



**Rhode Island Public  
Expenditure Council**



# **Social Safety Net Study For Rhode Island**

**- Data Analysis Summary and Conceptual Framework -**

**June 2009**



**RIPEC Rhode Island Public  
Expenditure Council**



**United Way of Rhode Island**

In the fall of 2008, United Way of Rhode Island (UWRI) and the Rhode Island Public Expenditure Council (RIPEC) jointly embarked upon a study designed to better understand the characteristics and components of the social safety net of Rhode Island. At the start of the process, the goal of the study was to define the current safety net and identify the characteristics of a comprehensive safety net for Rhode Island. To develop the analysis of the social safety net we conducted comprehensive research on demographic and enrollment trends and their impacts on various programs, as well as analysis on eligibility and benefit levels, and expenditure trends.

The set of government-funded programs that comprise the social safety net reach many different populations and have numerous different components. Programs run from support of dire needs, e.g., food stamps, to programs that are designed to help individuals obtain and maintain stable employment, such as child care and the Earned Income Tax Credit. There are still other programs to provide temporary support to individuals and families in order to keep them from needing more intensive services, including Temporary Disability Insurance and Unemployment Insurance. Together, these programs, along with others (Medicaid, housing and homeless supports, TANF, etc.) are often referred to as the social safety net.

The social safety net is a complex issue, serving a variety of populations across a collection of programs. The programs serve people who are fully dependent on it due to significant chronic illness, while also serving people who can work but need supplemental income or other supports because they cannot earn enough to be financially independent. The social safety net also provides services to the chronically poor, support services to people who are temporarily unemployed, health care services to low-income children and families as well as seniors and people with disabilities, and long-term care for people in nursing homes and home- and community-based programs through the Medicaid program. Almost one out of five Rhode Islander's receives services through Medicaid.

To offer a conceptual framework and to organize the report, the safety net programs have been divided into three sections:

- Dire Needs;
- Basic Stabilization Programs; and
- Workforce Development and Increasing Self-Sustainability.

Meeting dire needs is at the core of the safety net and provides for the most basic needs to help people survive, such as shelter, food and emergency care. In addition, there are also services that provide for fundamental needs. Programs included here are food stamps and programs to prevent homelessness. Furthermore, there are also income support programs designed to help families meet these basic needs, including Rhode Island Works, Supplemental Security Income and General Public Assistance.

Once an immediate crisis has been managed and dire needs are met, basic stabilization programs should stabilize families and individuals so that they can assume increasing responsibility for their own well-being. Another important link is workforce development. This part of the safety net should help people find or keep employment in order to reach self-sustainability. The report lists some specific observations that should be considered when discussing workforce development programs.

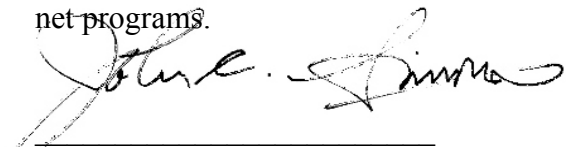
The social safety net has a significant impact on the State's budget and the economy. In the enacted fiscal year 2010 budget, for instance, grants and benefits account for 46 percent of State and federal spending in Rhode Island. While spending on these initiatives has always constituted a significant portion of the State's budget, the composition of this spending has changed over time. In Rhode Island, based on Census data, of the growth in spending between 1992 and 2006, 90 percent of social service spending went to support Medicaid. Within Medicaid, however, there is a significant difference in average annual Medicaid costs per year across beneficiaries: In fiscal year 2006, approximately 30 percent of Medicaid beneficiaries (elderly, adults with disabilities, and children with special health care needs) accounted for 79 percent of total spending in Rhode Island. Similar trends can be found in other states as well.

All these findings illustrate that we need to rethink what we are trying to accomplish with the social safety net programs. Furthermore, because services are delivered to a variety of populations across a spectrum of need, the service delivery process appears to be fractured, which can dilute the comprehensive effect of some of the programs. For example, programs of the safety net are administered by multiple offices of State government. Even within agencies, access to multiple programs often requires multiple applications. To analyze the service delivery system would have been beyond the scope of this study; however, we believe this is a critical component for an effective and efficient social safety net. Therefore, we recommend this area for further study to address what could be done to reduce potential redundancies and barriers to access for the social safety net programs.

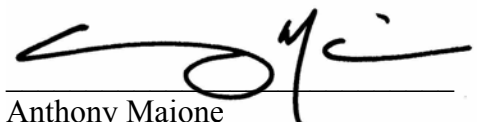
RIPEC and United Way formed an Advisory Group consisting of social service providers, representatives from labor, business community, academia, community and faith-based organizations. We would like to acknowledge the important and invaluable input of the Advisory Group in the endeavor and thank them for their advice.

In addition, various meetings with providers, consumers and key community volunteers have been held to better understand how the social safety net works. We would like to thank all of the participants for their input.

RIPEC and United Way are pleased to present this very important and timely report which will provide decision-makers with critical information as they make policy choices for the social safety net programs.



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## **I. Introduction**

The composition, implications and cost of the social safety net is often the basis for vigorous, if not contentious debate. The set of government-funded programs that comprise the social safety net reach many different populations and have numerous different components. Programs run from support of dire needs, e.g., food stamps, to programs that are designed to help individuals obtain and maintain stable employment, such as child care and the Earned Income Tax Credit. There are still other programs to provide temporary support to individuals and families in order to keep them from needing more intensive services, including Temporary Disability Insurance and Unemployment Insurance.

Together, these programs, along with others (Medicaid, housing and homeless supports, TANF, etc.) are often referred to as “the social safety net.” This term, however, means different things to different people and, given the fiscal and social costs related to these programs, the Rhode Island Public Expenditure Council (RIPEC) and the United Way of Rhode Island (UWRI) embarked upon a study in the fall of 2008 designed to better understand the characteristics and components of the social safety net in Rhode Island.

RIPEC and United Way formed an Advisory Group consisting of social service providers, representatives from labor, business community, academia, community and faith-based organizations. The members of the Advisory Group are listed in the following section. Over the course of the study, various meetings of the Advisory Group were held to discuss the findings of the analysis. We would like to acknowledge the important and invaluable input of the Advisory Group in the endeavor.

In addition, various meetings with stakeholders have been held to better understand how the social safety net works. Over the course of a few weeks, United Way organized six meetings around the State with providers, consumers and key community volunteers. The focus of these meetings was on the components of the social safety net, what the various groups perceived regarding how social programs worked and barriers to these programs operating in an optimal way. A more comprehensive synopsis of these meetings is provided in the full report.

At the start of the process, the goal of the study was to define the current safety net and identify the characteristics of a comprehensive safety net for Rhode Island. The safety net is a complex issue, serving a variety of populations and needs. The programs serve people who are fully dependent on it due to significant chronic illness, while also serving people who can work but need supplemental income or other supports because they cannot earn enough to be financially independent. The social safety net also provides services to the chronically poor, support services to people who are temporarily unemployed, health care services to low-income children and families as well as seniors and people with disabilities, and long-term care for people in nursing homes and home- and community-based programs through the Medicaid program.

Our review of these programs also indicated that there does not appear to be a cohesive vision regarding the goals of a safety net, and accountability measures for many of these programs could be improved. Because services are delivered to a variety of populations across a spectrum of need, the service delivery process appears to be fractured, which can dilute the comprehensive effect of some of the programs. This has been particularly mentioned by participants of the community focus groups. Participants in these groups stated that the programs of the social safety net are administered by multiple offices of State government and that even within a single agency accessing different programs can require separate applications. As a result, the process can be long and complex for applicants, while being inefficient and potentially redundant for the government.

The social safety net also has a significant impact on the State's budget. A major driver of the State budget is the grants and benefits category. In the enacted FY 2010 budget, grants and benefits account for 46.0 percent of all spending in Rhode Island. Programs include Medicaid, which accounts for the majority of spending for grants and benefits programs, other medical assistance programs, the Rhode Island Works program, child care subsidies, and unemployment benefits.

While spending on these initiatives has always constituted a significant portion of the State's budget, the composition of this spending has changed over time; United States Census data point to a shift in the composition of spending on low-income families from non-health to health programs, such as Medicaid. This shift has been experienced across the country. In Rhode Island, of the growth in spending for social service programs between 1992 and 2006, the most recent year for which data were available from the Census for national comparisons, 90.0 percent went to support Medicaid. Within Medicaid, there is a significant difference in average annual Medicaid costs per year across beneficiary categories: Based on Rhode Island Department of Human Services (DHS) data, in FY 2006, approximately 30.0 percent of Medicaid beneficiaries (elderly, adults with disabilities, and children with special health care needs) accounted for 79.0 percent of total spending in Rhode Island.

The national economy, along with Rhode Island's has changed dramatically since we began this research. The State is in a recession and has one of the highest unemployment rates in the country. This will have an impact on the people needing services, as well as on the State's ability to pay for them.

Nevertheless, what has been accomplished with this study is comprehensive research and analysis around a number of critical social needs confronting Rhode Islanders. Additionally, we provide a conceptual framework to guide policymakers as they discuss the levels of support for these various programs and define the role of government in meeting the needs of its most vulnerable populations. We believe that the study is particularly relevant given Rhode Island's current fiscal challenges and the worsening economic conditions in the State and the nation.

One should note that this analysis includes only federally- and State-funded programs. It does not include programs provided by community organizations, other non-profit organizations, or faith-based organizations, all of which provide important services to

Rhode Islanders in need. Many of these organizations receive state or federal funds to provide services. It is recognized that these organizations are the first stop for many, and sometimes also the only assistance some people receive, and are thus crucial in providing support.

The following report provides the foundational tools that are needed to better understand what comprises the social safety net, where gaps are, areas that warrant increased attention, and how the social safety net might be structured. The report is designed to serve as a research tool for policymakers and other stakeholders as the State works to restructure and realign the social safety net.

In addition to this Introduction, the report is divided into seven parts:

- *Conceptual Framework* – This section lays out a conceptual framework to start the process of determining the guiding principles and policies that might constitute an affordable, sustainable, and equitable social safety net for Rhode Island;
- *Highlights of the Report* – This section includes major findings of the report on demographic characteristics, economic data, enrollment trends, eligibility and benefit levels, and expenditures;
- *Demographic Characteristics* – This section provides data on population and population projections, poverty thresholds, educational attainment, health insurance coverage, and the disabled population;
- *Economic Data* – This section provides data on unemployment, characteristics of the unemployed, median housing prices, fair market rents, median family income, and personal income per capita;
- *Enrollment Trends* – This section provides enrollment trends for various social service programs;
- *Eligibility and Benefit Levels* - This section provides data on eligibility and benefit levels for various social service programs;
- *Expenditures* - This section provides data on expenditures for various social service programs.

One should note that this report summarizes the data as they are presented in the complete Data Analysis Report. This summary, as well as the complete Data Analysis Report, can be accessed on RIPEC's website at [www.ripec.org](http://www.ripec.org) and on United Way's website at [www.uwri.org](http://www.uwri.org).

## II. Conceptual Framework for a Social Safety Net for Rhode Island

To provide advice on the analysis, RIPEC and United Way formed an Advisory Group consisting of social service providers, representatives from labor, business community, academia, community and faith-based organizations. The members of the Advisory Group are listed at the end of this section. Over the course of the study, various meetings of the Advisory Group have been held to discuss the findings of the analysis.

The process began with a review of current literature on “safety nets” in the United States. Several authors have reported on the effectiveness of a current, government-sponsored program or group of programs. Others have chosen to propose new “safety net” structures that target different, specific population groups. Through their choices of research areas - including programs, providers, target populations, and current demands – the authors illustrate the myriad definitions of “safety net.” Indeed, a survey of current literature shows more differences than similarities in authors’ approaches to defining this term.

Some researchers define “safety net” as a collection of four social service-oriented programs provided by the government, including Medicaid and the Children Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP, formerly The Food Stamp Program), childcare subsidies, and the Earned Income Tax Credit. Others view a “new safety net” through the lens of the Federal tax system by assessing how Federal, state and local government bodies facilitate participation of eligible enrollees in that system. Still others take a broader view and define “safety net” through the lens of current policies that provide job security and overall economic stability. Such policies include unemployment benefits, income insurance, health insurance, and retraining programs. The full literature review is provided in the Appendix of the full report and can be accessed on RIPEC’s website at [www.ripec.org](http://www.ripec.org) and on United Way of Rhode Island’s website at [www.uwri.org](http://www.uwri.org).

