation had fallen significantly (17%) from 1,228 in 2001 to 1,015 in 2004, but has since rebounded and surpassed 2001 enrollment figures. In 2009, 1,404 women and children were participating in WIC in Washington County.

WIC Enrollment - 2001, 2004, & 2009

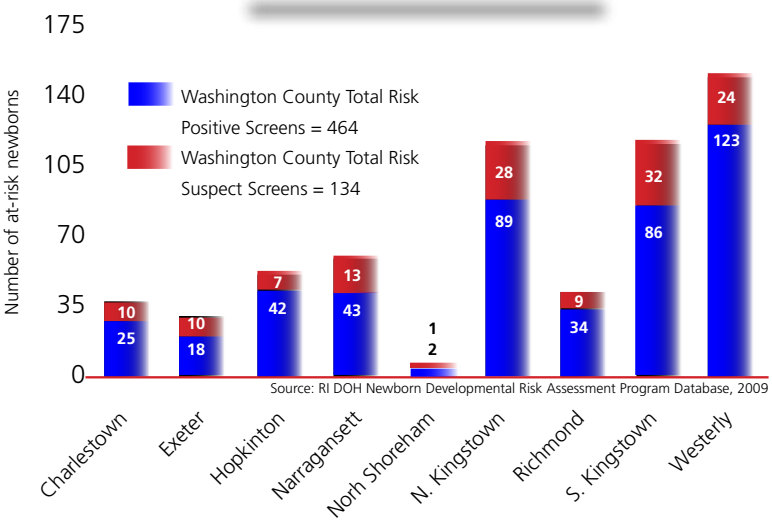


Source: RI DOH as cited in 2002, 2005, & 2010 RI KIDS COUNT

At-risk newborns

The Universal Newborn Risk Screening Program administered by the RI Department of Health assesses every newborn (born in Rhode Island hospitals) for known physical and psychosocial risk factors associated with developmental delays and poor child health outcomes. A standard assessment tool is used and risk factors, such as low birth weight, neonatal complications, maternal age, etc., are scored. Home visits from visiting nurses or social service organizations are then offered to parents of newborns with identified or suspected risks through First Connections. Families with negative risk assessments may request home visits or be referred to the program by their medical providers if interested. In 2007 and 2008 respectively, 1,095 and 1,105 Washington County newborns were screened. In 2009, 955 newborns were screened through this program. Of these, 464 (49%) had positive screens. An additional 134 (14%) had risk suspect screens, accounting for a total of 598 or 63% of newborns in Washington County with known risk factors. The chart above provides a breakdown of these infants by level of risk and town.

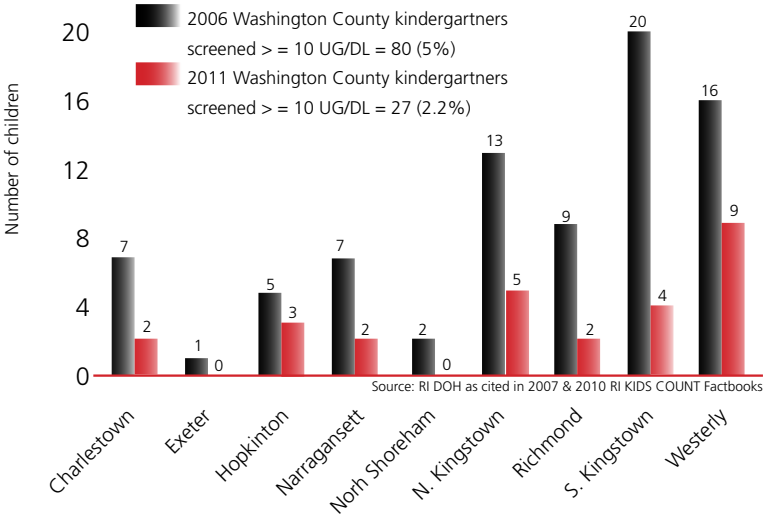
At-risk newborns, 2009



Children with lead poisoning

Childhood lead poisoning is a common public health problem which can cause irreversible damage to the central nervous system and result in serious health problems, including: learning disabilities, stunted growth, speech and language difficulties, and mental retardation. The primary cause for lead poisoning in children is the ingestion of lead paint particles found in older homes (built before 1978). Because children may not exhibit obvious symptoms of lead exposure, periodic screenings are completed on all RI children under age 6 and blood level testing is conducted on all children identified at-risk. The Center for Disease Control (CDC) defines children with a blood level

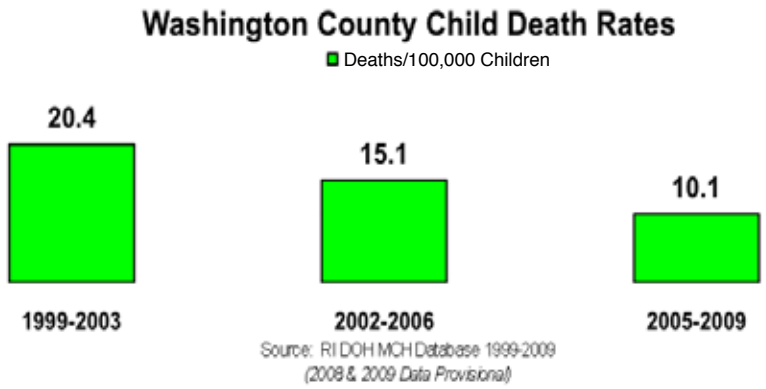
Lead poisoning in children entering kindergarten, 2006 & 2011



of 10 ug/dl or higher as having lead poisoning. Statewide, elevated blood levels among young children have been on the decline. In Washington County, 1,202 young children eligible to enter Kindergarten in the Fall of 2011 have been tested for lead poisoning. Of these children, only 27 or 2.2% had lead levels>=10 ug/dl. This is a significant decrease from the 80 children or 5% who entered Kindergarten in Fall of 2006. The chart below breaks down these results by town of residence.

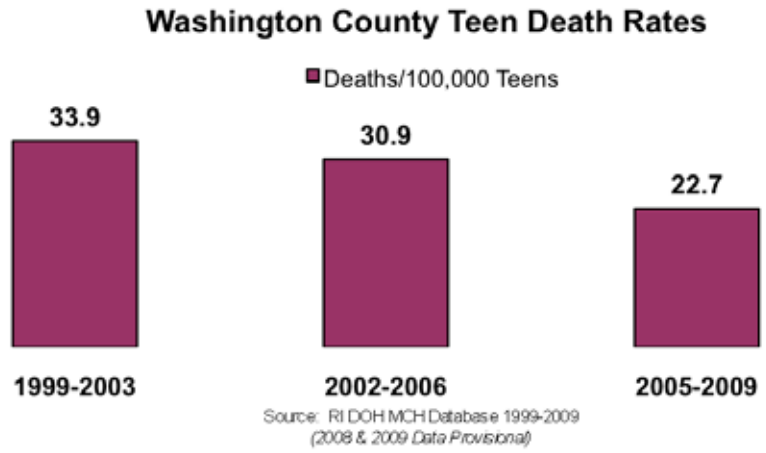
Child deaths

Child deaths are indicators of the physical health of children in communities and include deaths to children ages 1-14 from illness/disease, homicides, suicide, and accidents. Between 2005-2009 there were 12 deaths among children ages 1-14 in Washington County. The child death rate (calculated per 100,000 children) in Washington County for this period was 10.1, marking the lowest rate since we began tracking this indicator.



Teen deaths

Adolescents encounter numerous health and safety risks as they transition to adulthood, including increased risks of death due to suicide, homicide and motor vehicle accidents. In Washington County between 2005-2009, there were 11 deaths among teens ages 15-19. The teen death rate (calculated per 100,000 children) for this period was 22.7, also marking the lowest rate in the area since we began tracking this indicator.



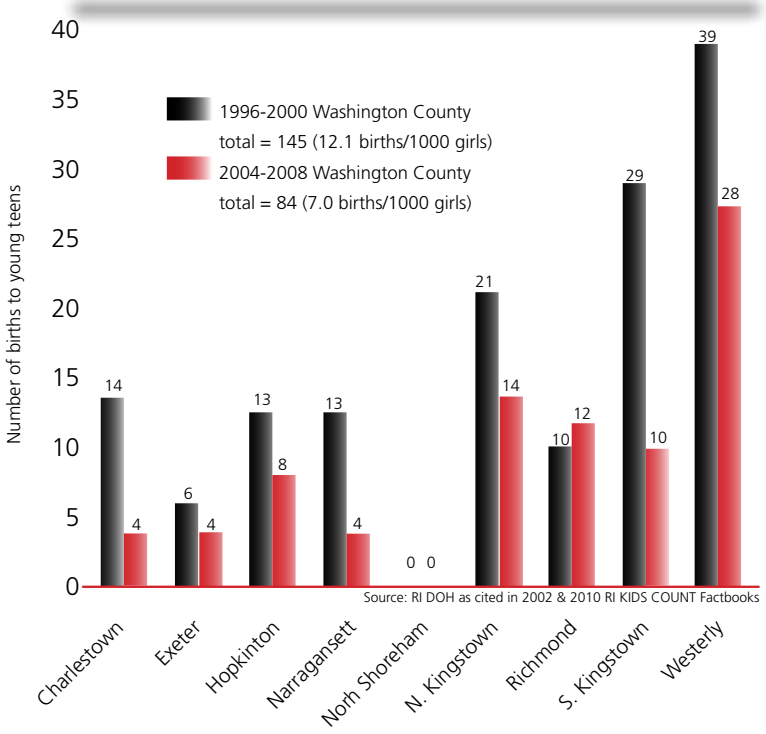
Births to teens

Teen pregnancy and parenting seriously threaten the development of teens and their children. Pregnant teens are less likely to obtain adequate and timely prenatal care and therefore, are more likely to experience pregnancy complications. Pregnancy and parenting can interfere with teens' education and limit their long term employment prospects. Teens are at a greater risk for unemployment, low-wage jobs and poverty. Teen parents experience isolation, loneliness, stress and depression. Children born to teen parents are more likely to suffer poor health, experience learning and behavior problems, live in poverty, go to prison and become teen parents themselves.

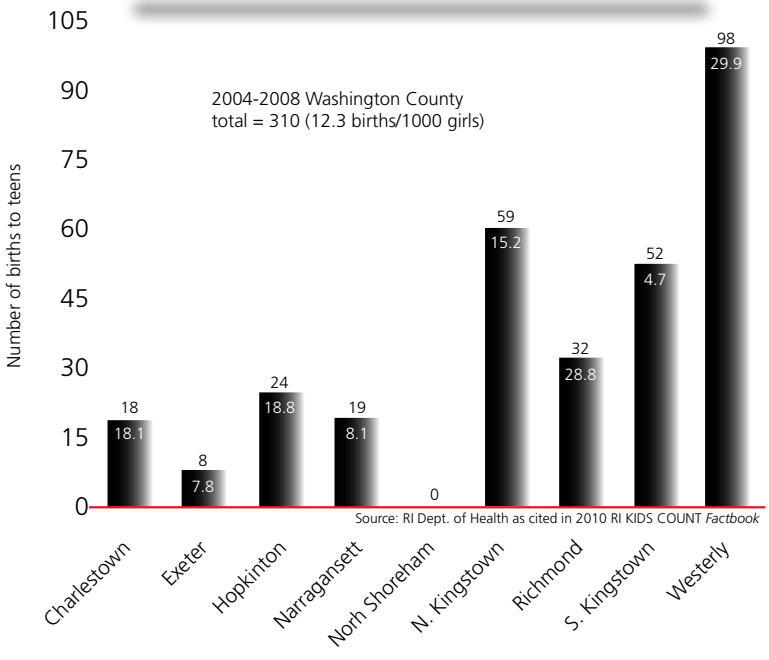
For these reasons, teen pregnancy rates are important community health indicators. Teen pregnancy rates are defined as the number of births to teen girls per 1,000 girls. Given the disruption to high school education teen pregnancies cause, Washington County Births to Teens Ages 15-17 and 15-19 are reported. Consistent with national trends, births to young teens have fallen significantly. As the chart above shows, Washington County births in the 15-17 age group have fallen steadily from a rate of 12.1 (1996-2000) to 7.0/1000 girls (2004-2008).

Because teen parents ages 17-19 still face significant challenges in parenting their children, data for births to teens ages 15-19 are also important community indicators as shown in the chart at right. From 2004-2008, there were a total of 310 births to Washington County teens for a rate of 12.3/1000 girls.

Births to young teens, ages 15-17, 1996-2008



Births to teens, ages 15-19, 2004-2008



The number of teen births is significantly higher in Westerly than all other Washington County towns. At a rate of 29.9 births/1000 teen girls, Westerly also has the highest rate of teen pregnancy in the county followed by rates of 28.8 in Richmond and 18.8/100 girls in Hopkinton. Adolescent pregnancy was an area of focus for a CATCH (Community Access to Child health) Community Planning Initiative, led by WCCC Coalition member Louise Kiessling, MD, and funded by the American Academy of Pediatrics, to explore the root causes of high rates of teen pregnancy, delayed prenatal care, infant mortality and rising food insecurity in Westerly.

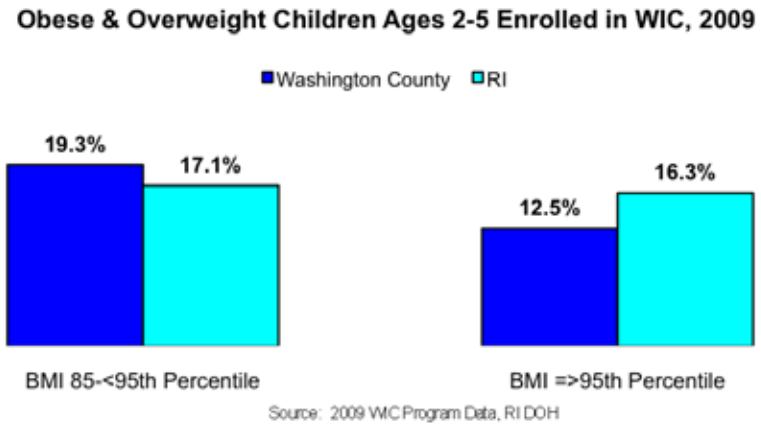
After two years of local data collection (via key informant interviews, focus groups, and resident surveys) as well as an exploration of best practices from other communities, these four action steps were recommended:

1. Raise community awareness of the needs of at-risk children in Westerly, particularly about teen pregnancy and food insecurity;
2. Pursue a three-pronged approach to address the issue of teen pregnancy that includes parent education, character education and sex education;
3. Develop and widely distribute outreach materials regarding local resources, linking families with the services they need;
4. Explore ways to better support youth and low-income families in Westerly, including youth programming and social service system navigation.

A summary report from this community planning initiative, entitled *Westerly's Children At-Risk: A Community's Self-Assessment* (released March 25, 2009), can be found on the Coalition's website at www.washcokids.org.

Childhood obesity

Obesity is generally defined as excess body fat. However, since excess body fat is difficult to measure directly, obesity is generally measured by Body Mass Index (BMI). BMI, which is calculated as weight in kilograms divided by height in meters squared, is used to express weight adjusted for height. Children and youth ages 2-19 with a BMI at or above the 95th percentile for gender and age are considered to be "obese." Children with a Body Mass Index (BMI) between the 85th and <95th percentiles are determined to be "overweight" and at risk for obesity. Because obesity is associated with serious physical and mental health conditions, including diabetes, hypertension, heart disease, depression, negative self-image, etc., the long term consequences for children are significant. Nationally, the prevalence of childhood obesity has more than tripled, from 5% of children in 1980 to 17% of children in 2008. Rhode Island's 2008 obesity rate was 21.5 as compared to the lowest state Colorado at 18.5 and the highest state Mississippi at 32.8. Studies suggest that even 2-5 year-olds with high BMI's are likely to become obese adults. While town specific data on childhood obesity is not available, WIC program data reveal



Washington County young children (ages 2-5) are not immune from the issue. 12.5% of Washington County children enrolled in the WIC Program in 2009 had a BMI at or above the 95 percentile, compared to 16.2% statewide. And, 19.3% of Washington County children enrolled in WIC fell between the 85th and <95th percentile, considered at risk for obesity, compared to only 17.1% statewide.

Endnotes

1 Health Insurance Coverage of Children Under Age 19: 2008 & 2009. (Sept.2010). American Community Survey Briefs. U.S. Census Bureau. Retrieved 11/1/2010 from http://www.census.gov/prod/2010pubs/acs-br09-11.pdf

2 U.S. Census Bureau Current Population Survey, 2000-2007, three year average. Compiled by Rhode Island KIDS COUNT. As cited in 2010 Rhode Island KIDS COUNT Factbook.

3 National Institute of Dental & Craniofacial Research.(2000. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health & Human Services, National Institute of Health.

4 2007 Rhode Island Employee Benefits Report. (2007). State of RI, Department of Labor & Training.

5 Roberts, Elizabeth. (June 2002). Message from RI Senate Oral Health Commission. ORALHEALTHri.

6 R.I. Department of Health, Center for Health Data and Analysis Maternal and Child Health Database 1995-2008. As cited in 2010 Rhode Island KIDS COUNT Factbook.

7 2010 Rhode Island KIDS COUNT Factbook. (2010) Providence, RI: RI KIDS COUNT.

8 Eliminate Disparities in Infant Mortality. Retrieved 11/1/2010 from http://www.cdc.gov/omh/AMH/factsheets/infant.htm

9 Matthews,T.&MacDorman, M. (2007). Infant mortality Statistics from 2004 period linked birth/infant death data set. National vital Statistics Report. CDC. As cited in 2010 Rhode Island Kids Count Factbook.

10 Why Breastfeeding is Important. Retrieved 11/1/2010 from http://www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important/

11 KIDS COUNT Indicator Brief: Reducing the Teen Birth Rate. (July 2009). Baltimore, MD: The Annie E. Casey Foundation. Retrieved 11/1/2010 from http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={E0E22911-04C9-4C11-A0EB-79FD615297CA}

12 The Surgeon General's Vision for a Healthy and Fit Nation. (January 2010). Rockville, MD: U.S. Office of the Surgeon General, Department of Health and Human Services.

13 Freedman DS, Kettel L, Serdula MK, Dietz WH, Srinivasan SR, Berenson GS. The Relation of Childhood BMI to Adult Adiposity: The Bogalusa Heart Study. Pediatrics 2005; 115:22-27.

Special Needs

Do our children have the special services they need?

by Ernie Van Deusen

According to the National Survey of Children with Special Health Care Needs (NS-CSHCN), 21.8% (1 in 5) of U.S. households with children include at least one child with a special health care need, accounting for some 13.9% of the nation's children.[1] In this national survey, RI ranked 6th highest for the percentage of children (17.2%) with special health care needs. This is a change from 2001, when RI was rated 16th highest. Children with special needs come from all racial and ethnic groups, ages, and family income levels. Children also display a range of functional abilities, from those who are minimally affected by their conditions to those who are significantly impaired. What they all share in common are the consequences of their conditions, such as reliance on medications or therapies, special educational services, or assistive devices or equipment.

In order to thrive, children with special needs require access to a wide range of medical and support services in order to maintain their physical health, mental and emotional health, and development. Unfortunately in this country, access to these critical services is largely dependent upon the availability and adequacy of a child's health insurance coverage. Caring

Key Findings

- In Washington County, 15% of students receive special education services, slightly lower than the 17% state average.
- 9% of children under age 3 in Washington County benefit from Early Intervention, indicating that outreach and identification of eligible children and families is consistent with incidence data and area population.
- CEDARR (Comprehensive Evaluation, Diagnostic, Assessment, Referral and Re-Evaluation) enrollment for children with Medicaid coverage has increased 38% over the past 3 years.
- PASS (Personal Assistance Services and Supports) enrollment has increased 235% over the past three years.

Progress since last report

- More children and families with Medicaid coverage are benefitting from the systems navigation support and resource linkages provided through CEDARR services.
- Use of the consumer-directed PASS program for children with special needs has increased more than two-fold.

Areas for Improvement

- Increase the availability of community-based services, including respite, recreation, and in-home supports for all children with special needs, not just those with Medicaid.
- Reduce wait lists for needed home-based services.
- Expand the number of KIDS Connect providers and slots available.
- Implement Early Head Start to support at risk families with infant and toddlers and prevent developmental delays.
- Address provider reimbursement issues to assure the continuity and availability of effective services, such as Early Intervention and HBTS.

for a child with special needs can significantly impact a family's time, finances, and employment status. When a child with a disability becomes part of a family unit, the additional parental responsibility of managing their child's special needs (to achieve the best possible outcomes) increases the stress levels for the entire family. In some instances, these increased levels of stress can drive families apart. In fact, 12% of the families participating in the NS-CSHCN, identified needing family counseling to cope with stress involved in caring for their child.[2] Given the stigma attached to needing mental health services, this percentage could be much lower than the actual need.

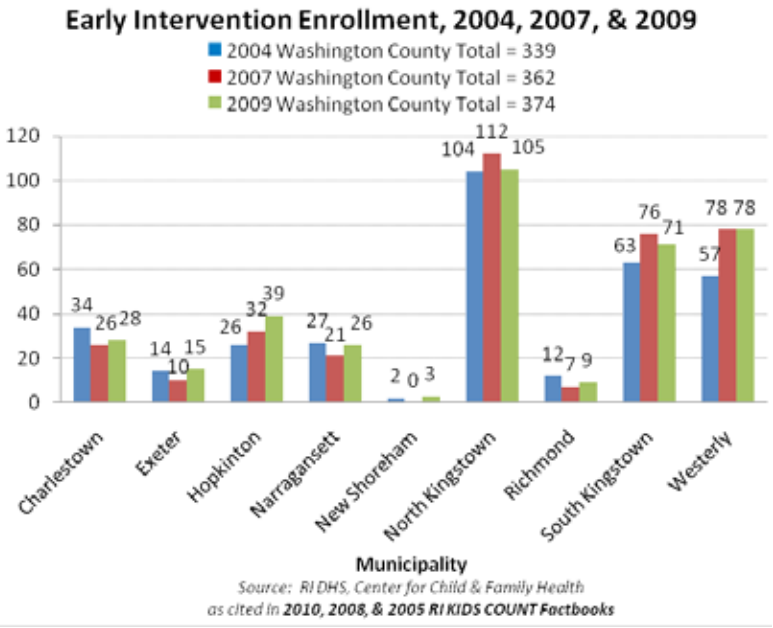
Needless to say, the supports a family receives from the various programs described in this section are of paramount importance. Most families know all too well the importance of utilizing supports for their special needs child and the entire family. Too often, however, families find support services unavailable when needed and are forced to function in a crisis mode. However, when supports are available and adequate, and when they are community inclusive, equilibrium can be established and family energy can focus on being a family that just happens to have a member with a disability.

Early Intervention

Federal law, IDEA (Individuals with Disabilities Education Act) Part C, requires that Early Intervention services be provided to all children, from birth to age 3, who are developmentally delayed or have been diagnosed with a physical, mental or medical condition that has a high probability of resulting in developmental delay. Early Intervention professionals provide in-home, center, and community-based supports in concert with family members to create functional goals that enrich learning opportunities. Supports include: family training, counseling, health services, nursing, nutrition, occupational therapy, physical therapy, psychological services, coordination services, social work services, special instruction, speech-language therapy, transportation, communication or mobility devices, vision and hearing services.

> *"Early Intervention has shown to result in the child: (a) needing fewer special education and other habilitative services later in life; (b) being retained in grade level less often; and (c) in some bases being indistinguishable from non-handicapped classmates years after intervention."*[3]

In 2009, 3,795 Rhode Island children obtained Early Intervention services. During this year, seven Early Intervention providers served 374 Washington County children (10% of the state total). This represents 9% of children under age 3 in Washington County and a 10% increase in enrollment since 2004 when 339 children received services. Given U.S. Census population estimates, the above data indicates that outreach and identification for Early Intervention services seem adequate for this region. However, it should be noted that state funding cuts in agency reimbursement rates threaten the continued viability of early intervention programming, and other important services to children with special health care needs. Although mitigated by the recent infusion of federal stimulus program dollars,



once exhausted, some early intervention programs may be unable to provide services at the lower reimbursement rates."

Head Start & Early Head Start

Head Start is a federally funded comprehensive preschool program created to foster healthy development and school readiness in low-income children ages three to five. Head Start not only provides quality early childhood education, but also medical and dental screenings, nutritional services, mental health services, parental involvement activities, and social service supports for enrolled children and families.

In Washington County, there were 178 children enrolled in the Head Start program during the 2009-2010 school year. 24 of these children or 13.4% were identified as having special needs. [4]

Early Head Start is a federally funded community-based program for low-income families with infants and toddlers and pregnant women. Its mission is simple:

- To promote healthy prenatal outcomes for pregnant women,
- To enhance the development of very young children, and
- To promote healthy family functioning.

Children who do not meet the strict eligibility criteria for Early Intervention, but are at risk for developing developmental delays, especially benefit from involvement in Early Health Start. Unfortunately, Washington County does not have an Early Head Start program.

Special education

Every school district is legally required to identify, locate, and evaluate children with disabilities. After the evaluation, the district may provide the child with specific programs and services to address their special needs. IDEA defines "children with disabilities" as individuals between the ages of three and 22. For a child to qualify for special education under IDEA, it is not enough to have a disability. There must also be evidence that the disability adversely affects the child's educational performance. 17% of the total student population K–12 in Rhode Island are enrolled in special education services. This represents 24,302 students. Of the 17,862 students K-12 in Washington County, 2,591 are enrolled in special education. This is 15% of the total student population.

On December 19, 2007, the Rhode Island Board of Regents for elementary and Secondary Education approved new state special education regulations.

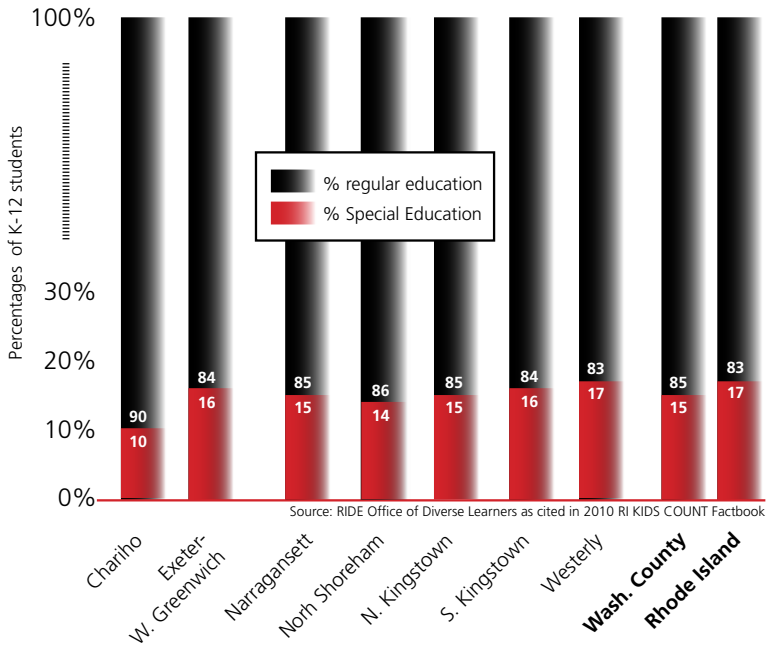
- School districts can use "developmentally delayed" as a special education disability eligibility criterion for children ages three through eight.
- Individualized Education Plans (IEP's) are no longer required for children over age 8 years with speech concerns only. Once a child turns eight, they no longer qualify for speech and language services as the only service provided through an IEP. It is still available as a service in conjunction with other services through the IEP process. (For example, a child may be eligible for physical therapy and speech, but not just speech therapy.) Children in need of continued speech therapy have to access these services outside of school.

