



Evidence Based Home Visiting Needs Assessment
Rhode Island Department of Health
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Home Visiting Needs Assessment Introduction

Rhode Island intends to submit an application for the third phase of the process to apply for a home visiting grant by submitting an updated state plan. This needs assessment provided a solid frame work to begin that process. Rhode Island’s Home Visiting Needs Assessment is the result of collaborative efforts both within The Rhode Island Department of Health (HEALTH) and with external partners. Staff within the Division of Community, Family Health, and Equity at HEALTH were responsible for supporting the process and ensuring that the needs assessment used comprehensive and quality data, incorporated community input, and identified needs, that if addressed through new home visiting resources, would result in communities at-risk receiving more comprehensive and coordinated services. In addition, working closely with other state agencies, Rhode Island KIDS COUNT, and community organizations provided us with a more comprehensive understanding of the well-being of children and their families, the environments in which they live, and the risk factors for poor outcomes that they experience in their communities. This work was coordinated with members of the State Advisory Early Learning Council whose members provided input on existing services and unmet needs in Rhode Island. Information and data was presented at the Successful Start Steering Committee, which includes membership from the state departments of Education, Child Welfare, Substance Abuse, and Human Services (Child Care and Early Intervention); members provided feedback about both capacity and unmet needs from their individual Department’s perspective. HEALTH staff also did individual key informant interviews with direct providers such as substance abuse and child care providers, and other community agency partners. This information is integrated throughout the needs assessment.

Universal Newborn Developmental Risk Screening, and First Connections Home Visiting databases allowed us to capture a current picture of the status of pregnant women, infants, and their families, existing resources, and unmet needs. Vital Records data provided maternal and child health status indicators such as entry into prenatal care, low birthweight and infant mortality. KIDSNET, HEALTH’s maternal and child health data system provided essential information about indicators for poor outcomes within families and existing home visiting services.

1. STATEWIDE DATA REPORT (see Appendix A for data in Tabular form)

The statewide data report describes each indicator at the state level, any additional information about racial and ethnic disparities, and trend data that was available and would assist in identifying communities at risk. This narrative is provided to supplement information provided in Appendix A, and discuss if or how information from other needs assessments was incorporated. Throughout the data report are references to the core cities, these are cities in Rhode Island that have been previously identified as cities in which the residents experience significant concentrations of risk factors for poor outcomes. These cities are (Providence, Pawtucket, Central Falls, Woonsocket, West Warwick, and Newport). Data collected for this needs assessment considered indicators by every city and town, so that a comprehensive understanding of the needs in Rhode Island could be gained. Data presented for many of the indicators substantiates that citizens residing in the core cities remain at greatest risk for poor outcomes (Appendix B).

In 2009, the estimated population of Rhode Island was 1,053,209. In Rhode Island, 5.8 % of the population is estimated to be under the age of five. The population of the state is described as 88.5% White, 11.6% Hispanic or Latino origin. 6.4% Black/African-American, 2.8% Asian, 2.3% two or more races or other.¹ Eighty six percent of the population lives in an urban areas and 34% of the population lives in the core cities.

Premature Births

(# live births <37 weeks/total # live births)

Premature birth is the leading cause of infant mortality in Rhode Island. Provisional data for 2009 indicate that the premature birth rate in Rhode Island was 11.3% (1381/12225), a slight increase from the previous year of 11.1%. Furthermore, during 2009, 2.3% of Rhode Island babies (n=241) were born less than 32 weeks gestation, which is more than double the Healthy People 2010 objective of 1.1%. Rhode Island's Title V needs assessment data shows that women who smoke are at greater risk for premature birth (14.7% for smokers compared to 11.4% non-smokers). The rates are also higher for women under age 20, and low-income women.² .

In Rhode Island from 2003 to 2008, more than one in six (17.3%) Native American births were premature, compared with 14.8% of Black/African American, 13.3% of Asian, and 11.4% of White births. During this time period, 13.4% of births to Hispanic women were premature (Hispanic women can be of any race).

The rate of premature births varies by community as well. From 2003 to 2008, communities with the highest rates of premature birth were Woonsocket and Providence, with 13.8% of births occurring prematurely. Four other communities: Central Falls, Coventry, North Providence and Pawtucket had rates over 12%. The preterm birth rate for the core cities overall was 13.1% in 2008 compared to the remainder of the state with a rate of 10.9%.³

Low Birth Weight

(Number of resident live births less than 2500 grams/number of resident live births)

Provisional data indicate that the Low Birth Weight (LBW) rate remained stable in 2009 at 8.0%. These data represent a slight decrease from 2003, when the LBW rate was at its highest (8.6%) since the 1960's. Specifically, of the 11,416 births among Rhode Island residents in 2009, 911 weighed less 2,499 grams.

There are significant disparities within the LBW rates among different racial and ethnic groups. The LBW rate among Native Americans was the highest at 13.7% and was 1.9 times the rate for Whites (7.4%). LBW rates were also higher among Blacks/African Americans (10.6%) and Asians (9.0%) compared to Whites. Those of Hispanic/Latino ethnicity (8.1%) had rates that were lower than other racial/ethnic minorities, but higher than the average rate among Whites.

During 2009, provisional data indicate disparities in LBWs among babies born to women residing in the core cities. The rate of LBW babies born was highest in Woonsocket (10.3%). The core cities had a higher percentage of infants born at LBWs (8.8%) compared to those residing in the rest of the state (7.1%). This is consistent with information gathered for the Title V needs assessment.

Infant Mortality

(Number of Infant Deaths age birth-1/1,000 live births)

Provisional 2009 data indicate that 67 infants died before their first birthday among the 11,416 resident births that year, resulting in an infant mortality rate of 5.9 per 1,000, this decreased slightly from the 2008, the infant mortality rate of 6.3. Between 2004-2008 385 infants died before their first birthday. Seventy-six percent of infants who died during this time period were LBW. Of the 385 infant deaths between 2004 and 2008 in Rhode Island, 295 (77%) occurred in the neonatal period (during the first 27 days of life). Although infant mortality rates have declined and reached a low in 1994 of 5.0 (the lowest in the country that year), progress has

slowed. The same trend can be seen nationally where the infant mortality rate has been decreasing, but there has been little or no improvement since 1997. The number of infants who died due to neglect is difficult to determine. In 2009 only one infant death was deemed a homicide and directly attributable to abuse / neglect of a caretaker.⁴

In the United States, in 2006, sudden infant death syndrome (SIDS) was the 3rd leading cause of death in infants under 1 year of age. In Rhode Island, during 2008-2009, SIDS is the 2nd leading cause of death for children under 1 year of age. In the 2008-2009 there were 88 deaths of infants under 1 year of age. Forty were due to the effects of extreme prematurity, 15 to congenital disorders, 10 to perinatal complications and 1 to homicide. Twenty two of the infant deaths were of undetermined cause, which qualify as SIDS cases.

Substantial disparities exist in infant mortality rates among different racial/ethnic groups, with higher rates reported for Blacks/African Americans and lower rates among Asians and those of Hispanic/Latino ethnicity. In Rhode Island during 2004-2008, the Black/African American infant mortality rate was 12.1 deaths per 1,000 live births, the Native American infant mortality rate was 9.3 per 1,000 live births, and the Asian infant mortality rate was 6.2 per 1,000 live births. All minority groups had infant mortality rates greater than the rate for White infants (5.4 per 1,000 births). The Hispanic infant mortality rate was 8.2 per 1,000 live births compared with 7.1 deaths per 1,000 live births among non-Hispanics in Rhode Island. Provisional data for 2009 show that the Black/African American infant mortality rate (12.1 per 1,000) remains high and was more than twice that of the White infant mortality rate (5.1 per 1,000).⁵

Infants born to mothers residing in the six core cities have a higher rate of mortality compared with those born in the rest of the state. More than half of the infants who died during 2004-2008 lived in the core cities. Of the 385 infant deaths that occurred during that period, 223 (57.9%) resided in the core cities, resulting in an infant mortality rate of 7.6 compared with 4.9 for the rest of the state. Aggregate data from the Title V needs assessment for 2004-2008, supports this, the highest infant mortality rates were in Providence (9.3), Central Falls (8.4), and East Greenwich (7.7). Other cities with significantly higher than average rates include: Pawtucket (6.7), Westerly (7.5), Warwick (6.0), and Cranston (6.2). The cities with highest infant mortality are notably not the same as the core cities.⁶

Provisional data for 2009 indicate that the gap between infant mortality with private insurance vs. public, which had closed in 2005, has opened again. The infant mortality rate

among those covered by Medicaid or RIte Care has increased (9.2) compared to the rate among those with private insurance (6.4).