Various government-sponsored programs serve various populations, to varying degrees, including individuals who are:

- Fully dependent due to significant chronic illness or severe disability such that paid work is impossible, as well as the long-term care population;
- Partially dependent due to chronic illness or some degree of permanent disability; includes those who can work to a degree, but need some level of support to work and/or who need supplemental income or supports because they cannot earn enough to be financially independent;
- Temporarily dependent due to illness or accident, but who are expected to recover and resume employment;
- Unemployed due to economic conditions, but fully able to work and expected to return to the workforce (a person who is seasonally unemployed may need no additional supports, but a person who is experiencing a prolonged period of unemployment may need more in the way of help);

- Chronically poor due to poor education, lack of skills, poor work history, substance abuse, or other reasons; and
- Working poor who have low wage jobs and are unable to be self-sustaining without additional support or education.

One should note that to be eligible for the major State/federal public benefit programs (Medicaid/SCHIP, Supplemental Security Income, General Public Assistance, Rhode Island Works, Subsidized Child Care, Supplemental Nutrition Assistance Program, public and subsidized housing) an individual must be a citizen or qualified immigrant. Undocumented immigrants are not eligible for any of these benefits with the exception of emergency Medicaid (for life-threatening conditions), and SCHIP coverage for prenatal care and labor/delivery. Moreover, depending on the program, many lawfully present immigrants either are not eligible at all or have a five-year waiting period before they are eligible.

The process of providing a conceptual framework for a social safety net in Rhode Island has been challenging. The programs that are commonly included in the social safety net - including cash benefits, Medicaid, unemployment benefits, and others - serve a diverse population with very different needs. These services are provided by multiple State agencies. Navigating this system can be a challenge for all participants and stakeholders.

In the process, a range of data relating to Rhode Island's demographics, economic picture, enrollments in various social service programs, and the State's and Federal governments' spending for these programs, have been analyzed. Many questions have been answered, and others have been raised. It has become clear that more work needs to be done to fully understand all of the aspects of a social safety net. However, discussion within the Advisory Group and the various community groups has led to the observations that are listed below. The intent of this conceptual framework is to start the process of determining guiding principles and policies that might constitute an affordable and equitable safety net for Rhode Island.

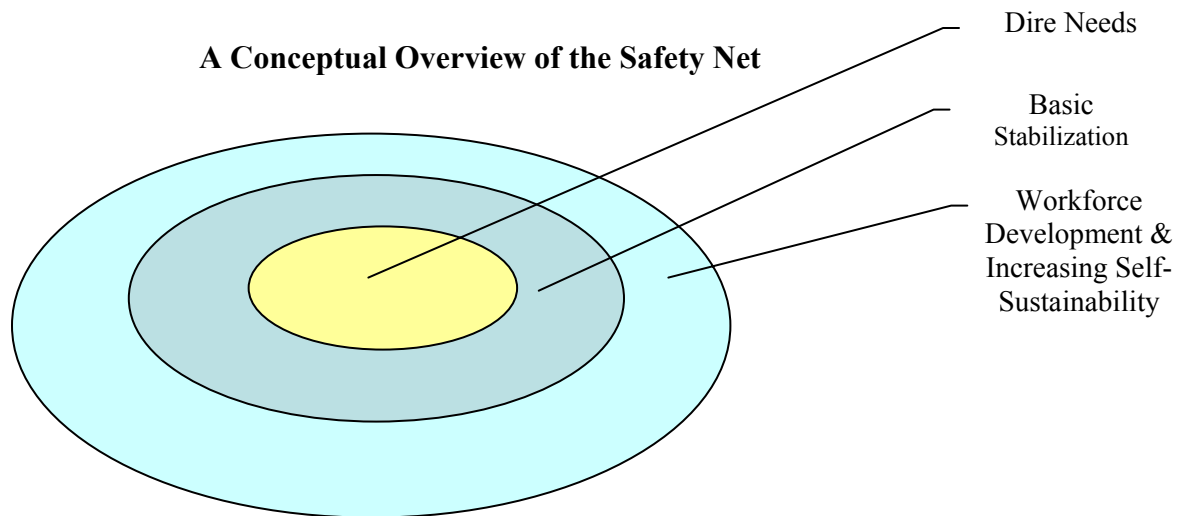
The primary aims of the safety net programs have been divided into three sections:

- Dire Needs;
- Basic Stabilization Programs; and
- Workforce Development and Increasing Self-Sustainability.

The following graph captures what appear to be the primary aims of Safety Net Programs, the key program components and the target populations they reach. However, one should note that at any given time, the population that receives various programs can move from one "circle" to another "circle." Also, while the various social service programs have been categorized into one of the three "circles," this does not mean that they only relate to this circle. For example, the Rhode Island Works program is included under "Workforce Development and Increasing Self-Sustainability" since a major purpose of this program is to move individuals into work and thus self-sustainability. However, Rhode Island Works also serves as a "Basic Stabilization Program" for several

thousand families in which the parent is permanently disabled and receiving SSI benefits and for families in which the children are being raised by a caretaker relative. Rhode Island Works can also help some people out of the dire needs “circle.”

In addition, there are programs that provide support for individuals who are aged, blind or otherwise disabled and have little or no other income or resources (Supplemental Security Income) and the General Public Assistance Program, which is the State’s “general relief” program for adults who do not qualify for other cash assistance. Furthermore, programs such as unemployment benefits and Temporary Disability Insurance address temporary difficulties.



We acknowledge that organizing a social safety net in these three sections is only one way of organizing it and others might categorize it in different ways. For example, a social safety net can be organized around the various populations it serves, from children and families, to the disabled population and the elderly. Another way to organize it is by funding streams; services are provided by Federal and state governments (to a lesser degree by local government), non-profit organizations, faith-based organizations, employers, and others. Furthermore, services can be organized around the providers of these services such as hospitals, community health organizations, physicians, and others.

All these different ways of organizing the programs are valid. Regardless of the way programs are organized, it should not be perceived as the only way since the process is fluid and programs serve different purposes at different times in people’s lives. What is important is that we understand that the social safety net has a far-reaching impact on the people it serves.

This analysis organized the programs in three broad areas as shown above and provides observations for each area. However, there are some principles that apply to all categories.

## **General Principles**

- The desired outcome of the safety net is for people, as much as they can, to be able to help themselves. As policy, people should have their basic needs met and should be encouraged to meet those needs through gainful employment, with decreasing reliance on government supports. It must be recognized, however, that there is a continuum of needed supports that fluctuates over a lifetime and that it is highly likely that many Rhode Islanders will need some kind of help at some point in time. The system that is created must be able to adjust to these fluctuations in need and changes in life circumstances.
- The current social safety net has evolved incrementally over time and there does not appear to be a cohesive vision for what society is trying to accomplish with these social safety net programs. Therefore, the Advisory Group felt it would be important to improve accountability for how government funds are spent for these purposes. One way of doing this is through the establishment of a permanent Blue Ribbon Commission or a joint legislative committee to oversee the design and development of the social safety net over time. The Commission or committee should include representatives from the Executive and Legislative branches, Directors of State Departments, the nonprofit and faith-based communities, the business community, philanthropy, and advocates.
- As participant income rises, government supports should be withdrawn gradually, in order to maintain the provision of basic needs.
- Administration of government supports should be streamlined so that as many resources as possible can be focused on service delivery. There should be a cohesive, integrative source for multiple government-provided supports.
- As a general principle initial assessment should occur once, by one entity. Reassessment should also occur once in a period, by one entity.
- Case management should be approached in a holistic manner and coordinated and streamlined among State agencies.
- Consideration of the relative responsibility of individuals, families, nonprofit organizations and faith-based groups should be included in government's planning for services.

### *Dire Needs*

At the core of the safety net are services that provide for the most basic needs to help people survive, such as shelter, food and emergency health care. These are services the Advisory Group believes should be provided to all people. In addition, there are also services that provide for fundamental needs. Programs included here are food stamps and programs to prevent homelessness. Furthermore, there are also income support programs designed to help families meet these basic needs, including Rhode Island Works, Supplemental Security Income and General Public Assistance.

In thinking about the circumstances in which one might need dire needs supports, it would be easy to assume that government funds expended would primarily go to those who are in dire circumstances. In fact, a majority of the front end of the safety net that pertains to those individuals and families with immediate needs is provided by the nonprofit sector and faith-based communities. One should note that some of these organizations receive State and Federal support for their programs. A family without food or shelter often does not go to a government office first. Although SNAP benefits are available on an expedited basis for individuals in emergency circumstances, community organizations are the first line of support for individuals in dire circumstances and offer immediate help. Community organizations provide immediate assistance in the form of food banks, soup kitchens, shelters, rental assistance programs, clothing, heating assistance, etc.

#### *Basic Stabilization Programs*

Once an immediate crisis has been managed and dire needs are met, this part of the safety net system should stabilize families and individuals so that they can assume increasing responsibility for their own well-being. Stabilization of an individual or family means providing for many elements that are considered basic needs. Programs included here are health care, child care, housing, and nutritional assistance.

#### *Workforce Development and Increasing Self-Sustainability*

This category encompasses the Rhode Island Works program, which is designed to help people find or keep employment in order to reach self-sustainability. As stated before, Rhode Island Works can also serve as a “Basic Stabilization Program” and can also help some people out of dire needs. One should also note that important programs in this category include programs relating to adult education, English as a second language, programs to earn a GED and programs providing specific skills training. These programs are funded through federal and State sources as well as through employer contributions and private funding for community-based organizations. It goes beyond the purpose of this study to provide data for these programs, but it should be acknowledged that they play an important role.

The following observations should be considered when discussing these programs:

- Create a partnership between government and business to produce people able to fill jobs that currently exist.
- Recognize that Temporary Disability Insurance and unemployment benefits are critical elements in keeping individuals and families from falling into greater need and drawing on other safety net programs.
- Set a goal for workforce development efforts to get people to a middle-skill level, equivalent to a lifetime achievement of two years of post secondary education or vocational training. This is a worthwhile investment since that level of education or training predicts that these individuals will be net contributors over the course of their lives.

- Develop an economic policy that includes job creation for the population we have in terms of Rhode Island's demographics.
- Integrate workforce development and economic policy development.
- Create stronger ties between the social safety net programs and workforce development programs.

### **Need for Further Study**

During the course of the study it was recognized that there are some areas that go beyond the purpose of this study. However, the Advisory Group felt that these areas were important and warranted additional research in the near future. Questions for future study include:

- Have we established outcomes and what are the measures to determine results?
- What is the quality of existing programs and services?
- Programs of the safety net are administered by multiple offices of State government. Within agencies, access to multiple programs often requires multiple applications. What could be done to reduce potential redundancies and barriers to access?
- To what degree are government resources used efficiently for these purposes?
- Is service delivery as efficient as it can be?
- What is the appropriate role of nonprofit and faith-based organizations in delivering services?
- How and when are programs re-evaluated for continuing effectiveness?

The following sections provide analysis that highlight data regarding Rhode Island's demographics, economic conditions, eligibility levels for various social safety net programs, as well as enrollment and expenditure trends for these programs. One should note that when this report went to press, the FY 2010 budget was being debated by the General Assembly. Passage of the FY 2010 budget may have implications for the programs as discussed in this report. Furthermore, we acknowledge the impact Federal stimulus funds have, and will have over the next few years, on the social safety net programs. While these additional Federal funds help alleviate some of the budgetary problems we currently face, they will not be there forever and we need to plan for the times when they are no longer available.

## Members of the Advisory Group

*Anthony Maione*, President & CEO, United Way of RI, *Co-Chair*  
*John C. Simmons*, Executive Director, RI Public Expenditure Council, *Co-Chair*  
*Rev. Donald C. Anderson*, Executive Minister, RI State Council of Churches  
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### **III. Highlights of the Report**

#### **Demographic Characteristics**

By 2015, demographic data points towards a Rhode Island that will be older and have fewer workers in their prime productive years. In 2007, the State had a greater number of households with annual incomes of less than \$25,000 (24.2 percent) than the national average and other New England states (except for Maine). In general, the percent of the population living in poverty at most poverty thresholds and age groups declined in Rhode Island between 2002 and 2007. However, the percent of individuals under the age of 18 living in poverty increased during this time period in all income thresholds except for 125 percent of poverty or lower. By contrast, poverty increased in almost all thresholds and age groups (except for over 65) at the national level. In both 2002 and 2007, Rhode Island has had the highest percentage of children living in extreme poverty (defined as income <50 percent of the Federal Poverty Level) in the region.

In the working age population (25-64 cohort), 58.7 percent of Rhode Islanders had a high school diploma or less as their highest educational level in 2007, a decrease of 2.1 percentage points since 2002. This is a higher percentage than in Massachusetts (50.6 percent) and Connecticut (54.3 percent).

Although Rhode Island had a lower percentage of individuals without health insurance coverage when compared to the rest of the country in both 2002 and 2007, the percent of uninsured Rhode Islanders increased at a faster rate than the national average during that time. Further, the percent of Rhode Islanders without health insurance increased faster than any other New England state in all age groups included in this analysis.