Given the new regulations, the percentage of special education students in Washington County in 2008 – 2009 has fallen slightly (down 1% since the 2006-2007 school year).

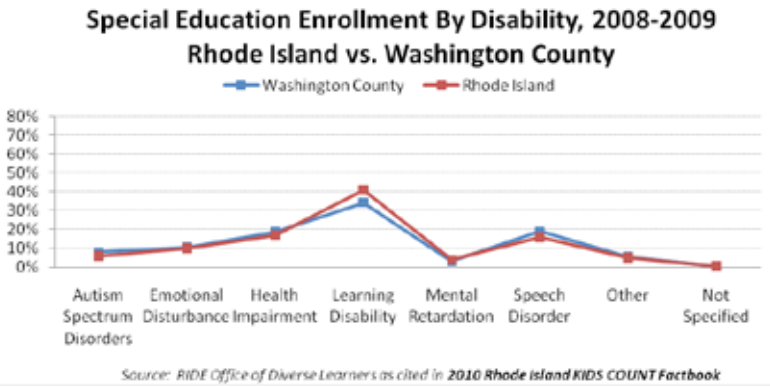
In the 2008-2009 school year, special education enrollments ranged from 14 to 17% of student populations in all but one school district in Washington County. Chariho had 10% of their students enrolled in special education. Since the Coalition has been tracking this data, special education enrollment in each district has been relatively consistent from year to year.

Special education enrollment by disability mirrors enrollment across Rhode Island as illustrated in the chart to the right.

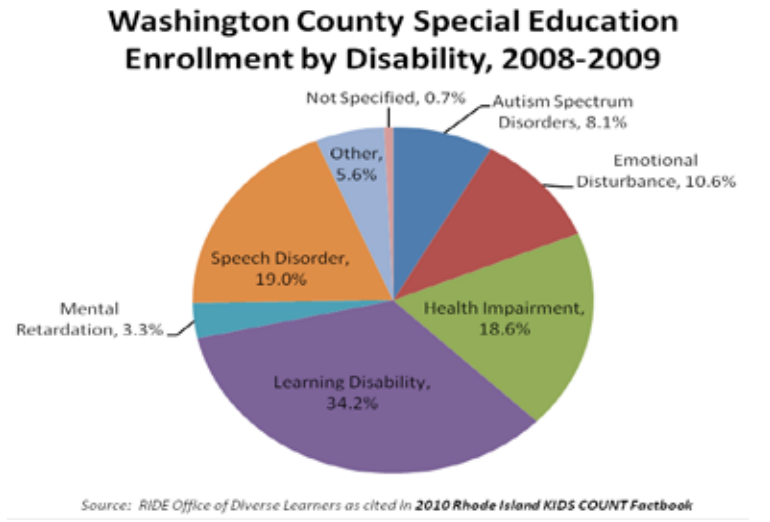
Students enrolled in Special Education, 2008-09



Consistent with national incidence data, speech impairment and learning disabilities are the most prevalent needs addressed through special education services. The chart to the right provides a breakdown of Washington County special education enrollment by primary disability.

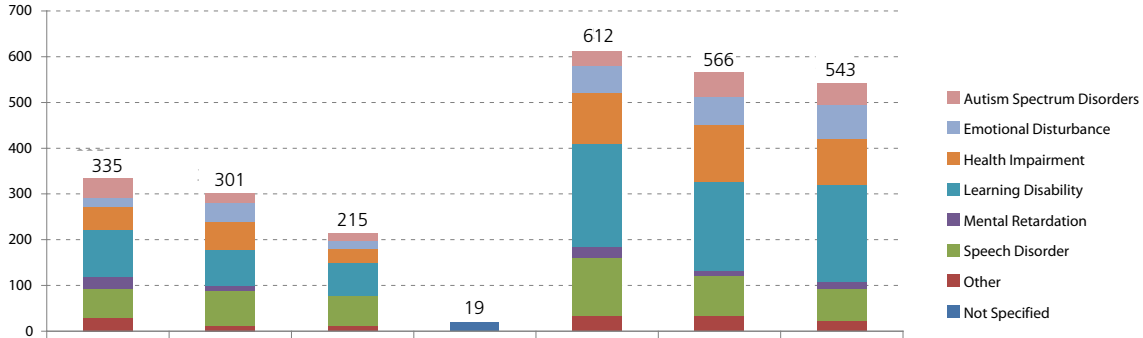


Children included in the "other" category include those who may be visually impaired/blind, hearing impaired/deaf, multi-handicapped, orthopedically impaired or have experienced traumatic brain injury. A breakdown of disability incidence by district for the 2008-2009 school year is provided below.



If a child's IEP cannot be met or is better met through another placement, the school district can fund an outside placement. A total of 217 Washington County children received their education outside of their home school districts. Overall, districts place 7% to 12% of their total population of special education students in out of district

K-12 Disability Incidence by School District, 2008-2009

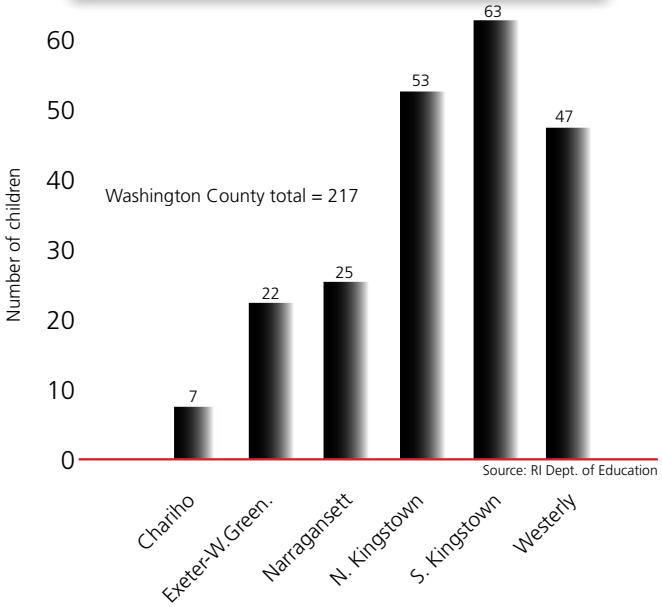


	Chariho	Exeter-W. Greenwich	Narragansett	New Shoreham	N. Kingstown	S. Kingstown	Westerly
Autism Spectrum Disorders	42	20	16	0	31	53	48
Emotional Disturbance	20	42	18	0	59	62	74
Health Impairment	51	61	31	0	112	125	101
Learning Disability	104	78	73	0	226	193	212
Mental Retardation	24	11	0	0	22	12	16
Speech Disorder	65	78	64	0	128	87	69
Other	29	11	13	0	34	34	23
Not Specified	0	0	0	19	0	0	0

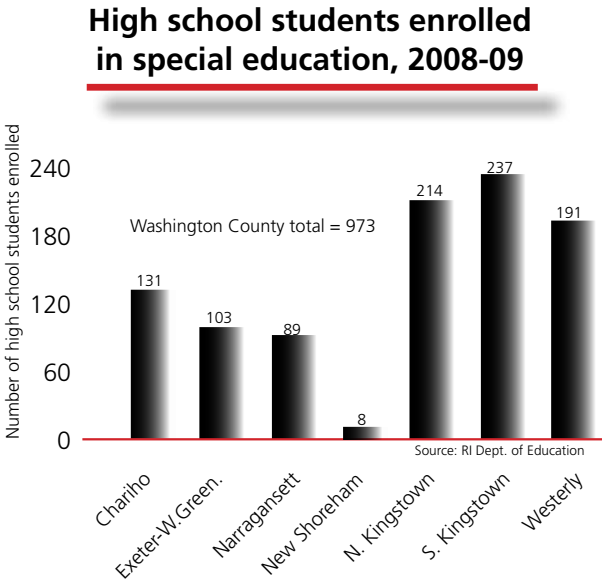
placements. The exception is Chariho with only 2%. The chart below shows the number of children who were placed in a program outside their own school district. It should be noted that New Shoreham data was omitted due to limited number of students and potential confidentiality concerns.

The chart at the bottom right shows the number of high school students enrolled in special education by district. These students, which number almost 1,000 in Washington County, are at increased risk of dropping out of school and often require extra support in making transitions to appropriate vocational and college programs upon graduation.

Out-of-district placements, 2008-09

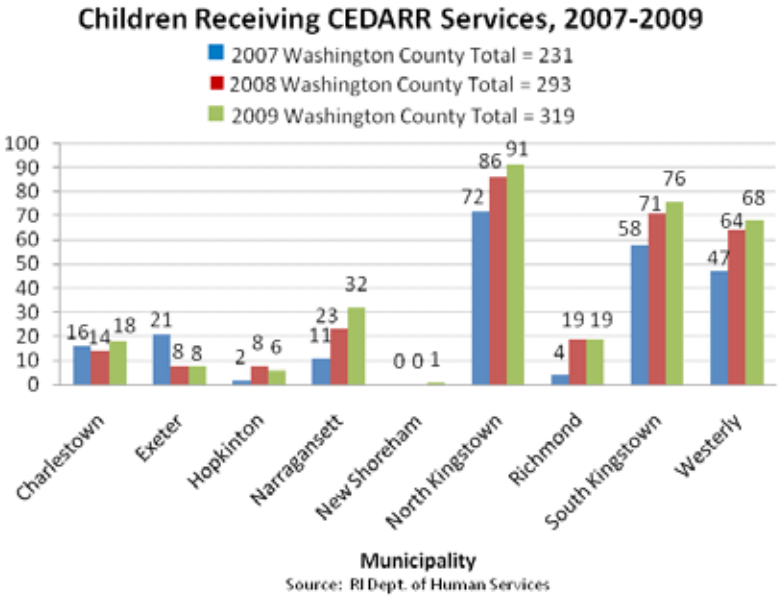


High school students enrolled in special education, 2008-09



CEDARR services

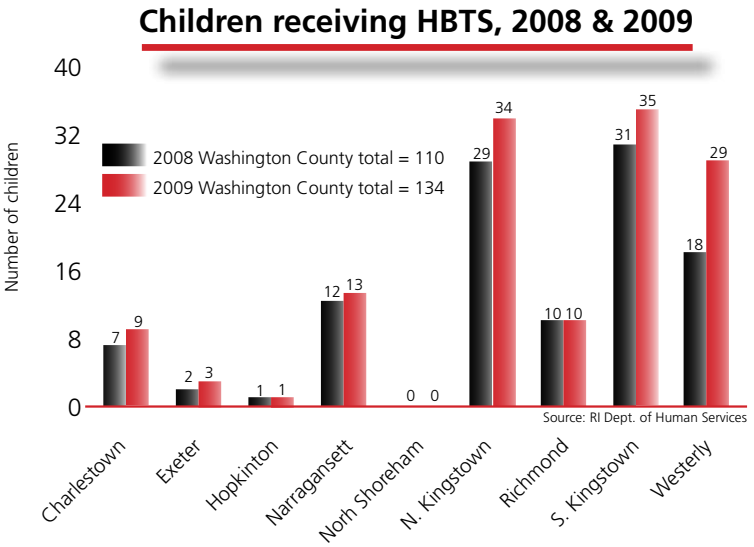
CEDARR (Comprehensive Evaluation, Diagnostic, Assessment, Referral and Re-Evaluation) is a program administered by the Department of Human Services (DHS). Only children with Medicaid (i.e. state health insurance through RIte Care, SSI, Katie Beckett, foster care) can access CEDARR services. Families with private insurance cannot. Primarily, CEDARR is a resource and information service for eligible families and serves as the entry way for accessing other Medicaid-funded support services, including HBTS (Home-Based Therapeutic Services), PASS (Personal Assistance Services and Support) and KIDS CONNECT. The intensity and frequency of services are determined by CEDARR staff and the family and documented in a Family Care Plan. Ultimate approval of DHS-funded plan components, rests with DHS.



Obtaining specialty care and support services for children with special needs can be a daunting task. However, more Washington County families are benefitting from the system navigation and linkages with needed services that CEDARR provides. Enrollment in CEDARR services has increased 38% over the last three years. In 2007, a total of 231 children received CEDARR Services. This increased in 2008 to 293 and in 2009 to 319 children.

Home Based Therapeutic Services (HBTS)

HBTS services are provided to children living at home (including children living with a foster family) who have been diagnosed with a moderate to severe physical, developmental, behavioral or emotional condition. HBTS is a goal-oriented program that provides active treatment in areas of social, emotional/behavioral, self-care, life skills and other areas of development. Each child has a set of specific goals and objectives that therapeutic interventionists and parents address on a daily basis. Services are offered in the hope of maintaining a child at home or in an effort to transition the child back home from another more restrictive facility.

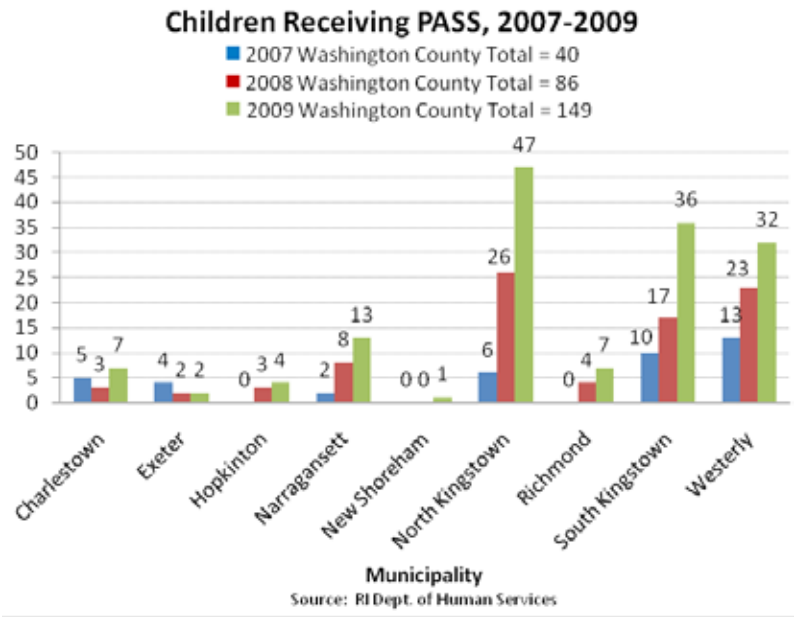


In 2008, 110 Washington County children received HBTS. 134 children received these services in 2009. Typically, demand for HBTS far outstrips current capacity for services. HBTS data from previous years was not available to compare to data gathered for this report.

Personal Assistance Services and Supports (PASS)

PASS is a consumer-directed home-based service for children, providing flexibility in staffing that can maximize a family's choice and control. The core goal of this service is to facilitate independent community living and participation in the most natural and least restrictive environment. Families and the PASS workers they hire promote and strengthen the child's ability to accomplish essential activities of daily living skills, making self-preserving decisions and participating in socially normative behaviors in social settings.

PASS usage has increased dramatically over the past three years, enrollment is up 235%. In 2007, only 40 children benefitted from PASS, compared to 110 and 134 in 2008 and 2009 respectively.



Respite

Respite services allow parents or guardians caring for a child with disabilities, to have time off to care for themselves or other family members. To be eligible for the Respite for Children Program, a child must:

- Be under age 21
- Meet income and resource requirements (child's income and assets only)
- Live at home, and
- Require a level of care at home that is typically provided in a hospital, nursing facility or an Intermediate Care Facility

Other factors used in determining eligibility are the severity of the child's condition, the intensity of services required, the child's functional daily living skills, safety and safety awareness, and the needs of the family. Historically, respite services have been extremely limited. Specific data regarding the number of families receiving respite services in Washington County could not be obtained.

KIDS CONNECT

KIDS CONNECT is a program that provides specialized services at licensed childcare centers that can help children with special needs participate, play and learn, along with their typically-developing peers. Licensed childcare centers and after-school care programs must meet established standards and apply to the RI Dept. of Human Services to provide this service to eligible children.

To be eligible a child must meet the following requirements:

- Eligible for Medical Assistance,
- 6 weeks old – age 16,
- Have a chronic condition – cognitive, physical, developmental and / or psychiatric – that is moderate to severe.

The family is responsible for the typical cost of child care or after-school care. Income eligible working families may receive child care subsidies. Medicaid reimburses the child care center for any additional therapeutic services and/or staff time needed to care for those enrolled in KIDS CONNECT. For some children, nursing care is available for up to one hour per day. In Washington County, there is only one KIDS CONNECT provider, located in North Kingstown (Sunshine Child Development Center). The number of children they can care for through KIDS CONNECT varies and is determined by the level of need of each child. Currently, 6 children are receiving KIDS CONNECT services at Sunshine Child Development Center.

Endnotes

1 Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs. Data Resource Center for Child and Adolescent Health website. Retrieved 10/1/10 from www.cshcndata.org.

2 Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs. Data Resource Center for Child and Adolescent Health website. Retrieved 10/1/10 from www.cshcndata.org.

3 Is Early Intervention Really Effective? kidsource online website. Retrieved 10/1/10 from http://kidsource.com/kidsource/content/early.intervention.html

4 Head Start Program, South County Community Action, Inc.

Mental health

Do our children receive the mental health services they need?

by Lori Duffy

In the United States, it is estimated that 10 to 20% of our children have mental health disorders with some level of impairment. The families of these children struggle to obtain needed resources, as the demand for services is higher than the supply and services are often inadequate and not well coordinated, especially in inner cities and in rural areas.[1] The effects on society are not just related to the child's problems in school, with their peers and family, but also exact a financial toll on the country due to lost productivity and payments for treatment. It is estimated that these costs are over 247 billion dollars each year.[2]

Nationally, the emphasis to manage the growing mental health issues of our youth is to shift our focus from treatment when there is a problem, to prevention of disorders and promotion of mental health. This includes:

- Universal prevention available to all;
- Selected prevention, targeting groups with a higher probability of having mental, emotional and behavior disorders; and
- Indicated prevention, targeting high-risk individuals.[3]

Key Findings

- During 2008 & 2009 in Washington County:
  - 303 children in crisis received emergency mental health evaluations
  - 130 children and youth were hospitalized for psychiatric reasons
- In 2009 in Washington County:
  - Almost 200 children and youth were served by the new West Bay FCCP (Family Care Community Partnership)
  - 121 area children and youth received CAITS (Child & Adolescent Intensive Treatment Services) from South Shore Center or Family Service of RI
- Due to state level systems change efforts and budget cuts, the region's only community mental health center (South Shore Mental Health Center) was forced to close most of their children's programs, including their partial hospitalization program.

Progress since last report

- South Shore Mental Health Center (now South Shore Center) merged with Gateway Healthcare and is rebuilding and expanding their children's services.
- The West Bay FCCP was launched to provide easier access and seamless services, using a high fidelity wrap around approach, for children and families in Kent and Washington Counties.
- 14 local mental health providers completed the Coalition's continuing education program on adapting Cognitive-Behavioral Therapy (CBT) techniques for children, significantly increasing the capacity of providers with this expertise in Washington County. CBT is considered best practice for a number of childhood mental health disorders, including anxiety and depression.

Areas for Improvement

- Expand the continuum of children's mental health services available for all children (with all forms of health insurance) to support better outcomes for children, including prevention services, home-based services, respite care, partial hospital programs, short-term crisis placements, and after-care services.
- Continue efforts to provide local training on children's developmental and behavioral health issues, including best practices, for all those involved with children, i.e. primary care providers, nurses, mental health clinicians, counselors, teachers, recreation leaders, child care providers, etc.
- Increase primary prevention efforts to promote the optimal social and emotional development of all children as well as the early detection and treatment of children with identified behavioral concerns.

This public health approach to mental health is driven by three key components:

- Assessment of information on the health of a community
- Comprehensive public health policy development
- Assurance that public health services are provided in the community[4]

The Washington County Coalition for Children has been working collaboratively to apply a public health approach to children's mental health issues in our region since 2003. Our periodic needs assessments and on-going community planning efforts have led to the development of several innovative children's mental health initiatives and projects, including the following:

- Web-Based Children's Behavioral Health Guide (available at www.washcokids.org) where families and providers can search for clinicians and behavioral health services in our area. Detailed information about the various providers, including areas of expertise and type of insurances accepted, are listed in the directory.
- Podcasts for Parents (short informational audio clips with local experts) on various children's behavioral health topics, including child anxiety, ADHD, tics, and postpartum depression are also now available on our website.
- Collaborative Office Rounds training sessions for area primary care providers, mental health clinicians, and school personnel around developmental and behavioral health issues at both our local hospitals: South County Hospital and The Westerly Hospital.
- CBT Intensive Workshop Series continuing education program (carried out over the course of 6 months) for experienced mental health clinicians on the effective use of cognitive-behavioral therapy techniques with children (considered best practice for a number of childhood mental health disorders, including anxiety and depression). To be effective, CBT must be adapted to the developmental and cognitive needs of children. Faculty from three universities (Brown, Yale, and University of RI) conducted the series entitled Demystifying CBT for Childhood Disorders: Intensive Workshop Series and 22 participants completed the entire 19 hour program, including 14 providers who work in Washington County.
- Feelin' Groovy Emotional Literacy Project promoting understanding and expression of emotions among 2nd graders through implementation of "The Way I Feel" lesson plan and book mark design project in area elementary schools. In 2010, eleven Washington County elementary schools participated in the project and 2,000 bookmarks with the children's artwork were distributed to local libraries.

RI has several intensive treatment options for children who have moderate to severe behavioral, emotional and mental health needs. Because there are many different agencies providing these services statewide and not all agencies provide the same services, obtaining accurate and complete data about enrollment of Washington County children in these programs is difficult. In addition, each health insurance plan, including those under RIte Care, offer their own package of community-based services, further complicating accurate and complete data collection. Therefore, for the purpose of this section, data regarding intensive community-based services will only be reported from agencies with offices in Washington County. These include: South Shore Center (formerly South Shore Mental Health Center), Family Service of RI, and South County Community Action.

Establishment of Family Care Community Partnership

As cited above, care coordination is essential to implementing successful interventions for children with mental health, emotional and behavioral disorders. Because RI's children's mental health system was fragmented and crisis-driven with significant spending on deep-end hospital and residential care, the state has been working to develop a more preventive and community-based approach to helping children with mental health needs and those at risk. As part of this effort the state developed four regional Family Care Community Partnerships (FCCP's) to create a new family-driven, youth-guided, community-based and seamless system of care. FCCP's are designed to serve children:

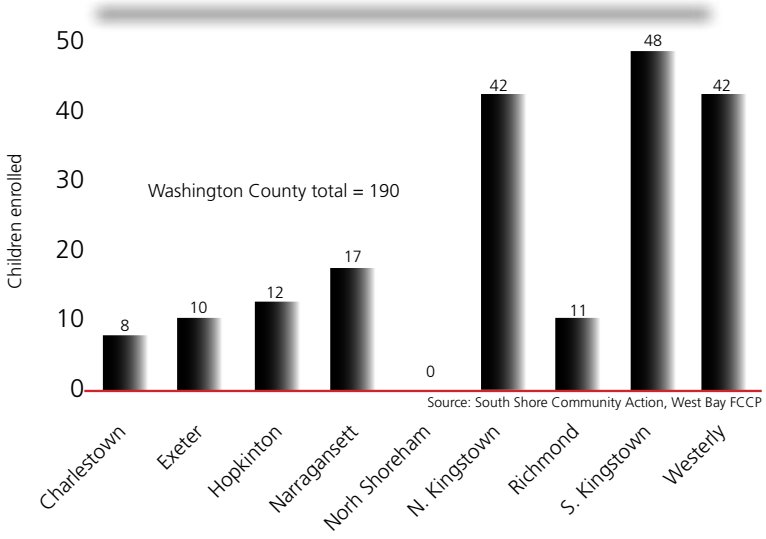
- From Birth to age 18 with serious emotional disturbances
- Leaving temporary community placements
- At-risk for foster placement
- At-risk or involved with the juvenile justice system
- At-risk for child abuse, neglect or DCYF intervention
- Referred from DCYF Child Protective Services Unit

The FCCP's also work with children who are enrolled in PEP (Positive Educational Partnership) schools and early childhood settings. To eliminate fragmentation, a number of state funded children's mental health programs were eliminated and/or their functions folded into the new FCCP model. In Washington County, these programs included: Comprehensive Emergency Services (CES), Child & Adolescent Services System Program (CASSP), and the Washington County Juvenile Justice Project (WCJJP).

The new West Bay Family Care Community Partnership, which is led by South County Community Action and serves both Washington and Kent Counties, was established with multiple community partners to provide easy access to services for families. West Bay FCCP partner agencies include: Thundermist Health Center, WellOne, Wood River Health Services, Westbay Community Action, Family Service of RI, South Shore Center and The Kent Center. High-fidelity wrap-around care is the foundation of FCCP services. A team of professionals, collaborates with parents and children, if appropriate, to develop a personalized and coordinated care plan that "surrounds" families with the supports they need and want. These care plans are developed to take advantage of available community resources as well as "natural supports," such as friends, relatives, and faith-based resources, in reaching the goals established by families.

In 2009, the West Bay FCCP program served 190 children in Washington County. The greatest numbers of children served were in South Kingstown (48), followed by North Kingstown and Westerly (each with 42).

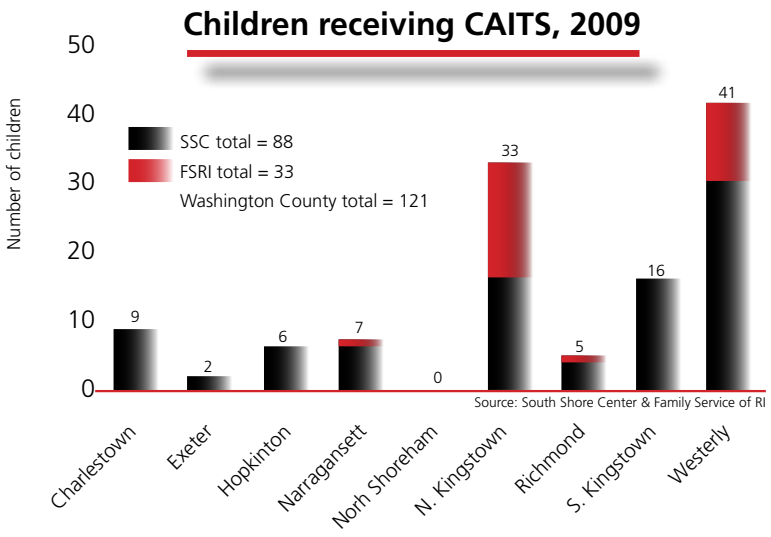
Children enrolled in West Bay FCCP, 2009



Intensive community-based treatment services

Intensive community-based treatment services provide care to children and their caregivers to help maintain children in their communities and/or prevent them from having to return to a hospital or residential treatment facility. These services and programs aim to reduce the incidence of children going into out-of-home care as well as reduce the overall lengths of stay in psychiatric and residential facilities. From 2006 to 2009, there were significant reductions in state spending on psychiatric hospitalizations for children with RIte Care or Medical Assistance. In fact, spending was reduced by 22%.[5] Intensive community-based treatment services are viewed as an affordable alternative to hospital or residential care and important component of the continuum of children's mental health services needed to support children in every community.