Other Indicators of at-risk prenatal, maternal, newborn, or child health

Children Born at High Risk

In 2009, 578 (5%) babies were born to unmarried, teen mothers, without a high school diploma. Research demonstrates the children who have multiple established risk factors are many more times more likely to experience negative outcomes than those children who have fewer. The communities with the highest rates of children experiencing multiple established risk factors were the core cities, which had 8% of babies born into these circumstances compared to 2% in the remainder of the state. Central Falls and Woonsocket had the highest rate of babies born at Highest Risk (10%) followed by Providence (9%), which had the largest number.⁷ This is consistent with the Title V needs assessment and the Community Needs Assessment Conducted by the Early Head Start/Head Start grantee that serves Providence, Pawtucket and Central Falls. Data on racial and ethnic disparities of children born at highest risk is not available at this time.

Births to Teens

Rhode Island is currently ranked 9th nationally and 6th (last) in New England for teen birth rate, with a rate of 27.8 per 1,000 girls ages 15-19. In 2009, there were 1,049 babies born to mothers under age 20, or 9% of all babies born in the state. At least one third of teen parents were the children of teen mothers themselves. In 2006, RI ranked 8th nationally (tied with Louisiana, New Mexico and Alaska) for the highest percentage of repeat teen births. Approximately 28% of teen births in RI resulted in a subsequent repeat teen birth before the age of 20. Approximately 70% of teen births in Rhode Island in recent years have been to mothers who reside in one of the six core cities. The teen birth rate is 51.1/ 1,000 in the core cities compared to 15.9 in the remainder of the state. Although all of the core cities have high rates, Central Falls has a significantly higher teen birth rate than any other city in the state with a rate of 95.5 and Woonsocket is second highest with 65.2 per 1,000.⁸

Health Insurance Coverage

In Rhode Island, Medicaid and the Children's Health Insurance Program (CHIP), provide low-income children with access to health care that is comparable to that of children with private health insurance. Families qualify based on income. In 2009, there were 41,223 low-income parents enrolled in RIte Care, for a total of 111,646 participants enrolled during the year. The

majority (71%) of RIte Care members who qualified based on family income were children under age 19.⁹ This is consistent with the Title V needs assessment and the Community Needs Assessment Conducted by the Early Head Start/Head Start grantee that serves Providence, Pawtucket and Central Falls.

Rates of insurance vary from population to population; these disparities are heavily correlated with poverty. The non-elderly rates of uninsured in Rhode Island indicate that although only 10.3% of Whites are uninsured, there are higher rates among Black / African-American (20.1%) and Hispanic Rhode Islanders (21.6%).¹⁰

Rates of insurance also vary by community. As with several other indicators, the core cities have higher numbers of uninsured in their population. Although the core cities comprise only 34% of the population in the state, 61% of the children under 19 receiving Medical Assistance are residents of the core cities.

Public Assistance

Rhode Island Works, the Department of Human Services cash assistance program, offers temporary cash assistance, health coverage, child care assistance, and help finding job training or a job. Since 2007, the number of children receiving assistance increased by 32% from 40,224 in 2007 to 53,220 in 2009. The Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, helps low-income individuals and families obtain better nutrition through monthly benefits they can use to purchase food at retail stores and some farmers' markets. Since 1996 the number of children aged less than 18 participating in the Rhode Island Food Stamp Program increased by 10.5% from 48,144 in 1996 to 53,220 in 2009.

Participation in RI Public Assistance programs is higher in the core cities than the remainder of the state. In the core cities, 9% of the children are in families receiving cash assistance compared to 2% in the rest of the state. The cities with leading participation are Central Falls (11%), Providence (10%), and Woonsocket (10%).¹¹

Lead Poisoning

Children in low-income families living in Rhode Island and across the nation are more likely to live in older housing than other children, which increases the risk of lead poisoning. From 2006 to 2008, 86% of low-income children in Rhode Island lived in older housing compared to 74% of all children. Rhode Island has the highest percentage of low-income children in the nation living in older housing.¹² Rhode Island data does show a steady decline in

the prevalence of lead poisoning over the last ten years, from 9.8% in 1999 to 1.6% in 2009. Although the prevalence of lead poisoning in Rhode Island has steadily declined, a total of 438 children were lead poisoned in 2009.

In 2009, the incidence of lead poisoning in the core cities remained at 1.8%, compared to 0.6% in the other cities and towns. The cities with the highest rate of lead poisoning were Providence (5.1%), and Central Falls (4.8%). In 2009, the 151 lead poisoned children who lived in Providence represented half (50%) of the 300 total number of new lead cases in the state.¹³

Maternal Depression

During 2009, more than one out of five (21.3%) Toddler Wellness Overview Survey (TWOS) respondents in Rhode Island indicated that in the past 12 months, they had felt sad, blue or depressed, or lost pleasure in things that they usually cared about or enjoyed for two or more weeks in a row. Approximately one out of seven respondents (14.2%) reported they had been diagnosed with depression in the past 12 months; 11.7% had taken prescription medication for depression; and 9.4% had received counseling for their depression. In terms of the demands of raising children, 5.8% of TWOS respondents indicated they always or usually felt overwhelmed by the demands of their children in the past year. 2009 data from TWOS also indicate that mothers of toddlers experience many stresses while raising their children. Information on race/ethnicity and geographic areas is not currently available.

Children in Poverty

(# of residents below 100% of the Federal Poverty level/Total # of residents)

The 2008 estimated child poverty rate in RI stands at 15.5%. Between 1990 and 2000, the percentage of Rhode Island children aged less than 18 living below poverty rose 25.2%. Similar increases occurred among children aged less than 6 years old. Among the 36,970 children under age 18 living in poverty in Rhode Island in from 2006-2008, 14,049 (38.0%) were under the age of 6 years. This is supported by the Title V needs assessment and the Community Needs Assessment Conducted by the Early Head Start/Head Start grantee that serves Providence, Pawtucket and Central Falls.

In Rhode Island as well as the nation as a whole, children who are of racial and ethnic minorities are more likely to live in families with incomes below the federal poverty threshold. Between 2006-2008 among the 36,970 Rhode Island children living in poverty, nearly half

(48%) were White, 15% were Black, 3% were Asian, 1% were Native American, 27% “other”, and 6% were of two or more races.¹⁴

More than one in three (33.9%) children aged less than 18 who reside in the core cities live below poverty compared to 6.8% in the remainder of the state. These figures are even higher for children aged less than six who reside in the core cities, where 37.3% live below poverty and 19.5% live in extreme poverty. Although all of the core cities by definition have high poverty rates, Central Falls (40.9%) and Providence (40.5%) had the highest rates of children living below poverty.

Crime

(# of reported crimes/1000 residents)

(# of crime arrests ages 0-18/100,000 juveniles ages 0-18)

The rate of reported crimes in Rhode Island per 1000 residents was 30.2 in 2008. The rate of crime arrests for individual’s ages 0-18 (RI collects data 0-18) was 395.45 per 100,000 juveniles. Furthermore in 2009, in Rhode Island, 1,774 incarcerated parents reported having 3,889 children. Of the 83 women with children, 37% were serving a sentence for nonviolent offenses, 30% for violent offenses, 20% for drug offenses, 11% for breaking and entering, and 1% for sex-related offenses. Among the 1,323 sentenced men with children, 42% were serving sentences for violent offenses, 19% for drug offenses, 15% for nonviolent offenses, 15% for sex offenses, and 9% for breaking and entering. This information is consistent with the Title V needs assessment, and all of the Head Start needs assessments.

In Rhode Island, the rate of incarceration among Hispanics is 631 and among Blacks in Rhode Island is 1,838, which is almost ten times higher than the White incarceration rate of 191 per 100,000.¹⁵

Crime rates vary by city and town. The rates range from just one incidence of violent crime per 10,000 in the population in Barrington, for instance, to cities with the highest rates of violent crime which include Providence (70), Pawtucket (40) Central Falls (60), and Woonsocket (40) per 10,0000 citizens.

High School Graduation

(% of high school dropouts grades 9-12)

The high school drop out rate in 2009 in Rhode Island was 14% overall. Data on other school drop out rates was not available. Rhode Island has the lowest high school graduation rate in New England.