#### **Economic Data**

Rhode Island continued to lose manufacturing jobs, but saw the construction sector grow over the last years due to the robust housing market as well as availability of financing. With the housing market growth and related construction activity coming to an end, Rhode Island has experienced the loss of hundreds of related jobs and a continuation of the decline in property values and home sales. During all surveyed months, Rhode Island experienced a higher unemployment rate than the other New England states, as well as the national average.

The majority of the insured unemployed population in both October 2007 and February 2009 had a high school diploma or less, accounting for 58.7 percent and 60.2 percent, respectively, of the population eligible for unemployment insurance benefits.

In all sectors, workers in Rhode Island in 2007 had lower average annual pay than their counterparts in Connecticut and, with the exception of local public administration, in Massachusetts. When compared to the national average, Rhode Island's average yearly wages in 2007 are higher for construction, retail, and state and local public administration; and lower for all other sectors.

The rent for a 1-bedroom apartment in the Providence-Fall River area is comparable to 1-bedroom rents for Colchester-Lebanon, Hartford, and Norwich-New London in Connecticut. Providence-Fall River's 2-bedroom rent (\$956) is on the lower end of Connecticut's range for 2-bedroom apartments, higher only than a 2-bedroom apartment in Waterbury. The 1-bedroom and 2-bedroom fair market rents for Providence-Fall River were in the middle of those of the seven other metropolitan areas of Massachusetts.

In both 2004 and 2008, Rhode Island ranked 4<sup>th</sup> highest out of the New England states with regard to personal income per capita. Vermont and Maine had a lower personal income per capita than Rhode Island. In 2008, Massachusetts' personal income per capita of \$50,735 was \$9,727 higher than incomes in Rhode Island, and Connecticut's personal income per capita was \$15,240 higher than incomes in the Ocean State.

### **Enrollment Trends**

#### *Supplemental Nutrition Assistance Program (SNAP)/Food Stamps*

- In FY 2006, Rhode Island ranked last in the country (including Washington DC) for the percent of eligible, working poor SNAP participants.
- Between FY 2004 and FY 2008, the State experienced the slowest growth rate in SNAP participants in the region. Rhode Island enrollment increased by just 1.4 percent during the time period, to an average monthly enrollment of 78,600 in 2008 (compared to a 22.7 percent increase in SNAP participation throughout New England).

#### *Homelessness*

- According to the "Rhode Island Emergency Food and Shelter Board Report", Rhode Island's emergency shelter system served approximately 6,437 unduplicated clients during FY 2008, whereas 6,020 clients were served in FY 2004. This is an increase of 6.9 percent during that time period.

#### *Medicaid*

- Overall Medicaid enrollment grew 23.6 percent between 2000 and 2008, from approximately 146,000 to 181,000 Rhode Islanders.
- Between 2000 and 2008 the population of elderly Medicaid recipients as a total of all Medicaid recipients decreased 22.7 percent, from 14.1 percent to 10.9 percent. During this time, adults with disabilities increased by 29.4 percent, from 12.5 percent to 14.3 percent of those people receiving Medicaid. Children and families receiving Medicaid also increased during this time, from 73.4 percent to 74.9 percent of the total number of recipients. This represents a 25.9 percent increase during that time period. During this time period, enrollment for children and families was expanded to include children with special health care needs.

#### *Child Care*

- Child care enrollment declined from 13,601 children in FY 2004 to 8,185 in FY 2008, a decline of 39.8 percent during that time.
- The State's Caseload Estimating Conference estimates that child care enrollment will decrease to 6,810 in FY 2010.

*Women, Infants, and Children (WIC)*

- Program participation in Rhode Island was 26,307 persons in October 2008. This was an increase of 2.3 percent over October 2007 enrollment. The increase in Rhode Island was the lowest in the New England region.

*National School Lunch Program (NSLP)*

- While Rhode Island had the third highest increase in NSLP participation in the region between FY 2004 and FY 2008, the enrollment increase of 1.1 percent was approximately six and a half times slower than the national average.

*School Breakfast Program*

- In FY 2004, 21,536 Rhode Island students were enrolled in the School Breakfast Program. In FY 2008, this number grew to 25,323, an increase of 17.6 percent, similar to the national average.

*TANF/Rhode Island Works*

- Between FY 1994 (when enrollment totaled 62,624 individuals) and FY 2008, the number of individuals receiving cash assistance declined by 36,300, or 58.0 percent. The May 2009 Caseload Estimating Conference (CEC) estimates an enrollment of 16,170 persons in FY 2010.

*Supplemental Security Income (SSI)*

- Enrollment in the SSI program has increased every year and has nearly doubled since FY 1990 when a total of 16,640 individuals were enrolled in the program. It is estimated that enrollment will be 32,200 in FY 2010 (May, 2009 CEC).

*General Public Assistance (GPA)*

- Enrollment in the GPA program (including both the bridge and hardship program) peaked in FY 1993 at 6,665 persons and declined to 485 persons in FY 1998. Since then it increased again to 1,105 persons in FY 2008.

*Unemployment Insurance*

- Between August, 2007 and March, 2009 the number of initial Unemployment Insurance claims tripled, from 5,174 to 15,491.

**Eligibility and Benefit Levels**

*Supplemental Nutrition Assistance Program (SNAP)/Food Stamps*

- Eligibility for the Supplemental Nutrition Assistance Program is based on an individual or family's annual income with some adjustments. The average annual income limit for a family of two was \$14,004 (net income) to \$18,204 (gross income) for the federal fiscal year 2009.
- The average annual benefit in Rhode Island was \$1,269 in federal FY 2009.

## *Medicaid/SCHIP*

### *a. children*

- Eligibility for children (age 1-19) for the regular Medicaid program and SCHIP-funded Medicaid expansions ranges from 150 percent of the Federal Poverty Limit (FPL) to 300 percent of FPL in the New England states. Vermont has the highest eligibility level (300 percent FPL) among the New England states for all age categories, followed by Rhode Island (250 percent FPL for all age categories).
- All New England states, except Rhode Island, have a separate SCHIP program. The Federal Poverty Levels range from 200 percent in Maine to 400 percent in Massachusetts.
- The income levels at which states require premiums range from 133 percent in Massachusetts and Rhode Island to 235 percent in Connecticut, as of January 2009. The monthly premium amount at 250 percent of FPL ranges from \$20/40 in Vermont to \$92 in Rhode Island.

### *b. parents*

- Maine has the highest levels of Medicaid eligibility out of all the New England states for both jobless and working parents (200 percent FPL and 206 percent FPL, respectively). Connecticut and Vermont follow with the next highest eligibility levels (185 percent FPL and 191 percent FPL, respectively). The lowest eligibility levels for Medicaid among the New England states are in New Hampshire (41 percent FPL and 51 percent FPL, respectively). Rhode Island's eligibility is at 175 percent for non-working parents and 181 percent for working parents.

## *Child care*

- Subsidies for child care provided by licensed child care centers or family home providers are provided for parents who are working at least 20 hours/week and have income less than 180 percent of the federal poverty level (FPL).
- Eligible families with incomes between 100 percent and 180 percent of the FPL are required to pay a co-payment based on a percentage of income ranging from 2.0 percent to 8.0 percent of gross earnings.

## *Housing*

- In Rhode Island there are both federally-funded and State-funded subsidized housing programs. Most of the subsidized housing in Rhode Island is federally-funded. Income eligibility requirements for federally-subsidized programs differ by program, and are based on HUD's designations for income levels (Low-income=80 percent of median income; Very low-income=50 percent of median income; Extremely low-income=30 percent of median income).
- A household qualifies based on these income limits, which vary by location. For instance, a three-person household in Providence with an annual income of \$52,000 would qualify as low-income and therefore meet the income eligibility requirement for the Public Housing program. Once eligibility is verified for a program, a household pays a certain monthly rent, calculated as a percentage (30 percent) of a household's monthly income.

- The Neighborhood Opportunities Program (State-funded affordable housing program for very low-income families and individuals with disabilities) pays the difference between the 30 percent of income that very low-income Rhode Islanders pay as rent and the operating costs of the rental property. For example, a four-person household with a monthly income of \$2,300 would meet the eligibility requirements for the program. They would pay a monthly rent of \$690 (30 percent of their monthly income).

#### *Nutrition Assistance*

- Eligibility for all school meal programs is based on income guidelines that are set by the Federal government for each school year, and are revised annually. Families with incomes below 130 percent of the FPL are eligible for free meals, while families with incomes above 130 percent but below 185 percent of the FPL are eligible for reduced-price meals. Children who meet the income guidelines for free meals are eligible for free milk under the SMP. While families with incomes over 185 percent of the FPL do not qualify for discounted meals, their meals are subsidized to an extent through the program. Subsidies go to schools and vary with the number of lunches served to high-need children.

#### *Rhode Island Works*

- To be eligible for RI Works a family's income and resources must be within the limits and the parent must participate in a work activity. For families living in public or subsidized housing, the benefit amount is decreased by \$50/month. For example, a family of three living in public housing receives \$504 monthly.
- There is a 48 month lifetime limit on receipt of benefits and benefits cannot be accessed for more than 24 months in any 60 month period. For families in which the parent is receiving SSI disability benefits or the children are being raised by relatives, the time limits do not apply and the children can receive assistance until they turn 18.
- The family's countable income must be less than the benefit amount for the family size. Income includes both earned (income from a job or self-employment) and unearned income (e.g., unemployment benefits, Social Security benefits). There are disregards applied to earned income while unearned income is counted dollar for dollar. For example, a family of three in which the parent receives \$400/month in unemployment benefits can receive \$154 in RI Works cash assistance (the difference between \$554 and \$400).

#### *Supplemental Security Income (SSI)*

- SSI is the federal cash assistance program for individuals who cannot work because of a severe and permanent disability and for individuals age 65 and older and who do not qualify for Social Security Disability or retirement benefits or have limited benefits. The SSI benefit level is determined by the Social Security Administration. States can provide a supplemental amount. The Social Security Administration determines whether an individual meets the financial eligibility income and resource limits and the age, blind or disability standards.
- Effective January 1, 2009, total benefit amounts for an individual in independent

living status are \$713.92 (a Federal payment of \$674.00 and a State payment of \$39.92). For a couple, the total monthly payment is \$1,090.38 (\$1,011 Federal, and \$79.38 State).

#### *GPA*

- To qualify for GPA benefits an individual must be at least age 18, have an illness, injury or other medical condition which prevents them from working, and have a monthly income of \$327 or less, and resources of \$400 or less.

#### *Unemployment Insurance in Rhode Island*

- To qualify for benefits in Rhode Island an individual must meet earnings requirements of at least \$8,880 in either Base Period (the first four of the last five completed calendar quarters) or an Alternate Base Period (the last four completed calendar quarters before the starting date of claim) or be paid at least \$1,480 in one of Base Period quarters AND be paid total Base Period wages of at least one and one-half times highest single quarter earnings AND be paid total Base Period wages of at least \$2,960; be able, available and actively searching for work; and be willing to accept a suitable job while claiming benefits.

#### *Temporary Disability Insurance*

- In addition to Rhode Island, only four states and one United States territory (California, Hawaii, New Jersey, New York, and Puerto Rico) offer TDI benefits.
- In Rhode Island, weekly TDI benefits range from \$66-\$625 for up to 30 weeks.

### **Expenditures**

#### *Supplemental Nutrition Assistance Program*

- Within New England, FY 2007 SNAP benefits per \$1,000 of personal income ranged from \$1.17 per \$1,000 of personal income in New Hampshire to \$3.91 per \$1,000 of personal income in Maine.
- Rhode Island's SNAP benefits increased by 8.1 percent, from \$2.01 per \$1,000 of personal income in FY 2003 to \$2.17 per \$1,000 of personal income in FY 2007. This was the slowest rate of growth in the region.

#### *Medicaid*

##### *National comparison (based on data from the Federal Centers for Medicare and Medicaid)*

- Between 2000 and 2008, growth in total (state and Federal) Medicaid expenditures per \$1,000 of personal income in the New England states ranged from a decline of 1.9 percent in Connecticut to an increase of 129.9 percent in Vermont. Rhode Island had the fourth highest rate of expenditure growth per \$1,000 of personal income within the New England states, growing by 14.1 percent during this period.
- Rhode Island's total Medicaid/SCHIP expenditures increased from \$38.85 per \$1,000 of personal income in FY 2000 to \$44.32 per \$1,000 of personal income in FY 2008. In FY 2000, Rhode Island had the highest Medicaid/SCHIP expenditures per \$1,000 of personal income in New England, whereas in FY 2008, the State ranked third highest within the region.