CAITS (Child & Adolescent Intensive Treatment Services) is one such community-based intervention service in Washington County. CAITS provides intensive, home and community-based treatment via individual and/or family therapy, parent training, and support services for Medicaid-eligible children and youth with moderate to severe emotional or behavioral disorders. Both South Shore Center (SSC) and Family Service of RI (FSRI) provide these services, along with other statewide service providers. In 2009, a total of 121 children received CAITS from SSC and FSRI. CAITS utilization was highest in Westerly (41 children served), North Kingstown (33 children served), and South Kingstown (16 children served). Due to significant changes made to the program, the number of children served by the program has dropped significantly. For example, South Shore saw a 63% reduction in CAITS enrollment from 2008 (235 children served) to 2009 (88 children served). Please note these numbers do not reflect a reduction in need, but rather show the effects of insurance changes and its impact on families' ability to access these services for their children. The chart above shows 2009 CAITS enrollment by town from SSC and FSRI.



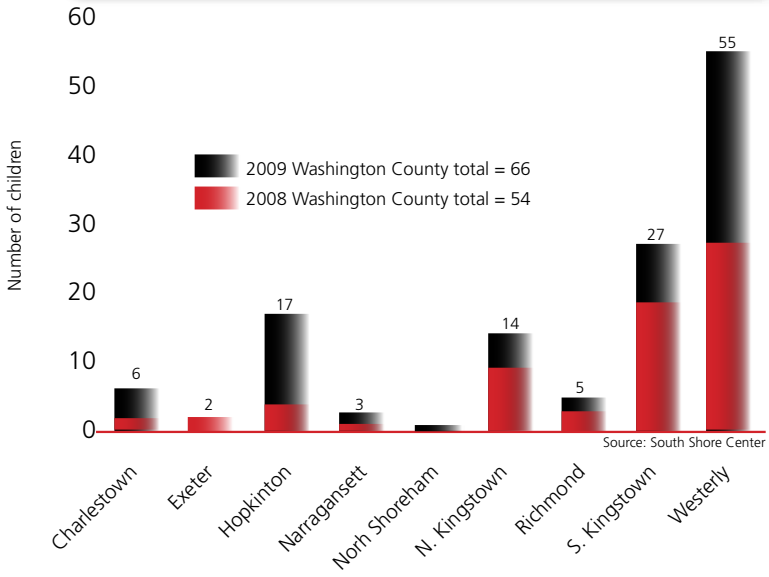
Children hospitalized for mental health needs

Sometimes, children's mental health needs become too overwhelming for caregivers to effectively manage at home. Or, children are no longer safe at home due to suicidal or homicidal symptoms. These children require hospitalization to obtain more intensive clinical services and/or adjust and monitor psychotropic medications. A total of 130 children were hospitalized for psychiatric reasons during 2008 & 2009. The chart on the next page shows a breakdown by town of the number of children who were hospitalized during this 2-year period.

The most common diagnosis of children hospitalized during this period was Mood Disorder, NOS (Not Otherwise Specified), followed by Major Depressive Disorder. The age range of children hospitalized was from 7 to 17 years old with the highest frequency of hospitalizations among children ages 14-17. The town with the highest number of children who were hospitalized was Westerly (55), which had more than double the number of children hospitalized than in any other town in Washington County. Unfortunately,

South Shore was forced to close their Partial Hospitalization Program (PHP) and other children's services in 2009 due to budgetary problems. Although this was a significant loss of children's mental health services in our area, South Shore has since merged with Gateway Healthcare and is in the process of re-building their children's programs, including services for children with autism. In the future, South Shore Center hopes to expand their ability to provide children and their families with more local options to both prevent psychiatric hospitalization and provide after-care to those released from psychiatric hospitals.

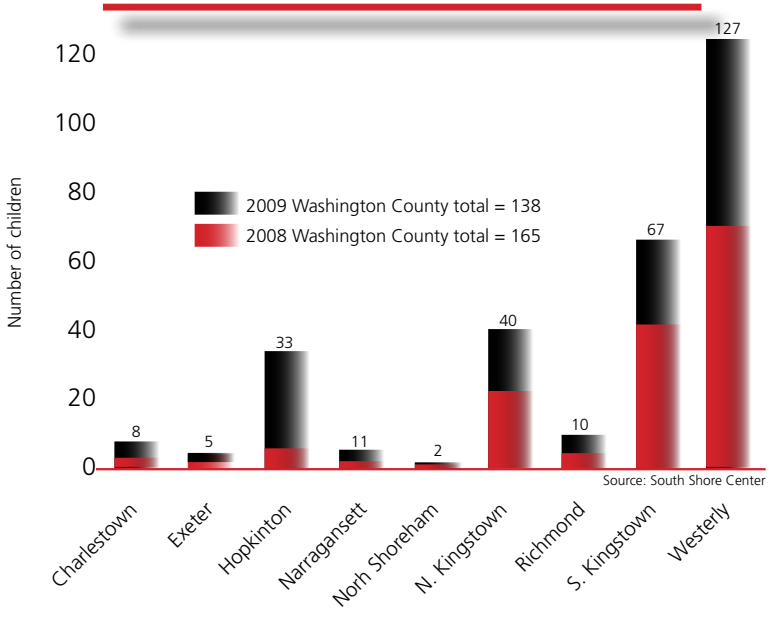
Children hospitalized for mental health needs, 2008 & 2009



Children receiving emergency evaluations

The Kids Link Emergency Hotline was created by the state to serve as a hotline for parents and caregivers to call 24 hours a day, seven days a week. If a child is experiencing a psychiatric crisis and a caregiver calls the hotline, the caregiver is connected to a mental health clinician who will assess what services are needed. This evaluation can take place in the home, school or local hospitals. South Shore Center is the contracted Kids Link provider in Washington County. During 2008-2009, 303 children in crisis in Washington County received emergency mental health evaluations by South Shore Center. The chart at right shows the number of children who received an emergency evaluation during this period broken down by town.

Children receiving emergency mental health evaluations, 2008 & 2009



Overall, the number of children receiving emergency evaluations decreased from 165 in 2008 to 138 in 2009. Again of note is the high number (127) of children receiving emergency evaluations from Westerly, comprising 42% of all the emergency evaluations completed by Kids Link in Washington County. This higher number in Westerly is linked to the higher number of hospitalizations as evaluations would most likely be part of the admissions process. It should be noted that the number of actual evaluations that took place is higher than the numbers reported above. Many children are evaluated several times when they come into the emergency room and are boarded there while they wait for a bed to open at another facility. Kids Link clinicians evaluate these children each day until they are moved to a facility that can best meet their needs.

Endnotes

1 Miles, J., Espiritu, R.C., Horen, N., Sebian, J., & Waetzig, E. (2010). A Public Health Approach to Children's Mental Health: A Conceptual Framework: Expanded Executive Summary. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health

2 Preventing Mental, Emotional, and Behavioral Disorders Among Young People. (March 2009). Washington, DC: The National Academies Press.

3 Preventing Mental, Emotional, and Behavioral Disorders Among Young People. (March 2009). Washington, DC: The National Academies Press

4 Miles, J., Espiritu, R.C., Horen, N., Sebian, J., & Waetzig, E. (2010). A Public Health Approach to Children's Mental Health: A Conceptual Framework: Expanded Executive Summary. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health

5 RI KIDS COUNT Issue Brief: Children's Behavioral Health: Psychiatric Hospitalizations and the Continuum of Care. (January 2010). Providence, RI: RI KIDS COUNT

Substance abuse

Do our children abuse alcohol or drugs?

by Eileen Stone

Substance abuse threatens the health and safety of children and youth, families, schools, and communities.[1] Use of alcohol, illegal drugs (such as marijuana, uppers, or downers), and inhalants to alter moods can have significant consequences. Because thinking and functioning can be impaired by use of alcohol or drugs, teens are more likely to engage in risky behaviors when they are using. Children who are not engaged in school, have high rates of school failure, lack connections with caring adults, and have feelings of peer rejection are at increased risk of substance abuse during adolescence. Youth with undiagnosed mental health problems are particularly at risk for substance abuse, as they may self-medicate with alcohol and drugs.

For over a decade, Rhode Island tracked school performance, climate, and youth risk behaviors through the School Accountability for Learning and Teaching (SALT) survey administered during one 60-minute class period each school year to students in grades 4-12. The survey provided schools with reliable and systematic information for use in planning and monitoring school improvement as well as adolescent development promotion efforts. This statewide instrument

Key Findings

- Rhode Island no longer has a statewide data collection instrument that measures perception of risk of alcohol, tobacco and illicit substances or 30-day use of alcohol, tobacco and illicit substances among youth at the school and district level. As a result, we are no longer able to track local substance abuse trends or compare them to national data.
- Arrests for drug related offenses among Washington County youth have remained steady over the past 3 years at 62 per year.

Progress since last report

- Narragansett, North Kingstown, South Kingstown High Schools have all worked with prevention task forces and revised their chemical health policies for student athletes.
- Narragansett and Westerly have passed more stringent social host ordinances.
- Rhode Island's Social Host Law has been amended with language that expands its application to the host's "residence," thus including drinking in backyards or other locations on private property.

Areas for Improvement

- Reinstate the SALT survey or other local data collection system for youth risk behaviors to assist local communities and prevention task forces track trends, assess needs/progress, and secure needed funding for prevention programs.
- Reduce underage alcohol access in the community and in private homes.
- Continue to engage the community, i.e. students, parents, schools, health providers, businesses, and clergy, in education and prevention efforts to reduce substance and tobacco use among area youth.
- Strengthen collaboration and prevention initiatives with the University of Rhode Island to reduce substance abuse.

included questions that measured students' perception of risk of alcohol, tobacco and illicit substances as well as students' use of these substances within the last 30-days. Unfortunately, due to state and local budget constraints, the SALT survey was discontinued after the 2007-2008 school year. As a result, current local data related to youth substance use is no longer available.

Recent state level statistics from the Centers for Disease Control and Prevention (CDC) - Youth Risk Behavior Survey 2009 (YRBS) reveal the following:

- 18.7% of Rhode Island youth reported that they had five or more drinks of alcohol in a row within a couple of hours on at least 1 day (during the 30 days before the survey)
- 26.3% of Rhode Island youth reported they had used marijuana one or more times (during the 30 days before the survey)
- 50% of 12th graders and 29% of 9th graders reported ever having used marijuana.
- Nearly one in five (19%) Rhode Island 12th grade students reported using painkillers, such as OxyContin, Codeine, Percocet or Tylenol III without a doctor's prescription at least once in their lifetime
- One in ten (10%) Rhode Island 9th grade students in 2009 reported ever using inhalants (sniffing glue, breathing the contents of an aerosol spray can and/or inhaling paints or sprays), 6% reported ever using ecstasy and 4% reported ever using any form of cocaine.

Underage drinking

Underage drinking presents an enormous public health issue. Because it is so accessible, alcohol is the drug of choice among children and adolescents. In fact, most youth say they can get alcohol from their homes. For this reason, it is no surprise that alcohol is the most commonly used and abused drug among youth in the United States, more than tobacco and illicit drugs. Although drinking by persons under the age of 21 is illegal, people aged 12 to 20 years drink 11% of all alcohol consumed in the United States. More than 90% of this alcohol is consumed in the form of binge drinks. On average, underage drinkers consume more drinks per drinking occasion than adult drinkers.[2] Teens who begin drinking before age 15 are five times more likely to develop alcohol dependence than those who begin drinking at age 21.[3] Annually, about 5,000 youth under age 21 die from motor vehicle crashes, other unintentional injuries, and homicides and suicides that involve underage drinking.[4] An early age of drinking onset is also associated with alcohol-related violence not only among persons under age 21, but among adults as well. It is estimated that over three million teenagers are alcoholics. Several million more teens are estimated to have serious drinking problems they cannot manage on their own.[5]

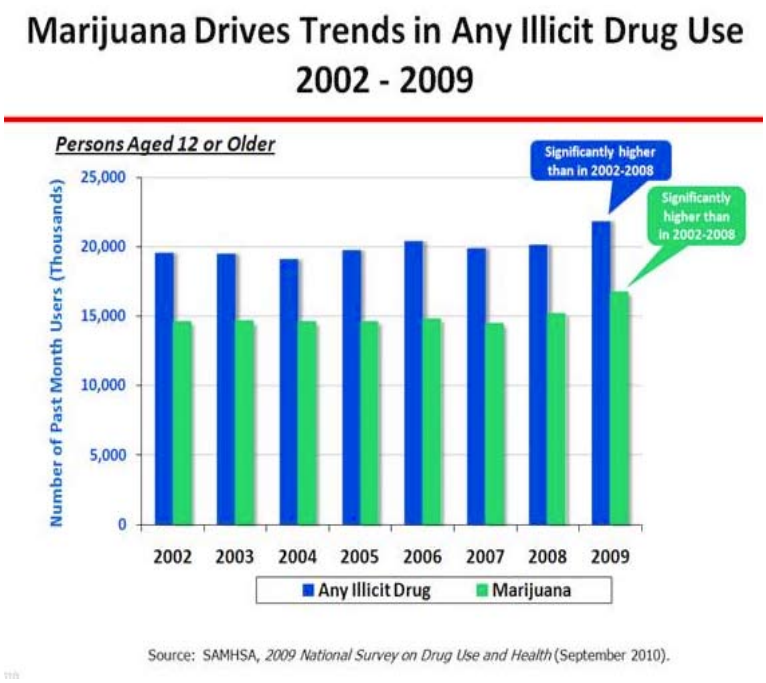
Illicit drug use

Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.[6] According to new findings from the National Survey on Drug Use & Health (NSDUH), after years of declining use, overall youth drug use among those 12 and older rose by 9 percent in 2009 – jumping from 8 percent in 2008 to 8.7 percent in 2009.[7]

Marijuana is the most commonly used illicit drug. In 2009, the NSDUH survey revealed there were 16.7 million past month users. Among persons aged 12 or older, the rate of past month marijuana use and the number of users in 2009 (6.6 percent or 16.7 million) were higher than in 2008 (6.1 percent or 15.2 million) and in 2007 (5.8 percent or 14.4 million).[8] In addition to increases in use, the survey also found that the level of youth perceiving great risk of harm associated with smoking marijuana once or twice a week dropped from 54.7 percent in 2007 to 49.3 percent in 2009, marking the first time since 2002 that less than

half of young people perceived great harm in frequent marijuana use.[9] Of particular concern is the fact that today's teens are smoking a more potent form of marijuana and starting use at increasingly younger ages during crucial brain development years.[10] Marijuana can also be linked to suicidal thoughts. A study based on data from the National Household Survey on Drug Abuse found that teenagers 12 to 17 who smoke marijuana weekly are three times more likely to have thoughts of committing suicide.[11] Plenty of scientific evidence has shown the ways pot impedes, even changes, the mental health of adolescents. In fact, those changes in the brain are similar to those caused by cocaine, heroin and alcohol.[12]

In 2009, the NSDUH survey documented use of other illicit drugs in the U.S. as well. The survey found 1.6 million current cocaine users aged 12 or older, comprising 0.7 percent of the population. These estimates were similar to the number and rate in 2008 (1.9 million or 0.7 percent), but

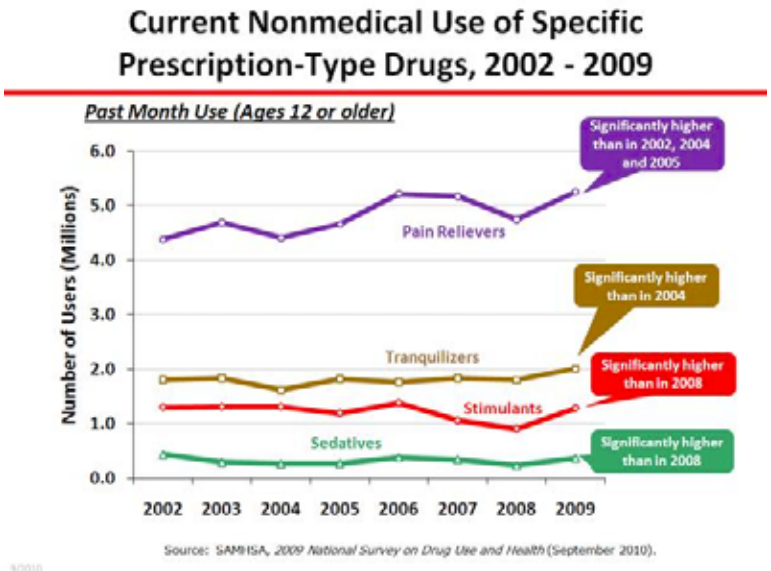


Source: SAMHSA, *2009 National Survey on Drug Use and Health* (September 2010).

were lower than the estimates in 2006 (2.4 million or 1.0 percent).[13] Hallucinogens were used in the past month by 1.3 million persons (0.5 percent) aged 12 or older in 2009, including 760,000 (0.3 percent) who had used Ecstasy. The number and percentage of Ecstasy users increased between 2008 (555,000 or 0.2 percent) and 2009.[14] The number of past month methamphetamine users decreased between 2006 and 2008, but then increased again in 2009. The numbers were 731,000 (0.3 percent) in 2006, 529,000 (0.2 percent) in 2007, 314,000 (0.1 percent) in 2008, and 502,000 (0.2 percent) in 2009.[15]

Prescription Drug Abuse

Prescription and over the counter (OTC) medications are widely available, free or inexpensive, and falsely believed to be safer than illicit drugs. Misuse of prescription and OTC medications can cause serious health effects, addiction, and death.[16] 2009 NSDUH data reveal there were 7.0 million (2.8 percent) persons aged 12 or older who used prescription- type psychotherapeutic drugs non-medically in the past month. These estimates were higher than in 2008 (6.2 million or 2.5 percent), but similar to estimates in 2007 (6.9 million or 2.8 percent).[17]



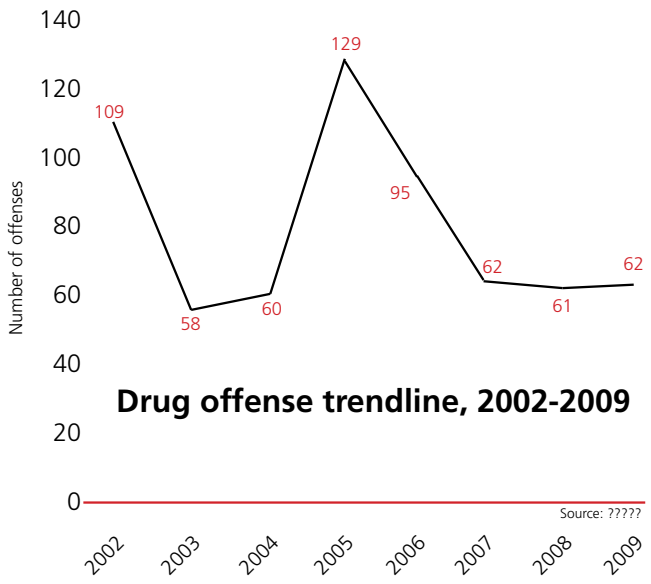
Source: SAMHSA, *2009 National Survey on Drug Use and Health* (September 2010).

In 2009, 20% of U.S. high school students admitted they had ever taken a prescription drug, such as Oxycontin, Percocet, Vicodin, Adderall, Ritalin, or Xanax, without a doctor's prescription. Teens also misuse OTC cough and cold medications, containing the cough suppressant dextromethorphan (DXM), to get high.[18]

Juvenile drug offenses

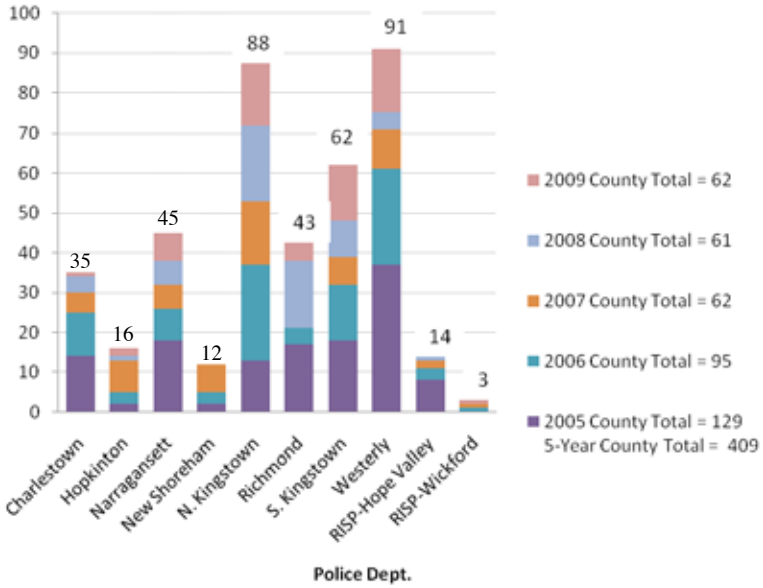
As indicated in the trendline to the upper right, the number of juvenile drug arrests has varied widely over the past 8 years, from a low of 58 in 2003 to a high of 129 in 2005. Arrests have remained steady at ~62 over the past three years.

Most juvenile drug offenses in Washington County involve possession of marijuana. Over the past five years, a total of 409 juvenile drug offenses have been recorded by area police departments. A break-down by year and department is listed to the right. The statistics underscore the need for continued substance abuse prevention efforts in each community.



Drug offense trendline, 2002-2009

Juvenile Drug Offenses, 2005-2009



Source: Juvenile Detention Summaries submitted by Police Depts. to RI Justice Commission

Tobacco

Despite some troubling trends, the 2009 NSDUH shows continued progress in lowering levels of tobacco consumption among people aged 12 years and older. Current cigarette use among this population has reached a historic low level at 23.3%. However, even in this case, the pace of improvement is stagnating.[19] On a positive note, Rhode Island's youth ranked in the top 5th nationally in a recent survey regarding perception of great risk of harm from smoking one or more packs of cigarettes per day among youths aged 12 to 17 conducted in 2007 and 2008.[20] These perceptions are clearly impacting behavior as the percentage of Rhode Island high school students reporting smoking cigarettes on 20 or more days in the past month has decreased significantly over the past decade, from 19% in 1997 to 5% in 2009.[21]

Research shows that strong family ties or bonds between parents and teens, have a positive impact on youth development and tend to lower youth engagement in risk-taking behaviors. Compared to families with strong ties, teens in families with weak family ties are:

- Four times likelier to have tried tobacco;
- Four times likelier to have tried marijuana;
- Almost three times likelier to have tried alcohol.[22]

Washington County is fortunate to have a variety of "protective factors" at work in our area.

Washington County protective factors

- Each community has a substance abuse prevention task force, funded by the state, which looks at gaps and strengths as they relate to substance abuse in each community.
- The prevention task forces in Chariho, Narrragansett, North Kingstown and South Kingstown are all recipients of Drug Free Community (DFC) grants to strengthen their community partnerships/collaboration, adopt/enforce local ordinances, conduct public education campaigns, and implement outreach programs to reduce youth substance abuse. According to the National Evaluation of the Drug Free Communities Support Program, the prevalence of 30-day use of alcohol, tobacco, and marijuana was lower for high school students in DFC-funded communities than among a nationally representative sample of high school students taking the Youth Risk Behavior Survey (YRBS).[23]
- There are Student Assistance Counselors (who specialize in substance abuse) in most of the middle schools and high schools throughout Washington County, with the exception of New Shoreham.
- Narragansett, North Kingstown, South Kingstown High Schools have all worked with prevention task forces and revised their chemical health policies for student athletes.
- South Kingstown, Narragansett and Chariho have implemented evidence-based curriculum in their middle schools to prevent substance abuse and underage drinking.
- Several of our high schools have active Students Against Destructive Decisions (SADD) groups, which work very closely with Mothers Against Drunk Driving (MADD).
- Community stakeholders (i.e. bar/restaurant managers, liquor store owners, pharmacists, schools, physicians, church leaders, after-school providers, etc.) are becoming aware of local substance abuse prevention task forces and are contributing to their communities' strategic plans to reduce underage access and abuse.
- Narragansett and Westerly have passed more stringent social host ordinances.
- Rhode Island's Social Host Law has been amended with language that expands its application to the host's "residence," thus including drinking in backyards or other locations on private property.
- Each community has strong relationships with their law enforcement to help educate and enforce underage drinking laws.

Early family and school interventions can build and strengthen protective factors and be tailored to reduce risk factors, which will help to prevent substance use among young people. Adolescents who participate in school-based, community-based, faith-based or other after-school activities are less likely to use substances than those who are not involved in any such activities.[24]

Washington County risk factors & challenges

Despite some strong protective factors, numerous risk factors and challenges remain in protecting our youth from the hazards of drug, alcohol, and tobacco use:

- Washington County is no different than other RI communities in its need to change social norms about underage drinking. Children draw conclusions about alcohol-related social norms from what they see and hear about alcohol in their families and communities. These norms strongly influence their own attitudes and behaviors regarding alcohol and other drugs. When communities consistently prevent underage access to alcohol, publicize and enforce alcohol-related laws, and limit the promotion of alcohol, they reinforce the message that alcohol use by young people is unacceptable and there are consequences.
- Research shows that the key risk periods for alcohol, cigarette and other drug abuse occur during major transitions in children's lives. These include the transition to middle school, which presents new academic and social situations and the transition to high school, which presents additional social and emotional challenges. [25]
- In 2009, medical marijuana was legalized in Rhode Island, which may erode the perception of risk that marijuana poses among our youth.
- Availability of substance abuse treatment and behavioral health counseling for youth in our county remains minimal.
- Lack of insurance for treatment and behavioral health counseling limits the options of the youth in our communities to obtain services.
- Statewide funding to community task forces continues to be threatened because of budget deficits.
- University of Rhode Island's (URI's) close proximity and off-campus housing allows our high school students to be exposed to and participate in college parties and makes alcohol that much more accessible.

Actions needed to address the many identified risk factors for children in Washington County include the following:

- Reestablish a statewide data collection tool for tracking local youth attitudes and use of substances in Rhode Island.
- Reduce underage alcohol access in the community and in private homes.
- Engage parents in substance abuse prevention efforts and encourage them to:
  - Develop clear expectations and follow through for their children, including developing a family policy of no underage drinking and enforcing it
  - Keep any and all alcohol and prescription drugs locked up
  - Supervise all youth gatherings or assure other parents are doing so
  - Know where their children are and who they are with, taking time to get to know their children's friends and parents
  - Communicate openly and honestly with their children about parental expectations regarding alcohol, drugs, and other risk-taking activities
- Develop and enforce stronger school policies related to alcohol and illicit substances - These new policies need to be published in student handbooks, announced over loud speakers, talked about in classrooms, and reinforced by parents.
- Adopt community guidelines and stiffer local ordinances to reduce underage alcohol use.