Minority students are more likely than White students to drop out of school. The dropout rate for Hispanic students is 23%, compared to 11% for White students and 18% for Black/African American students. Lower graduation rates in minority communities, however, are mainly driven by higher poverty rates and lower rates of educational attainment among adults in the community.¹⁶

Students in the core cities in Rhode Island are more than twice as likely to drop out of high school as students in the remainder of the state. Specifically, students living in Central Falls (33%), Pawtucket (21%), Woonsocket (24%), Providence (22%), and West Warwick (20%) had the lowest graduation rates in the state.¹⁷

Substance Abuse

(Prevalence Rate: Binge Alcohol use in past month, Marijuana use in past month, Non-medical use of prescription drugs in past month, Use of illicit drugs excluding Marijuana past month)

Rhode Island ranks among states with the highest alcohol and illicit drug use consumption in the nation. In Rhode Island overall, 5.8% of men and 5.2% of women in Rhode Island self report being a “heavy drinker” consuming more than two drinks for men or one drink for women per day.¹⁸ Approximately 18.2% of adults report binge drinking, or drinking more than 5 alcoholic beverages on one occasion. Detailed, age specific information about binge alcohol drinking in Rhode Island from SAMSHA shows that for 12 to 17 year olds 11.77% binge drink. Over 52% of 18 to 25 year olds binge drink (52.04%) and the rate for individuals 26 year of age and older is 25.15%.¹⁹ According to the summary of client admission data for substance abuse in Rhode Island, (TEDS) database, there were 10,521 admissions for substance abuse treatment in 2009. Of these admissions, 2,284 were for alcohol only, and another 1,631 were primarily for alcohol with secondary drug use associated.

The rates of Marijuana use the past month show that 9.46% or approximately 8,000 12-17 years olds used Marijuana, 30.31%, or approximately 38,000 18-25 year olds used Marijuana, and 7.48% or nearly 5,000 individuals ages 26 and older used Marijuana. This is consistent with the 2009 Rhode Island Youth Risk Behavior Survey (YRBS), which showed that 39.9% of high school students reported ever having used marijuana and 8.3% of high school student reported

ever using marijuana prior to the age 13. Because of different metrics the rates in the YRBS are somewhat higher.²⁰

Information about drug use showed similar trends with highest usage among the 18-25 year old age groups. For nonmedical use of prescription drugs, 6.28% of 12-17 year olds had used in the past year, approximately 5,000 youth. The percentages were highest in the 18-25 year old age group at 16.63%, or approximately 21,000 people. For the 26 and older population 4.36 reported nonmedical use of prescription drugs. Regarding use of illicit drugs excluding Marijuana in the past month, again the highest users were in the 18-25 year age group at 33.05%, second was the 12-17 year age group with 12.42% and the group reporting the lowest use was individuals 26 and older. According to the TEDS data base of the 10,521 admissions for substance abuse 1,631 were primarily for alcohol with secondary drug use associated, 2,261 were for Heroin and 1,188 were for Cocaine. Of these, 30.5% were female, 69.5% were male.

Of all admissions, 76.5% of the admissions were White, 9.3% lack/African-American, 11% unknown and 10% Hispanic/Latino.²¹ Whites in Rhode Island have the highest rates of alcohol abuse among both youth and adults. More White adults in Rhode Island (18.4%) report binge drinking compared to Black/African-American (9.3%) and Other (12.9%). Chronic drinking is also higher among Whites (7.4%) than Blacks (3.2%).²² Alcohol and drug use among youth in Rhode Island follows a similar pattern with White youth having higher rates of marijuana use (25%) compared to Blacks (21.4%) and higher alcohol use (45.7%) among White compared to Black youth in 9-12th grade. Statistics for other racial/ethnic categories and other drug use are statistically unreliable due to small sample size.

Although substance abuse data by community is limited, findings from the School Accountability for Learning and Teaching Student Survey (SALT) findings were that students in the core cities report less drug, alcohol, and cigarette use than students in the remainder of the state. Self reported alcohol use among high school students in the core cities is 34% compared to 40% in the remainder of the state, drug use at 23% compared to 29% and cigarette use is 19% compared to 25% in the remainder of the state.²³

Unemployment

(# unemployed and seeking work/total workforce)

The U.S. unemployment rate soared nationally from 7.7% in January 2009 to 10.0% in December 2009. The unemployment rate in Rhode Island was even higher at 12.9%. Rhode

Island ranks ninth from the bottom nationally and the worst in New England for unemployment rates. As a result of the recession, one in seven children has an unemployed parent.²⁴

The economic downturn has disproportionately affected the core cities and communities of color even more than the remainder of the state. In 2006, the unemployment rate for Hispanics was higher than that of both White and Black Rhode Islanders.²⁵

Central Falls has fared the worst during the economic crisis, with an end of 2009 unemployment rate of 14.4%; other Rhode Island communities with rates above 13% in 2009 are Providence, Pawtucket, and Woonsocket. (See Figure 24)

Child Maltreatment

(indicated cases of child abuse neglect/ total child population)

The Rhode Island Department of Children, Youth and Families (DCYF) reported that during 2009, there were 2,075 indicated cases of child abuse and/or neglect, representing an 8.2% decrease since 2005, when there were 2,260 indicated cases. The rate of child abuse and neglect among children aged less than 18 in Rhode Island during 2009 was 11.7 per 1,000. More than three-quarters (78%) of the cases are for neglect, 13% are for physical abuse, 4% are for sexual abuse, 1% are for medical neglect, 1% are for emotional abuse, and 4% are for other types of abuse. This information is consistent with the Title V needs assessment, and all of the Head Start needs assessments.

The rate of child maltreatment among children residing in the core cities was 17.4, twice the rate for children residing in the rest of the state (8.3). The cities with the highest rates of child abuse and neglect were Woonsocket (26.6%) and West Warwick (21.7%) followed by Central Falls (19.3%) and Pawtucket (17.6%). The largest numbers of victims came out of Providence, Pawtucket and Woonsocket.

Domestic Violence

(count of unduplicated victims, number of children present during reported domestic violence incident, # of arrests)

In 2007, police responded to more than 7,486 domestic violence calls in Rhode Island. An estimated 10,233 unduplicated victims of domestic violence were served annually by the six domestic violence agencies in the state. Police reports indicate that in Rhode Island during 2008 children were present during 1,595 (31%) of the 5,217 reported domestic violence incidents that resulted in arrests. Police officers reported that children saw their parent being abused in 1,259

incidents, and children heard their parent being abused in 1,382 incidents resulting in arrests. These incidents were not mutually exclusive. The reported number of children witnessing incidents of domestic violence is thought to be an under-representation. This information is consistent with all of the Head Start needs assessments. A total of 5,217 incidents of Domestic Violence resulted in arrests in 2008. Of these, the highest number of incidents happened in Central Falls, with a rate of 9.6 per 1,000 people, and New Shoreham with 9.9 per 1,000 people. Other cities with high rates include Pawtucket and Newport. Four other cities – Tiverton, Warren, Narragansett and Middletown also had rates higher than Providence, with a rate of 4.8 per 1,000 people.²⁶

Quality and capacity of existing programs or initiatives for early childhood home visiting programs statewide (see Appendix C and section 4 page 28 for detailed information).

Rhode Island's Capacity for providing substance abuse counseling and treatment services to individuals and families in need of such services statewide. (see Appendix D and section 5 page 31 for detailed information).

2. UNIT SELECTED AS COMMUNITY

For this needs assessment “community” is defined by city and town. Rhode Island has 39 cities and towns. Data collected is most often aggregated at the level of city and town and resources are often coordinated at the city and town level. Citizens identify with the city or town in which they live. Given Rhode Island’s small size it is possible to use this unit of analysis to compare information. There are six core cities which have been identified as those most at risk given how they compare to the state overall in terms of factors such as poverty, high-school graduation rates, substance abuse and others. This needs assessment, which did look at all risk factors by city and town confirmed that the six core cities have the highest concentration of risk factors, with Providence, Central Falls and Woonsocket at greatest risk when all risk factors were compared and ranked by city and town (Appendix B). More detailed analysis of risk factor by neighborhood may be used once the models of home visiting are known, and the specific risk factors on which the state will focus are more clearly defined.

3. DATA REPORT FOR EACH AT-RISK COMMUNITY Appendices (A: 1-A: 6)

Central Falls (Appendix A:1) the state’s smallest city, with an area of only 1.29 square miles, it is also the most densely populated city in Rhode Island with a population of 18,928. In 2000, there were 5,531 children under 18 living in Central Falls.²⁷

In 2000 the racial make up of Central Falls was 47% Hispanic or Latino, 40% White , and 4% Black or African American.²⁸ Central Falls' child population in 2000 was diverse, 56.4% of the population under age 18 years of age were Hispanic or Latino, 29% of the child population was White, and 5% of children were Black or African American. 4% identified as some other race, and 5 % identified as two or more races.