- Rhode Island's general revenue expenditures increased by 15.2 percent, from \$17.96 per \$1,000 of personal income in FY 2000 to \$20.70 per \$1,000 of personal income in FY 2008. In both FY 2000 and FY 2008, Rhode Island had the highest per \$1,000 of personal income general revenue expenditures in the region.

*Rhode Island (RI DHS Data)*

- Between 2000 and 2009, total (federal and State) Medicaid expenditures for the State of Rhode Island rose from \$1.1 billion to approximately \$1.8 billion, or by 65.1 percent.
- General revenue spending increased by 78.9 percent between FY 2000 and FY 2009, from \$499.1 million in FY 2000 to \$892.9 million in FY 2009.
- Expenditures on a per member basis show that spending for children with special health care needs totaled \$18,225 in FY 2006, spending for children and families in managed care totaled \$2,656 on a per member basis per year in FY 2006. Spending for adults with disabilities totaled \$23,367 per year, and spending totaled \$25,196 per year for the elderly population.

*Child Care (RI DHS and CEC Data)*

- Between FY 2002 and FY 2010 (estimated by CEC), total expenditures for child care declined by \$18.9 million (27.4 percent).
- General revenue expenditures for child care fell by \$46.1 million, or 87.6 percent during this time period.

*TANF/Rhode Island Works Program*

*National comparison (data from USDHS)*

- Between 2002 and 2006, total expenditures per \$1,000 of personal income declined by 29.5 percent in Rhode Island, versus a decline of 16.6 percent at the national level. Rhode Island experienced the largest decline of per \$1,000 of personal income expenditures in the region. Expenditures per \$1,000 of personal income declined by \$5.26 per \$1,000 of personal income in FY 2002 to \$3.71 per \$1,000 of personal income in FY 2006.

*Rhode Island (based on RI DHS and Caseload Estimating Conference (CEC) data)*

- From FY 2002 to FY 2010, total spending for the State's TANF/RIWP program is estimated by the CEC to fall from \$88.0 million in FY 2002 to \$41.6 million in FY 2009, a decrease of 46.4 percent.
- There are no general revenue expenditures budgeted by the CEC for FY 2010.

*National School Lunch Program*

- Between FY 2004 and FY 2008, cash payments in Rhode Island stayed at \$0.54 per \$1,000 of personal income, ranking the State 2<sup>nd</sup> highest in the region (behind Maine).
- Cash payments in FY 2008 ranged from \$0.31 per \$1,000 of personal income in New Hampshire to \$0.55 per \$1,000 of personal income in Maine. All New England states had lower cash payments per \$1,000 of personal income than the national average.

School Breakfast Program

- In Rhode Island, cash payments for the school breakfast program were at \$0.14 per \$1,000 of personal income in FY 2008, slightly up from FY 2004 levels (\$0.13 per \$1,000 of personal income).
- Cash payments per \$1,000 of personal income were lower in all New England states than the national average of \$0.20 per \$1,000 of personal income in FY 2008.

State SSI and GPA Spending (based on RI DHS and CEC data)

- Spending for the State SSI program is estimated (CEC) to decline by \$5.7 million, to \$22.2 million in FY 2010.
- GPA Bridge program expenditures are estimated (CEC) to decline from \$2.3 million in FY 2002 to \$1.9 million in FY 2010.

## IV. Demographic Characteristics

The following section examines a number of selected socio-economic characteristics for Rhode Island, as well as in comparison to the five other New England states, and the United States. Data are primarily from the American Community Survey of the United States Census. For most of the data, 2007 is the most recent year for which nationally comparable data are available.

There are certain socio-economic factors that influence eligibility for entitlement programs, and the projected growth in many segments of Rhode Island's population will have an impact on the resources needed to provide quality services. For example, the projected decline in the working age cohort, combined with a high percentage of Rhode Islanders with a high school diploma or less, raises some concerns relating to the State's workforce potential and its readiness to compete with neighboring states for good jobs and good wages. Clearly, the heart of the economy for the State is a skilled or highly educated workforce that is able to innovate and meet the increasingly fluid economic demands of the coming decades. However, a large portion of Rhode Island's workforce lacks the necessary educational skills; in the working age population (25-64 years old), 58.7 percent had a high school diploma or less as their highest educational level. If the State's skilled workforce does not show potential for growth, it becomes a barrier for future investment.

### Major Findings

By 2015, demographic data points towards a Rhode Island that will be older and have fewer workers in their prime productive years. In 2007, the State had a greater number of households with annual incomes of less than \$25,000 (24.2 percent) than the national average and other New England states (except for Maine). In general, the percent of the population living in poverty at most poverty thresholds and age groups declined in Rhode Island between 2002 and 2007. However, the percent of individuals under the age of 18 living in poverty increased during this time period in all income thresholds except for 125 percent of poverty or lower. By contrast, poverty increased in almost all thresholds and age groups (except for over 65) at the national level. In both 2002 and 2007, Rhode Island has had the highest percentage of children living in extreme poverty (defined as income <50 percent of the Federal Poverty Level) in the region.

In the working age population (25-64 cohort), 58.7 percent of Rhode Islanders had a high school diploma or less as their highest educational level, a decrease of 2.1 percentage points since 2002. This is a higher percentage than in Massachusetts (50.6 percent) and Connecticut (54.3 percent).

Although Rhode Island had a lower percentage of individuals without health insurance coverage when compared to the rest of the country in both 2002 and 2007, the percent of uninsured Rhode Islanders increased at a faster rate than the national average during that time. Further, the percent of Rhode Islanders without health insurance increased faster than any other New England state in all age groups included in this analysis.

*Population and Population Projections*

<b>Percent of Population by Age, 2002 and 2007 New England and United States Average</b>									
	<b>0-24 years</b>			<b>25-64 years</b>			<b>65+ years</b>		
	<b>2002 Percent</b>	<b>2007 Percent</b>	<b>Change</b>	<b>2002 Percent</b>	<b>2007 Percent</b>	<b>Change</b>	<b>2002 Percent</b>	<b>2007 Percent</b>	<b>Change</b>
US	34.9%	34.4%	-0.5%	53.1%	53.1%	-0.1%	12.0%	12.5%	0.6%
Connecticut	33.2%	32.6%	-0.6%	53.7%	53.9%	0.2%	13.1%	13.5%	0.4%
Maine	29.9%	30.0%	0.1%	56.3%	55.2%	-1.1%	13.8%	14.8%	1.0%
Massachusetts	31.4%	32.3%	0.9%	55.6%	54.4%	-1.2%	13.0%	13.3%	0.3%
New Hampshire	32.3%	31.9%	-0.4%	56.2%	55.5%	-0.7%	11.4%	12.6%	1.2%
<b>Rhode Island</b>	<b>32.1%</b>	<b>32.9%</b>	<b>0.7%</b>	<b>53.9%</b>	<b>53.3%</b>	<b>-0.6%</b>	<b>14.0%</b>	<b>13.8%</b>	<b>-0.1%</b>
Vermont	31.6%	31.2%	-0.3%	56.0%	55.3%	-0.7%	12.5%	13.5%	1.0%

SOURCE: US Bureau of the Census Population Estimates and American Community Survey, various years; RIPEC calculations

In the five years between 2002 and 2007, the Ocean State saw a slightly larger growth in the percent of the population aged 0-24 than the national average and all other New England states, with the exception of Massachusetts. This was the only cohort that experienced growth during this time period. According to Census Bureau forecasts, however, the trend is projected to reverse and population is projected to steadily decline for the 0-24 age group and increase for the 65+ group. Furthermore, the working age population (25-64 years old) is projected to decline as a percent of the population.

<b>Percent of Population by Age, 2007-2020 Projections, United States and Rhode Island</b>								
<b>Year</b>	<b>0-17 years</b>		<b>0-24 years</b>		<b>25-64 years</b>		<b>65+ years</b>	
	<b>US</b>	<b>RI</b>	<b>US</b>	<b>RI</b>	<b>US</b>	<b>RI</b>	<b>US</b>	<b>RI</b>
<b>2007</b>	24.5%	22.2%	34.3%	32.9%	53.2%	53.3%	12.6%	13.8%
<b>2010</b>	24.1%	22.3%	34.0%	33.0%	53.0%	52.9%	13.0%	14.1%
<b>2015</b>	23.9%	21.8%	33.2%	32.1%	52.3%	52.5%	14.5%	15.4%
<b>2020</b>	23.9%	22.0%	32.6%	31.0%	51.1%	51.8%	16.3%	17.2%
<b>2007 to 2020</b>	-0.6%	-0.2%	-1.6%	-1.8%	-2.1%	-1.4%	3.7%	3.4%

SOURCE: US Bureau of the Census Population Estimates and American Community Survey, various years; RIPEC calculations

Income

Between 2002 and 2007, Rhode Island saw the percentage of households with incomes over \$75,000 increase faster than the national average and any other New England state. At the same time, the State has a greater number of households with annual incomes of less than \$25,000 than the other New England states (except for Maine) and the national average.

	2002	2007	Change
\$0 - \$24,999	26.7%	24.2%	-2.5%
\$25,000 - \$74,999	48.4%	40.1%	-8.3%
\$75,000 - \$149,999	20.3%	27.0%	6.7%
\$150,000+	4.5%	8.7%	4.2%

SOURCE: US Bureau of the Census Population Estimates and American Community Survey, various years; RIPEC calculations

Median Family Income

- Between 2002 and 2007, Rhode Island’s median family income rose by \$14,377, from \$55,810 in 2002 to \$70,187 in 2007.
- The percent change in the median family income for Rhode Island of 25.8 percent was greater than the change for the United States as a whole as well as every other New England state.
- In 2007, Connecticut, Massachusetts and New Hampshire all had higher median family incomes than Rhode Island.

	2002	% of US	2007	% of US
US	\$51,742		\$61,173	
Connecticut	\$68,716	132.8%	\$81,421	133.1%
Maine	47,073	91.0%	56,266	92.0%
Massachusetts	66,922	129.3%	78,497	128.3%
New Hampshire	64,322	124.3%	74,625	122.0%
<b>Rhode Island</b>	<b>55,810</b>	<b>107.9%</b>	<b>70,187</b>	<b>114.7%</b>
Vermont	52,649	101.8%	61,561	100.6%

SOURCE: US Bureau of the Census Current Population Survey "Annual Social and Economic Supplement"; RIPEC calculations

Poverty Threshold

The Federal government has set forth a number of income thresholds that vary by family size and composition to determine poverty, commonly referred to as the Federal Poverty Level (FPL). Individuals and families with incomes below these thresholds are considered to be living in poverty. These thresholds do not vary geographically (except for Alaska and Hawaii), but are updated annually to adjust for inflation, using the annual average increase in the Consumer Price Index (CPI). Between 2002 and 2007, the income threshold increased by 15.3 percent. Included in the definition of income is most before tax income, while capital gains and noncash benefits (such as public housing and food stamps) are excluded.

In general, the percent of population living in poverty, at most poverty thresholds and most age groups, declined in Rhode Island between 2002 and 2007. However, the percent of individuals under the age of 18 living in poverty increased during this time period for all income thresholds except for 125 percent of poverty or lower. By contrast, poverty increased in almost all thresholds and age groups (except for over 65) at the national level. In both 2002 and 2007, Rhode Island has had the highest percentage of

children living in extreme poverty (defined as income <50 percent of the FPL) in the region: in both years 8.0 percent of Rhode Island children lived in extreme poverty.