- Address substance abuse prevention within the context of all youth risk taking behaviors, i.e. drinking and driving, drugged driving, risky sexual behaviors, distracted driving (texting), and not their wearing seatbelts.

Finally, the risks of substance abuse are ever present in our community. Research has shown that schools cannot be relied on as the primary element in substance abuse prevention efforts. We need a comprehensive approach that includes families, schools, and the community as a whole. Efforts aimed at strengthening family relationships, increasing parents' communication skills with their children, and screening and identifying youth for substance abuse problems (to intervene early in the disease process) are clearly keys to reducing these risks for the children in our community.

Endnotes

1 Preventing drug use among children and adolescents: A research-based guide for parents, educators, and community leaders, second edition. (2003). NIH 04- 4212(A). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse as cited in the 2010 RI KIDS COUNT Factbook.

2 http://www.alcoholpolicy.niaaa.nih.gov/UnderageDrinking.html

3 U.S. Department of Health and Human Services (HHS), The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking. HHS, Office of the Surgeon General, 2007.

4 http://www.alcoholpolicy.niaaa.nih.gov/UnderageDrinking.html

5 U.S. Department of Health and Human Services (HHS), The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking. HHS, Office of the Surgeon General, 2007.

6 http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf

7 http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf

8 http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf

9 http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf

10 El Sohly, M.A. University of Mississippi Potency Monitoring Project, 2004 as cited on http://www.theantidrug.com/drug-information/marijuana-facts/marijuana-mental-health.aspx

11 Greenblatt, J. (1998), Adolescent self-reported behaviors and their association with marijuana use. National Household Survey on Drug Abuse, 1994-1996. SAMHSA.

12 Marijuana: Facts Parents Need to Know, Revised, NIDA, November 1998

13 http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf

14 http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf

15 http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf

16 http://www.cdc.gov/HealthyYouth/alcoholdrug/index.htm

17 http://www.cadca.org/resources/detail/national-survey-reveals-increases-substance-use-2008-2009

18 http://www.cdc.gov/HealthyYouth/alcoholdrug/index.htm

19 http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf

20 http://oas.samhsa.gov/2k10/188/StateEstimates.htm

21 Rhode Island Youth Risk Behavior Survey, trend analysis report. (2009). Rhode Island Department of Health, Center for Health Data and Analysis as cited in the 2010 RI KIDS COUNT Factbook.

22 http://www.casacolumbia.org/upload/2010/20100819teensurvey.pdf

23 http://www.cadca.org/pressreleases/detail/cadca-gravely-concerned-about-increase-youth-drug-use-rates

24 The National Survey on Drug Use and Health (NSDUH) Report: Youth activities, substance use and family income. (2007). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies as cited in the 2010 RI KIDS COUNT Factbook.

25 Preventing drug use among children and adolescents: A research-based guide for parents, educators, and community leaders, second edition. (2003). NIH 04- 4212(A). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse as cited in the 2010 RI KIDS COUNT Factbook.

Juvenile justice

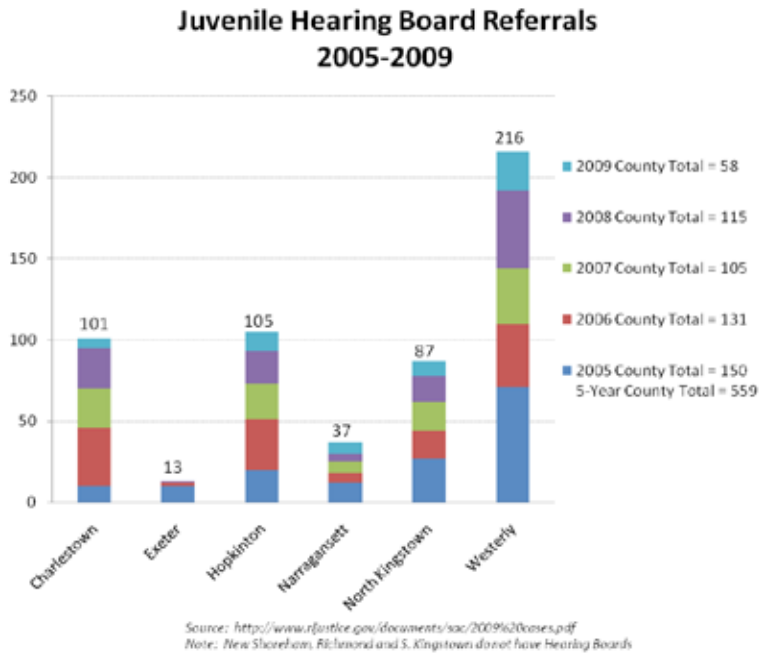
Do our youth cause trouble?

and

How well do we support them and their families when they do?

by Michael C. Cerullo, Jr.

In RI, all adjudicated youth are involved with either or both Probation and the RI Training School (RITS). These programs are administered by the RI Dept. of Children, Youth & Families (DCYF), and, according to a RI KIDS COUNT Issue Brief,[1] some 1,200 youth were on probation in 2008. Eight hundred sixty were in detention at the RITS; and 478 were adjudicated to the RITS. Included in the RITS population numbers are those youth referred to Temporary Community Placement (TCP), which are residential programs for adjudicated youth allowed by the Court to serve their sentences. These RITS and Probation figures do not reflect the many other youth referred to Family Court and diverted to other services or to Truancy or Drug Court. In 2008, KIDS COUNT reported that 22% of all Family Court referrals were diverted instead of being sent to a formal court hearing. During this period, 2,229 youth were referred by schools to Truancy Courts and 232 were diverted to Juvenile Drug Court. Another 789 cases went before Juvenile Hearing Boards during that period.



Source: http://www.rijustice.gov/documents/soc/2009%20cases.pdf
Note: New Shoreham, Richmond and S. Kingstown do not have Hearing Boards

Juvenile Hearing Boards permit diversion of first time offenders with non-violent charges for status offenses or misdemeanors for hearings. These boards, actively serving 32 of RI's 39 municipalities, are made up of volunteer community members who review cases and impose sanctions, such as community service, restitution, and counseling. Over the past five years, Juvenile Hearing Boards have handled 559 cases in Washington County. Use of Juvenile Hearing Boards fell significantly in 2009. The total for all of Washington County in 2009 was 58 compared with the 2005-2009 average of 112. Town by town figures for Washington County for the period 2005 to 2009 are shown at left.

Because some youth offenses are dismissed, actual rates of juvenile offenses and related out-of-home placements may be under-reported. Also, the much referenced statewide statistic that some 60% of violent crimes committed by youth take place in the Core Cities minimizes the reality that 4 in 10 acts of youth violence occur in communities like Washington County.

Key Findings

- The entire system of care related to prevention, diversion, placement, and aftercare for Juvenile Offenders entering and returning from residential placements is in a state of flux.
- From 2002-2009, the number of Washington County youth placed at the Rhode Island Training School (RITS) averaged 46, while the 2009 total was 51, an increase of 10%.
- For the year 2009
  - Juvenile Larceny charges remain unchanged from the 2002-2009 average of 94.
  - Juvenile Assault charges are down 39% from the 2002-2009 average of 70.
  - Juvenile Weapons charges are down 56% from the 2002-2009 average of 9.
  - Juvenile Disorderly charges are down 47% from the 2002-2009 average of 174.
  - Juvenile Status Offenses are down 46% from the 2002-2009 average of 53.
- For the year 2009
  - the number of Juvenile Hearing Board Cases was 58, down 48% from the 2005-2009 (5-year) average of 112.
  - Youth Diversionary Program and Article 23 Participation was 64 compared to 46 in 2008 and 110 in 2007.

Progress since last report

- DCYF, the General Assembly and the RI Courts are in the midst of a comprehensive effort to substantially reduce lengths of stay in all residential placements, including the RI Training School (RITS) & Temporary Community Placements (TCP's).
- In January 2009, the West Bay Family Care Community Partnership (FCCP) was established to deliver high-fidelity wraparound; a family-centered practice that works to develop a blend of local services, community programs, family members and friends to support youth and their families with less reliance on formalized services and more lasting support from the community.
- A new partnership established with the Exeter Job Corps Academy allows for both residential and day placements for vocational training for highly motivated, mature youth returning to the community from juvenile justice placements.
- Federal Access to Recovery Grants (for substance abuse treatment and recovery maintenance) were renewed and include a substantial set aside for youth returning from incarceration at the RITS and TCP's.

Areas for improvement

- Develop and implement parenting education programs focused on behavior management, communication skills and normative adolescent development.
- Continue efforts to ensure continuity of behavioral health care and mentoring programs for juvenile justice involved youth.
- Monitor systems change efforts to assure adequate community-based resources to prevent and remediate local youth involvement with the juvenile justice system.

Significant changes impacting RI's juvenile justice system

Several policy, process, system and legislative changes affecting the RITS and juvenile justice population have occurred since 2008 that will significantly impact needs and available services in Washington County over the next few years. These changes and possible impacts include the following.

Mandated Cap on RITS Placements and 50% of Sentence Review Process

In 2009, with the opening of the new Roosevelt Benton Detention Center (Intake, Assessment & Detention) and the Thomas Slater Training School (Adjudicated Population), a General Assembly legislated cap of 148 males and 12 females was instituted. Along with the cap, a requirement that each youth be evaluated for early release from adjudicated placement when they have served 50% of their sentence was established. It is also important to note that average length of stays in detention for 72% of placements was reduced to 2 weeks or less. For adjudicated youth, 30% of stays were for less than 1 month and 28% for one to six months. As a result of the combination of these changes more stringent standards for incarceration have been instituted and the demand for community-based alternatives can be expected to rise.

Mandated Reduction in Residential Placements

In 2007, the General Assembly required the reduction of out-of-home placements (from 1300 to 1000), excluding foster care, but including the RITS and TCP's. At that time, DCYF changed reimbursement policies for many residential placements from guaranteed contracted payments to fee-for-service arrangements. As a result, in February 2009[2], the total number of these placements was 816, 41% of which (330) were specifically for the juvenile justice population. It is important to note that this figure does not account for youth on probation, who were in specialized residential placements, such as emergency shelters or substance abuse programs.

Mandated Reduction in Length of Stay in all Residential Programs.

On November 15, 2010, DCYF issued a notice to all residential placement facilities funded by the department, including TCP's, informing them

> *"… effective January 15, 2011 the department will only be approving residential placements for a period of 90 days, with a 30 day extension for just cause. … (and DCYF) will be working closely with providers to ensure that discharge planning and implementation begins on day one with a full discharge plan in place no later than (60) days into placement …*

The letter goes on to specify that from the point of intake and assessment, residential programs will be expected to begin to engage parents and families in treatment as well as facilitate referrals to community-based programs for aftercare.

And, within 60 days, an Individualized Discharge Plan will be in place and referrals completed. An abundance of research[3] [4] indicates that shorter stays for any form of out-of-home placement combined with comprehensive aftercare services results in more successful reintegration in the community.

Given the higher rates of vulnerability to abusive substances among juvenile justice involved youth, demand for adolescent rehab placements will remain high. Higher demand for outpatient substance abuse aftercare treatment and recovery maintenance can also be expected.

A glimmer of hope for increases in service availability for these youth, especially for the older and uninsured is the recent renewal of Federal Access to Recovery Funding, a good deal of which is being designated for DCYF involved youth.

An equally bright light with respect to treatment resources in Washington County is the presence of 3 widely acknowledged providers. Phoenix House, Caritas-Corkery House, and CODAC provide services based in Wakefield and both Phoenix and

CODAC provide services in Westerly. Additionally, both the Corkery House and Phoenix House Rehab programs have recently instituted intensive home and community-based aftercare programs for youths returning to the community from juvenile justice facilities.

Reduction in Residential Placements and Funding for 18-Year-Olds

In 2007, services for 18-year-olds were significantly reduced and independent living arrangements for all but a very limited number of youth are now available. Additionally, unless an 18-year-old returning to the community continues on Probation or remains in DCYF custody for unusual reasons, RIte Care (Medical Assistance) coverage is terminated. Thus, youth aging out of the juvenile justice system are at high risk for involvement with the adult justice system because they do not qualify for community-based aftercare services or have the necessary health insurance to support ongoing behavioral health treatment. An especially helpful development since 2008 has been the partnership with the Exeter Job Corps Academy that, under stringent selection criteria, allows for both residential and day placements for vocational training for highly motivated, mature youth returning to the community from juvenile justice placements.

Establishment of FCCP's

As part of the effort to reduce out-of-home placements and provide more community-based services to vulnerable and troubled children and youth, DCYF created four regional Family Care Community Partnerships (FCCP's). Each FCCP is designed to deliver high-fidelity wraparound; a family-centered practice that works to develop a blend of local services, community programs, family members and friends to support youth and their families with less reliance on formalized services and more lasting support from the community. By utilizing this approach, flexible and comprehensive plans and services can be put in place for children and their families based on individualized strengths and needs. To create the FCCP's, DCYF discontinued and reallocated funding from several mental health and juvenile justice programs, including Comprehensive Emergency Services, CASSP (Child & Adolescent Services System Program), Project Hope, & the Washington County Juvenile Justice Project. Operational since January 2009, the West Bay FCCP was established to serve the needs of children and families in Kent and Washington Counties. South County Community Action is the lead agency for the West Bay FCCP with staff employed on site at each of seven core partner agencies throughout the two-county region.

Given the shift away from costly residential care, greater demands are being placed on community-based services for juvenile justice involved youth. Assuring adequate funding to support these service needs within local communities, as well as the new FCCP's to facilitate them, is critical to the success of the state's new system of care and ultimately the at-risk youth in our community. Currently, behavioral health aftercare services for juvenile justice involved youth are provided by relatively short-term home-based DCYF funded programs emphasizing outreach and tracking, parent behavior management, family therapy and clinical case management.

Additionally, a limited number of private practitioners provide office and home-based treatment for this population in Washington County funded primarily by private insurance.

Court Challenges to Truancy Court System

Tardiness, unexcused absences and cutting classes constitute truancy, which until the establishment of Truancy Court in 1999, could only be addressed by means of a wayward-truancy petition filed in Family Court. Often, these proceedings took as many as 3 months to be heard. In establishing the Truancy Court system in RI, Judge Jeremiah often noted that as many as 95% of the youth who came before him for serious offenses had a history of truancy. Frequently, some form of truancy or school

avoidance was the first 'symptom' predictive of a deeper involvement with the juvenile justice system. Essentially this suggests that truancy can be seen as analogous to the "fever" symptom that brings someone to a physician's office or an emergency room. While the fever may be an indication of many illnesses, left unaddressed and understood, it can become a more serious medical problem. This is also the case with truancy. Truancy can be symptomatic of unaddressed mental health conditions; sleep disorders; reaction to divorce or family discord; poor parental supervision and limit setting regarding sleep hygiene; addiction to on-line gaming; youth and/or parent substance abuse; bullying; and gang involvement to name a few.

Currently, the Truancy Court system is being challenged by the ACLU in a class action suit on behalf of parents who appear to have legitimate concerns regarding the process. Because individual districts 'invite' Truancy Court into their schools, this suit has been brought against individual school systems as well as Truancy Court Magistrates, staff and the Acting Chief Judge of Family Court. As a result, both Westerly and South Kingstown have been named in this costly lawsuit and, Westerly has already voluntarily withdrawn from the Truancy Court system. At this writing, the RI Supreme Court is considering whether it will hear this case or have it decided in Superior Court. Currently, Providence is negotiating with the ACLU around ways in which the district can continue to participate in Truancy Court while addressing the concerns presented in the lawsuit. This hoped for outcome is based on the reality that truancy rates throughout the state and here in Washington County are unlikely to subside in the foreseeable future.

Since truancy rates and Truancy Court figures are not currently available, high absenteeism rates (students missing more than 18 days in a school year) as reported in the *2010 RI KIDS COUNT Factbook* may be a reasonable proxy for truancy. A glance at the district by district absenteeism rates shown in the table below is troubling.

It is difficult to imagine that these rates reflect just legitimately excused absences for illness, bereavement, and important appointments for all of these students. In some cases, the rates have doubled, tripled and quadrupled from Middle School to High School.

Washington County absenteeism rates

School Department	Total Middle School enrollment	Middle School % of students absent 18+ days	Total High School enrollment	High School % of students absent 18+ days
Chariho	1,110	6%	1,221	15%
Exeter-WG	330	3%	642	11%
Narragansett	478	3%	476	9%
New Shoreham	39	0%	28	0%
N Kingstown	1,026	<1%	1,629	4%
S Kingstown	869	6%	1,173	13%
Westerly	795	<1%	1,058	12%

Source: 2010 RI KIDS COUNT Factbook

Clinical challenges

From a clinical practice standpoint, the juvenile justice population presents many unique challenges that have and will continue to shape successful treatment and prevention interventions for at risk youth and their families.[5] [6] [7] [8] [9] [10] [11] [12] [13] While the numbers of at risk youth, measured in terms of their current formal involvement with the juvenile justice system, are greater within RI's Core Cities, many of these challenges are no less daunting for the youth, families, educators, physicians, mental health providers and human services professionals of Washington County.

Listed below are some of these challenges along with data from a cross-sectional study of the RITS population[14]. The study analyzed the make-up of the RITS population for the month of January 2008 and covered 110 boys in adjudicated placement and 13 girls in both detention and adjudicated placement. Of these totals, 6 boys were from Washington County, one each from Ashaway, Carolina, North Kingstown, Wakefield, West Kingston and Westerly. There were no girls from the county in the RITS during that period. Approximately 1 in 3 boys and 1 in 5 girls were from outside the core cities of Providence, Pawtucket, Central Falls, West Warwick and Woonsocket.

Washington County youth are vulnerable to, and challenged by, many of these risk factors developed in the Yale study, including:

- Poverty and Limited Transportation
- Single Parent Families, Unresolved Divorce Issues and Uninvolved Dads
  - » 65.5% of boys and 61.5% of girls were living in single parent families 85% of these households headed by women
- Limited Family Involvement and Inadequate Parental Disciplinary Skills
- Executive function, impulse control and emotional regulation concerns
  - » 24.8% of boys and 7.7% of girls diagnosed with AD/HD
  - » 13.5% of boys & 7.7% of girls diagnosed with Mood Disorders
  - » 16.4% of boys and 23.1% of girls diagnosed with Anxiety Disorders
  - » 7.3% of boys and 30.8% of girls had attempted suicide
  - » 15.5% of boys and 30.8% of girls were taking psychiatric medication
- High probability of undiagnosed or untreated mental health conditions
- High probability of physical, sexual or emotional trauma history
  - » 18.2% of boys and 38.5% of girls reported history of physical abuse
  - » 27.3% of boys and 53.8% of girls reported history of neglect
  - » 5.5% of boys and 23.1% of girls reported history of sexual abuse
- High probability of co-occurring substance abuse and/or dependence
  - » 96.4% of boys and 55.6% of girls reported history of marijuana abuse
  - » 64.3% of boys and 22.2% of girls reported history of alcohol abuse
  - » 38.1% of boys reported known history of parental substance abuse
  - » 87.5% of girls reported known history of parental substance abuse
- High probability of learning disorders and cognitive differences
  - » 46.4% of boys and 46.2% of girls had IEP's on intake to the RITS
- High probability of truancy history
- High probability of attachment and bonding issues
- Significant potential for behavioral contagion effects
  - » On average, there were 2.3 other children in the homes of these youth
- System and treatment fatigue and/or habituation
  - » 69.1% of boys had been in DCYF care for an average of 4.5 years
  - » 8.8% of girls had been in DCYF care for an average of 8.8 years
  - » 32.4% of boys' and 56.3% of girls' families were open to DCYF FSU
  - » 25% of boys and 56.3% of girls were open to DCYF FSU
- Cultural Diversity and Language Barriers
  - » 73% of boys and 69% of girls were of color.

These factors often occur in clusters and combinations. Generally, no single challenge accounts for 100% of the youth's risk for involvement in the juvenile justice system. It follows from this reality that no single program, intervention or treatment approach will effectively meet the individual needs and circumstances of a specific youth and his or her family.

Treatment needs, opportunities, recidivism reduction strategies

Professionals involved with juvenile justice youth generally agree that successful maintenance in or return to the community rests on four major factors:

1. Timely return to the community;
2. Intensive family involvement both during and after out-of-home placement;
3. Availability of at least one concerned adult in the youth's life (Parents, Mentors, Older Family Members); and,
4. Continuity of care for youth with acute or chronic behavioral health needs and conditions.

1. Timely return to the community

The longer a youth remains in placement, the more likely he or she is to recidivate if and when returned to the community. Often when a problematic youth (sometimes referred to as 'the symptom bearer') is removed, the family gets used to the absence of the problem behaviors and does not address the underlying contributors to the overall family dynamic related to the youth's removal. In turn, the motivation of the family to engage in indicated treatment *as a family*, *with the youth* and *while in placement* is often compromised. Clearly, any limits in the availability of clinical resources while in placement as well as targeted aftercare services for juvenile justice involved youth and their families adds significantly to the risk of recidivism.

Intensive family involvement

While every family situation is different, and treatment plans must be individualized, the following issues generally need to be assessed and addressed:

Parent Management Training[15] [16]

By the time a youth becomes involved with the juvenile justice system, formally or informally, there is a high likelihood that the family finds itself without the necessary skills to manage the inappropriate behaviors of the youth. The skills needed to address these behaviors can generally be described as parent management training and can be found in many evidence based and manualized protocols. However it is developed, packaged and applied, parent management training is a clear need both as a primary prevention strategy and for remediation of the behaviors of youth chronically involved with the juvenile justice system.

Respectful and Effective Communication and Conversation Skills

Often combined with the need for parent management training is the need to address poor communications skills on the part of both parent and youth. The lack of these skills … or as is often the case … the depleted emotional reserves of highly stressed parents trying to function and survive, generally leads to highly polarized conversations in which neither parent or youth 'hears' each other and no one's legitimate needs are met. Very often in the case of youth in out-of-home placements, practicing these skills in structured family therapy is a necessary first step before any substantive issues can be addressed.

Parental Education in Normative Adolescent Development Challenges

A frequent challenge in addressing adolescent behavior and parenting strategies is the need that both parents and youth have to be able to distinguish between normative adolescent developmental needs and behavioral patterns and those that are inappropriate or problematic. Separate sessions with parents and youth along with subsequent joint conversations among parents and the youth are often helpful in developing age-appropriate expectations supportive of respect for each party's roles, rights and responsibilities.

Father-Son Relationship Therapy

Given the high rates of divorce that frequently lead to absent or unavailable fathers in the lives of many male adolescents, any opportunity to facilitate appropriate reconnection should be pursued wherever possible. This is a need that has recently been highlighted by President Obama and is very much reflected in training programs on this issue that are now required of DCYF Family Service Unit (FSU) and Probation workers. Helping a youth gain a realistic view of the realities and potential of his relationship with his father can be an especially helpful therapeutic intervention for juvenile justice involved males.

3. Committed and consistent adult involvement in a youth's life

Study after study on adolescent resiliency factors and reduced recidivism point up the value of adult mentoring programs. Unfortunately, for many youth, these adults are not an option due to limited numbers of mentors as well as the lack of funding to support administering safe and well resourced programs. Available alternatives, in addition to appropriate reconnection with fathers, include identifying an older relative willing to take the youth under his or her wing in a supportive, non-judgmental way. Unfortunately, in reality for too many youth, the only willing and available adults are the Probation, FSU, and human service professionals in their lives at that time. The need to develop appropriate 'mentoring' relationships in some form or another is ongoing and crucial to both prevention and effective aftercare.

4. Continuity of care for clinically involved youth

Among the most daunting issues facing both youth and the system of care is the problem of maintaining helpful therapeutic relationships and providers. The ability to provide consistent and uninterrupted psychiatric support is affected by transitions in and availability of insurance coverage as a youth moves into and out of placements. It is also affected by a serious shortfall in available pediatric and adolescent psychiatrists. While some medication regimes can be managed by primary care physicians, more complex chronic conditions require the availability of specialists. Another aspect in the effort to provide continuity in the clinical care of juvenile justice involved youth is the challenge associated with maintaining relationships with both privately and agency-based licensed therapists. In addition to the continuity and availability of insurance, agency turnover rates and policies as well as the policies of some residential providers make it difficult for a youth to continue treatment with resources with which he has developed a trusting therapeutic alliance.

While there is now more willingness among residential providers, community-based agencies, and DCYF to support existing therapeutic resources for youth, much more needs to be done in terms of recruiting and supporting experienced practitioners in this effort. For Washington County, given the high level of dependence on private insurance and the involvement of primary care providers in behavioral health treatment, combined with the reality of significant reductions in available funding for community-based aftercare resources, meeting youth needs for continuity of behavioral health care will continue to be a challenging priority in the foreseeable future.

Aftercare resources

In addition to private providers, there are several aftercare programs funded by DCYF and targeted for youth returning from residential and juvenile justice placements. Some effective interventions, such as multi-systemic therapy (MST) as provided by Psychological Centers and Community Solutions Inc., are highly specialized, structured and time-limited. Others, such as Preserving Families Network (PFN), a program of Tides Family Services, are more comprehensive and can be extended and renewed by DCYF depending on clinical need. In the case of PFN, home-based family and individual therapy provided by licensed clinicians, case management, outreach and tracking and home-based behavioral support is available to Washington County youth. PFN will collaborate with existing outpatient providers and often provides a supportive bridge to less intensive services with agency-based and private practitioners. Key Program's Outreach and Tracking is a long-standing and flexible resource collaborating with several agencies as well as private practitioners to provide support for youth and families in all stages of involvement with the juvenile justice system.

Juvenile justice diversionary programs

Washington County has several programs aimed at diverting youth from entry into the juvenile justice system.

Youth Diversion Program (YDP) is a 90-day intervention program, consisting of one-on-one counseling, workshops, and advocacy services for pre-adjudicated youths (at risk of Court or DCYF involvement) ages 9-17. The goal of the program is to help youth avoid entry into the juvenile justice system by providing education regarding decision making, communication, anger management, and goal setting. In Washington County, YDP is provided by South County Community Action, Inc.

Article 23 Initiative is a state mandate initiated in 2003 that requires documentation that an assessment and treatment plan have been unsuccessful in solving family issues before a "wayward by virtue of disobedient behavior" petition can be filed. With the dissolution of the Washington County Juvenile Justice Program, operated previously by South Shore Mental Health Center, SCCA is now the only designated agency in Washington County for this initiative, which is designed to reduce the number of wayward/disobedient petitions and to assure community intervention has failed prior to entry into the juvenile justice system. SCCA staff meet with the youth and family members to 1) complete an assessment to determine if there have been any prior interventions and 2) to develop a crisis intervention plan. If the family has recently received intervention without success, staff can refer the matter back to the police department for possible presentation to Family Court. The family may choose to continue with the designated agency and work on a treatment plan, even if earlier interventions have been unsuccessful. If there have been no prior interventions the family can develop a treatment plan to avoid further involvement with the police and Court system. The following are the number of Washington County youth served by YDP and Article 23 in 2008 and 2009.