Appendix A:1 lists the indicators in Central Falls as compared to the rest of the state, the most significant risk factors for poor outcomes are births to teens, infant mortality, unemployment and domestic violence. Central Falls also has high rates of high school drop outs and poverty. In Central Falls in 2009, the rate of reported substantiated maltreatment victims per 1,000 was 19.3. This is higher than the core city combined rate of 17.4 victims per 1,000 children and significantly higher than the state rate of 11.7. The number of domestic violence incidents resulting in arrests per 1,000 was 9.6 higher than the core city combined rate of 6.7.

Review of the Early Head Start and Head Start Community Needs Assessment confirms these findings. Additional community assessment input yielded the following themes: meeting the needs of immigrant children and their families, providing mental health services to young children and addressing housing needs of low-income families.

Central Falls has 6 programs for which home visiting is the primary method of service delivery (First Connections, Nurse Family Partnership, Project Connect, Early Head Start, HIPPPY, and Families First). For all of the programs for which eligibility data is available, the need far outweighs the capacity to provide services (see section 4 for detailed program information).

Pawtucket (Appendix A:2). Pawtucket had a population of 72,958 in 2000. It is the fourth largest city in the state. In 2006-2008, 35% of those over the age of 4 spoke a language other than English at home . In 2006-2008, the racial makeup of the city was 68% White, 15% Black or African American, 0.2% reported as American Indian and Alaska Native, 2% Asian, 12% reported as some other race, and 2.5% reported two or more races. 17% reported their ethnicity as Hispanic or Latino.²⁹ The city has significant Portuguese, Cape Verdean, and Liberian populations.³⁰

Appendix A:2 lists the indicators in Pawtucket as compared to the rest of the state, the most significant risk factors for poor outcomes are poverty, unemployment and high rates of high school drop outs, with the second lowest high school graduation rate in the state, and high rates

of child maltreatment. Pawtucket also has a low availability of affordable rental units. The average rent for a 2 bedroom apartment in 2008 was \$1,068. With the poverty level for a family of three at \$17,600, they would need to spend 73% of their income on rent. In Pawtucket 13.4% of individuals are unemployed or seeking work .

Review of the Early Head Start and Head Start Community Needs Assessment confirms these needs assessment findings. Additional community assessment input included the following themes as issues that must be addressed: housing ,community violence and economic well-being. It should be noted that substance abuse data is currently not available by city and town.

Pawtucket has 7 programs for which home visiting is the primary method of service delivery (First Connections, Nurse Family Partnership, Project Connect, Parents as Teachers, Early Head Start, HIPPPY, and Families First). For all of the programs for which eligibility data is available, the need far outweighs the capacity to provide services (see section 4 for detailed program information).

Providence (Appendix A:3) is the capitol of Rhode Island. Providence's total population is estimated at 171,557 in 2008. The population for children under 5 years old from 2005 to 2007 is estimated at 12,462 (American Community Survey). In 2000, race and ethnicity for children under 18 showed that there were 20,350 who identified as Hispanic or Latino, 10,858 White, 7,606 Black, 3,043 Asian, 621 American Indian and Alaska Native, nineteen as Native Hawaiian and other Pacific Islander, 2,205 as two or more races, and 575 as some other race.³¹

Appendix A:3 lists the indicators in Providence as compared to the rest of the state, the most significant risk factors for poor outcomes are infant mortality, poverty, crime and, unemployment . Providence also has a shortage of safe affordable housing. In Providence the average percent of a family's living income used for rent was 79%(Rhode Island KIDSCOUNT). The average rent in Providence for a 2 bedroom apartment is \$1,163 (Rhode Island Housing). The largest number of foreclosures in Rhode Island is in Providence. Fifty one percent of the city's children live in single-parent households, which is the highest percentage in the state. Children in Providence have the highest rate of incarcerated parents. In 2004 and 2007, the total number of children in Providence with a parent serving a sentence increased by 24%, rising to 1,300 by April 2007. An estimated 1 in every 35 children in the city has a parent who is

incarcerated. The number of reported crimes per 1,000 residents was 59.8, the highest in the state (FBI CIUS 2008).

Providence has 6 programs for which home visiting is the primary method of service delivery (First Connections, Nurse Family Partnership, Project Connect, Parents as Teachers, Early Head Start, and Families First). For all of the programs for which eligibility data is available, the need far outweighs the capacity to provide services (see section 4 for detailed program information).

Woonsocket (Appendix A:4). Woonsocket had a population of 43,224 in 2000. Woonsocket is the sixth largest city in the state. While it is the sixth largest city in terms of population, it is geographically small and its population has declined over the past five census periods. Census data confirms that Woonsocket is becoming a more racially and culturally diverse city. Between 1990 and 2000, the city's African American population increased two-thirds and Asian population by one-third. The Hispanic population more than tripled. The number of people identifying themselves as Hispanic had a higher percentage growth in Woonsocket between 1990 and 2000 than any other cities in Rhode Island.³²

Appendix A:4 lists the indicators in Woonsocket as compared to the rest of the state, the most significant risk factors for poor outcomes are child maltreatment, premature births, high school dropout and unemployment. Woonsocket has the highest rate in the state of indicated allegations of neglect and physical neglect, at 26.6. Woonsocket also has the highest rate of births to teens at 113.1 per 1000 teens. Woonsocket also has a high percentage of children who are experiencing multiple risk factors.

Woonsocket has 5 programs for which home visiting is the primary method of service delivery (First Connections, Great Beginnings, Parents as Teachers, Project Connect and Families First). Although Woonsocket is one of the cities whose children are at greatest risk it has the lowest capacity to provide services. For all of the programs for which eligibility data is available, the need far outweighs the capacity to provide services (see section 4 for detailed program information).

Newport (Appendix A:5) Newport had a population of 26,899 people in 2000. The 2000 Census reported that there were 5,199 children under 18 and 2,112 lived in single parent households. The median income for a household in the city was \$40,669, and the number of

residents below 100% of the federal poverty level threshold was 17% and 44% of children lived in single parent households. The number of unemployed and seeking work is 10%.³³

Appendix A:5 lists the indicators in Newport as compared to the rest of the state, the most significant risk factors for poor outcomes are child maltreatment, poverty, and births to teens. In 2004 to 2008 infants born low birthweight was 8%, the teen birth rate (per 1,000 girls ages 15 to 17) was 24%, the rate of reported substantiated maltreatment (# victims/1,000 children) was 17% higher than the state average of 12%. When cities were compared by indicators Newport did not have any indicator for which it was ranked the highest (worst).

Newport has 4 programs for which home visiting is the primary method of service delivery (Early Head Start, First Connections, Parents as Teachers, Project Connect). Although Newport is one of the cities whose children are at greatest risk it has the limited capacity to provide services. For all of the programs for which eligibility data is available, the need far outweighs the capacity to provide services (see section 4 for detailed program information).

West Warwick (Appendix A:6) The population was 29,581 at the 2000 census. The median income for a family was \$47,674. The rate of children under the age of six living below poverty was 17.1%, higher than the state average. The racial makeup of West Warwick was 93.78% White, 1.11% African American, 0.35% Native American, 1.42% Asian, 0.02% Pacific Islander, 1.44% from other races, and 1.88% from two or more races. Hispanic or Latino of any race were 3.10% of the population. The proportion of the population that identifies as white is larger in West Warwick than in the state as a whole. Appendix A:6 lists the indicators in West Warwick as compared to the rest of the state, the most significant risk factors for poor outcomes are domestic violence, high school drop-out rates, child maltreatment, and unemployment.

West Warwick has 6 programs for which home visiting is the primary method of service delivery (First Connections, Project Connect, Early Head Start, and Families First). For all of the programs for which eligibility data is available, the need far outweighs the capacity to provide services (see section 4 for detailed program information).

4. QUALITY AND CAPACITY OF EXISTING PROGRAMS

The quality and capacity of existing Home Visiting Programs and Initiatives for Early Child Home Visitation in each of the communities identified at risk are described below:

First Connections is a risk assessment and referral program that targets Rhode Island children birth to age three who are at-risk for poor developmental outcomes. Families are identified to

participate in the program through universal screening and community referrals. The First Connections Program works in conjunction with the state’s universal screening program for newborns, which identifies babies with medical, social, or economic risk conditions. Managed by the Rhode Island Department of Health, First Connections is operated by 4 community agencies assigned to 4 different regions in Rhode Island.

Home Visiting Model or Approach: Risk assessment through health and home assessment, and referral to appropriate services.

Services Provided: A multidisciplinary team of nurses, social workers, and paraprofessionals provides First Connections services. Most families receive between 1- 4 visits. The teams provide home assessments, connection to community services, and information about child development for almost one-third of all families with new babies each year. Services include: instruction in basic newborn care, screening and assessments of family needs, information on detecting and controlling housing related health and safety hazards, referrals to community resources such as child care, parenting support and WIC (Women, Infants, and Children).