	Total			Under 18			18-64			65+		
	2002 Percent	2007 Percent	Change	2002 Percent	2007 Percent	Change	2002 Percent	2007 Percent	Change	2002 Percent	2007 Percent	Change
US	12.1%	12.5%	0.4%	16.7%	18.0%	1.3%	10.6%	10.9%	0.3%	10.4%	9.7%	-0.7%
Connecticut	8.3%	8.9%	0.6%	11.0%	13.8%	2.8%	7.6%	7.7%	0.1%	5.9%	5.8%	-0.1%
Maine	13.4%	10.9%	-2.5%	19.1%	14.4%	-4.7%	11.9%	10.1%	-1.8%	12.0%	9.1%	-2.9%
Massachusetts	10.0%	11.2%	1.2%	13.0%	17.1%	4.1%	8.8%	9.2%	0.4%	10.9%	10.3%	-0.6%
New Hampshire	5.8%	5.8%	0.0%	5.8%	6.5%	0.7%	5.5%	5.7%	0.2%	7.1%	4.9%	-2.2%
<b>Rhode Island</b>	<b>11.0%</b>	<b>9.5%</b>	<b>-1.5%</b>	<b>15.2%</b>	<b>15.7%</b>	<b>0.5%</b>	<b>9.2%</b>	<b>7.6%</b>	<b>-1.6%</b>	<b>12.6%</b>	<b>7.6%</b>	<b>-5.0%</b>
Vermont	9.9%	9.9%	0.0%	12.8%	10.9%	-1.9%	9.2%	9.4%	0.2%	8.4%	10.8%	2.4%

\* In 2007: 100% Federal poverty limit for 2 people with no child was \$13,884; for 3 people with 1 child under the age of 18 \$16,689; for 4 people with 2 children under age of 18 \$21,027.  
SOURCE: US Bureau of the Census Current Population Survey "Annual Social and Economic Supplement; RIPEC calculations

### Educational Attainment

- Between 2002 and 2007, the number of 18-24 year olds in Rhode Island with a high school diploma increased by 8.2 percent (from 64.9 percent to 73.1 percent). However, in 2007, 84.0 percent of Rhode Islanders had a high school diploma or less as their highest educational level. This is a higher percentage than in Massachusetts (80.9 percent) and at about the same level in Connecticut (84.1 percent). The number of individuals in the same age cohort who held a bachelor's degree decreased by 0.9 percent during these years (from 11.2 percent to 10.2 percent).
- In the working age population (25-64 cohort), 58.7 percent of Rhode Islanders had a high school diploma or less as their highest educational attainment, a decrease of 2.1 percentage points since 2002. This is a higher percentage than in Massachusetts (50.6 percent) and Connecticut (54.3 percent).

	2002	2007	Change
<b>18-24</b>			
Less than High School Diploma	19.2%	10.9%	-8.3%
High School Diploma	64.9%	73.1%	8.2%
Associate's Degree	4.5%	4.7%	0.3%
Bachelor's Degree	11.2%	10.2%	-0.9%
Advanced Degree	0.2%	1.0%	0.8%
<b>25-64</b>			
Less than High School Diploma	14.6%	13.0%	-1.6%
High School Diploma	46.2%	45.7%	-0.5%
Associate's Degree	9.1%	8.7%	-0.4%
Bachelor's Degree	19.0%	20.3%	1.3%
Advanced Degree	11.1%	12.4%	1.3%
<b>65+</b>			
Less than High School Diploma	35.2%	32.8%	-2.4%
High School Diploma	48.4%	45.4%	-3.0%
Associate's Degree	2.9%	3.0%	0.1%
Bachelor's Degree	8.2%	9.4%	1.2%
Advanced Degree	5.3%	9.4%	4.1%

SOURCE: US Bureau of the Census Population Estimates and American Community Survey, various years; RIPEC calculations

## Health Insurance Coverage

	<b>Total</b>			<b>Under 18</b>			<b>Under 65</b>		
	<b>2002 Percent</b>	<b>2007 Percent</b>	<b>Change</b>	<b>2002 Percent</b>	<b>2007 Percent</b>	<b>Change</b>	<b>2002 Percent</b>	<b>2007 Percent</b>	<b>Change</b>
US	14.7%	15.3%	0.6%	11.2%	11.0%	-0.2%	16.6%	17.1%	0.5%
Connecticut	9.8%	9.4%	-0.4%	7.6%	5.2%	-2.4%	11.5%	10.7%	-0.8%
Maine	11.0%	8.8%	-2.2%	7.8%	5.1%	-2.7%	13.0%	10.3%	-2.7%
Massachusetts	9.5%	5.4%	-4.1%	5.5%	3.0%	-2.5%	10.8%	6.0%	-4.8%
New Hampshire	9.5%	10.5%	1.0%	4.6%	6.5%	1.9%	10.7%	11.7%	1.0%
<b>Rhode Island</b>	<b>9.4%</b>	<b>10.8%</b>	<b>1.4%</b>	<b>4.7%</b>	<b>8.8%</b>	<b>4.1%</b>	<b>10.8%</b>	<b>12.2%</b>	<b>1.4%</b>
Vermont	10.3%	11.2%	0.9%	5.7%	9.4%	3.7%	11.8%	13.0%	1.2%

SOURCE: US Bureau of the Census Population Estimates and American Community Survey, various years; RIPEC calculations

- With the exception of Vermont, Rhode Island had a higher percentage of uninsured individuals in all three groups (total population; under 18 years old; and under 65 years old) in 2007 than in the other New England states. However, Rhode Island's population without health insurance (10.8 percent) was below the national average of 15.3 percent.
- Although Rhode Island has a lower percentage of individuals without health insurance coverage compared to the rest of the country, the percent of uninsured Rhode Islanders increased at a higher rate than the national average between 2002 and 2007. Further, the percent of Rhode Islanders without health insurance increased faster than any other New England state in all age groups included in this analysis.
- Rhode Island experienced the largest percent increase in uninsured children between 2002 and 2007; the 4.1 percent rate of growth was more than twice that of New Hampshire and 0.4 percent more than that of Vermont.

## Disabled Population

<u>Age Group</u>	<u>US</u>	<u>CT</u>	<u>ME</u>	<u>MA</u>	<u>NH</u>	<u>RI</u>	<u>VT</u>
5 and over	15.0%	12.8%	19.4%	13.9%	13.5%	<b>15.8%</b>	16.1%
5-15 years old	6.2%	5.3%	9.4%	7.0%	7.2%	<b>7.4%</b>	8.9%
16-64 years old	12.2%	9.9%	16.5%	11.2%	11.0%	<b>13.1%</b>	13.3%
65+ years old	40.0%	35.9%	42.6%	36.4%	35.8%	<b>38.1%</b>	37.4%

Source: American Community Survey

- Overall (age group 5 and over), Rhode Island's disabled population was 15.8 percent of the total population in 2007.
- This ranked Rhode Island third highest in percentage of disabled people as a percentage of the total population in New England. Maine and Vermont had a higher percentage, with 19.4 percent and 16.1 percent, respectively.

## V. Economic Data

This section includes data on unemployment, wages, housing costs, fair market rents, and personal income per capita in Rhode Island. Sources from which the data have been obtained include the Bureau of Labor Statistics, the Rhode Island Department of Labor and Training, the United States Department of Housing and Urban Development, Current Population Survey, and the Bureau of Economic Analysis.

Rhode Island has been particularly hard-hit by the current economic downturn. The housing crisis and the rate of foreclosures have had, and continue to have a negative impact on Rhode Island's economy; Rhode Islanders' use of sub-prime mortgages caused the State to have the highest number of foreclosures in New England. In addition, the unemployment rate in Rhode Island of 11.1 percent in April 2009 is the highest in New England. These economic factors play a crucial role in the State's ability to fund public programs, including programs discussed in this report.

### Major findings

Rhode Island continued to lose manufacturing jobs, but saw the construction sector grow over the last years due to the robust housing market as well as availability of financing. With the housing market growth and related construction activity coming to an end, Rhode Island has experienced the loss of hundreds of related jobs and a continuation of the decline in property values and home sales. During all surveyed months, Rhode Island experienced a higher unemployment rate than the other New England states, as well as the national average.

The majority of the insured unemployed population in both October 2007 and February 2009 had a high school diploma or less, accounting for 58.7 percent and 60.2 percent, respectively, of the population eligible for unemployment insurance benefits.

In all sectors, workers in Rhode Island in 2007 had lower average annual pay than their counterparts in Connecticut and, with the exception of local public administration, in Massachusetts. When compared to the national average, Rhode Island's average yearly wages in 2007 are higher for construction, retail, and state and local public administration; and lower for all other sectors.

The rent for a 1-bedroom apartment in the Providence-Fall River area is comparable to 1-bedroom rents for Colchester-Lebanon, Hartford, and Norwich-New London in Connecticut. Providence-Fall River's 2-bedroom rent (\$956) is on the lower end of Connecticut's range for 2-bedroom apartments, higher only than a 2-bedroom apartment in Waterbury. The 1-bedroom and 2-bedroom fair market rents for Providence-Fall River were in the middle of those of the seven other metropolitan areas of Massachusetts.

In both 2004 and 2008, Rhode Island ranked 4<sup>th</sup> highest out of the New England states with regard to personal income per capita. Vermont and Maine had a lower personal income per capita than Rhode Island. In 2008, Massachusetts' personal income per capita of \$50,735 was \$9,727 higher than incomes in Rhode Island, and Connecticut's personal income per capita was \$15,240 higher than incomes in the Ocean State.

Characteristics of the Insured Unemployed Population

Characteristics of the Insured Unemployed by Education								
Educational Attainment	Oct-07		Jun-08		Oct-08		Feb-09	
	Total	%	Total	%	Total	%	Total	%
Less than 9th Grade	337	3.3%	555	4.3%	539	4.2%	1,487	5.1%
9th to 12th Grade, No Diploma	1,006	9.8%	1,239	9.6%	1,237	9.6%	3,054	10.5%
High School Graduate	4,659	45.6%	5,977	46.2%	5,818	45.2%	12,972	44.6%
Some College	2,129	20.8%	2,536	19.6%	2,670	20.8%	5,337	18.4%
Bachelor's Degree	1,160	11.4%	1,119	8.7%	1,387	10.8%	2,364	8.1%
Beyond Bachelor's	925	9.1%	1,014	7.8%	1,215	9.4%	2,368	8.1%
Other			491	3.8%			1,480	5.1%
<b>Total</b>	<b>10,216</b>	<b>100.0%</b>	<b>12,931</b>	<b>100.0%</b>	<b>12,866</b>	<b>100.0%</b>	<b>29,062</b>	<b>100.0%</b>

Source: Rhode Island Department of Labor and Training "Characteristics of the Insured Unemployed"

The majority of the insured unemployed population in both October 2007 and February 2009 had a high school diploma or less, accounting for 58.7 percent and 60.2 percent, respectively, of the population eligible for unemployment insurance benefits.

Wage Comparison

The table below compares the average annual wage in Rhode Island to the average annual wage in the five other New England states and the United States average in CY 2007. In all sectors, workers in Rhode Island in 2007 had lower average annual pay than their counterparts in Connecticut and, with the exception of local public administration, in Massachusetts. When compared to the national average, Rhode Island's average yearly wages in 2007 are higher for construction, retail, and state and local public administration; and lower for all other sectors.

Rhode Island and US Average Yearly Wages by Sector CY 2007							
	CT	ME	MA	NH	RI	VT	US
<b>Construction</b>	\$55,927	\$38,609	\$59,045	\$48,361	\$48,686	\$39,987	\$46,781
<b>Financial Services</b>	132,745	47,958	104,550	64,057	56,042	53,987	73,929
<b>Manufacturing</b>	69,359	44,467	69,542	57,687	46,122	49,254	53,485
<b>Hospitality/Leisure</b>	19,666	15,720	21,318	17,159	16,731	17,532	18,493
<b>Health/Education</b>	45,091	36,565	47,781	42,571	38,953	35,797	40,526
<b>Professional/Business</b>	72,881	42,824	74,078	60,321	51,820	46,230	55,116
<b>Retail</b>	30,153	23,140	27,594	26,442	26,614	24,944	26,127
<b>Public Admin. State</b>	65,513	45,374	59,234	40,852	56,725	46,390	47,593
<b>Public Admin. Local</b>	57,493	32,032	49,361	37,616	55,462	ND	44,402
<b>Total</b>	58,020	35,123	55,260	43,843	41,636	36,964	44,450

ND indicates that data did not conform to BLS standards  
 2007 figures are preliminary  
 SOURCE: Bureau of Labor Statistics; RIPEC calculations

## Fair Market Rents

FY 2009 Fair Market Rents By Metropolitan Areas for New England									
	Bedrooms					Bedrooms			
	0	1	2	3		0	1	2	3
<b>Connecticut</b>					<b>Massachusetts</b>				
Bridgeport	\$788	\$1,019	\$1,214	\$1,451	Boston-Cambridge-Quincy	\$1,080	\$1,146	\$1,345	\$1,609
Colchester-Lebanon	700	821	1,078	1,289	Brockton	965	1,004	1,265	1,513
Danbury	977	1,186	1,505	1,801	Eastern Worcester County	714	798	1,050	1,255
Hartford-West/East	697	835	1,021	1,226	New Bedford	583	747	855	1,024
New Haven-Meriden	774	915	1,101	1,316	Providence-Fall River	746	830	956	1,142
Norwich-New London	700	830	961	1,176	Springfield	579	688	874	1,046
Waterbury	581	752	894	1,070	Taunton-Mansfield-Norton	727	917	1,120	1,374
					Worcester	658	757	922	1,103
<b>Maine</b>					<b>New Hampshire</b>				
Bangor	\$509	\$593	\$757	\$962	Manchester	\$710	\$871	\$1,042	\$1,245
Cumberland County	555	663	854	1,020	Nashua	785	924	1,155	1,544
Lewiston-Auborn	420	526	643	815	Portsmouth-Rochester	686	811	1,011	1,335
Penobscot County	520	522	627	784					
Portland	677	804	1,042	1,313	<b>Rhode Island</b>				
York-Kittery	788	792	950	1,383	Newport-Middletown-Portsmouth	\$806	\$983	\$1,215	\$1,650
					Providence-Fall River	746	830	956	1,142
The HUD fair market rent is set at the 40th percentile of average rents. Rent includes all utilities except telephone.					Westerly-Hopkinton-New Shoreham	683	859	1,005	1,201
Source: US Dept. of Housing and Urban Development, Federal Register, Final Fair Market Rents for					<b>Vermont</b>				
					Burlington	\$798	\$883	\$1,108	\$1,418

- The fair market rents for the Providence-Fall River metropolitan statistical area are: \$746 for an apartment with no bedrooms; \$830 for a 1-bedroom apartment; \$956 for a 2-bedroom apartment; and \$1,142 for a 3-bedroom apartment.
- The rent for a 1-bedroom apartment in the Providence-Fall River area is comparable to 1-bedroom rents for Colchester-Lebanon, Hartford, and Norwich-New London in Connecticut. Providence-Fall River's 2-bedroom rent (\$956) is on the lower end of Connecticut's range for 2-bedroom apartments, higher only than a 2-bedroom apartment in Waterbury.
- The 1-bedroom and 2-bedroom fair market rents for Providence-Fall River lay in the middle of those of the seven other metropolitan statistical areas of Massachusetts.