Washington County YDP and Article 23 participation

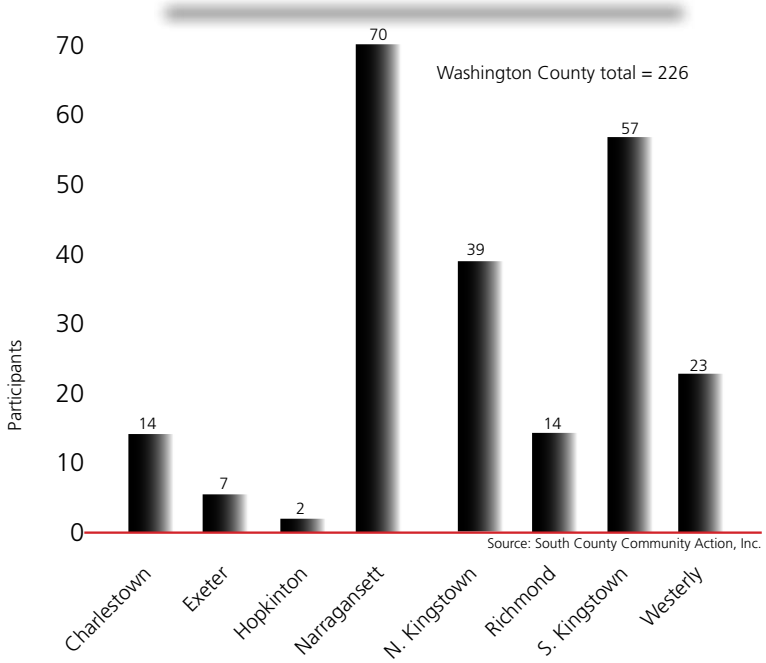
Municipality	2008	2009
Charlestown	7	8
Exeter	8	2
Hopkinton	9	4
Narragansett	5	9
North Kingstown	8	9
Richmond	1	4
South Kingstown	13	15
Westerly	5	18
Washington County Total	46	64

Source: South County Community Action

Primary prevention efforts

Youth involvement in structured community activities are known to prevent juvenile delinquency. YouthLinks, operated by South County Community Action, links Washington County youth ages 14-24 with employers, schools, colleges, technical schools, trade associations, and other community based organizations. YouthLinks services are free and include: basic education, remediation, tutoring, work readiness credentialing, occupational skills development, adult mentoring, leadership development, job coaching, and case management. In 2007, YouthLinks served 82 local teens. During 2008 and 2009, a total of 226 Washington County youth were served by YouthLinks. Note: participation in Narragansett is higher due to youth participation from Ocean Tides Residential Program.

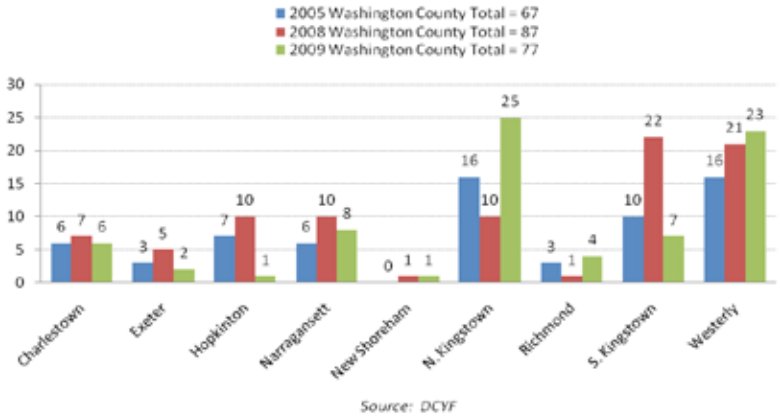
YouthLinks participation, 2008-09



Juveniles on probation

The number of youth on Probation has remained fairly consistent over the past 5 years. On a specific date in 2005, 67 Washington County were on Probation. Snapshots from specific dates in 2008 & 2009, showed a total of 87 and 77 youth on Probation. Aggregate unduplicated numbers for these years are not available. Town by town data is provided to the right.

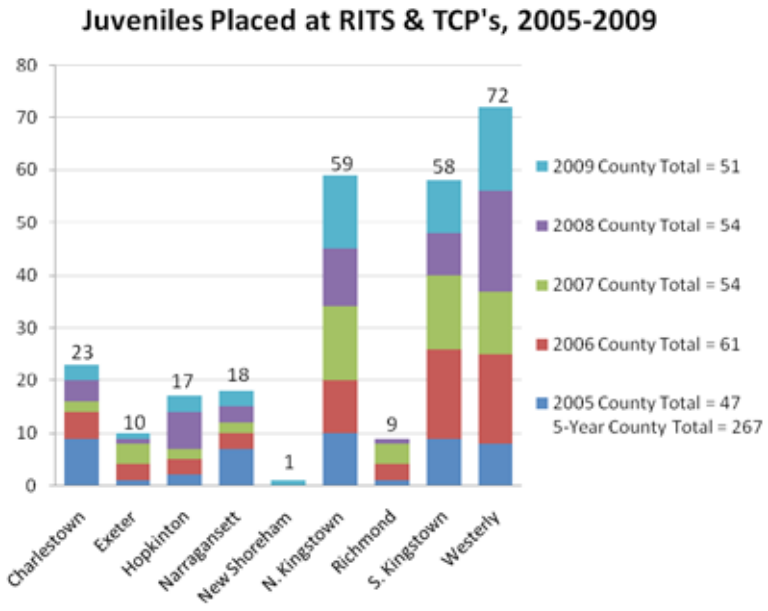
Washington County Juveniles on Probation Snapshots 2005, 2008, & 2009



Rhode Island Training School

The Rhode Island Training School (RITS) is a highly structured, secure residential facility for delinquent youth and youth awaiting trial. It is operated by DCYF. The unduplicated annual RITS statistics also include youth adjudicated to Temporary Community Placements (TCP) which are residential programs for those allowed by the Court to serve their sentences in alternate facilities.

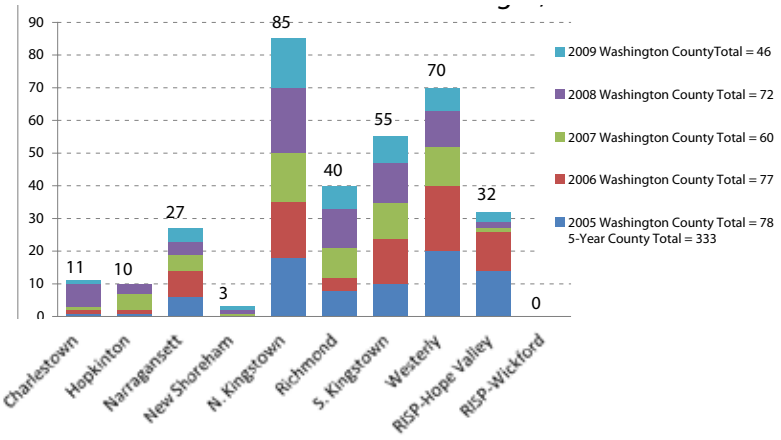
The total number of Washington County youth placed at the RITS and TCP's from 2005 to 2009 was 267. In 2009, the total was 51. Town by town data for this five-year period is presented to the right.



Source: DCYF RICHIST Data
as cited in 2006, 2007, 2008, 2009 &2010 RI KIDS COUNT Factbooks

Assault offenses

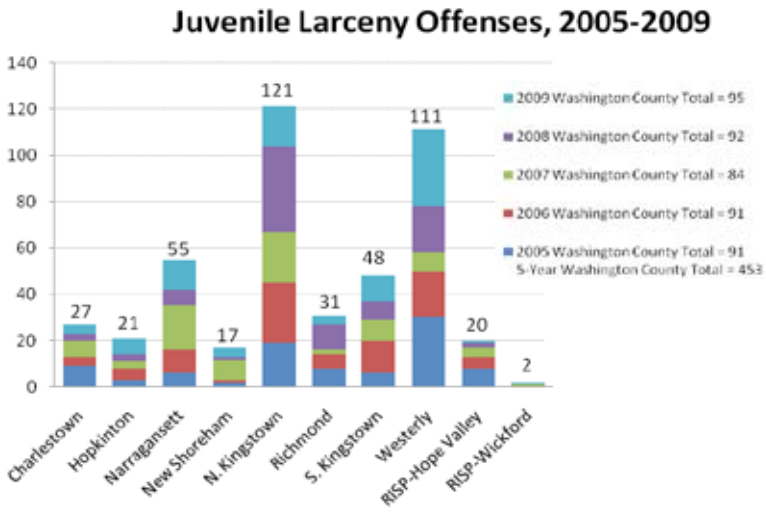
Assault charges include: simple assault, assault with a dangerous weapon, felony assault, assault on a school teacher, and attempted murder. Since 2002, when the Coalition began tracking this data, arrests for juvenile assaults averaged 70. The total for 2009 was 46. Town by town data for last five years (2005-2009) is presented in the chart to the right.



Source: Juvenile Detention Data Booklet retrieved from
http://www.rijustice.ri.gov/documents/sac/juvenile/2009/2009%20Juvenile%20Detention%20Data%20Booklet.p

Larceny offenses

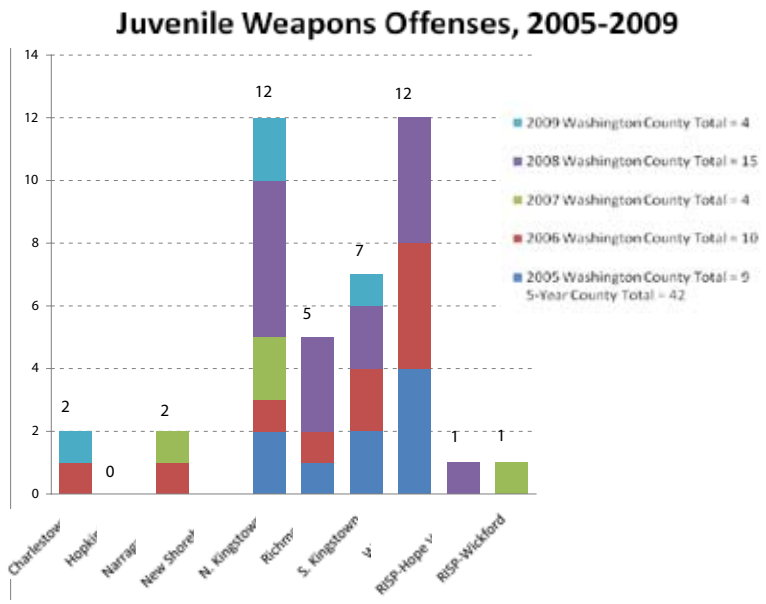
Larceny offenses include: breaking and entering, possession/receipt of stolen goods, shoplifting, and fraudulent use of a credit card. Juvenile larceny charges in Washington County averaged 94 between 2002 and 2009. Total for 2009 was 95. 453 juveniles have been arrested for larceny offenses over the past five years. Town by town data for 2005 through 2009 is presented to the right.



Source: Juvenile Detention Data Booklet as retrieved from http://www.rijustice.ri.gov/documents/sac/juvenile/2009/2009%20Juvenile%20Detention%20Data%20Booklet.p

Weapons offenses

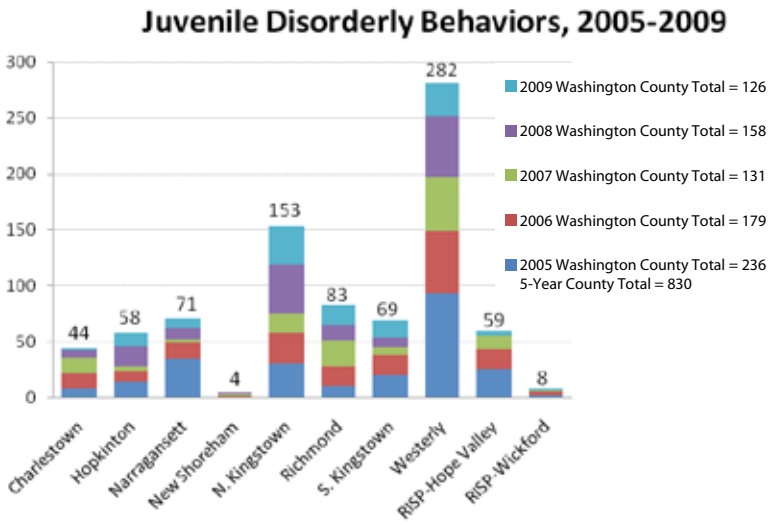
Juvenile Weapons Offenses can include: possession of an unspecified weapon, possession of a knife, possession of a firearm, and possession of a weapon in school. Weapons offenses have fluctuated widely from a high of 15 to a low of 4 while averaging 9 between 2002 and 2009. In 2009, only 4 Washington County juveniles were arrested on weapons charges. Over the last 5 years, 42 juveniles from the area have been arrested for weapons charges. Town by town data for 2005 through 2009 is presented to the right.



Source: Juvenile Detention Data Booklet as retrieved from http://www.rijustice.ri.gov/documents/sac/juvenile/2009/2009%20Juvenile%20Detention%20Data%20Booklet.p

Disorderly behaviors

Disorderly behaviors charges include disorderly conduct, malicious damage, vandalism, false fire alarms, resisting arrest, possession of fireworks and public drinking. Over the past eight years, the number of juveniles charged with disorderly behaviors has fluctuated widely from a high of 236 in 2005 to a low of 126 in 2009, while averaging 174 for the entire period of 2002 through 2009. The total number of juvenile arrests in Washington County for disorderly behaviors during the past five years was 830. Town by town data for the last five years is shown in the chart to the right.

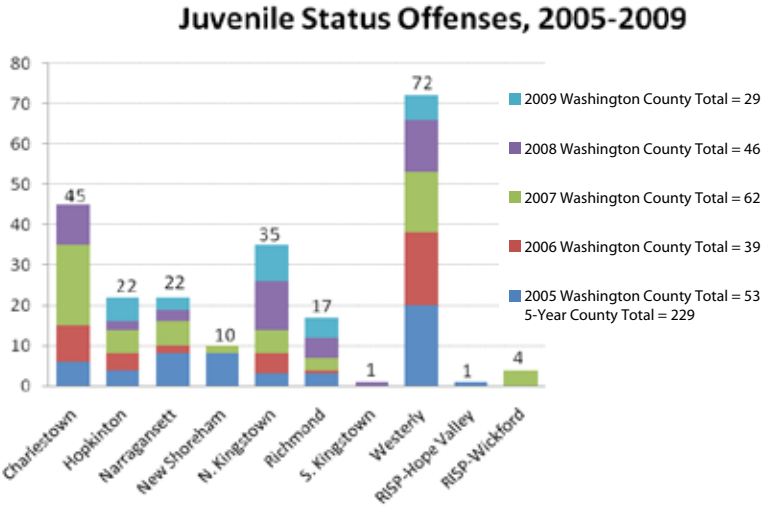


Source: Juvenile Detention Data Booklet as retrieved from http://www.rijustice.ri.gov/documents/sac/juvenile/2009/2009%20Juvenile%20Detention%20Data%20Booklet.p

Status offenses

Status offenses are behaviors that would not be considered unlawful if committed by an adult. These may include habitual disobedience to the lawful commands of the parent/guardian; running away from home; not following reasonable household rules; routinely ignoring curfews and truancy. Wayward-Disobedient Petitions are the charges that a parent or guardian can file against a child if the child is exhibiting any or all of the following behaviors: Wayward-Truancy Petitions are filed by schools and police.

Status Offenses in Washington County between 2002 and 2009 averaged 53. The total for 2009 was 29. Town by town data for 2005 to 2009 is presented to the right.



Source: Juvenile Detention Data Booklet as retrieved from http://www.rijustice.ri.gov/documents/sac/juvenile/2009/2009%20Juvenile%20Detention%20Data%20Booklet.p

As to the future in Washington County, it is clear that population growth, chronic drug use, untreated disruptive behavior conditions, mood disorders and other mental health challenges, as well as inadequately identified or treated learning differences could lead to an increase in youth violence if funding for and availability of community-based services declines. The number of Washington County youth placed at the RITS and TCP's has remained relatively stable over the past 8 years. This data seems inconsistent with the decline in the number of offenses reported by police. Therefore, it raises the question about the statistical indicators, data collection protocols, and filters being used for tracking troubling juvenile behaviors. High levels of confidence in the accuracy and scope of this data are necessary to support the County's ability to stay ahead of the curve when it comes to designing adequate interventions. This data can also inform advocacy efforts to secure the financial resources for providing the prevention, diversionary and remediation services needed for local youth at risk for, or involved within, RI's juvenile justice system.

Endnotes

1 Juvenile Justice in Rhode Island. (July 2009). Providence, RI: RI KIDS COUNT.

2 Personal Communication, DCYF, (February 2009).

3 Dodge, K. A., Dishion, T. J. & Lansford, J. E. (2006). Deviant Peer Influences in Intervention and Public Policy for Youth. Social Policy Report. 20 (1) 3-19.

4 Durrant, M. (1993) Residential Treatment: A Cooperative Competency-Based Approach to Therapy and Program Design. W. W. Norton & Co.

5 Feldmann, T. B. (2001). Bipolar Disorder and Violence. Psychiatric Quarterly. 72 (2) 119-129.

6 Hubner, J. (2006). Last Chance in Texas: The Redemption of Criminal Youth.

7 Madsen, W. C. (2007). Collaborative Therapy with Multi-Stressed Families. 2nd Edition. Guilford Press.

8 National Institutes of Health, (2004). Preventing Violence and Related Health-Risking Social Behaviors in Adolescents: an NIH State of the Science Conference.

9 Penn, J. V. & Thomas, C. (2005). Practice Parameter for the Assessment and Treatment of Youth in Juvenile Detention and Correctional Facilities. Journal of the American Academy of Child and Adolescent Psychiatry. 44(10), 1085-1098.

10 Pilska, S. R. et. al. (2000). Affective Disorder in Juvenile Offenders: A Preliminary Study. American Journal of Psychiatry. 157 (1) 130-132.

11 Skowra, K & Cocozza, J. J. (2006). A Blueprint for Change: Improving the System Response to Youth with Mental Health Needs Involved with the Juvenile Justice System. National Center for Mental Health and Juvenile Justice Research and Program Brief.

12 Texas Youth Commission, (2002). Resocialization: Participant Manual for Juvenile Justice Facility Staff Training.

13 Underwood, L. & Berenson, D. (2002). Understanding Aggressive Mentally Ill (AMI) Adolescents: Key Assumptions in the Treatment of Co-Occuring Disorders. (Paper delivered at DCYF Staff Training).

14 Kaufman, J. S. Characteristics of Youth Incarcerated at the RITS, January 2008, Yale School of Medicine.

15 Dinkmeyer, D & McKay, G. (1990). Parenting Teenagers: Systematic Training for Effective Parenting. American Guidance Services.

16 Kazdin, A. E. (2005) Parent Management Training: Treatment for Oppositional, Aggressive, and Antisocial Behavior in Children and Adolescents. Oxford University Press.

Key Findings

Not all Washington County residents are safe in their own homes. From 2007-2009, state and local police reported:

- 1,544 arrests for domestic violence
- 560 visible injuries to victims
- 214 Restraining Order/No Contact Order violations
- 472 children witnessing domestic violence incidents
- During this same time period, according to the RI Dept. of Children, Youth and Families (DCYF), 606 "indicated" child abuse and neglect incidents occurred with area children.
- Between 2008 and 2009, "indicated" child abuse and neglect reports increased 45%.
- 131 Washington County children are currently in out-of-home placements with DCYF.

Progress since last report

- Since 2002, the number of children in out-of home DCYF placements has fallen by 67%.
- Since passage of the Lindsay Ann Burke Act in July 2007 by the state's General Assembly, dating violence education is mandated in all RI schools.
- Attitudes have shifted and the age-old problem of bullying is recognized as an important public health problem that must be addressed.
    - Area schools have begun implementing evidence-based bullying prevention programs, such as Second Step and Steps to Respect.
    - Curtis Corner Middle School has just begun to pilot the Olweus Bullying Prevention Program.

Areas for Improvement

- Expand evidence-based violence prevention programs, including school-wide bullying prevention efforts, to promote respectful non-violent relationships.
- Expand capacity of available community resources (i.e. parenting classes, case management, recreation programs) to support parents and assist in maintaining safety for our children.
- Expand age-appropriate specialized programs for children who witness domestic violence, including traditional counseling and expressive art modalities.
- Establish specialized safe visitation centers and safe exchange programs for children who are engaged in domestic violence related custody/visitation situations.

Violence

Are our children safe?

by Shannon Cassidy

Violence affects us all. We can face it personally in our homes, work places, schools, or out in the community. We can come to know violence through our families, friends, intimate partners, co-workers, or someone we have never met. It affects people of all ages, socio-economic backgrounds, races, religions, ethnicities, genders, sexual orientation and geographic areas. As citizens, we can acknowledge that violence takes place around us or turn a "blind eye" and keep moving about our daily lives. However, it is important that we recognize violence exists in our society.

The Centers for Disease Control and Prevention (CDC) define violence as "the threat or intentional use of physical force or power against oneself, another person, or a group or community that results in injury, death, psychological harm, maldevelopment, or deprivation. Violence is a significant public health problem in the United States accounting for over 50,000 deaths either by homicide or suicide.[1] For this reason, violence is not an issue to be taken lightly.

In this report, the word "violence" refers to issues of child maltreatment/neglect, youth violence, and domestic violence. As the following statistics reveal, Washington County is not immune to violence. Children and families in this area continue to be exposed to violence at alarming rates.

Domestic violence/ intimate partner violence

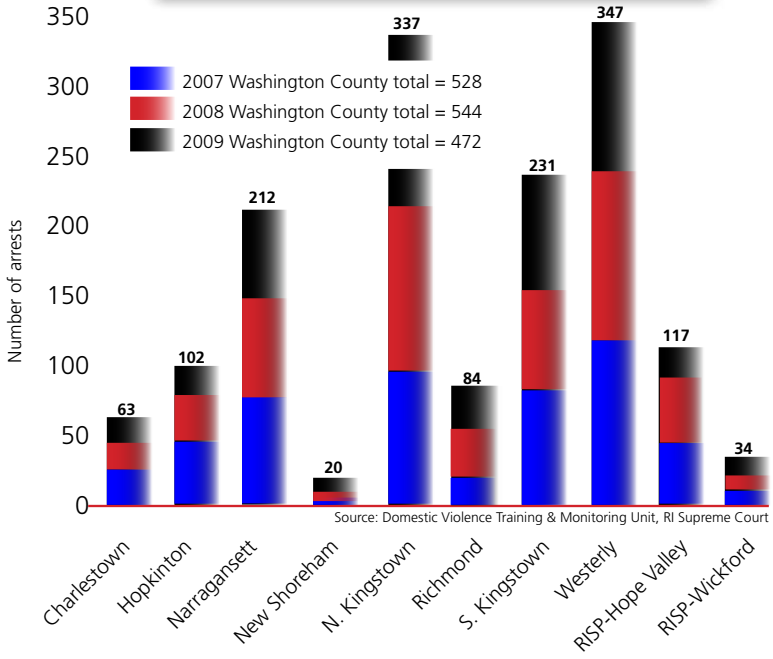
Domestic violence or intimate partner violence (IPV) occurs between two people in a close relationship. The term "intimate partner" includes current and former spouses and dating partners. IPV exists along a continuum from a single episode of violence to ongoing battering.

IPV includes four types: physical violence, sexual violence, threats of violence, and emotional abuse.[2] According to the CDC, women experience approximately 4.8 million intimate partner related physical assaults and rapes annually in the U.S. In addition, some 2.9 million men are IPV victims each year. How is domestic violence or IPV impacting Washington County?

From 2007-2009, state and local police reported 1,544 arrests in the area due to domestic violence. The average number of Washington County arrests during this 3-year period was 514 per year and ranged from a low of 472 in 2009 to a high of 544 in 2008. Towns with the highest population experienced the greatest numbers of domestic violence incidents and arrests. Westerly led the county with 347 arrests followed by North Kingstown with 337, South Kingstown with 231, and Narragansett with 212. The fewest number of arrests occurred on Block Island with 20. The chart above details the number of arrests by town.

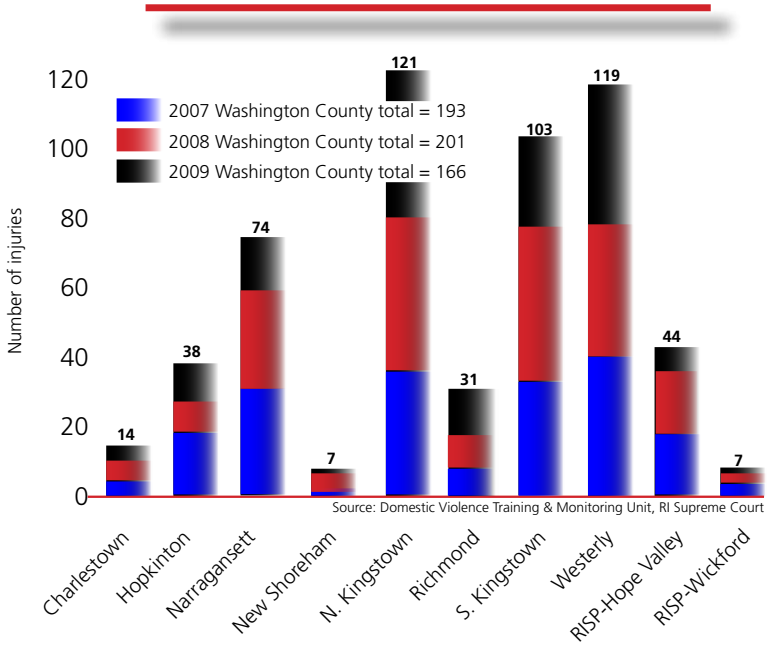
Over the past three years, police have reported 560 noticeable injuries during domestic violence/IPV investigations in Washington County. North Kingstown, Westerly, and South Kingstown reported the highest numbers of injuries during this period with 121, 119, and 105 respectively.

Domestic violence arrests, 2007-2009



Note: Exeter does not have its own police department. The town falls under the jurisdiction of the Hope Valley office of the RI State Police (RISP). The RISP-Wickford data is included as they cover northern parts of Washington County as well.