Recipients of Services: At risk families with young children birth to three.

Targeted Goals /Outcomes: To improve the health and development of young children and their families through a model of home based outreach, screening, assessment, referral, and linkage with appropriate programs.

Demographic characteristics: Most families that accept services live in urban areas, live in poverty, have more than one child and are young mothers.

Number of Families served: In 2009, there were 11,122 resident births in Rhode Island. Of these births 6,885(62%) screened positive at birth and were referred to First Connections Home Visiting Program, 3,179(46%) received a home visit, 1,617(51%) refused a home visit, and 1412(44%) were unable to locate.

Geographic area served: Statewide

Communities at Risk	First Connections	
	Number Eligible (2009)	Number Served (2009)
Providence	2121	955
Pawtucket	738	397
Central Falls	307	191
Woonsocket	270	137
Newport	475	221

West Warwick	270	137
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Evidence Base Home Visiting Nurse Family Partnership Program (EBHV) The Nurse Family Partnership targets low-income and first time mothers. Trained registered nurses carry a caseload of no more than 25 families and conduct frequent home visits during pregnancy and until the child’s second birthday. Currently there is one NFP site in Rhode Island serving 100 families in 4 cities in Rhode Island: Central Falls, Cranston, Pawtucket and Providence.

Home Visiting Model or Approach: Nurse Family Partnership Program

Services Provided: Visits to pregnant women bi weekly to improve pregnancy outcomes by addressing the effects of smoking, alcohol, and drugs, best practices in nutrition and exercise, and preparation for childbirth, prenatal care, referrals to health and human service providers. After birth home visitors conduct parent education on infants and toddlers’ nutrition, health, growth, and development, and environmental safety.

Recipients of Services: Pregnant, low-income first time mothers younger than 25 years of age.

Targeted Goals /Outcomes: Goals of the program are to improve pregnancy outcomes, child health and development, and economic self-sufficiency of the family.

Demographic characteristics: Data not available at this time.

Number of Families served: One hundred pregnant low-income first time mothers younger than 25 years of age.

Geographic area served: Central Falls, Cranston, Pawtucket and Providence

	Nurse Family Partnership (NFP)	
Communities at Risk	Number Eligible (2009)	Number Served (2009)
Providence	603	Data currently not available
Pawtucket	206	Data currently not available
Central Falls	99	Data currently not available
Woonsocket	129	Service not available
Newport	34	Service not available
West Warwick	NA	Service not available

Project Connect is a family preservation and support program working with the Department of Children, Youth and Families to provide comprehensive wraparound support to strengthen families by helping parents to achieve a substance-free lifestyle. Project Connect staff are

specially trained in substance abuse and child welfare risk assessment. The program is intensive, home-based, and provides services on average for one year.

Home Visiting Model or Approach: Comprehensive Wraparound

Services Provided: Services include counseling, substance abuse monitoring, home-based parenting education, parenting groups, and nursing services. Ongoing home visits by pediatric nurses are geared primarily toward monitoring the health and safety of children in the home and assist parents with meeting their children's health care and development needs; and overall family well-being.

Recipients of Services: DCYF involved parents dealing with issues of substance abuse. Family risk may include domestic violence, child abuse and neglect, criminal involvement, poverty, inappropriate housing, poor employment skills, impaired parenting. Children may remain in the home or if needed, be removed to substitute care.

Targeted Goals /Outcomes: Keep children safe by reducing risk of child abuse/neglect in families where parental substance abuse has been identified; enhance overall functioning of these families through the provision of services to address the safety of the home and monitor the child's hygiene and overall wellbeing; and reduce the need for out-of-home placement of children in families where substance abuse is a significant risk factor and expedite the permanency planning process for child who must be removed

Demographic characteristics: Data not available.

Number of Families served: In 2009, 84 families participated in Project Connect. Capacity is 90. Current waitlist 4 to 6 weeks.

Geographic area served: Statewide

Communities at Risk	Project Connect	
	Number Eligible (2009)	Number Served (2009)
Providence	Data not available	58
Pawtucket	Data not available	15
Central Falls	Data not available	7
Woonsocket	Data not available	0
Newport	Data not available	4
West Warwick	Data not available	4

Great Beginnings is a program geared to address the parent’s and child’s emotional, health and safety, and overall well-being.

Home Visiting Model or Approach: STEEP (Systematic Training for Effective and Enjoyable Parenting)

Services Provided: Families are provided a variety of services including: developmental screenings, counseling, case management, and parenting education.

Recipients of Services: Services are provided to at-risk women in their second trimester of pregnancy until the child's first birthday.

Targeted Goals /Outcomes: Healthy development of maternal child relationships and prevention of child abuse/neglect.

Demographic characteristics: Of the 14 families served in 2009, 10 families were reported as being Caucasian/White, 2 African American and 2 as “Other”. In 2009, 4 clients were between the ages of 15-19, 10 between the ages of 20 –24, 1 client was married, 12 were single and 1 client reported being separated.

Number of Families served: In 2009, a total of 14 families were served.

13 families were served in Woonsocket, and 1 family in Cumberland.

Geographic area served: Cumberland, Lincoln, North Smithfield and Woonsocket

Communities at Risk	Great Beginnings	
	Number Eligible (2009)	Number Served (2009)
Providence	2121	Service not available
Pawtucket	738	Service not available
Central Falls	307	Service not available
Woonsocket	270	14
Newport	475	Service not available
West Warwick	270	Service not available

Early Head Start is a comprehensive early childhood program-serving children prenatal to age three. There are six Early Head Start grantees in the state and two provide some home based services. Home based Early Head Start provides weekly home visits to support child development.

Home Visiting Model or Approach: Varies by program. Models identified include Parent as Teachers and Partners for Healthy Baby.

Services Provided: Children receive comprehensive services that address the education, health and emotional growth of the child. Services provided include: health, dental health, mental health, and nutrition. In addition, Early Head Start provides services for families including intensive social services, parent education programs and opportunities for parents to become actively involved in the Head Start program.

Recipients of Services: Pregnant women and children up to age 3 with income less than 130% of Federal Poverty Level, Department of Children Youth and Families foster child, Family receives SSI or Temporary Assistance to Needy Families, Homeless Families, 10% over income, 10% special need.

Targeted Goals /Outcomes: To promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and to promote healthy family functioning.

Demographic characteristics: Data not available

Number of Families served: In 2009 in Rhode Island, federal funding for Early Head Start enabled services to be provided to 376 children, approximately 4% of the 9,365 income-eligible children ages birth to three and their families.

Geographic area served: Bristol, Burriville, Central Falls, Coventry, Cranston, East Providence, Jamestown, Johnston, Middletown, Newport, North Providence, Portsmouth, Pawtucket, Smithfield, Tiverton, Warren, Warwick, and West Warwick.

Communities at Risk	Early Head Start	
	Number Eligible (2009)	Number Served (2009)
Providence	7,397	55
Pawtucket	2,765	50
Central Falls	933	48
Woonsocket	2,041	Service not available
Newport	996	70
West Warwick	385	56

Rhode Island Parents As Teachers Program (PAT) is coordinated statewide by the Rhode Island Parent Information Network. There are 13 different Rhode Island agencies implementing Parents as Teachers.

Home Visiting Model: Parents as Teachers

Services Provided: Parents as Teachers (PAT) is a home visiting program designed to provide all parents of children from before birth to age three with the information and support they need to give their child the best possible start in life. PAT services include home visits, group meetings, screenings, and resource networks.

Recipients of Services: All families with young children including pregnant women.

Targeted Goals /Outcomes: To increase parent knowledge of early childhood development and improve parenting practices, detect developmental delays and health issues early, prevent child abuse and neglect, and increase children’s school readiness and success.

Demographic characteristics: Data is currently unavailable.

Number of Families served: In 2009, a total of 20 pregnant women and 836 children were enrolled in Parents as Teachers.

Geographic area served: Chariho, Woonsocket, Cranston, Providence, Foster, Middletown, Newport, N. Kingstown, Pawtucket, Tiverton, Warwick, Westerly, Bristol and Warren.

Communities at Risk	Parents As Teachers (PAT)	
	Number Eligible (2009)	Number Served (2009)
Providence	7,397	30
Pawtucket	2,765	16
Central Falls	933	Service not available
Woonsocket	2,041	121
Newport	996	78
West Warwick	1,146	Service not available

Rhode Island Home Instruction for Preschool Youngsters (HIPPY) is a parent involvement and school readiness programs that help parents prepare their children for success in school and beyond. There are 3 HIPPY sites in Rhode Island.