## Personal Income Per Capita

- In both 2004 and 2008, Rhode Island ranked 4<sup>th</sup> highest out of the New England states with regard to personal income per capita, amounting to \$38,880 in 2008. Vermont and Maine had a lower personal income per capita than Rhode Island.
- In 2008, Massachusetts' personal income per capita of \$50,735 was \$9,727 higher than that of Rhode Island, and Connecticut's personal income per capita was \$15,240 higher than that of the Ocean State.

Personal Income Per Capita				
	2004	2008	2004-2008 Change	
			Amount	Percent
US	\$33,157	\$39,751	\$6,594	19.9%
Connecticut	\$45,848	\$56,248	\$10,400	22.7%
Maine	30,191	35,381	5,190	17.2%
Massachusetts	41,420	50,735	9,315	22.5%
New Hampshire	36,523	42,830	6,307	17.3%
<b>Rhode Island</b>	<b>34,375</b>	<b>41,008</b>	<b>6,633</b>	<b>19.3%</b>
Vermont	31,977	38,880	6,903	21.6%

Source: Bureau of Economic Analysis, and RIPEC calculations.

## VI. Enrollment Trends for Various Social Service Programs

Programs discussed in this section include the Supplemental Nutrition Assistance Program/Food Stamps; homelessness programs; Medicaid; child care assistance; nutrition assistance programs (Women, Infants, and Children; National School Lunch Program; and School Breakfast Program); Rhode Island Works; Supplemental Security Income; General Public Assistance; and Unemployment Insurance.

### Major findings

#### *Supplemental Nutrition Assistance Program (SNAP)/Food Stamps*

- In FY 2006, Rhode Island ranked last in the country (including Washington DC) for the percent of eligible, working poor SNAP participants.
- Between FY 2004 and FY 2008, the State experienced the slowest growth rate in SNAP participants in the region. Rhode Island enrollment increased by just 1.4 percent during the time period, to an average monthly enrollment of 78,600 in 2008 (compared to a 22.7 percent increase in SNAP participation throughout New England).

#### *Homelessness*

- According to the “Rhode Island Emergency Food and Shelter Board Report”, Rhode Island’s emergency shelter system served approximately 6,437 unduplicated clients during FY 2008, whereas 6,020 clients were served in FY 2004. This is an increase of 6.9 percent during that time period.

#### *Medicaid*

- Overall Medicaid enrollment grew 23.6 percent between 2000 and 2008, from approximately 146,000 to 181,000 Rhode Islanders.
- Between 2000 and 2008 the population of elderly Medicaid recipients as a total of all Medicaid recipients decreased 22.7 percent, from 14.1 percent to 10.9 percent. During this time, adults with disabilities increased by 29.4 percent, from 12.5 percent to 14.3 percent of those people receiving Medicaid. Children and families receiving Medicaid also increased during this time, from 73.4 percent to 74.9 percent of the total number of recipients. This represents a 25.9 percent increase during that time period. During this time period, enrollment for children and families was expanded to include children with special health care needs.

#### *Child Care*

- Child care enrollment declined from 13,601 children in FY 2004 to 8,185 in FY 2008, a decline of 39.8 percent during that time.
- The State’s Caseload Estimating Conference estimates that child care enrollment will decrease to 6,810 in FY 2010.

#### *Women, Infants, and Children (WIC)*

- Program participation in Rhode Island was 26,307 persons in October 2008. This was an increase of 2.3 percent over October 2007 enrollment. The increase in Rhode Island was the lowest in the New England region.

*National School Lunch Program (NSLP)*

- While Rhode Island had the third highest increase in NSLP participation in the region between FY 2004 and FY 2008, the enrollment increase of 1.1 percent was approximately six and a half times slower than the national average.

*School Breakfast Program*

- In FY 2004, 21,536 Rhode Island students were enrolled in the School Breakfast Program. In FY 2008, this number grew to 25,323, an increase of 17.6 percent, similar to the national average.

*TANF/Rhode Island Works*

- Between FY 1994 (when enrollment totaled 62,624 individuals) and FY 2008, the number of individuals receiving cash assistance declined by 36,300, or 58.0 percent. The May 2009 Caseload Estimating Conference (CEC) estimates an enrollment of 16,170 persons in FY 2010.

*Supplemental Security Income (SSI)*

- Enrollment in the SSI program has increased every year and has nearly doubled since FY 1990 when a total of 16,640 individuals were enrolled in the program. It is estimated that enrollment will be 32,200 in FY 2010 (May, 2009 CEC).

*General Public Assistance (GPA)*

- Enrollment in the GPA program (including both the bridge and hardship program) peaked in FY 1993 at 6,665 persons and declined to 485 persons in FY 1998. Since then it increased again to 1,105 persons in FY 2008.

*Unemployment Insurance*

- Between August, 2007 and March, 2009 the number of initial Unemployment Insurance claims tripled, from 5,174 to 15,491.

**Rhode Island  
Enrollment for Various Programs**

	2004	2008	Change
<u>Dire needs programs</u>			
SNAP/Food Stamps*	77,500	78,600	1.4%
Homelessness	6,020	6,437	6.9%
<u>Basic Stabilization Programs</u>			
Medicaid			
<i>Children and Families</i>	107,542	135,431	25.9%
<i>Elderly</i>	20,646	19,654	-4.8%
<i>Disabled</i>	18,251	25,849	41.6%
<i>Subtotal Medicaid**</i>	146,439	180,934	23.6%
Child care	13,601	8,185	-39.8%
Nutritional Assistance			
<i>WIC***</i>	25,728	26,307	2.3%
<i>School Breakfast</i>	21,536	25,323	17.6%
<i>School Lunch</i>	83,200	84,100	1.1%
Workforce Development and Increasing Self-Sustainability			
TANF/FIP/Rhode Island Works	36,783	26,324	-28.4%
<u>Long-term support programs</u>			
SSI	29,645	31,625	6.7%
GPA	928	1,105	19.1%
<u>Programs addressing temporary difficulties</u>			
Unemployment benefits****			
<i>Initial claims</i>	5,174	11,079	114.1%
<i>Federal Emergency Un. Comp.</i>	na	3,871	
<i>RI Extended Benefits</i>	na	79	

\*Food stamps: In 2006, 55% of all eligible persons participated in program, ranking RI 47th highest.

\*\*Medicaid enrollment shown under 2004 is for 2000. During this time period enrollment for children and families was expanded to include children with special health care needs.

\*\*\*WIC enrollment is for October 2007 and October 2008.

\*\*\*\*Unemployment benefits are for August 2007 and December 2008.

## **Dire Needs Programs**

### SNAP/Food Stamps

- The Supplemental Nutrition Assistance Program (SNAP) is the new name for the Federal-State Food Stamp Program. The Federal government pays the full cost of the program benefits while the State pays a portion of the administrative costs.
- In FY 2006, Rhode Island ranked last in the country (including Washington DC) for the percent of eligible, working poor SNAP participants.
- Between FY 2004 and FY 2008, the State experienced the slowest growth rate in SNAP participants in the region. Rhode Island enrollment increased by just 1.3 percent during the time period, to an average monthly enrollment of 78,600 in 2008 (compared to a 22.7 percent increase in SNAP participation throughout New England).
- However, between FY 2007 and FY 2008, the number of SNAP participants in Rhode Island increased by almost 3 percent, which was the highest rate of growth in the region.

### Homelessness

- According to the “Rhode Island Emergency Food and Shelter Board Report,” Rhode Island’s emergency shelter system served approximately 6,437 unduplicated clients during FY 2008, whereas 6,020 clients were served in FY 2004. This is an increase of 6.9 percent during that time period.

## **Basic Stabilization Programs**

### Medicaid

- Medicaid is the chief source of funding for long-term care for individuals with limited economic means; health care services for low-income adults and children with disabilities and seniors age 65 and older; health care coverage for children in substitute care; health care coverage for qualifying low-income children and their families; and low-income pregnant women and infants.
- Overall Medicaid enrollment grew 23.6 percent between 2000 and 2008, from approximately 146,000 to 181,000 Rhode Islanders.
- Between 2000 and 2008 the population of elderly Medicaid recipients, as a total of all Medicaid recipients, decreased 22.7 percent, from 14.1 percent to 10.9 percent. During this time, adults with disabilities increased by 29.4 percent, from 12.5 percent to 14.3 percent of those people receiving Medicaid. Children and families receiving Medicaid also increased during this time, from 73.4 percent to 74.9 percent of the total number of recipients. This represents a 25.9 percent increase during that time period. One should note that during that during this time period, managed care was expanded to include children with special health care needs.

### Child Care

- Enacted as part of the Family Independence Act in 1997, the low income child care assistance program in Rhode Island provides working families who are not receiving Rhode Island Works program cash assistance with help paying for child care.

- Child care enrollment declined from 13,601 children in FY 2004 to 8,185 in FY 2008, a decline of 39.8 percent during that time.
- The State's Caseload Estimating Conference estimates that child care enrollment will decrease to 6,810 in FY 2010.

*Supplemental Nutrition Program for Women, Infants, and Children (WIC)*

- Women, Infants and Children (WIC) program is a special supplemental nutrition program for low-income pregnant, postpartum and breastfeeding women, infants, and children up to age 5, who are at nutritional risk.
- Program participation in Rhode Island was 26,307 persons in October 2008. This was an increase of 2.3 percent over October 2007 enrollment. The increase in Rhode Island was the lowest in the New England region.
- Nationally, program enrollment increased 5.1 percent during the same time period.

*National School Lunch Program (NSLP)*

- National School Lunch Program is a Federally-assisted meal program for low-income students in public and private non-profit educational institutions.
- While Rhode Island had the third highest increase in NSLP participation in the region between FY 2004 and FY 2008, the enrollment increase of 1.1 percent was approximately six and a half times slower than the national average.

*School Breakfast Program*

- The School Breakfast Program provides cash assistance to states for the operation of a breakfast program in schools and residential childcare institutions.
- National program participation grew by approximately 1.7 million persons over the four-year period between FY 2004 and FY 2008, which was an increase of 17.7 percent.
- In FY 2004, 21,536 Rhode Island students were enrolled in the School Breakfast Program. In FY 2008, this number grew to 25,323, an increase of 17.6 percent, similar to the national average.

**Workforce Development and Increasing Self-Sustainability**

*Rhode Island Works*

- The Rhode Island Works Program (RIWP) is the State's welfare-to-work program. RIWP provides cash assistance to children under age 18 and their parents or caretaker relatives. The program also provides employment services; child care assistance and other services necessary to help parents who receive cash assistance find and sustain employment.
- Between FY 1994 (when enrollment totaled 62,624 individuals) and FY 2008, the number of individuals receiving cash assistance declined by 36,300, or 58.0 percent. The May 2009 Caseload Estimating Conference (CEC) estimates an enrollment of 16,170 persons in FY 2010.

- Nationally, the average monthly number of TANF recipients fell from 5.1 million in FY 2002 to 2.9 million in FY 2008, a decrease of 44.2 percent. Among the New England states, Rhode Island saw the largest percentage decline in average monthly recipients during this time period. Between FY 2002 and FY 2008 the average monthly number of recipients declined from 38,957 to 14,401, or by 63.0 percent.