Domestic violence injuries, 2007-2009



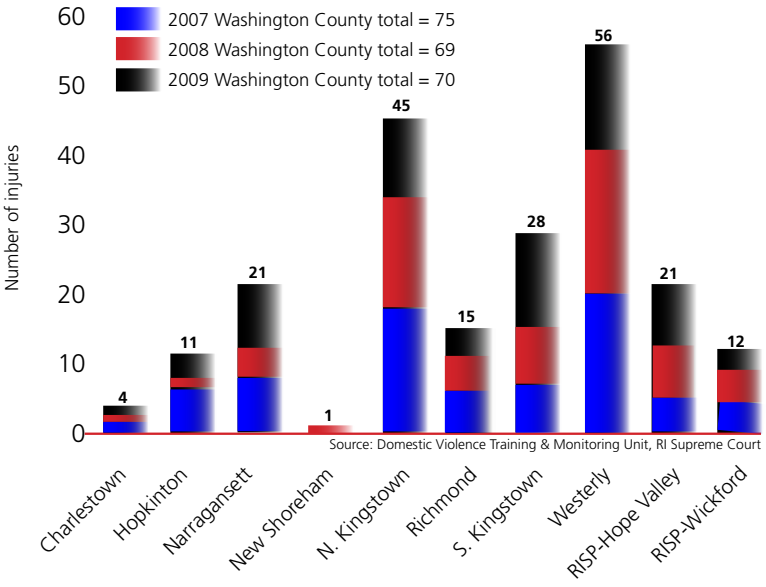
While restraining orders are issued to protect victims from further harm, they are not a guarantee of safety as demonstrated by the high number of violations of restraining orders or no contact orders. From 2007-2009, 214 Washington County domestic violence/IPV arrests occurred with restraining orders or no contact orders in place. While all towns experienced violations of restraining or no contact orders, Westerly with 56 and North Kingstown with 45 had the greatest numbers of violations during this 3-year time frame.

Oftentimes domestic violence does not take place in the absence of witnesses. Much of the time it is children under the age of 18, who are in the home when the violence occurs. Exposure to family violence can have detrimental effects on children, often lasting until adulthood and sometimes resulting in repeated cycles of violence for generations. For children who are exposed to domestic violence, it is common for them to show signs of Post Traumatic Stress Disorder, which can stay with them well into adulthood.[3]

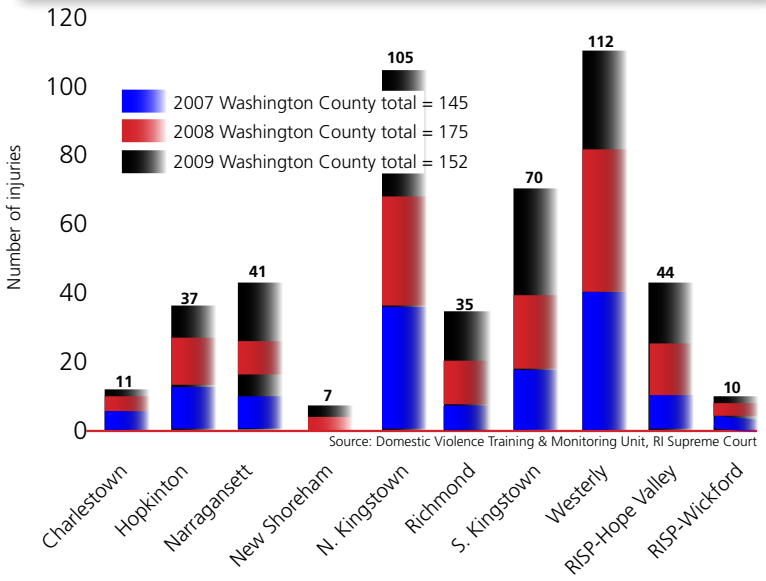
From 2007-2009, 472 children witnessed domestic violence arrests in Washington County. Both Westerly (112) and North Kingstown (105) had over 100 children in their towns witness violence against a family member in their homes.

As the data show, domestic violence/IPV harms victims and seriously impacts the lives of countless loved ones, many of whom are children. Too often, domestic violence is considered a random and rare part of life. The numbers above suggest otherwise. Preventing injuries requires not only

Restraining order/no contact order violations, 2007-2009



Children witnessing domestic violence, 2007-2009



effective communication with the public, but a reliable framework for intervention. Following the murder of a 23-year-old North Kingstown woman from IPV, the RI General Assembly passed the Lindsay Ann Burke Act in July 2007 to insure that all students in Rhode Island middle and high schools would receive teen dating violence education as part of their annual health curriculum. As a result of this legislation, students throughout Washington County and Rhode Island are being taught to recognize the warning signs of IPV and distinguish between healthy and unhealthy relationships.

Youth violence

Youth violence refers to a variety of harmful behaviors that youth can experience as victims, witnesses or perpetrators causing physical or emotional harm, disability or death. Violence or the threat of violence in schools not only affects individual victims, but also disrupts the functioning of the entire school.[4]

Unfortunately, current data regarding violence in schools was not available. Data regarding Washington County youth assault and weapons charges can be found in the Juvenile Justice section.

Once considered something children must learn to endure, bullying is a youth violence issue of rising concern today. Bullying occurs when someone repeatedly and on purpose says or does mean or hurtful things to another person who has a hard time defending him or herself.

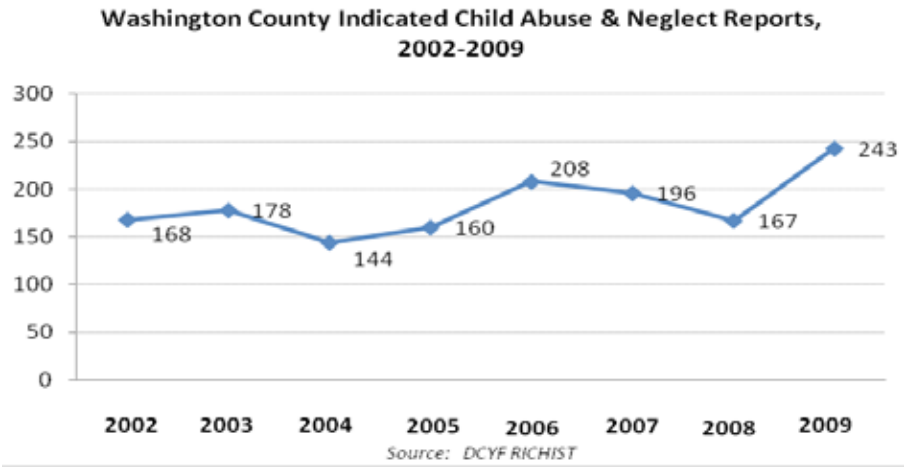
Of particular concern is the increasing association of bullying behavior with the subsequent development of assault behaviors,[5] including homicide and suicide (i.e. massive shootings at Columbine High School, suicide of 15-year-old Phoebe Prince, etc.). Technological advances (i.e. texting, instant messaging, social networking, etc.) have exacerbated the problem via "cyberbullying." While a variety of strategies have been implemented over the years to combat bullying, not all are proven effective.

School-wide interventions aimed at increasing awareness of one another's feelings have been found the most effective in reducing aggression and improving classroom behavior.

Several elementary schools in Washington County are implementing the evidence-based Second Step or Steps to Respect Bullying Prevention Programs. Curtis Corner Middle School in South Kingstown recently began piloting the Olweus Bullying Prevention Program, another proven effective approach which was first implemented in Norway 30 years ago.

Child abuse and neglect

All allegations of child abuse and neglect are received and investigated by the Rhode Island Department of Children, Youth and Families (DCYF). Abuse can be physical, sexual or emotional in nature, and neglect can be emotional, physical, educational, medical or failure to provide basic needs. If investigators find sufficient reason to suspect that a child may have been maltreated or is at-risk of maltreatment, DCYF will determine the report allegation(s) are "indicated" and work to support the family and protect the child.[6]



Since the Coalition began tracking "indicated" child abuse and neglect reports in 2002, numbers have varied from a low of 144 in 2004 to a high of 243 in 2009 as shown in the trend line to the right.

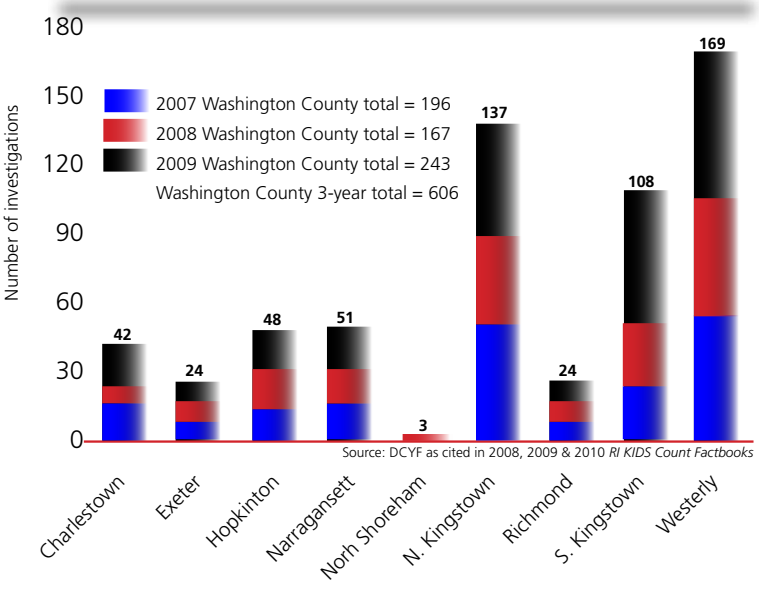
The sharpest increase (45%) in indicated reports occurred between 2008 and 2009. Although this increase could be due to a number of factors, it may be a reflection of the poor economic times and subsequent high family stress levels.

Indicated child abuse and neglect reports were found in every town in Washington County over the past three years. Not surprisingly, the three towns with the greatest populations, show the greatest number of indicated cases of child abuse and neglect, combined they account for 414 or 68.3% of the county's reports. From 2007 to 2009, Westerly had the highest number of indicated reports with 169, accounting for 27.9% of all reports in the region. This was followed by 137 indicated cases in North Kingstown (22.6% of all reports) and 108 in South Kingstown (17.8% of all reports).

In cases of imminent (immediate) danger to a child, DCYF may choose to remove a child from their home and place him/her in foster care. These placements can be with a family member, family friend, non-custodial parent, or a non-relative foster placement. A child may also be removed due to delinquent or wayward behavior, which may not be the fault of the parent or guardian. There are also times when a child or adolescent does not respond to appropriate methods of discipline and/or services placed in the home, and require an out-of-home placement.

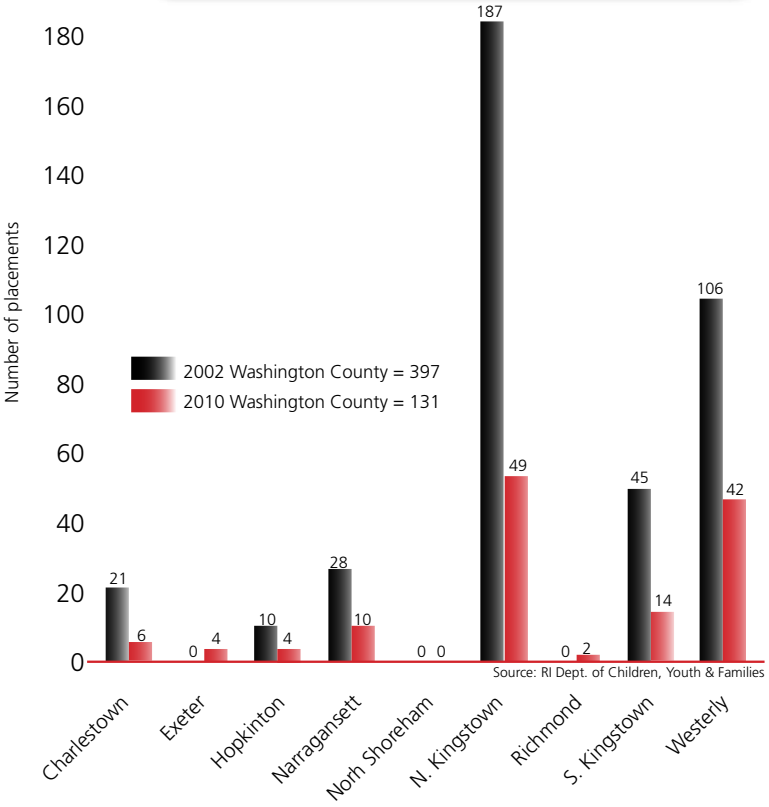
Since 2002, the number of Washington County children residing in out-of-home placements has decreased 67% (down 266 placements). With 49 and 42 respectively, North Kingstown and Westerly continue to

Indicated child abuse & neglect investigations, 2007-2009



Source: DCYF as cited in 2008, 2009 & 2010 *RI KIDS Count Factbooks*

Out-of-home placements, 2002 & 2010



Source: RI Dept. of Children, Youth & Families

have the most number of children placed in out-of-home placements in Washington County. Of note is the fact that while the number of indicated cases of abuse and neglect was higher in 2009 than 2002, fewer children were placed away from their families.

In conclusion, for the vast majority of residents, Washington County is a safe place to live, but for too many victims of violence, it is not. While violence is experienced acutely by individuals, its consequences and potential solutions affect us all. Greater public awareness, prevention programs, and efforts to achieve lasting change in the factors and conditions that place people at risk are all keys to eliminating violence in our community.

Endnotes

1 Injury Prevention & Control: Violence Prevention. Centers for Disease Control. National Violent Death Reporting System: Monitoring and Tracking the Causes of Violent Deaths 2008. Retrieved 10/1/10 from http://www.cdc.gov/violenceprevention/pdf/nvdrs_aag_2008-a.pdf

2 Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. Understanding Intimate Partner Violence Fact Sheet 2009. Retrieved 10/1/10 from http://www.cdc.gov/violenceprevention/pdf/IPV_factsheet-a.pdf

3 Young, Kane. The Mercury. As cited on the RI Coalition Against Domestic Violence Website: http://www.ricadv.org/images/stories/children_and_dv.pdf

4 Dinkes, R., Kemp, J., Baum, K. & Snyder, T.D. (2009). Indicators of school crime and safety: 2009. (NCES 2010-012/NCJ 228478). Washington, DC: U.S. Dept. of Education & U.S. Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics.

5 American Academy of Pediatrics. (July 2009). Policy statement –Role of the pediatrician in youth violence prevention. Pediatrics. 124:1. Retrieved 4/14/2010 from www.pediatrics.org

6 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2010). Child Maltreatment 2008. Retrieved 10/1/10 from http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can

Key Findings

- The number of family child care home slots in Washington County has fallen by 67% or 272 slots since 2001.
- The number of child care slots for infants and toddlers in the county has increased 80% from 338 slots in 2001 to 609 slots in 2009.
- Preschool slots increased 17% countywide from 1,074 slots in 2001 to 1,294 slots in 2009.
- The number of school-aged slots has dropped 32% in Washington County (384 slots) since 2001.
- Two of Washington County's licensed child care sites are accredited by National Association for the Education of Young Children (NAEYC), which is a reduction from 7 in 2008.
- Two sites are now participating in BrightStars (one center and one family home).

Progress since last report

- BrightStars, RI's quality and improvement project, is up & running with two Washington County sites participating.

Areas for Improvement

- Encourage home and child care centers to participate in BrightStars to assure the highest quality of services for children.
- Encourage more child care centers to become Kids Connect sites to expand the continuum of services available to families with children with special needs.
- Encourage expansion of infant care slots through use of Health Consultants available on a fee-for-service basis through the Dept. of Health as a cost effective way to comply with the nurse requirement for DCYF licensing.
- Partner with the Rhode Island After School Plus Alliance (RIASPA) to explore the need for additional after-school programs and supports for children in Washington County.
- Encourage local leaders to support public policies that promote access for all families to healthy, safe, affordable child care that supports children's growth and development.

Child care

Who cares for our children?

by Andrea Martin

Early and extensive enrollment in child care is common in the United States and a basic need for many working families in Washington County. The 2000 Census figures reported that 65% of children in Washington County under the age of 6 had all parents in the workforce. This is slightly higher than the 62% of all RI children under 6 with both parents in the workforce, and greater than the national average of 59%.[1]

"Where will my child go when I go to work?"

For some, this is a simple question. But for most, it is just the beginning of a complex set of questions, systems and barriers that parents need to maneuver through as their child begins their first educational experience. Research reveals that high-quality child care and early-learning programs for infants, toddlers, and preschoolers can have long-lasting positive effects on how children, learn, develop, cope with stress, and manage their emotions.[2]

These early learning experiences can help children acquire important school-readiness skills which contribute to their later school success. In fact, a recent National Institute of Child Health & Human Development (NICHD) study concluded that even 10 years after children have left child care, quality child care is still related to higher academic achievement.[3] One of the most difficult challenges parents

face is obtaining child care that is not only convenient to their homes/ jobs and provides a safe & healthy environment where their children can thrive, but finding care that is also affordable.

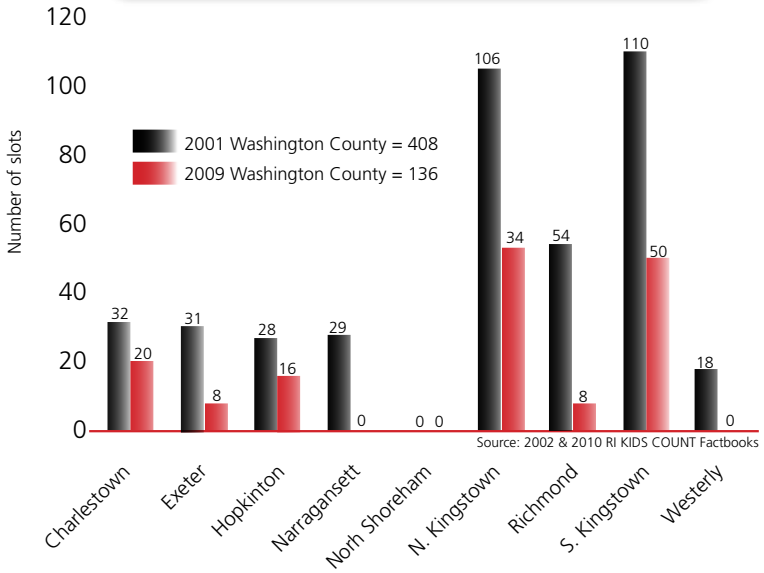
Reliable and stable child care is important for parents to be able to maintain their employment and reduce absenteeism. Since 2000, the cost of child care in the U.S. has increased twice as fast as the median income of families with children.[4] The high cost of child care often leaves families with few choices. The current economic recession makes child care options even more difficult. In 2009, the average cost of center-based care for a 4-year-old child in RI was $9,270 (ranking 9th in the top 10 of least affordable states for center-based care for 4-year-old's in the nation). This is $762 more than the average cost of public college tuition ($8,508) in RI.[5] Starting Right legislation in 1997 gave working families with incomes at or below 225% of the Federal Poverty Guidelines (FPL) access to child care assistance; however, in 2007, this was reduced to 180% FPL. Few RI employers provide child care to their employees; and unlike higher education, the cost of child care is seen primarily as the responsibility of parents.

The quality of child care programs is often first on a family's list of important factors in selecting a child care setting. In Rhode Island, the BrightStars program rates the quality or level of a child care program to inform consumers about levels of quality. While BrightStars holds potential for both promoting quality among early care and education sites and providing parents with quality ratings to help them in their selection process, enrollment is voluntary; and, thus far, only two Washington County child care sites (1 center and 1 family home) are enrolled in BrightStars. National accreditation by NAEYC (National Association for the Education of Young Children) or NAFCC (National Association of Family Child Care) is another indicator of high-quality early care and education programs. (NAEYC sets accreditation standards for child care centers/ preschool programs; and NAFCC provides accreditation for family child care homes.) However, accreditation is not required for child care licensure in Rhode Island; and, only 2 Washington County early childhood sites are NAEYC accredited. Currently, there are no NAFCC accredited sites. In 2008, there were 7 child care centers that received the NAEYC accreditation. This reduction may be due to some centers pursuing the BrightStars rating instead. In addition, the process of applying for both BrightStars and NAEYC accreditation can be costly and time consuming, especially for programs that are small, have few administrative support staff, or may be struggling to survive in a difficult economy.

Certified Family Child Care Home slots

Licensed child care providers who care for small groups of children in their homes are referred to as Certified Family Child Care Homes. These providers care for children 0-12 years of age. The number and ages of children that can be cared for in each licensed home is regulated by the state.

Family child care slots for children < 12



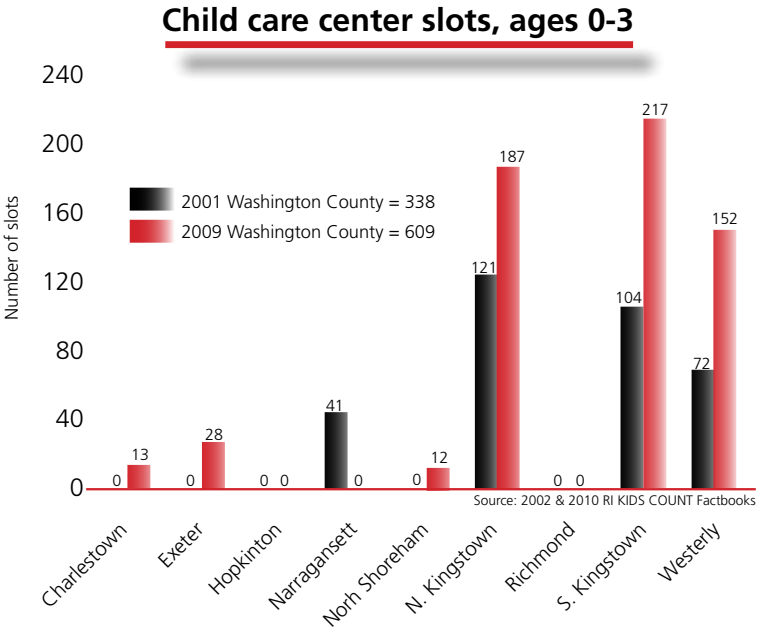
In Washington County, there are 18 homes that have the capacity to care for a total of 136 children. This capacity is referred to as "slots" available.

Although generally less expensive than center-based care, the number of family child care home slots across RI has been declining. From 2001 to 2009, family child care home slots dropped by 28% (1,830 slots) statewide. Washington County experienced a significant drop (67%) in family child care slots which fell by 272 slots. The chart on the previous page delineates in which towns these slots are available as well as the change from 2001 to 2009.

Licensed child care center slots, ages 0-3

Licensed child care centers have multiple staff members and larger facilities to care for more children at one time. The staff to child ratio varies according to the ages of the children receiving care: for infants 6 weeks to 18 months the ratio is 1 to 4. Centers which service infants are also required to have a nurse on site 15 hours per week. Thus, child care for this age group is more expensive and more limited. The 2009 average annual cost of infant care in RI was $10,907.[6]

Since 2001, child care slots in Washington County for children ages 0-3 increased from 338 to 609, an increase of 80%. Most towns added slots, with South Kingstown and Westerly more than doubling their capacity. With the closing of the town's only remaining child care center, Narragansett lost all of its child care slots, marking the 3rd community in Washington County without child care centers serving this age group (Hopkinton and Richmond also have no 0-3 slots). It should be noted that child care data for the 0-3 age group may be misleading because not all centers serve infants. Some programs serve children ages 18 months to 3 years only. For example, New Shoreham's 12 slots are licensed for children 18 months to 3 years, there are no infant slots on New Shoreham.

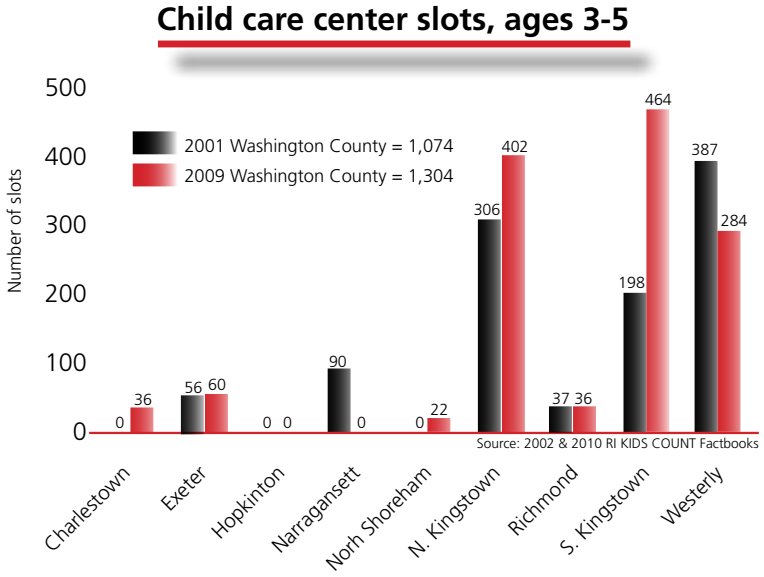


Licensed child care center slots, ages 3-5

Licensed child care center slots for children ages 3-5 have increased more slowly than slots for infants and toddlers. From 2001 to 2009, the number of statewide slots for preschoolers increased from 10,959 to 12,009 slots (8.7%). While the number of slots has fluctuated by town as sites have opened and closed, overall, preschool slots in Washington County increased 17% from 1,074 slots in 2001 to 1,294 slots in 2009.

As the chart on the next page delineates, Washington County has more than double the capacity to care for preschool-aged children in licensed child care center facilities than for infants and toddlers. Most towns saw an increase in slots from 2001 to 2009, with the largest increase (109%) occurring in South Kingstown. Narragansett and Westerly experienced the greatest loss of slots with 90 and 103 respectively. Cuts to the state's child care assistance program and the failing economy have been discussed as contributing factors to the closures. The high cost of care in RI may be another cause. With an average annual cost of $9,270, RI

ranks in the top 10 of least affordable states in the nation for center-based care for 4-year-old's.[7] As the chart shows, Hopkinton remains the only town in Washington County without center-based care for children ages 3-5.



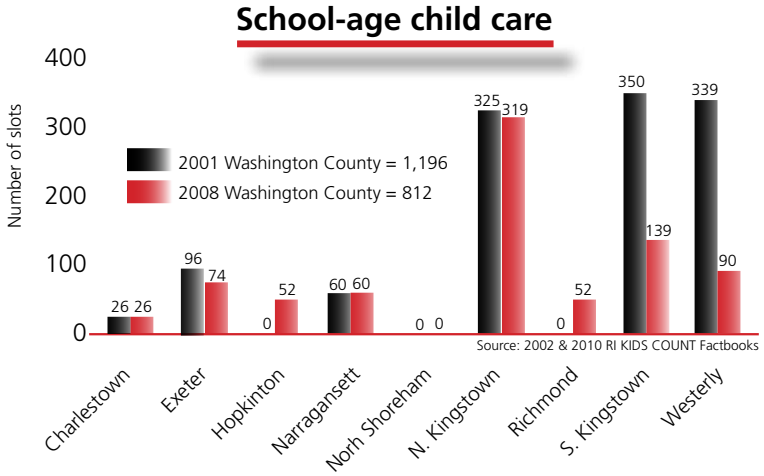
Licensed school-aged child care slots

When children go to school, they still need a safe place to go before and/or after school while their parents are at work. These programs are important, as young children still need adult supervision, structured activities, time for homework, and opportunities to socialize with peers. Children who attend such programs have lower incidence of drug use, violence, pregnancy and have better peer relations, better conduct in school, and better emotional adjustment.[8]

Some parents may be able to work during school hours, but even these parents face complications during school vacations, snow days, holidays, and summer breaks. Many traditional child care sites simply cannot accommodate families during these times. Because of the lack of reliable and consistent care available during school breaks and unexpected closures, some families struggle patching together adequate child care plans, sometimes resulting in children being left alone or under-supervised. Flexible school-age child care and enrichment programs are ideally suited to meet these needs of working families.