Home Visiting Model or Approach: Home Inventory for Parents of Preschool Youngsters (HIPPY)

Services Provided: A developmentally appropriate curriculum with role-play is the method of teaching. Parents are provided with materials and tools that enable parents to work directly with their children. Group meetings are two hours long and intended to bring parents together to share their experiences.

Recipients of Services: Children ages three to five years of age.

Targeted Goals /Outcomes: Promotes school readiness and early literacy through parental involvement.

Demographic characteristics: In 2009, seventy-two children were 3 years of age, one hundred and nine were 4 years of age and seventy-five were 5 years of age. Of the 256 children, parents reported 98 Caucasian/White, One Hundred and twenty nine Hispanic, eight African American, four Asian and seventeen reported as other.

Number of Families served: In 2009, 256 children were enrolled in HIPPY. 42, in Johnston, 39 in Cranston, 66 in Central Falls, 109 in Pawtucket.

Geographic area served: Central Falls, Cranston, Johnston, and Pawtucket, Rhode Island.

Communities at Risk	Home Instruction for Preschool Youngsters (HIPPY)	
	Number Eligible (2009)	Number Served (2009)
Providence	6,885	Service not available
Pawtucket	3,168	109
Central Falls	910	66
Woonsocket	1,849	Service not available
Newport	898	Service not available
West Warwick	1,186	0

Families First: Pair’s mothers of infants with highly trained volunteer mentor mothers. Some mothers may be 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, financial stress, health issues, or single parenting. Other moms may be experiencing, or are at risk for, postpartum depression (PPD), or an anxiety disorder.

Home Visiting Model or Approach: None identified

Services Provided: Monthly social and educational events are held. Families are connected with resources to support mothers as they face the challenges of parenting, postpartum depression and anxiety.

Recipients of Services: Pregnant women in the late stages of pregnancy or with a child up to 11 months old.

Targeted Goals /Outcomes: To connect women with resources in their communities, provide support and guidance to mothers, and to reduce the incidence of postpartum depression and anxiety.

Demographic characteristics: Of the 179 families currently enrolled in Families First, 3% are 17-20 years of age, 46% 21-30 years of age, 45% 31-40 years of age and 6% over 40 years of age. 9% reported Black/African American, 15% Hispanic, 66% White Caucasian and 10% other. 4% < 8th grade, 8% some High School, 29 % HS Diploma/GED, 30% Some College/AA, 18% College Degree and 11% reported having an advanced degree.

Number of Families served: In 2009, 89 families were served.

Geographic area served: Statewide

Communities at Risk	Families First	
	Number Eligible	Number Served (2009)
Providence	Not Available	58
Pawtucket	Not Available	13
Central Falls	Not Available	7
Woonsocket	Not Available	11
Newport	Not Available	0
West Warwick	Not Available	0

(Program for which home visiting is a component)

Family Care Community Partnerships managed by the Department of Children Youth and Families, the Family Care Community Partnerships (FCCP) are managed by 4 lead agencies assigned to 4 regions of Rhode Island. Launched in January 2009, the FCCP's are designed to prevent child abuse and neglect and support emotional, physical and overall needs of families with children under age 18. Services are individualized to meet each family and include "high-fidelity wrap-around services." Services are provided in the home and other sites.

Home Visiting Model or Approach: High-fidelity wrap-around services.

Services Provided: Regionally based care coordination, community-based single service referrals, and an array of community-based services and supports delivered in the context of a wraparound. Care coordination takes place during home visits and through a wraparound process and referrals are made to community based services and supports.

Recipients of Services: The following three populations of children and families are eligible to access the services and supports through the FCCP: 1) Families with children and youth who are at risk for child abuse, neglect and or dependency and DCYF involvement, 2) children birth to age 18 years old who meet the criteria for having a serious emotional disturbance, 3) youth concluding sentence to the Rhode Island Training School (RITS) who agree to participate, including youth leaving the RITS and youth leaving temporary community placement.

Targeted Goals /Outcomes: The primary goal has been to redesign service delivery by utilizing wraparound and natural supports to preserve families, enhance home and community based intervention, prevent-out-of-home placement and formal involvement with DCYF.

Demographic characteristics: Of the 1208 families seen in 2009, 598 were from single female households, 369 completed high school/GED, 53% reported being Caucasian/White, 24% Hispanic and 11.3 % African American. In 2009, 478 of children served were 0-5 years of age, 344 6-11 years of age and 345 12-17 years of age.

Number of Families served: In 2009, 1208 families were referred to FCCP, 644 Referred to High-fidelity wrap-around services, 488 referred to Non- High-fidelity wrap-around services, 24 deferred from service, 55 families declined service.

Geographic area served: Statewide Partnerships are managed by 4 lead agencies assigned to 4 regions in the state: Northern, Urban Core, East Bay and West Bay.

Communities at Risk	Family Care Community Partnership (FCCP) (Program for which home visiting is a component)	
	Number Eligible	Number Served (Ages 0-5)
Providence	Not available	115
Pawtucket	Not available	62
Central Falls	Not available	19
Woonsocket	Not available	63
Newport	Not available	13
West Warwick	Not available	Data not available

(Program for which home visiting is a component)

Youth Success serves pregnant and parenting teens that are cash recipients or medical assistance recipients. Department of Human Services manages this program. The Youth Success project was recently re-bid and awarded to the Rhode Island Community Action Association to cover the entire state.

Home Visiting Model or Approach: None Identified

Services Provided: Assist teens in developing daily living skills, social skills and completing secondary education and/or a GED; which increases stability, self-awareness, job-readiness and employability. Youth success teaches participants about child growth and development and how they can assist their children to successfully learn and grow.

Recipients of Services: Youth Success serves pregnant and parenting teens that are cash assistance or medical assistance recipients. Clients must remain in program until receive HS diploma /GED or reach age 20. At risk and Medical Assistance teens are voluntary.

Targeted Goals /Outcomes: The main goals are to help teens succeed in school and increase employment, to improve parenting and prevent a 2nd pregnancy, and to improve long term self – sufficiency.

Demographic characteristics: Of the 791 clients seen in 2009, 774 were female and 17 were male, 344 reported being Hispanic Latino, 360 Not Hispanic/Latino, and 87 had no response. The mean age (SD) was 18.01. Mean length of services was 8.77 months.

Number of Families served: From April 1, 2009 to December 31, 2009 791 clients were active in the Youth Success program. A large percentage of clients (71.96%) reside in the core cities of the state (Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket).

Geographic area served: Statewide. There are nine 9 participating Youth Success agencies in Rhode Island.

Communities at Risk	Youth Success (Program for which home visiting is a component)	
	Number Eligible (2009)	Number Served (2009)
Providence	2,231	266
Pawtucket	667	99
Central Falls	329	64
Woonsocket	460	99
Newport	136	26
West Warwick	161	18

The lack of intensive, comprehensive services for low-income, multiple-risk families in Rhode Island including but not limited to teen parents is well documented. In 2005, Rhode Island KIDSCOUNT catalogued the existing state and federally-funded home visiting programs serving families with young children in an *Issue Brief* entitled *Parenting and Family Support*. The majority of available programs in Rhode Island lack the depth, duration, capacity and resources to meet the complex developmental needs of multi-risk families and their children.

In Rhode Island currently there are many home visiting programs in the state that play a role in meeting the needs of families. Some of these home visiting programs have demonstrated evidence of improving outcomes for vulnerable young children and families (e.g. *Early Head Start and Nurse Family Partnership*), others are working to build more evidence (e.g. *Parents as Teachers*), and others are emerging models informed by research. Some programs are designed as low dosage interventions to identify needs and connect families with community resources, such as the Rhode Island Department of HEALTH’s home visiting program *First Connections*. Others home visiting programs are focused interventions designed to help children with specific difficulties (the state’s Early Intervention IDEA Part C Program) or to help teen mothers comply with TANF/RI work requirements (the state’s *Youth Success Collaborative*). Some relevant programs are not evidence home visiting models but can provide critical family support (*Family Care Community Partnerships*) and high-fidelity wrap services to vulnerable families either in the home or in other community settings.

Home visiting for pregnant and parenting families, as it currently exists in Rhode Island is characterized as a small number of programs that provide services but are too narrowly defined to be considered a true home visiting system. The current models are limited in scope by their own eligibility requirements (for example, prenatal home visiting), lack of financing, and geographic issues. There is a lack of consistent integration and knowledge between programs, which causes at risk families to not qualify or be aware of home visiting services. Home visiting programs in Rhode Island lack funding, which means that few programs exist in the state to meet even the needs of those who qualify.