## **Other Support Programs**

### Supplemental Security Income (SSI)

- The SSI program provides income to individuals who are aged, blind or otherwise disabled and have little or no other income and limited resources. The SSI program is a Federal program administered by the Social Security Administration which determines eligibility and sets the Federal benefit payment. States have the option of supplementing the Federal payment with state funds.
- Enrollment in the SSI program has increased every year and has nearly doubled since FY 1990 when a total of 16,640 individuals were enrolled in the program. It is estimated that enrollment will be 32,200 in FY 2010 (May 2009 CEC).
- According to the Federal Social Security Administration, in 2008 there were 30,602 persons receiving SSI payments. Of this number, the majority of recipients (67.9 percent) were disabled adults.

### General Public Assistance (GPA)

- The General Public Assistance Program is the State's "general relief" program for disabled adults without children who do not qualify for other cash assistance programs or who are pending a decision from the Social Security Administration on their application for SSI benefits.
- Enrollment in the GPA program (including both the bridge and hardship program) peaked in FY 1993 at 6,665 persons and declined to 485 persons in FY 1998. Since then it increased again to 1,105 persons in FY 2008.

## **Programs Addressing Temporary Difficulties**

### Unemployment Insurance

- Between August 2007 and March 2009 the number of initial Unemployment Insurance claims tripled, from 5,174 to 15,491.
- In the 13 months between August 2007 and September 2008 initial Unemployment Insurance claims increased by 24.2 percent (1,250 claims). In the 6 months between September 2008 and March 2009 initial claims went up by 141.1 percent (9,067 claims).
- Between September 2008 and March 2009 the number of regular claims payments to unemployed Rhode Islanders rose by 137.2 percent (81,850 payments).

## VII. Eligibility and Benefit Levels for Various Social Service Programs

This section provides data on eligibility and benefit levels for various social service programs, including nutrition assistance programs, Medicaid, child care assistance, housing assistance, Rhode Island Works, Supplemental Security Income and General Public Assistance, as well as programs addressing temporary difficulties (Unemployment Insurance and Temporary Disability Insurance)

Data for these programs comes from the following sources: United States Department of Agriculture (Supplemental Nutrition Assistance Program and other nutrition assistance programs); Kaiser Family Foundation (Medicaid and SCHIP programs); Rhode Island Department of Human Services and Caseload Estimating Conference (child care assistance, Rhode Island Works, and General Public Assistance); United States Department of Housing and Urban Development and Rhode Island Housing (housing assistance); Social Security Administration (Supplemental Security Income); Departments of Labor – national and various states; and the Rhode Island Department of Labor (Unemployment Insurance).

### Major findings

#### *Supplemental Nutrition Assistance Program (SNAP)/Food Stamps*

- Eligibility for the Supplemental Nutrition Assistance Program is based on an individual or family's annual income with some adjustments. The average annual income limit for a family of two was \$14,004 (net income) to \$18,204 (gross income) for the federal fiscal year 2009.
- The average annual benefit in Rhode Island was \$1,269 in federal FY 2009.

#### *Medicaid/SCHIP*

##### *a. children*

- Eligibility for children (age 1-19) for the regular Medicaid program and SCHIP-funded Medicaid expansions ranges from 150 percent of the Federal Poverty Limit (FPL) to 300 percent of FPL in the New England states. Vermont has the highest eligibility level (300 percent FPL) among the New England states for all age categories, followed by Rhode Island (250 percent FPL for all age categories).
- All New England states, except Rhode Island, have a separate SCHIP program. The Federal Poverty Levels range from 200 percent in Maine to 400 percent in Massachusetts.
- The income levels at which states require premiums range from 133 percent in Massachusetts and Rhode Island to 235 percent in Connecticut, as of January 2009. The monthly premium amount at 250 percent of FPL ranges from \$20/40 in Vermont to \$92 in Rhode Island.

#### *b. parents*

- Maine has the highest levels of Medicaid eligibility out of all the New England states for both jobless and working parents (200 percent FPL and 206 percent FPL, respectively). Connecticut and Vermont follow with the next highest eligibility levels (185 percent FPL and 191 percent FPL, respectively). The lowest eligibility levels for Medicaid among the New England states are in New Hampshire (41 percent FPL and 51 percent FPL, respectively). Rhode Island's eligibility is at 175 percent for non-working parents and 181 percent for working parents.

#### *Child care*

- Subsidies for child care provided by licensed child care centers or family home providers are provided for parents who are working at least 20 hours/week and have income less than 180 percent of the federal poverty level (FPL).
- Eligible families with incomes between 100 percent and 180 percent of the FPL are required to pay a co-payment based on a percentage of income ranging from 2.0 percent to 8.0 percent of gross earnings.

#### *Housing*

- In Rhode Island there are both federally-funded and State-funded subsidized housing programs. Most of the subsidized housing in Rhode Island is federally-funded. Income eligibility requirements for federally-subsidized programs differ by program, and are based on HUD's designations for income levels (Low-income=80 percent of median income; Very low-income=50 percent of median income; Extremely low-income=30 percent of median income).
- A household qualifies based on these income limits, which vary by location. For instance, a three-person household in Providence with an annual income of \$52,000 would qualify as low-income and therefore meet the income eligibility requirement for the Public Housing program. Once eligibility is verified for a program, a household pays a certain monthly rent, calculated as a percentage (30 percent) of a household's monthly income.
- The Neighborhood Opportunities Program (State-funded affordable housing program for very low-income families and individuals with disabilities) pays the difference between the 30 percent of income that very low-income Rhode Islanders pay as rent and the operating costs of the rental property. For example, a four-person household with a monthly income of \$2,300 would meet the eligibility requirements for the program. They would pay a monthly rent of \$690 (30 percent of their monthly income).

#### *Nutrition assistance*

- Eligibility for all school meal programs is based on income guidelines that are set by the Federal government for each school year, and are revised annually. Families with incomes below 130 percent of the FPL are eligible for free meals, while families with incomes above 130 percent but below 185 percent of the FPL are eligible for reduced-price meals. Children who meet the income guidelines for free meals are eligible for free milk under the SMP. While families with incomes over 185 percent of the FPL do not qualify for discounted meals, their meals are subsidized to an extent through the program. Subsidies go to schools and vary with the number of lunches served to high-need children.

### *Rhode Island Works*

- To be eligible for RI Works a family's income and resources must be within the limits and the parent must participate in a work activity. Eligible families receive a monthly benefit as shown in the chart above. For families living in public or subsidized housing, the benefit amount is decreased by \$50/month. For example, a family of three living in public housing receives \$504 monthly.
- There is a 48 month lifetime limit on receipt of benefits and benefits cannot be accessed for more than 24 months in any 60 month period. For families in which the parent is receiving SSI disability benefits or the children are being raised by relatives, the time limits do not apply and the children can receive assistance until they turn 18.
- The family's countable income must be less than the benefit amount for the family size. Income includes both earned (income from a job or self-employment) and unearned income (e.g., unemployment benefits, Social Security benefits). There are disregards applied to earned income while unearned income is counted dollar for dollar. For example, a family of three in which the parent receives \$400/month in unemployment benefits can receive \$154 in RI Works cash assistance (the difference between \$554 and \$400. The chart above shows the maximum monthly earned income a family can have and still qualify for a supplemental payment from RI Works.

### *Supplemental Security Income (SSI)*

- SSI is the federal cash assistance program for individuals who cannot work because of a severe and permanent disability and for individuals age 65 and older and who do not qualify for Social Security Disability or retirement benefits or have limited benefits. The SSI benefit level is determined by the Social Security Administration. States can provide a supplemental amount. The Social Security Administration determines whether an individual meets the financial eligibility income and resource limits and the age, blind or disability standards.
- Effective January 1, 2009, total benefit amounts for an individual in independent living status are \$713.92 (a Federal payment of \$674.00 and a State payment of \$39.92). For a couple, the total monthly payment is \$1,090.38 (\$1,011 Federal, and \$79.38 State).

### *GPA*

- To qualify for GPA benefits an individual must be at least age 18, have an illness, injury or other medical condition which prevents them from working, and have a monthly income of \$327 or less, and resources of \$400 or less.

### *Unemployment Insurance in Rhode Island*

- To qualify for benefits in Rhode Island an individual must meet earnings requirements of at least \$8,880 in either Base Period (the first four of the last five completed calendar quarters) or an Alternate Base Period (the last four completed calendar quarters before the starting date of claim) or be paid at least \$1,480 in one of Base Period quarters AND be paid total Base Period wages of at least one and one-half times highest single quarter earnings AND be paid total Base Period wages of at least \$2,960; be able, available and actively searching for work; and be willing to accept a suitable job while claiming benefits.

*Temporary Disability Insurance*

- In addition to Rhode Island, only four states and one United States territory (California, Hawaii, New Jersey, New York, and Puerto Rico) offer TDI benefits.
- In Rhode Island, weekly TDI benefits range from \$66-\$625 for up to 30 weeks.

**Dire Needs Programs**

*Supplemental Nutrition Assistance Program (SNAP)/Food Stamps*

Eligibility for Supplemental Nutrition Assistance Program					
	Family Size			Avg. Ann. Benefit	
	1	2	3	RI	US
Annual Inc. Limit	\$10,404-\$13,524	\$14,004-\$18,204	\$17,604-\$22,884	\$1,269	\$1,218
Max. Ann. Allotment	\$2,112	\$3,876	\$5,556		

Annual Income Limit show range from net-gross income. Data ae for October 1, 2008-September 30, 2009.

Source: USDA

- Eligibility for the Supplemental Nutrition Assistance Program is based on an individual or family’s annual income with some adjustments. A household’s gross monthly income may not exceed 130 percent of the Federal poverty level (FPL), while net monthly income must be 100 percent of less of the FPL. Net monthly income is the household’s gross income, minus deductions for shelter, medical, child care, and other costs. In households where one member is elderly or disabled, only the net income test applies. The average annual income limit for a family of two was \$14,004 (net income) to \$18,204 (gross income) for the federal fiscal year 2009.
- The average annual benefit in Rhode Island was \$1,269 in Federal FY 2009.

## Basic Stabilization Programs

### Health Care

State Income Eligibility Guidelines for Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs January 2009								
	Medicaid/SCHIP			Separate	Medicaid/SCHIP			Separate
	Age 0 - 1	Age 1 - 5	Age 6 - 19	SCHIP*****	Age 0 - 1	Age 1 - 5	Age 6 - 19	SCHIP*****
US*	133%	133%	100%	NA	\$23,408	\$23,408	\$17,600	NA
Connecticut	185%	185%	185%	300%	\$32,560	\$32,560	\$32,560	\$52,800
Maine	200%	150%	150%**	200%	35,200	26,400	26,400	35,200
Massachusetts***	200%	150%	150%	300% (400%)	35,200	26,400	26,400	52,800
New Hampshire	300%	185%	185%	300%	52,800	32,560	32,560	52,800
<b>Rhode Island</b>	<b>250%</b>	<b>250%</b>	<b>250%</b>	<b>NA</b>	<b>44,000</b>	<b>44,000</b>	<b>44,000</b>	<b>NA</b>
Vermont****	300%	300%	300%	300%	52,800	52,800	52,800	52,800

\*US Figure is the federal minimum eligibility level

\*\*Maine has not adopted the Chafee option (covering children aging out of foster care); however, the state does cover individuals under 21 at or below 150% of FPL. Children who age out of foster care can voluntarily choose to remain in foster care while finishing school and can keep their MaineCare coverage.

\*\*\*Massachusetts provides state-financed coverage to children with incomes above SCHIP levels; at 400%.

\*\*\*\*In Vermont, Medicaid covers uninsured children in families with income at or below 225% of the Federal poverty line; uninsured children in families with income between 226-300% of FPL are covered under a separate SCHIP program. Underinsured children are covered under Medicaid up to 300% of FPL.

\*\*\*\*\*States use Federal SCHIP funds to operate separate child health insurance programs for children not eligible for Medicaid. Such programs may provide benefits similar to Medicaid or they may provide a limited benefit package. They also may impose premiums or other cost-sharing obligations on some or all families with eligible children. These programs typically provide coverage through the child's 19th birthday.

SOURCE: Kaiser Family Foundation "State Health Facts", 2009

Health coverage for children is provided through the Medicaid program and the Children's Health Insurance Program (CHIP). States can choose to use CHIP funds to expand eligibility under their Medicaid program or to operate a separate CHIP program for children ineligible for Medicaid. CHIP programs may provide benefits similar to Medicaid or a more limited benefit package. CHIP programs provide coverage through the child's 19<sup>th</sup> birthday while coverage under Medicaid generally ends when the child turns 18.