Although school-aged child care is part-time, costs can still consume a sizable portion of family budgets. The 2009 average annual cost of school-aged child care in RI was $7,403, ranking among the nation's top 10 least affordable states for school-aged child care when comparing cost with median family income.[9]

Except for Block Island, families in all towns in Washington County have access to school-aged child care. However, this capacity is limited and some towns have experienced reductions in the number of school-aged child care slots they have available. In fact, South Kingstown's capacity has declined by over 60% (211 slots) and Westerly's capacity has decreased by 73% (249 slots) during this period. Overall, the number of school-aged slots has decreased 32% (384 slots) in Washington County since 2001, leaving only 812 slots to serve the county's entire school population.



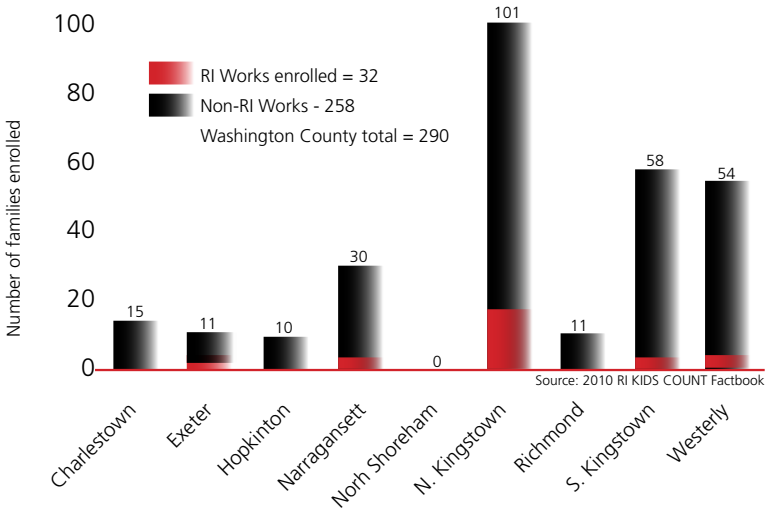
Subsidy use among working families

The RI Department of Human Services operates the Child Care Assistance Program to provide child care to low-income working families. These subsidies are available for children up to the age of 12 in families with incomes up to 180% of the Federal Poverty Level. Regardless of the number of children requiring child care, families who qualify for the program pay from 2% to 8% of their weekly income toward the cost. For example, a family of four with an annual income up to $39,690 will qualify for a child care subsidy and will pay a co-pay of $8 to $61 per week depending upon their income.

National research shows that when families are not able to access child care assistance, families are forced to choose lower quality, less stable child care. In addition, they may go into debt, return to welfare, and/or have to make stressful choices in their household budgets, such as paying for rent or child care.[10] Given that child care is often the highest household expense after housing, this benefit has been invaluable in allowing parents to remain in the workforce. But subsidy recipients are not the only ones who benefit from the program. For every $1 spent on child care subsidies, $1.75 is returned to the RI economy. Investments in these subsidies are good for parents, good for children, good for child care providers and good for our economy.[11]

RI child care subsidies are used primarily by working families. A small percentage of subsidies are provided to RIte Works Program participants who are obtaining necessary educational and job readiness training. In Washington County, 290 families obtained child care subsidies in 2009. As the following chart delineates, only 32 or 11% of the subsidies were provided to RI Works recipients, the remaining 258 or 89% of the subsidies were used by low-income working families.

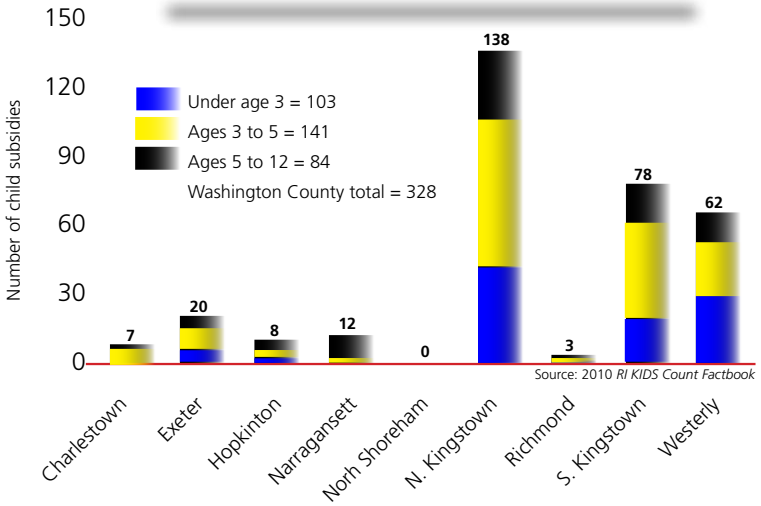
Child care subsidy use by working families, 2009



Subsidy use by age

In Washington County, 328 children received subsidized child care in 2009. More preschool aged children (141) received subsidies than any other age group. Only 84 school-age children county-wide received subsidies. North Kingstown had the most children (138) receiving subsidies followed by South Kingstown (58) and Westerly (54). A breakdown of participation in the state's Child Care Assistance Program by town and age is provided below.

Child care subsidy use by age, 2009



Child care for children with special needs

Families that have children with special needs in Washington County have few options and resources available to them for child care. There is still only one child care program that offers Kids Connect, therapeutic child care for children with special needs: Sunshine Child Development Center, located in North Kingstown. As a Kids Connect site, Sunshine Child Development Center has additional dedicated resources to care for children with special needs. To access these services, families must be Medicaid eligible and referred from a CEDARR Family Center. Additional Kids Connect sites are needed countywide to serve children with special needs.

Endnotes

1 Starting Right Child Care. (March 2006). Providence, RI: The Poverty Institute, Rhode Island College School of Social Work.

2 Shonkoff, J.P. & Phillips, D.A. (eds.), (2000) From Neurons to Neighborhoods: the Science Early Childhood Development. Washington, DC: National Academy Press.

3 Vandell, D.L., Belsky, J., Burchinal, M., Steinberg, L., Vandergrift, N., & NICHD Early Child Care Research Network. (May-June 2010). Do effects of early child care extend to age 15 years? Results from the NICHD study of early child care and youth development. Child Development, 81(3), 737–756

4 White House Middle Class Task Force. (2010). Fact sheet: Supporting middle class families. Retrieved June 7, 2010, from http://www.whitehouse.gov/sites/default/files/Fact_Sheet-Middle_Class_Task_Force.pdf

5 Parents and the High Cost of Child Care. (August 2010) Arlington, VA: National Association of Child Care Resource & Referral Agencies.

6 Parents and the High Cost of Child Care. (August 2010) Arlington, VA: National Association of Child Care Resource & Referral Agencies.

7 Parents and the High Cost of Child Care. (August 2010) Arlington, VA: National Association of Child Care Resource & Referral Agencies.

8 Afterschool Alliance. 21st Century Community Learning Centers Providing Afterschool Supports Nationwide. Retrieved 10/1/10 from http://www.afterschoolalliance.org/Research%20Factsheets%202010/21stCCLC_Factsheet_2010.pdf.

9 Parents and the High Cost of Child Care. (August 2010) Arlington, VA: National Association of Child Care Resource & Referral Agencies.

10 Matthews, Hannah. (April 2006). Child Care Assistance Helps Families Work: A Review of the Effects of Subsidy Receipt on Employment. Washington, D.C.: Center for Law and Social Policy

11 Starting Right Child Care. Executive Summary. (March 2006). Providence, RI: The Poverty Institute, Rhode Island College School of Social Work.

Key Findings

- 255 Washington County children ages 0-5 years were enrolled in area Parents as Teachers Programs – PAT. This is a 25% drop from the 340 children served in 2006-2007.
- Available parenting education programs in Washington County focus on the care of very young children, with few options on how to address the challenges of parenting school-aged children or adolescents.

Progress since last report

- The West Bay Family Care Community Partnership (FCCP) is now fully operational in Washington County and can assist parents in accessing available community resources, providing "wrap around" services, and mobilizing "natural supports."
- The RI TimeBank initiative offers parents the opportunity to barter for needed services to help support their families.

Areas for improvement

- Explore new ways of providing education & support to busy parents that take advantage of advances in technology, i.e. DVD's, podcasts, web seminars, enews, Twitter, blogs, etc.
- Expand parent education offerings to address issues related to parenting school-aged children as well as the struggles of parenting adolescents.

Parenting support

Who helps parents care for their children?

by Pamela G. Watson

Parenting support matters! The families who reside in Washington County face unique challenges due to our location, perceived wealth of the county and service availability. The parents of children in these families benefit from support that "normalizes" the concerns that they face and the issues that they need help in resolving. In days past, extended families lived in the same communities, grandparents, aunts, uncles and sometimes great-grandparents were available to provide support to the younger adults who were parenting children. Today, in an age of family mobility due to job availability and difficulty in finding affordable housing in the town where they grew up, many parents are finding that they do not have extended family around to provide support. This is why the ancient African proverb "it takes a village to raise a child" resonates so strongly, even today.

The families of Washington County all need to have access to programs designed to build parenting skills, provide education and assure a continuum of services that are flexible, and promote choice. Assuring that these services are available will increase the stability and health of our families and most importantly improve child outcomes. Since our children are

our next leaders – investing in parent education and support will contribute to a better future for us all.

Parent education

Parent education plays an important role in helping parents understand why infants, toddlers and older children behave the way they do. Knowledge of proper child care and development enhances parents' understanding of their children's needs and helps them establish reasonable expectations for their children's behavior. Parental sensitivity and responsiveness to their children's evolving developmental needs are particularly important skills for parents of young children.

One parenting education program set up to foster these important parenting skills is Parents As Teachers (PAT) – a nationally accredited, research-based parent education program for parents with children ages 0-5 years. PAT is a primary prevention program based on the philosophy that parents are their children's first and most important teachers. While the program is proven effective in improving health and educational outcomes for children, funding for the program is not stable. Three school departments in Washington County (Chariho, N. Kingstown, and Westerly) currently sponsor and fund the program in their districts. Funding for the other towns in Washington County is pieced together from other sources. Funding for all the PAT programs has varied from year to year. As a result of these funding issues, access to and enrollment in the program is not consistent.

During the 2006-2007 school year 340 children were involved in PAT Programs in Washington County compared to 255 children served during the 2008-2009 school year.

Another program focused on young children that includes parent education is Head Start.

Head Start is a nationally acclaimed pre-school program for low-income children ages 3-4. The program includes family involvement, social services, and parent education components in addition to classroom time afforded to the children to achieve public school readiness. Head Start programs are available to income-eligible children in Charlestown, Narragansett, North Kingstown, South Kingstown and Westerly. A total of 178 children were enrolled in the Head Start program in Washington County during the 2009-2010 school year. For more information, go to the South County Community Action website www.sccainc.org or call 789-3016.

Local health care organizations offer child birth and periodic parenting education programs as well as health related support groups in the area. These include:

Health Education – Care New England

Center for Health Education at South County Commons in Wakefield offers periodic health and parenting education programs on a variety of health topics. Take a look at their web site at: www.carenewengland.org and contact them for local programs.

Healthy for Life – Westerly Hospital

Westerly Hospital's Healthy for Life Programs offer Childbirth Education; Support Groups; and Programs to Promote Health and Wellness. Upcoming programs are listed on the hospital website: www.westerlyhospital.org under – Community Education; Support Groups and Childbirth Preparation. For information by phone, call 800-933-5960 or 596-6000.

Wellness and Education – South County Hospital

South County Hospital's Wellness and Education Programs offer a variety of classes, lectures and support groups. Upcoming programs are listed on the hospital website in the Calendar of Events or in the Wellness and Education section of their website: www.schospital.com/wellness_education. For information by phone, call 782-8000. Programs include:

- Infant and Child CPR
- Childbirth Education

- Lactation Support Service
- New Mom's Club
- Pediatric Diabetes Support Group
- Pregnancy Loss Support Group

Local school departments as well as the University of Rhode Island Family Therapy Clinic and Child Anxiety Program offer periodic parent education classes and lectures. However, most of the parent education programs available in Washington County are not long-term or offered regularly. Few focus on school-aged children or adolescents.

Parent support

For many parents, being able to connect with other parents sharing some of the same struggles and child-rearing experiences can be extremely helpful. Local resources include:

The Autism Project

The Autism Project is dedicated to empower parents and professionals to educate and support individuals with Autism, Pervasive Development Disorder, Asperger Syndrome and related disorders. The Project offers trainings, groups, camps and other activities. South Shore Center has partnered with The Autism Project to bring more of their programs to Washington County. To learn more about The Project and see their Community Calendar visit their website: www.theautismproject.org or call 785-2666.

Families First RI – Moms Helping Moms

Families First RI is a grass roots non-profit organization that pairs moms of infants with highly trained Volunteer Mentor Moms. Moms often are coping with the typical challenges associated with caring for an infant, and possibly older children. Some of these challenges may include balancing the expectations of work and family as well as many other stressors. Some moms are at risk for post partum depression or an anxiety disorder in addition to feeling isolated. Besides weekly contact between moms and mentors, weekly socialization groups are offered in Peace Dale for parents with children under the age of two. To learn more about Families First RI or become a Volunteer Mentor Mom contact Families First RI at: www.familiesfirstri.org.

MOMS Clubs

Throughout the county, there are active clubs where mothers can connect and socialize with other mothers in the area. Each club has their own scheduled play dates, as well as organized activities, such as moms' night out and family activities. Information is available on each website:

Chariho MOMs Club (www.momsclubofchariho.web.officelive.com)

North Kingstown MOMs Club (www.meetup.com/NK-Wickford-MOMS-Club)

Washington County MOMs Club (www.meetup.com/moms-2539)

NAMI (National Alliance on Mental Illness)

NAMI offers support groups for family members of the mentally ill. There are two groups in South County. In North Kingstown, meetings are held the 2nd Wednesday of the month at 7pm at the Senior Center at Town Beach. In Westerly, group meets the 3rd Thursday of the month at 7pm at the Shaw's supermarket conference room. More information about NAMI can be found at their website: www.namirhodeisland.org.

Parents Supporting Parents

Sponsored by the Domestic Violence Resource Center of South County. This is a weekly drop-in group for men and women who want to strengthen their relationships with their children. Child care is available. For more information, go to their website: www.dvrcsc.org.

Parent Support Network

The Parent Support Network supports families who have children with serious emotional and behavioral concerns. Through the Peer Mentor Program, families support other families with individual support, information and referral, advocacy support and a resource library. These services are available to any family in Rhode Island and are free of charge. Visit their website at: www.psnri.org or call 800-483-8844.

Rhode Island Parent Information Network

The Rhode Island Parent Information Network provides support and advocacy for parents to attain health, education and socio-economic well being. RIPIN offers workshops and a Family Leadership Institute as well as many other services state-wide. Visit their website at: www.ripin.org or call them at 800-464-3399.

Westerly Senior Center

The Westerly Senior Center continues to have a six week (re-occurring) grief support group. This group is open for people of all ages and sessions are advertised in the Westerly Sun. To obtain more information go to www.westerlyseniorcenter.org.

Care coordination support

Families in crisis, overwhelmed by their parenting responsibilities, or burdened with caring for a child with special health care needs often do not know where to turn for help.

The following organizations/programs are designed to help parents navigate the system to access the services and supports they need for their families:

First Connections

Visiting nurses provide information and referrals to needed community services for parents of newborns via home visits. To request services, contact VNS Home Health Services at 782-0500.

CEDARR Family Centers

CEDARR (Comprehensive Evaluation, Diagnostic, Assessment, Referral and Re-Evaluation) Family Centers provide evaluation, assessment and referral to services for Medicaid-eligible children with special health care needs and their families. To receive CEDARR services, a child must be under the age of 21, a Rhode Island resident, live at home and have a disability that is cognitive, physical, developmental and/or psychiatric. Families can only access HBTS (Home Based Therapeutic Services), Kids Connect (therapeutic child care), PASS (Personal Assistance Services and Supports) and the Respite Program for Children through CEDARR Centers. Contact information for CEDARR Family Centers can be found on the RI Department of Human Services website: www.dhs.ri.gov/ChildrenwithSpecialNeeds/CEDARRFamilyCenters.

RI Lifespan Respite Coalition

The mission of the Rhode Island Lifespan Respite Coalition is to assist and promote the development of quality respite and crisis care programs in Rhode Island and to help families locate respite care services. For more information or to join the coalition, call 800-483-8844 or 467-6855 x 307.

West Bay Family Care Community Partnership

The West Bay Family Care Community Partnerships (FCCP) was formed to help families with children in Kent and Washington Counties who are in crisis and/or in need of support in accessing community services. The FCCP is designed to be family-driven, youth-guided, community-based and seamless, with multiple entry points. FCCP's serve children:

- From Birth to age 18 with serious emotional disturbances
- Leaving temporary community placements
- At-risk for foster placement
- At-risk or involved with the juvenile justice system

- At-risk for child abuse, neglect or DCYF intervention
- Referred from DCYF Child Protective Services Unit

The FCCPs also work with children who are enrolled in PEP (Positive Educational Partnership) schools and early childhood settings. High-fidelity wrap-around care is the foundation of FCCP services. A team of professionals, collaborates with parents and children (if appropriate) to develop a personalized and coordinated care plan that "surrounds" families with the supports they need and want. These care plans are developed to take advantage of available community resources as well as "natural supports," such as friends, relatives, and faith-based resources, in reaching the goals established by families. To access services through the West Bay FCCP, call 866-840-6532.

Youth Success Initiative

Teen parents and their children face multiple challenges. To help them, the Youth Success Initiative provides case management, educational support, and parent education for pregnant and parenting teens up to age 20. To make a referral or obtain more information, contact South County Community Action at 789-3016, ext. 305.

TimeBanks

The RI TimeBank initiative is a diverse group of people, of all ages and backgrounds, coming together to build a community. Through sharing unique talents with one another, they offer each other support and access to services they might not be able to afford or obtain. When you provide a service for another TimeBank member, you earn one Time Dollar for each hour. You can then exchange your Time Dollars for services provided by other members of the TimeBank. Members are exchanging things such as child care, transportation, home improvement, translation, tutoring, yard work, business services and much more. Join the RI TimeBank by enrolling on line at: http://community.timebanks.org or by calling 467-6855.

Housing

Do our children have a place to live?

by Susan Orban

Housing is an important building block of communities and directly affects the health and welfare of residents. Indicators for how housing might be affecting children in Washington County include mortgage costs, rental costs, foreclosures, availability of subsidized or low cost housing for low-income families, and homelessness.

Over the past decade, housing costs have outpaced wages in RI. The recent "housing bubble" and economic recession have also impacted the housing market and contributed to record numbers of foreclosures in the county, across the state, and in the nation. These economic factors seriously impact the ability of families to afford their homes. In addition, several other regional forces contribute to housing unaffordability in Washington County:

- Proximity to the beach and rural landscape make it attractive to developers and homebuyers
- Relatively lower housing prices compared with neighboring states make it an ideal market for second/vacation home buyers
- Location of the University of Rhode Island's (URI) Kingston and Narragansett Bay campuses strain the housing market as Washington County families

Key Findings

- While the housing bubble has led to falling sales prices for houses, the bubble has also resulted in increasing foreclosures and homelessness.
- House prices remain out of reach for most low and moderate-income residents.
- Rental housing costs in Washington County have risen 55 to 70% since 2001.
- The number of homeless students in the county's 7 school districts is up 82% (twice the national average) from 141 students in 2005-2006 to 257 students in the 2008-2009 school year.
- The need for housing assistance in Washington County far outstrips the current capacity of existing housing assistance programs.
- Access to existing housing assistance programs and resources is not coordinated and navigating the complex programs and their different application procedures is challenging.

Progress since last report

- Since 2006, 72 affordable rental units and 64 homeownership units have been created in Washington County.
- In 2009, state housing organizations established HomeLocatorRI.net, a web-based search tool to help people find housing.
- Establishment of the Homelessness Prevention and Rapid Re-Housing Program (HPRP) in 2009 has helped to stabilize the housing situations of over 100 Washington County residents, 40% of whom where children.

Areas for Improvement

- Continue to develop permanent supportive housing (rather than short-term shelter/ transitional housing) for low-income families with significant social/mental health needs who are at risk for repeat homelessness.
- Develop coordinated outreach program to link low-income families with available income supports and community resources to prevent homelessness.
- Advocate to ensure further development of affordable rental housing for families with children in Washington County.

are forced to compete with URI students for available housing

For those with low to moderate incomes, being able to afford housing in Washington County is a challenge.

According to the generally accepted federal standard for housing affordability, families should spend no more than 30% of their income on housing costs (including rent or mortgage, utilities, taxes, and insurance). When families are forced to spend higher portions of their income on housing costs, they consequently must sacrifice other basic human needs. In short, these families are forced to choose between shelter and other basic needs such as food, clothing, and healthcare. These choices result in illness and injury due to substandard housing conditions as well as frequent food shortages and related health concerns, such as iron deficiencies, lead exposure, and childhood asthma.[1]

In Washington County, median family income decreased 10.2% or $9,566 from 2,008 to 2009 increasing the percentage of income being used to pay housing costs. Thus, in 2009, 40% of households with mortgages (or 10,897) in Washington County were paying more than 30% of their income on housing costs, an increase of 7.4% from 2008. In addition, 46.7% of Washington County renters (or 4,076) were paying more than 30% of their incomes on rent and utilities, an increase of 5.1% from 2008.[2] From 2008 to 2009, the number of moderate income, low-income, and very-low-income Washington County families increased, leading to increased demand for affordable housing.[3]

The recent economic recession and associated job losses have also resulted in record rates of homelessness in RI, especially among families. In 2009, the monthly average number of people using the state's emergency shelter and transitional housing system was 1,107. Almost 1/3 of whom were children.[4]

There are numerous housing assistance programs in Rhode Island and Washington County to help low and moderate-income families obtain housing. Unfortunately, the need for housing assistance far outstrips the availability of such programs. To encourage the development of affordable housing, the Rhode Island Low & Moderate Income Housing Act dictates that 10% of each municipality's housing stock be considered "affordable". As of 2009, only 6 cities and towns in Rhode Island meet this 10% threshold; and, in Washington County, only the town of New Shoreham meets this quota.

The following section provides further details about housing issues in Washington County.

Cost of housing

Over the past decade, home prices skyrocketed all over Rhode Island. With 400 miles of winding coastline and a blend of rural and urban areas, Washington County real estate was especially appealing, and home prices appreciated here dramatically. Towns experienced increases from 153% to as much as 230%, as shown in the following charts of median sales prices of single family homes from 1999-2009. Note: Data from New Shoreham was not available.

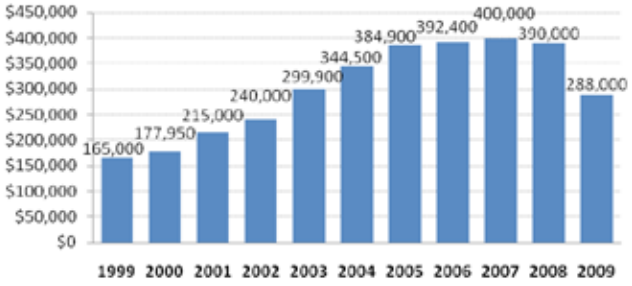
Housing production in Washington County has decreased at an average rate of 20% every year since 1999. The limited supply of housing in Washington County helped fuel housing price appreciation from 1999-2007.[5]

Family Home Median Sale Prices, 1999-2009

Source: Statewide MLS, Inc.

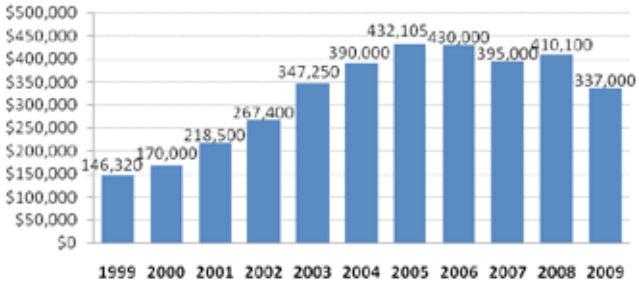
Charlestown

% of 1999 = 175%



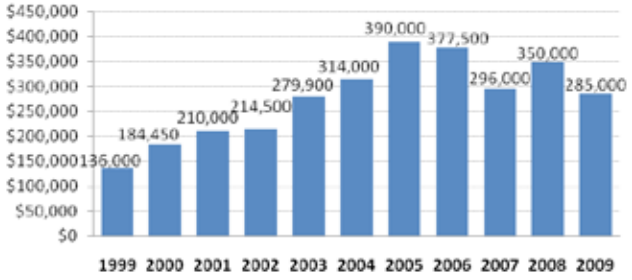
Narragansett

% of 1999 = 230%



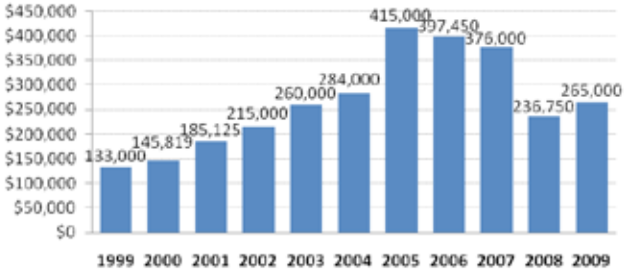
Exeter

% of 1999 = 210%



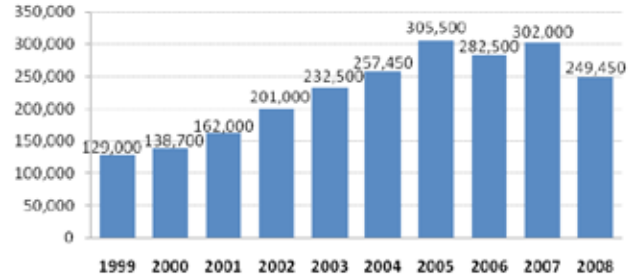
Richmond

% of 1999 = 199%



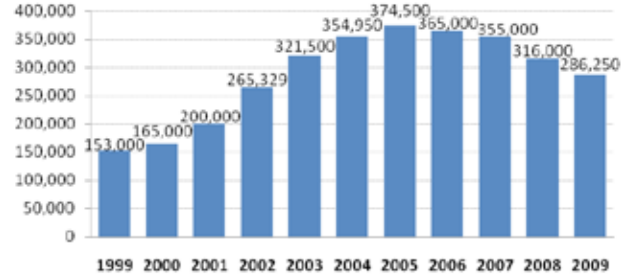
Hopkinton

% of 1999 = 194%



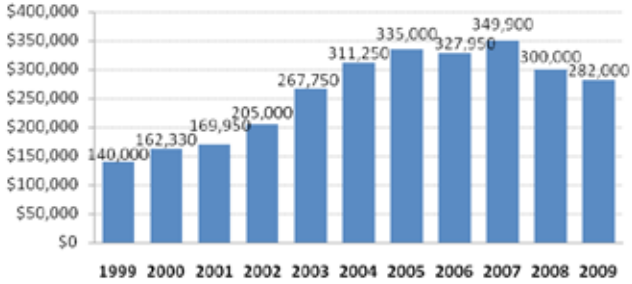
South Kingstown

% of 1999 = 187%



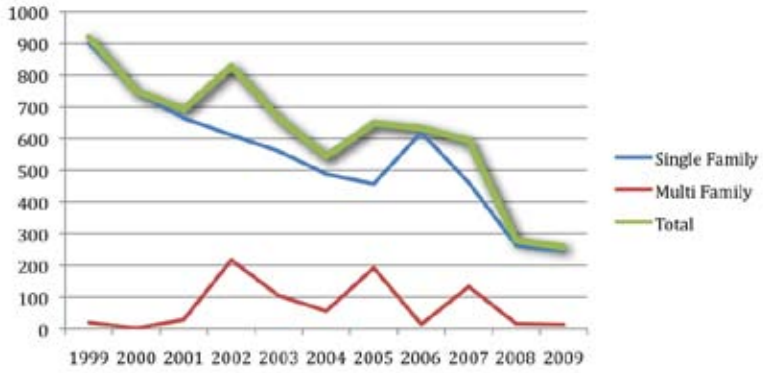
Westerly

% of 1999 = 201%



As a result of the steep inflation of home prices, few working families could afford to buy homes and, as is true throughout the country, this contributed to risky lending practices and the eventual foreclosure crisis. RI continues to rank as the state with the highest rate of foreclosures in New England, with nearly 13,500 mortgages either in foreclosure or 90+ days delinquent during the second quarter of 2010.[6] In 2009, Washington County experienced 159 foreclosures. In the first half of 2010, another 110 foreclosures were recorded.