The Department for Children Youth and Families is the lead agency for the Community-Based Child Abuse Prevention (CBCAP) federal funds, which are allocated through Title II of the Child Abuse Prevention and Treatment Act (CAPTA). These funds are used to support broader systems development and improvement; aimed at ensuring the development and/or expansion of effective prevention programming, and public awareness activities. Unmet needs identified from Title II of the CAPTA inventory include evidence-based programming designed to promote parenting skill development and protective factors, including parent education groups/series, in-home mentoring programs, as well as, child abuse and/or neglect prevention program for fathers. In 2010 two programs were funded to support evidence based home visiting in two high-risk communities, Providence and Woonsocket. In 2009, there were 1485 children under the age of three who were the subject of a CPS investigation. Of the Department of Children Youth and Families reported, 649 children under the age of three met the CAPTA criteria, 196 were identified as already involved with Early Intervention, 320 (71%) were referred to Early Intervention, and 133(29%) were referred to HEALTH's First Connection's Program. Due to the current lack of intensive comprehensive services for multiple-risk families many children who are not eligible for Early Intervention or referred to First Connections Home Visiting Program are often placed on long waiting lists in high risk communities (for example Early Head Start) or do not meet the criteria for other community based parenting support programs such as Nurse Family Partnership, or a home visiting program/service is unavailable for families to access.

Home visiting capacity within cities identified as most at risk varies. In Central Falls:

the majority of the available programs lack the depth, duration and capacity and resources to meet the complex developmental needs of multi-risk families and their children. In Central Falls in 2009 the total number of births was 354. Of those 97% were born at risk and 10% were born at highest risk. (Infants born to a single mother who is under age 20 and with out a high school diploma.). The First Connections program, a statewide low dosage home visiting program, which provides 1-3 home visits during the newborn and infancy period regularly identifies families that are interested in participating in home visiting programs such as Early Head Start such as, however, the waiting list is 6 to 9 months in length. The Nurse Family Partnership's current capacity is 100 families in the Urban Core. (Pawtucket, Central Falls, Providence and Cranston), however, the current number of young women eligible in Central Families is 99.

In Providence also the majority of the available programs lack the depth, duration and capacity and resources to meet the complex developmental and cultural needs of multi-risk families and their children. In Providence in 2009, over 3,800 children were eligible to be enrolled in Early Head Start, yet only 1% of these eligible children have access. The Parents as Teachers Program, which provides monthly home visits designed to provide parent education and support to improve child development birth to three currently serves 30 families yet there are more than 7,000 children under the age of 3 in Providence. It should be noted that prenatal home visiting is almost non-existent in Providence, as well as, the other core cities such as Central Falls and Woonsocket.

As with Providence and Central Falls the majority of the available programs in Woonsocket cannot meet the complex developmental needs of multi-risk families and their children. In Woonsocket, Birth to Teens, ages 15-19, 2004-2008 was 65.2 %. Youth Success, a program designed to help teen mothers comply with Rhode Island's school/work requirements, lacks the depth and resources to meet the needs of young women. In Woonsocket in 2009, over 400 teen mothers were eligible yet 99 participated in the program. Currently there is no Early Head Start or Nurse Family Partnership program available to families in Woonsocket.

Besides specific programs, statewide infrastructure to sustain and expand evidence based home visiting programs and models that connect to the broader system of early childhood programs and services has also been identified as a gap. Standardized assessments are not used, referrals may or may not result in a family participating in services, outcomes differ significantly among programs, and there is no way to track over time what and how much of a given service a

family received. As indicated in our initial application HEALTH and DCYF (Department of Children, Youth, and Families) will convene a Leadership Council for family support structured similar to the entity created through the Head Start legislation for an Early Learning Council. This Leadership Council will be the advisory body for family support programs in Rhode Island, which will include home visiting. Goals of the Leadership Council will include, program standards evaluation and quality assurance professional development and technical assistance, Early Childhood Partnerships and Collaboration, Public Engagement, Administration and Governance, Financing and Sustainability.

5. CAPACITY FOR PROVIDING SUBSTANCE ABUSE TREATMENT AND COUNSELING SERVICES TO INDIVIDUALS AND FAMILIES IN NEED OF SUCH TREATMENT (Appendix D).

The difference between the number of Rhode Islanders suffering from addiction and the number who actually receive the substance abuse treatment that they need is the “Addiction Treatment Gap.” According to SAMHSA estimates, approximately 100,000 Rhode Islanders suffer from addiction, but only 12% access the care that they need. Specifically, 74,000 Rhode Islanders need, but are not receiving treatment for alcohol use (8.23% of the population) and 29,000 Rhode Islanders need, but are not receiving treatment for drug use (3.25% of the population). This is the highest percentage in the nation.³⁴

Addiction is a chronic disease that can be successfully treated in a manner that significantly lowers healthcare costs, criminal justice costs, and other governmental and private spending, while helping people who are suffering from addiction to return to fully productive lives within our community. Nationwide, more than 1.7 million emergency department visits a year are associated with drug use. Caring for those suffering from untreated addiction and its devastating consequences – in emergency departments, in prisons and elsewhere – costs the U.S. 12 times what it would cost to provide those same people with the addiction treatment they need.

Addiction is not only a problem for those who suffer from it – it is a community-wide problem. The impacts of addiction span across all aspects of a community; including public safety, finance, healthcare, as well as the overall economy. By making a collaborative effort to close the addiction treatment gap, we will be building a stronger, healthier community, to the benefit of all Rhode Islanders. Rhode Island’s Closing the Addiction Treatment Gap (CATG) Coalition is a collaboration among diverse stakeholders—including emergency room doctors,

child welfare advocates, religious leaders, educators, treatment centers and providers, prevention advocates, and other healthcare organizations—to expand access to drug and alcohol treatment in Rhode Island for all individuals who needs it. The Rhode Island CATG Coalition was officially launched in June 2009, and is supported through a generous grant from the Open Society Institute (OSI) of the Soros Foundation. The Rhode Island grant is one of eight demonstration grants awarded across the country.

As shown in Appendix D the Substance Inpatient and Outpatient Facilities Table for Rhode Island, in this small state there are over 50 different locations providing outpatient substance abuse treatment and counseling and 15 providing inpatient services. Despite all these services, there are still waiting lists for intensive outpatient and for both men’s and women’s long term residential services. Two of the 6 core cities (West Warwick and Central Falls) have no specific Substance Abuse Treatment services available.

Data from surveying the substance abuse treatment providers listed in Appendix D and from a focus group of key providers of substance abuse services to individuals and families, identified several specific gaps in services for Rhode Island which fall into the general themes of: Family-Friendly Services, Justice and Corrections, and Fragmentation.

The need for “Family-Friendly” services was described by stakeholders in the state as services that would treat substance-abusing individuals within the context of the family. Currently, there are few “Women-only” services, although new funding in this area is anticipated for 2011-2014. Women often encounter barriers in finding services or long term residential placements in which they can reside with their children. There is a need in the state for services in which families can remain intact and they do not have to be separated in order to receive services. Families who do not speak English are often at a disadvantage and have difficulty obtaining services. In addition, there are no services that are specifically designed for fathers and their children. Domestic Violence shelters often do not accept women with male children over the age of 12 or women who are on methadone or even some psychotropic medications. Many women are unable to receive services because of these restrictions, which impacts their ability to remain in recovery.

The need for services for women and men being discharged from or involved in the legal system has also been identified as a significant need in Rhode Island. For women and men coming out of the prison system, there is little or no discharge planning for anyone discharged

who has been incarcerated for less than 6 months. Although some long term residential treatment is available, there is no parent education related to substance abuse, no parent re-training available, and no ability to keep their children– which discourages some individuals from taking advantage of the services. In addition, a need for increased transitional assistance and transitional housing has been identified. Pregnant women in the corrections system currently are being identified and the goal is to have all women in Rhode Island incarcerated at any point in their pregnancies receive intensive home visiting services. Finally, court-ordered substance abuse treatment can also be problematic and the need for increased education of judges, lawyers, and probation officers is identified as an additional need in Rhode Island. Sometimes the court-ordered treatment is not one for which the individual is eligible. If the individual is court-ordered to enter inpatient substance abuse treatment, for instance, but they do not meet the admissions criteria for inpatient services, and therefore are rejected, they may not be able to comply with the court-ordered treatment. Long delays and problems with reunification with families, relapse, and legal issues can result.

Finally, the issue around fragmentation of the system was identified for Rhode Island as an unmet need. There is a need for increased inter-connectedness over time and help, “connecting the dots.” The need for increased transitional assistance exists, as does a need for a centralized system for identifying openings, and a way to track individuals over time and across services. If a mother is receiving services, for instance, there is no way for the Outpatient Treatment and Case Management services to know if a mother’s infant or child is receiving the services to which they have been referred. They rely only on parental self-report. There is very little communication between services and agencies working in the same system and they may be unaware of the other services in the community that may their clients. An increase in linkages between services and in coordination of care is identified as a primary concern for substance abuse treatment capacity in Rhode Island.

Several services in Rhode Island are dedicated to serving individuals and families at risk. A few examples of the specialized services include: SSTARBIRTH, Project Link and Project Connect. SSTARBIRTH is the only residential substance abuse treatment program in the state specifically designed for pregnant and postpartum women and their children. They allow for 9-12 months of treatment and also offer outpatient services, individual and family counseling. Project Link is an intensive outpatient treatment program that specializes in improving the health

and well-being of pregnant women and women with young children who are impacted by substance abuse and mental health issues. Project Connect is the only program in the state that works with the child protective services, Department of Children Youth and Families (DCYF), to keep children safe and strengthen families by helping parents involved with DCYF achieve a substance-free lifestyle. Project Connect interfaces with families with a history of substance abuse, and children ages 0-3, with intensive home visiting services and outpatient substance abuse support.

6. SUMMARY OF THE NEEDS ASSESMENT DATA

Collecting and compiling data for the needs assessment was both informative and challenging. Collecting data at the level of city and town for some of the indicators was not possible for this needs assessment, this was particularly true for some of the substance abuse information. Gathering this data is a goal for the future. Collecting data from other state agencies can be difficult and state agency systems do not at this point interface well if they interface at all. CAPTA data was less detailed than anticipated, as was data from some of the Head Start needs assessments, although some of these were of high quality, and extremely informative. Data on crime in Rhode Island is not sufficiently detailed by city and town to be useful at this point in time. Data on domestic violence is not reported in a standard way nationwide. In Rhode Island this data needed to be gathered from the Supreme Court and is not broken down by city and town. However, data in Rhode Island is readily available for most of the indicators in this assessment by city and town. When possible, getting down to an even greater level of detailed analysis may also be beneficial, as the city of Providence, for instance, is divided into several distinct neighborhoods which vary greatly in need and composition.

The findings of the Home Visiting Needs Assessment indicate that although Rhode Island has many strong maternal and child health programs, that there is still a great deal of work to be done. Rhode Island is last in New England for teen birth rate, for instance, many of these infants being born “at highest risk” or with the triple risk factors of born to a mother under the age of 20, unmarried and with fewer than 12 years of education. More than one in three children living in the core cities lives below poverty. Providence has the third highest poverty rate in the country, tied with New Orleans at 41% of all children. Students living in the core cities are more than twice as likely to drop out of high school as students in the remainder of the state. Less than half of students (47%) in Central Falls, for instance, graduate from high school. Rhode Island also

ranks among the states with the highest percentages of adolescents and adults reporting use of illicit drugs and alcohol. The unemployment rate in Rhode Island stands currently at 12.9% ranking 9th from the bottom currently in the U.S., and worst in New England.

Racial and ethnic disparities throughout the state mirror the nation, with significant differences observed between racial and ethnic categories. Black/African American children, Hispanic children, and American Indian children in Rhode Island have increased risk factors and face multiple challenges at higher rates than White, Non-Hispanic children. Children living in the core cities, as well, face substantially greater risk factors than those outside the core cities.

The communities identified for Rhode Island as particularly at risk are 3 of the Core Cities. This was determined by comparing the core cities, and the indicators (ranking the indicators) enabling us to determine which core cities were most at risk according to available data. For example Central Falls had the highest rate of teen births, High School drop out, and Poverty, with the least resources to address these poor indicators. The communities at highest risk and with fewest resources are Central Falls, Woonsocket and Providence. For many of the indicators identified, Central Falls had the highest percentage of citizens at risk in the state. Woonsocket had the highest rates of premature births, low birth weight babies, children with multiple risk factors and child maltreatment. Providence has high rates of premature births, infant mortality, lead poisoning and crime. For almost every variable listed, these core cities show an increased risk profile and significantly more need for services. The children in these communities face multiple risk factors and have been identified as those most able to benefit from intensive, evidence-based home visiting programs

Key informant interviews regarding unmet needs in Rhode Island confirmed the needs within the core cities and also highlighted the need for programs for substance abusing individuals with young children, and coordinating care with families and the greater community. Home visiting programs that incorporate an element, which connects the family to the community and ensures wrap around type services were highlighted as needed. Finally home visiting programs for children with social emotional disturbances are virtually non-existent, but much needed, as are home visiting programs for mothers with significant mental illness.

Rhode Island will use the data, leadership from state and community agencies, and community partners and consumers, to assist in determining in which communities home visiting services will be implemented. The Rhode Island Department of Health is currently working to

incorporate a health equity framework, and a life course approach through which all programs and services are evaluated. As evidenced by this needs assessment there are significant racial and ethnic disparities within the indicators. The communities at highest risk will need to be analyzed further and information from community members will need to be considered. This work is ongoing and will be expedited, as soon a list of evidence-based programs is available. Rhode Island must acknowledge that at this point in time all of the needs identified in this assessment cannot be met with available funding. However, through the needs assessment, there were areas of integration and coordination that were identified as possible immediately, such as sharing program information. It will continue to be a goal for Rhode Island to look both at implementing new home visiting programs and also identify areas of coordination where resources can be maximized. Rhode Island has communities with significant needs and home visiting resources will need to be allocated wisely to ensure that any program implemented will be able to achieve outcomes. Rhode Island looks forward to the next phase of the project.

ENDNOTES

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- ¹ U.S. Census Bureau: *State and County QuickFacts*. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report.
- ² IOM. 2007. Preterm Birth: Causes, Consequences and Prevention. Washington, DC: The National Academies Press.
- ³ 2010 *Rhode Island KIDS COUNT Factbook*. (2010). Providence, RI: Rhode Island KIDS COUNT.
- ⁴ RI Child Death Review Team (RICDRT), 2009.
- ⁵ 2010 *Rhode Island KIDS COUNT Factbook*. (2010). Providence, RI: Rhode Island KIDS COUNT.
- ⁶ Ibid.
- ⁷ Ibid.
- ⁸ Ibid.
- ⁹ 2010 *Rhode Island KIDS COUNT Factbook*. (2010). Providence, RI: Rhode Island KIDS COUNT.
- ¹⁰ The Kaiser Family Foundation, statehealthfacts.org. Data Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2008 and 2009 Current Population Survey (CPS: Annual Social and Economic Supplements).
- ¹¹ Ibid.
- ¹² U.S. Census Bureau. Data Source: 2006-2008 American Community Survey 3-year Data.
- ¹³ 2010 *Rhode Island KIDS COUNT Factbook*. (2010). Providence, RI: Rhode Island KIDS COUNT.
- ¹⁴ 2010 *Rhode Island KIDS COUNT Factbook*. (2010). Providence, RI: Rhode Island KIDS COUNT.
- ¹⁵ Bureau of Justice Statistics, Prison and Jail. Inmates at Midyear 2005.
- ¹⁶ RIKC 2010
- ¹⁷ Ibid.
- ¹⁸ Center for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data (BRFSS RI)*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008.
- ¹⁹ U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration (SAMHSA): Drug and Alcohol Services Information System (DASIS). State Estimates of Substance Use from the 2007-2008, National Surveys on Drug Use and Health
- ²⁰ Ibid
- ²¹ U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration (SAMHSA): Drug and Alcohol Services Information System (DASIS). <http://oas.samhsa.gov/dasis.htm>.
- ²² Center for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data (BRFSS RI)*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008.
- ²³ RI SALT Survey, RI Department of Health, 2007.
- ²⁴ 2010 *Rhode Island KIDS COUNT Factbook*. (2010). Providence, RI: Rhode Island KIDS COUNT.
- ²⁵ Bureau of Labor Statistics. *Current Population Survey (CPS)*. Rhode Island: Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, marital status, and detailed age, 2006 annual averages.
- ²⁶ RI Supreme Court Domestic Violence Training and Monitoring Unit. Based on data from Domestic Violence and Sexual Assault / Child Molestation Reporting Forms, 2004-2008.
- ²⁷ U.S. Census Bureau. Data Source: 2006-2008 American Community Survey 3-year Data.
- ²⁸ Us Census data 2000
- ²⁹ U.S. Census Bureau. Data Source: 2006-2008 American Community Survey 3-year Data
- ³⁰ Children's Friend and Service, Early Head Start Expansion Needs Assessment ,2009
- ³¹ U.S. Census Bureau. Data Source: 2006-2008 American Community Survey 3-year Data
- ³² Ibid.
- ³³ Ibid
- ³⁴ : 2006 Estimates, SAMHSA, National Survey on Drug Use and Health (NSDUH)