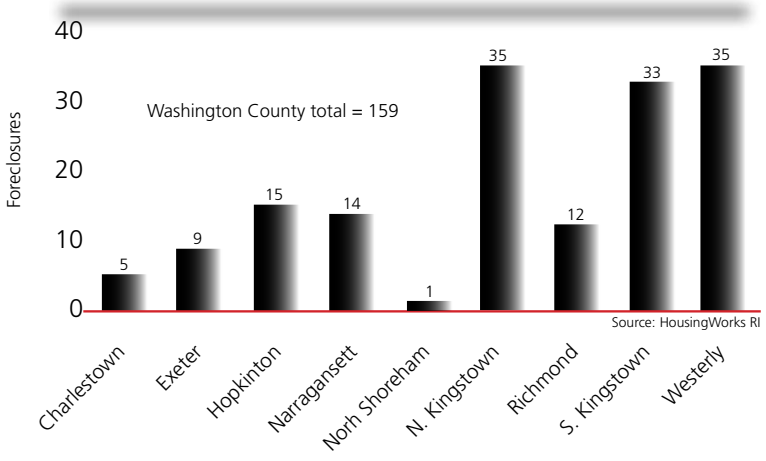
Annual residential building permits in Washington County, 1999-2009



Source: U.S. Census Bureau; Manufacturing, Mining, and Construction Statistics; residential building permit data for Washington County

Despite the decline in sales prices, mortgage and related housing costs remain high in Washington County and in many cases requires 2-wage earners to make ends meet as shown in the chart on the next page. The lack of housing opportunity in Washington County has been exacerbated by tighter lending, stricter down-payment requirements, and a deteriorated labor market.

Washington County home foreclosures, 2009



Washington County's mortgaged units & foreclosures

	Total # of Mortgaged Units	# of Foreclosures Jan.-Dec. 2009	% of Mortgaged Units Foreclosed 2009	# of Foreclosures Jan.-June 2010
Westerly	3,232	35	1.08%	28
Hopkinton	1,554	15	0.97%	6
Exeter	1,102	9	0.82%	7
Richmond	1,703	12	0.70%	6
South Kingstown	4,701	33	0.70%	18
North Kingstown	5,264	35	0.66%	22
New Shoreham	164	1	0.61%	1
Narragansett	2,831	14	0.49%	17
Charlestown	1,564	5	0.32%	5

Source: HousingWorks RI

Typical mortgage payments and incomes needed

	2009 Median Sales Price	Typical Monthly Payment	Income Required to Afford Mortgage	Average Private Sector Wage
Charlestown	$288,000	$1,815	$72,618	$32,916
Exeter	$285,000	$1,957	$78,271	$36,868
Hopkinton	$250,000	$1,737	$69,478	$34,476
Narragansett	$337,000	$2,146	$85,845	$25,064
New Shoreham	$620,000	$3,640	$145,587	$30,212
North Kingstown	$292,000	$1,999	$79,949	$39,676
Richmond	$265,000	$1,841	$73,635	$26,832
South Kingstown	$286,250	$1,916	$76,628	$33,332
Westerly	$282,000	$1,812	$72,499	$31,304
Washington County	**$271,619**	**$1,872**	**$74,890**	**$32,298**
Rhode Island	$199,900	$1,394	$55,749	$39,416

Source: HousingWorks RI, 2010 Fact Book

Cost of rental housing

The unemployment and foreclosure crises have exacerbated the problems that low income households have historically faced in securing for safe, affordable rental housing. Affordable rental housing is particularly scarce in Washington County because of the strong market demands created by URI students and seasonal residents. The URI student population is approximately 16,000 students: 13,000 undergraduates and 3,000 graduate students. The university's 22 residence halls and 2 graduate and undergraduate apartment complexes provide on-campus housing for approximately 5,000 students or only 1/3 of the student population.[7] Students who choose to live off-campus compete with local residents in the private rental market, increasing market demand and driving up rental costs. Many landlords choose to rent to students during the academic year and then to vacationers during the summer months. During the summer, landlords charge higher rents on a weekly or monthly basis. As a result, many low and moderate-income families find it difficult to secure affordable housing. Those that do find housing are often unable to pay the costly summer rents. In addition to this, the current real estate market favors expensive single-family homes rather than more affordable multi-family dwellings.

Rhode Island Housing conducts an annual survey of rental costs based on available unfurnished apartments advertised in the newspaper. Survey results listed the average rental cost for a 2-bedroom apartment in RI as $1,170 per month. Although the survey does not include information for all Washington County towns, comparison of survey results from 2001 and 2009 show increases from 55 to 70%.[8]

RI Housing rent survey, 2001 & 2009

Two-bedroom unit rent

	2001	2009	% Increase
Narragansett	$800	$1,358	70%
North Kingstown	$782	$1,209	55%
South Kingstown	$742	$1,204	62%
Westerly	$704	$1,166	66%

Affordability

According to the Out of Reach 2009 report of the National Low-Income Housing Coalition, affordable rental homes remain 'out of reach' for average Rhode Islanders. The state ranks 13th in highest rental costs in the country.[9] As noted above, housing is considered unaffordable if it costs more than 30% of the monthly household income. Given the area's market rental rates it is easy to see why low and moderate-income families have difficulty securing affordable housing. According to RIHMFC's 2009 Rent Survey, a family must earn $46,640 per year to "afford" the average two-bedroom apartment in Westerly. The RI Minimum Wage is $7.40 per hour or $15,392 per annum. To be able to afford this rent, a family would require 3 full-time minimum wage earners. For another perspective, the 2009 Federal Poverty Guideline for a family of three was $18,310. For such a family, a two-bedroom apartment in Westerly ($1,166 per month) would consume more than twice the standard or 76% of the family's income. Because of exorbitant rental costs, many families live in substandard housing, spend disproportionate amounts of their income on housing, or are homeless. Families are forced to choose between housing and other basic human needs such as food, clothing, or health insurance. A single disaster (illness, a break-up or divorce, or unemployment) can disrupt this delicate balance, causing a family to lose their housing.

State law now requires that each city and town provide affordable, accessible, safe, and sanitary housing for its citizens (R.I.G.L. 45-53). At least 10% of each town's housing stock must be deemed "affordable." Only New Shoreham meets this 10% threshold in Washington County. The following table shows the status of each town in complying with this 10% rule:

Affordable rental units under the "10% rule"

	# of Year Round Housing Units	# Affordable Family Units	Total # Deemed Affordable	10% Threshold
Charlestown	3,318	9	49	1.48%
Exeter	2,158	27	51	2.36%
Hopkinton	3,040	3	219	7.20%
Narragansett	7,124	115	243	3.41%
New Shoreham	497	56	56	11.27%
North Kingstown	10,477	556	847	8.08%
Richmond	2,592	21	59	2.28%
South Kingstown	9,565	145	564	5.90%
Westerly	9,888	125	556	5.62%
Washington County	**48,659**	**1,057**	**2,644**	**5.17%**
Rhode Island	425,610	13,371	36,478	8.57%

Source: HousingWorks RI, 2010 Fact Book

Housing assistance programs

There are several housing programs designed to help low- and moderate-income families rent or purchase homes. These programs are funded by several federal and state revenue streams, including the U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture (USDA) Rural Housing, and Rhode Island Housing. Rhode Island Housing administers many of the programs available to low- and moderate-income residents. There are also local programs offered by community development corporations, community action agencies, and social service agencies. Each program has its own eligibility criteria and application process. Because there is no single entity responsible for coordinating all of these services, families must seek out the services of each individual agency or program, negotiating the various application procedures. Most families do not even know where to begin when seeking housing assistance services. The search process is even more difficult for families without cars or phones, or for those faced with language barriers. Those with computer access can obtain help searching for housing through the HomeLocatorRI.net website. However, use of the site, launched in 2009, has not caught on in Washington County and few properties are listed.

Any income-eligible family from anywhere in the U.S. can apply for housing assistance programs. However, unlike many assistance programs in the U.S., housing has no entitlement. The need for housing assistance far outstrips the capacity of current programs and all have extensive waiting lists. Following is a brief description of the various housing programs:

Public Housing

Eligibility criteria: Low-income elderly, disabled persons, and families with children under age 18; Income must be below 80% of the median income.

- The program is administered by local Public Housing Authorities (PHA) and families apply with each individual PHA for housing.
- Eligible families reside in housing complexes operated by the local PHA.
- Three PHA's serve Washington County families:
  - » Narragansett Housing Authority
  - » South Kingstown Housing Authority
  - » Westerly Housing Authority

Section 8 Vouchers:

Eligibility criteria: Available to low-income disabled persons and families with children under age 18; Income must be below 50% of the HUD median family income for their community and family size.

- Voucher recipients rent apartments of their choice in the private market.
- Voucher amounts are determined by income and family size; the portion of rent families pay landlords cannot exceed 40% of their income.
- The program is administered by the local PHA's and Rhode Island Housing. Families must apply to each Section 8 voucher program for services. Because families choose where they want to live, the voucher program is wildly popular. Waiting lists tend to be years long and most waiting lists in the region and state are closed.
- Families who acquire vouchers often fail to use them because they cannot find landlords who will accept them or rental costs that will not exceed 40% of their income.

Project-Based Section 8

Eligibility criteria: Available to low-income elderly, disabled individuals, and families with children under the age of 18; income must be below 50% of the HUD median family income for their community and family size.

- Residents pay no more than 30% of their adjusted income towards rent.
- Families apply with each Project-Based Section 8 Program for housing.
- Project-Based Section 8 programs for families in Washington County include:
  - » Driftwood Apartments (Narragansett)
  - » Fieldstone Apartments (Narragansett)
  - » Heritage II (North Kingstown)
  - » Kings Grant (North Kingstown)
  - » Wickford Village (North Kingstown)
  - » Merchants Village (Westerly)

Low-Income Housing Tax Credit (LIHTC) Program

Eligibility criteria: Available to low-income individuals and families; Income must be below 60% of the HUD median family income for their community and family size.

- Residents pay established LIHTC rental rates which are set every year based on the Rhode Island median family income, but may use Section 8 Vouchers.
- Families apply with each LIHTC housing complex for housing.
- The LIHTC Program provides federal tax credits to developers for building affordable housing.
- LIHTC Programs for families in Washington County include:
  - » The Cove (North Kingstown)
  - » Meadowbrook Apartments (South Kingstown)
  - » Bowling Lane Apartments (Westerly)

USDA Rural Housing Services (RHS)

Eligibility criteria: Financing available to developers of multi-family housing projects for low-income elderly and families with children under age 18; Rental units available to tenants with low and very low incomes (Preference is given to tenants with incomes below 50% of the median family income for their RHS designated area and family size).

- Developers receive low-interest loans for multi-family housing developments in exchange for reducing fair market rental rates.
- Rental assistance is provided to tenants so that they pay no more than 30% of their income for rent.
- Families apply for housing directly with each RHS funded development.
- RHS funded developments for families in Washington County include:
  - » E. Earles Ball Housing (New Shoreham)
  - » Meadowbrook II (South Kingstown)
  - » Roma I (Westerly)

HOME Program

- HOME is a flexible, federally funded allocation program through HUD to state and local governments to expand the supply of affordable housing for low-income residents.
- Administered by Rhode Island Housing, the HOME Program funds a broad range of activities that build, buy, and/or rehabilitate housing for rent or homeownership.
- Public-private partnerships are encouraged in the HOME program and funds must be matched with 25% from nonfederal funds, which can include donated materials or labor, donated property, etc.
- HOME funded projects (both rental and home

ownership) must remain affordable long-term. For example, South County Habitat for Humanity retains ownership of the land upon which affordable homes are built for 99 years.

- Income guidelines for families participating in HOME funded projects vary depending upon the type of project, but cannot exceed 80% of the area median family income. 90% of all HOME funds must benefit households with incomes less than 60% of the median income.
- Families must apply separately for each HOME funded program.
- Community development organizations and South County Habitat for Humanity, a volunteer organization that helps eligible families build and own their own homes, have accessed HOME funds to help low-income families in Washington County.

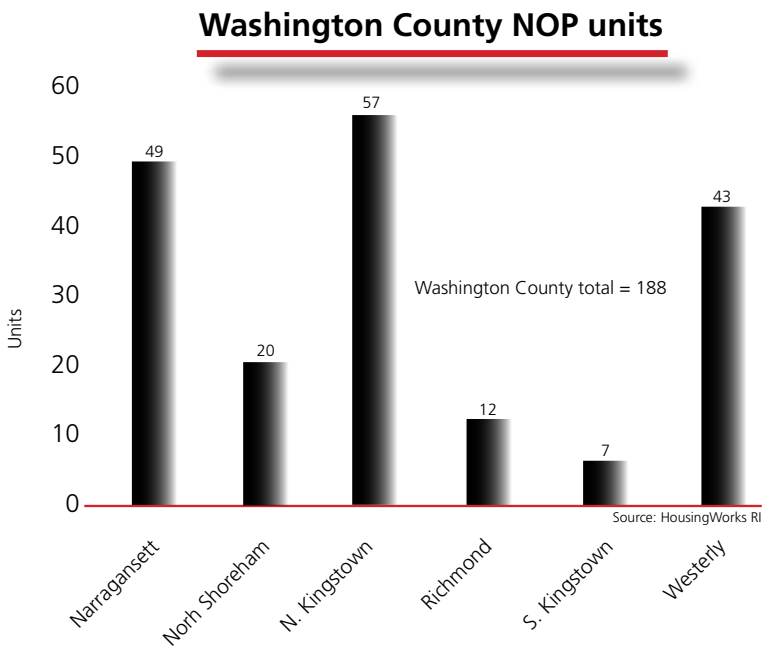
Co-operative Housing

While co-operative housing is traditionally considered low-income, it can be considered as affordable housing for some families. Tenants pay a member fee toward their share of the mortgage. They also pay a monthly fee plus utilities. When tenants move out, this member fee plus equity is returned to them.

- Asqah Co-Operative in North Kingstown is the county's only co-operative housing complex.

Neighborhood Opportunities Program (NOP)

- Established in 2001, the Neighborhood Opportunities Program (NOP) is a unique state-funded program that subsidizes the cost of affordable rental homes in Rhode Island.
- NOP allows building owners to set rents at levels affordable to low-wage families or those with disabilities earning less than 40% ($22,280) of the median household income in Rhode Island.
- Administered by Rhode Island Housing, NOP funding is awarded by the State's Housing Resources Commission through a competitive process.
- Landlords submit receipts for operational expenses not covered by the tenant's rent (set at 30% of income) for reimbursement.
- 188 affordable rental units have been established in Washington County through NOP.



Building Homes RI (BHRI)

- Program created after voters in 2006 approved $50 million in bond funding ($12.5 million per year) over four years to increase the state's supply of affordable housing.
- Bond monies are used to leverage funds from other federal and private sources.
- 80% of funds are allocated for rental properties and 20% for homeownership by income-eligible residents.
- Over the past 3 years, the program helped create 72 affordable rental units and 64 homeownership units in Washington County. All of which were created for families with children:
  - » West Lane (New Shoreham): 11 owned units
  - » South County Trail #2 (Charlestown): 1 owned unit
  - » Deer Brook Estates (Exeter): 15 owned units
  - » Cardinal Lane (Hopkinton): 6 owned units
  - » Rockville Mill (Hopkinton): 14 rental units
  - » Fifth Ave. (Narragansett): 2 owned units
  - » Crossroads RI (N. Kingstown): 46 rental units
  - » Brandywine (S. Kingstown): 11 owned units
  - » Bayberry Courts (S. Kingstown): 10 rental units
  - » North Glen Condominiums (Westerly): 10 owned units

South County Habitat for Humanity

This volunteer organization partners with families to build and own their own homes. To be eligible, a family must meet income guidelines, have good credit history, put in 350-500 sweat equity hours on their own and other Habitat homes, and participate in a homeownership education class. Habitat homeowners pay an interest-free mortgage on their homes, which makes their homes affordable. Typically, habitat homeowners are working people whose incomes are too low to allow them to purchase a home through conventional means. Funding is provided through a variety of sources including donations, fundraising, and HOME Program. Since established in 1990, South County Habitat for Humanity has built 43 homes throughout Washington County.

Homeless families

According to the U.S. Department of Housing and Urban Development, from 2007 through 2009, the number of families in homeless shelters — households with at least one adult and one minor child — leapt to 170,000 from 131,000.[10] Homeless families tend to move frequently, spend disproportionate amounts of their income on housing, and/or live in inadequate/substandard housing. In June 2010, children comprised almost half (701 of 1,430) of the total residents in RI's homeless shelters.[11] Homeless children are profoundly affected by homelessness as it disrupts their daily routines, education, and relationships. Children in homeless families:

- Often suffer from some degree of anxiety or depression
- Are at increased risk for iron deficiencies, childhood asthma, and other health related concerns
- Are more likely to experience developmental delays
- Often attend two or more schools in one year
- Are more likely to test below grade level in reading and math
- Are more likely to drop of out school
- Are at greater risk for teenage pregnancy[12]

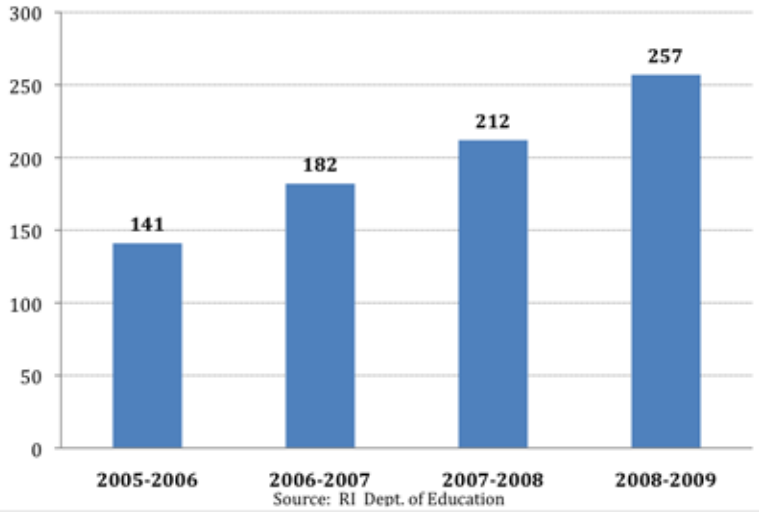
These risks may be related to the lack of reliable attachments or community resources experienced by homeless children.

Federal data indicates an unprecedented increase in the number of homeless children and youth identified in public schools. According

to the U.S. Department of Education, the number of homeless children and youth (preK-12) increased 41% from 679,724 students in the 2006-2007 school year, to 956,914 students in the 2008-2009 school year.[13] In Washington County, the number of homeless students enrolled in the area's 7 school districts is up 82% (twice the national average) from 141 students in 2005-2006 to 257 students in the 2008-2009 school year as shown in the following chart:

Washington County has three emergency shelters: Welcome House, WARM, and the Domestic Violence Resource Center of South County (which serves only women victims of domestic violence and their children). The Welcome House and WARM Shelter are not designed to house families with children on an emergency basis. However, they do provide case management/linkages to other services, including their own supportive housing programs which offer housing in local apartments and motels. There are three primary resources available in Washington County to prevent homelessness or support homeless families. These are described below:

Homeless students enrolled in Washington County public schools



Supportive Housing

- Designed to break the cycle of homelessness, supportive housing is a combination of affordable housing and an array of support services (i.e. case management, employment assistance, counseling, parenting support, etc.) to assure residents live independent, stable and productive lives.
- Ideal candidates for supportive housing are individuals and/or families who are chronically homeless, live in extreme poverty, suffer with mental illness or other disabilities, and/or face other barriers securing and retaining housing.
- Supportive housing is funded through a variety of sources in RI, including: Neighborhood Opportunities Program, HOME, Thresholds, HUD's Supportive Housing Program, United Way of RI, and other private funders.
- Supportive housing programs that serve families in Washington County include:
  - » Crossroads RI (N. Kingstown)
  - » WARM Harvest Homes (Wakefield)
  - » Welcome House (Wakefield)

RoadHome Emergency Housing Assistance (RHEHA)

- Designed to prevent homelessness and help low-income families secure housing.
- Provides grants up to $600/month for 2 months (Maximum $1,200) to pay mortgages and rents to prevent foreclosure/eviction for families in crisis who have experienced a loss of income.
- Grants are also provided to low-income families in need of first month's rent and security deposits to secure housing.

- RHEHA is funded by Rhode Island Housing and administered by South County Community Action; $82,452.57 is available annually.
- Families must complete application and provide documentation verifying their circumstances; banks/ landlords must agree not to proceed with eviction/ foreclosure.
- In year ending May 2010, 83 families with 168 children received assistance through RHEHA in Washington County.

Homelessness Prevention & Rapid Re-Housing Program (HPRRP)

Eligibility Criteria: Families must have household income at or below 50 percent of Area Median Income (AMI) and be in need of temporary assistance to end or prevent homelessness, but whom have the capacity to maintain stable housing upon the conclusion of the assistance

- Funded federally under the American Recovery and Reinvestment Act (ARRA) for three years beginning in Spring 2009, HPRP is administered locally by South County Community Action (SCCA)
- HPRP provides both homelessness prevention assistance to households that would otherwise become homeless, and rapid re-housing assistance to persons who are homeless.
- Financial assistance is provided to participants to help with the following needs: Rental Payments/Arrears; Utility Assistance (for up to 18 months)/Arrears (up to 6 months); Security Deposits; Utility Deposits; Moving Cost Assistance; and Hotel/Motel Vouchers (for no more than 30 days)
- Participants may also receive up to 18 months of housing relocation and stabilization services. Eligible activities include the following: Case Management; Outreach & Engagement; Housing Search & Placement; Legal Services; and Credit Repair.
- From September 2009 through September 2010, SCCA served 115 South County residents through HPRP, including 46 children.

Endnotes

1 Family Housing Fund. (1999). Affordable Housing Shortage Threatens Children's Health.

2 HousingWorks RI's analysis of U.S. Census Bureau's American Community Survey data

3 HousingWorks RI's analysis of U.S. Census Bureau's American Community Survey data

4 Rhode Island Homeless Management Information System. Unduplicated count of all people using the emergency housing system in the state, July 2009-December 2009

5 HousingWorks RI's analysis of U.S. Census Bureau's residential building permit data for Washington County

6 HousingWorks RI's analysis of Mortgage Bankers Association's National Delinquency Survey data (second quarter, 2010)

7 University of Rhode Island, Department of Housing and Residential Life, 2010.

8 Rhode Island Housing. 2009 Rent Survey. As cited in 2002 &2010 Rhode Island KIDS COUNT Factbooks. (2002 & 2010). Providence, RI: Rhode Island KIDS COUNT.

9 National Low-Income Housing Coalition. Out of Reach 2010. Washington, D.C.: National Low-Income Housing Coalition.

10 Luo, Michael. Number of Families in Shelters Rise. The New York Times. Sept. 11, 2010.

11 Davis, Paul. RI Shelters Packed with Homeless Families. The Providence Journal. July 17, 2010.

12 Family Housing Fund, Children Pay the Price for Homelessness, 1999; U.S. Department of Health and Human Services, Trends in the Well-Being of America's Children and Youth, 2001.

13 First Focus and National Association for the Education of Homeless Children and Youth. A Critical Moment: Child & Youth Homelessness in Our Nation's Schools. (July 2010) As cited on www.firstfocus.net.

Acknowledgments

Funding and in-kind staff support for the publication of this report was provided by the RI Department of Health/Office of Rural Health and South County Community Action, Inc.

This report would not have been possible without the assistance of many dedicated professionals who shared their time, expertise, and encouragement. We gratefully acknowledge their assistance.

» Ellen Amore, Rachel Cain, Kristine Campagna, Deb Garneau, A.J. Lizarda, Carla Lundquist, Mia Patriarca, and Sam Viner Brown, RI Department of Health

» Carol Ann Baker, Joseph DeSantis, Brenda Dowlatshahi, Lori Ann Hiener, Peg McGovern, Maureen Tissiere, & Sean Walsh, South County Community Action

» Elaine Budish, RI KIDS COUNT

» Mark Brown, RI Statewide Planning

» Justine Calcina, RI Housing

» Tammy Camillo, RI Association for the Education of Young Children

» Paul Choquette, Brenda Duhamel, Pat Luce & Deb Florio, RI Dept. of Human Services

» Elaine Dorazio, RI Supreme Court, Domestic Violence Unit

» Lori Duffy, Psychological Centers, Inc.

» Juan Gallo, HousingWorks RI

» Jorge Garcia, RI Department of Children, Youth and Families

» Mario Goncalves, RI Department of Education

» Elaine Harrison, Domestic Violence Resource Center of South County

» Eric Hirsch, Providence College

» Linda Katz, RI Poverty Institute

» Corinne Kulesh, Family Service of RI

» Joseph Morra, Rhode Island Afterschool Plus Alliance

» Sheila Orphanides, BrightStars

» Rick Schwartz, StraightTalk

» Kerry Strickland, Thundermist Health Center of South County

» Beth Gagnon & Dorothy Yeamen, South Shore Center

Special thanks to Marie Savrides, South County Community Action, Inc., who conducted the preliminary research for this report.

This report can be downloaded for free at www.WashcoKids.org or can be purchased in a full-color, spiral-bound edition for $25, postage included, by ordering on the web.

Washington County Coalition for Children
c/o VNS Home Health Services
14 Woodruff Avenue, Suite 7
Narrangansett, Rhode Island 02882

"…and how are the children?"

2010 Update