- Eligibility for children (age 1-19) for the regular Medicaid program and CHIP-funded Medicaid expansions range from 150 percent of the Federal Poverty Limit (FPL) to 300 percent of FPL in the New England states. Vermont has the highest eligibility level (300 percent FPL) among the New England states for all age categories, followed by Rhode Island (250 percent FPL for all age categories).
- All New England states, except Rhode Island, have a separate CHIP program. Rhode Island integrates its CHIP funding into the regular Medicaid program. The Federal Poverty Levels for the separate CHIP programs range from 200 percent in Maine to 400 percent in Massachusetts.

**Monthly Premium Payments for Children's Medicaid and SCHIP in  
New England States with Income Eligibility 250% FPL and Higher  
January 2009**

State	Income Eligibility	Income Level at which State begins Requiring Premiums	Amount at 250% of the FPL	Amount at 300% of the FPL	Amount at 350% of the FPL
Connecticut	300%	235%	\$50	\$50	NA
Massachusetts*	300% (400%)	150%	40	56	152
New Hampshire	300%	186%	50	90	NA
<b>Rhode Island**</b>	<b>250%</b>	<b>150%</b>	<b>92</b>	<b>NA</b>	<b>NA</b>
Vermont***	300%	186%	20/40	20/60	NA

\*Massachusetts provides state-financed coverage to children with incomes above SCHIP levels. Eligibility is shown in parentheses. Massachusetts requires premiums in children's Medicaid (children under six are exempt) and SCHIP.

\*\*Eligibility limit and premiums apply to SCHIP-funded Medicaid expansions.

\*\*\*In Vermont, Medicaid covers insured children in families with income at or below 225% of the Federal poverty line; uninsured children in families with income between 226-300% of FPL are covered under a separate SCHIP program. Underinsured children are covered under Medicaid up to 300% of FPL.

Source: The Kaiser Commission on Medicaid and the Uninsured, January 2009

- The income levels at which states require premiums range from 150 percent in Massachusetts to 235 percent in Connecticut. Rhode Island is at 150 percent. The monthly premium amount at 250 percent of FPL ranges from \$20/40 in Vermont to \$92 in Rhode Island.

**Income Threshold for Jobless and Working Parents Applying for Medicaid  
Based on a Family of Three\*  
January 2009**

	Income Thresholds for Parents at Application			Income Thresholds for Parents at Application		
	Jobless	Working	Pregnant	Jobless	Working	Pregnant
US Median	41%	68%	133%	\$7,200	\$11,928	\$23,408
Connecticut	185%	191%	250%	\$32,556	\$33,636	\$44,000
Maine	200%	206%	200%	35,200	36,276	35,200
Massachusetts	133%	133%	200%	23,408	23,408	35,200
New Hampshire	41%	51%	185%	7,200	9,000	32,560
<b>Rhode Island</b>	<b>175%</b>	<b>181%</b>	<b>250%**</b>	<b>30,800</b>	<b>31,872</b>	<b>44,000</b>
Vermont	185%	191%	200%	32,560	33,636	35,200

\*This table takes earnings disregards, when applicable, into account when determining income thresholds for working parents.

\*\*There is also a state-funded program for women with income between 251-350% FPL. Under this program, which requires a premium, the state funds the cost of labor and delivery only.

SOURCE: Kaiser Family Foundation "State Health Facts", 2009

- Eligibility for Medicaid is set at a slightly higher income level for parents who are working as opposed to non-working (receiving unearned income, such as unemployment benefits), in the United States as a whole and all of the New England states because certain disregards are applied to gross earned income.
- Maine has the highest levels of Medicaid eligibility out of all the New England states for both jobless and working parents (200 percent FPL and 206 percent FPL,

respectively). Connecticut and Vermont follow with the next highest eligibility levels (185 percent FPL and 191 percent FPL, respectively). The lowest eligibility levels for Medicaid among the New England states are in New Hampshire (41 percent FPL and 51 percent FPL, respectively). Rhode Island's eligibility is at 175 percent for non-working parents and 181 percent for working parents.

Child Care

	Family Size	
	2	3
<b>Eligibility Work-Support Programs Child Care</b>		
<b>Child Care*</b>		
Max. Ann. Income	\$25,200	\$31,600
Annual Co-pay	\$260-\$2,028	\$364-\$2,548
*Provides working families (who are not receiving RIWP cash assistance) with help paying for child care. Subsidies provided for families who are working at least 20 hours/week and have income less than 180% FPL. Co-payments for families between 100-180% FPL (2%-8% of gross earnings). Resource limit of \$10,000.		
SOURCE: Department of Human Services		

- Enacted as part of the Family Independence Act in 1997, the low income child care assistance program provides working families (who are not receiving RIWP cash assistance) with help paying for child care. Subsidies for child care provided by licensed child care centers or family home providers are provided for parents who are working at least 20 hours/week and have income less than 180 percent of the Federal poverty level (FPL).

- Families with incomes of less than 100 percent of the Federal Poverty Level (FPL) do not have a co-payment for child care.
- Eligible families with incomes between 100 percent and 180 percent of the FPL are required to pay a co-payment based on a percentage of income ranging from 2.0 percent to 8.0 percent of gross earnings.

Housing

STATE: RHODE ISLAND		INCOME LIMITS							
Providence-New Bedford-Fall River, RI-MA MSA		1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Newport-Middleton-Portsmouth, RI HMFA									
FY 2009 MFI: \$83,700	Extremely Low-Income	\$ 17,550	\$ 20,100	\$ 22,600	\$ 25,100	\$ 27,100	\$ 29,100	\$ 31,100	\$ 33,150
	Very Low Income	29,300	33,500	37,650	41,850	45,200	48,550	51,900	55,250
	Low-Income	44,800	51,200	57,600	64,000	69,100	74,250	79,350	84,500
Providence-Fall River, RI-MA HMFA									
FY 2009 MFI: \$72,500	Extremely Low-Income	\$ 15,350	\$ 17,550	\$ 19,750	\$ 21,950	\$ 23,700	\$ 25,450	\$ 27,250	\$ 29,000
	Very Low Income	25,600	29,250	32,900	36,600	39,500	42,450	45,350	48,300
	Low-Income	41,000	46,850	52,700	58,550	63,250	67,900	72,600	77,300
Westerly-Hopkinton-New Shoreham, RI HMFA									
FY 2009 MFI: \$77,100	Extremely Low-Income	\$ 16,200	\$ 18,500	\$ 20,850	\$ 23,150	\$ 25,000	\$ 26,850	\$ 28,700	\$ 30,550
	Very Low Income	27,000	30,850	34,700	38,550	41,650	44,700	47,800	50,900
	Low-Income	43,200	49,350	55,550	61,700	66,650	71,550	76,500	81,450

Source: HUD at [www.huduser.org/datasets/il/il08/FY2008\\_Section8\\_IncomeLimits.pdf](http://www.huduser.org/datasets/il/il08/FY2008_Section8_IncomeLimits.pdf)

- In Rhode Island there are both Federally-funded and State-funded subsidized housing programs. Most of the subsidized housing in Rhode Island is Federally-funded. Income eligibility requirements for Federally-subsidized programs differ by program, and are based on HUD’s designations for income levels (Low-income=80 percent of median income; Very low-income=50 percent of median income; Extremely low-income=30 percent of median income).
- Rhode Island income requirements are differentiated between three geographic areas in which residents live: Newport-Middletown-Portsmouth; Westerly-Hopkinton-New Shoreham; and Providence-Fall River (which includes the remaining municipalities in Rhode Island).
- A household qualifies based on these income limits, which vary by location. Only families and individuals who are elderly or disabled are eligible for public or subsidized housing. The tenant’s monthly income is calculated at 30 percent of income.
- If an individual lives alone, they must qualify as elderly, disabled, or handicapped; applicants must be able to verify U.S. citizenship or eligible immigration status.

The Neighborhood Opportunities Program, created by the Rhode Island General Assembly and funded through the Housing Resources Commission, began in 2001 as the first State-funded affordable housing program in Rhode Island for very low-income families and individuals with

<b>2009 Neighborhood Opportunities Program Eligibility</b>	
Income Limits (40% of Median Income)	
Persons in Household	Maximum Income
1 person	\$20,384
2 person	23,296
3 person	26,208
4 person	29,120

Source: Rhode Island Housing

disabilities. It pays the difference between the 30 percent of income that very low-income Rhode Islanders pay as rent and the operating costs of the rental property. The program provides rental units for low-income individuals as well as sustaining the property owners.

- For example, based on the income eligibility requirements for the Neighborhood Opportunities Program, a four-person household with a monthly income of \$2,300 would meet the eligibility requirements for the program. They would pay a monthly rent of \$690 (30 percent of their monthly income).

Nutrition Assistance

<b>Eligibility School Meal Programs (Federal Programs)</b>			
	<b>Family Size</b>		
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Eligibility</b>			
<u>School Meal</u>			
Annual Income Limit			
Free	\$13,524	\$18,204	\$22,884
Reduced	19,248	25,908	32,568
<b>Meal Cost</b>			
	<b>Paid</b>	<b>Reduced</b>	<b>Free</b>
<b>Federal Reimbursement</b>			
<u>School Lunch</u>			
Less than 60% served	\$0.24	\$2.17	\$2.57
More than 60% served	0.26	2.19	2.59
Max. Rate	0.32	2.34	2.74
<u>School Breakfast</u>			
Severe need	\$0.25	\$1.10	\$1.40
Non-severe need	0.25	1.38	1.68
<u>Special Milk</u>	\$0.18	\$0.18	\$0.18
National School Lunch, School Breakfast, and Special Milk Programs are overseen by the Federal FNS and are provided to low-income children in participating schools and child care institutions. The programs are administered by FNS and by state education authorities. The Federal government provides a cash reimbursement or subsidy per meal or per half pint of milk served. The higher rate applies when more than 60% of lunches served during the preceding year were served at free or reduced price; severe need indicates schools where more than 40% of lunches served during preceding year were free or reduced price. Data are for July 1, 2008-June 30, 2009.			

Eligibility for all school meal programs is based on income guidelines that are set by the Federal government for each school year, and are revised annually. Families with incomes below 130 percent of the FPL are eligible for free meals, while families with incomes above 130 percent, but below 185 percent of the FPL are eligible for reduced-price meals. Children who meet the income guidelines for free meals are eligible for free milk under the SMP. While families with incomes over 185 percent of the FPL do not qualify for discounted meals, their meals are subsidized to an extent through the program. Subsidies go to schools and vary with the number of lunches served to high-need children.

**Workforce Development and Increasing Self-Sustainability**

Rhode Island Works

In 2008, Rhode Island Works replaced the Family Independence Program (FIP) which was enacted in 1997 in response to federal welfare reform and is the State’s program under the Temporary Assistance to Needy Families (TANF) block grant.

The primary aim of both FIP and RI Works is to provide basic cash assistance to families with children under the age of 18 and to provide services that move parents into work and thus self-sufficiency. The RI

<b>Eligibility Rhode Island Works Program Monthly Income Limit</b>			
<b>Family Size</b>	<b>Eligibility*</b>		<b>Benefits**</b>
	<b>Earned</b>	<b>Unearned</b>	
1	\$824	\$327	
2	1,068	449	\$449
3	1,278	554	554
4	1,438	634	634

\*In order to be eligible family income must be within allowable limits and the parent must participate in a work activity.  
 \*\*Benefits for families are determined by family size and are equal to the maximum unearned income limit. For families in subsidized or public housing the benefit level is decreased by \$50 per month.

Works Program includes a number of significant changes to the Family Independence Program. A discussion of these changes is included in the full report.

One should note that while Rhode Island Works is listed under the category *Workforce Development and Increasing Self-Sustainability* it also provides income support designed to help families meet basic needs.

To be eligible for RI Works a family's income and resources must be within the limits and the parent must participate in a work activity. Eligible families receive a monthly benefit as shown in the chart above. For families living in public or subsidized housing, the benefit amount is decreased by \$50/month. For example, a family of three living in public housing receives \$504 monthly.

There is a 48 month lifetime limit on receipt of benefits and benefits cannot be accessed for more than 24 months in any 60 month period. For families in which the parent is receiving SSI disability benefits or the children are being raised by relatives, the time limits do not apply and the children can receive assistance until they turn 18.

The family's countable income must be less than the benefit amount for the family size. Income includes both earned (income from a job or self-employment) and unearned income (e.g., unemployment benefits, Social Security benefits). There are disregards applied to earned income while unearned income is counted dollar for dollar. For example, a family of three in which the parent receives \$400/month in unemployment benefits can receive \$154 in RI Works cash assistance (the difference between \$554 and \$400). A parent who is working full-time and earning minimum wage is eligible for a \$79 Rhode Island Works program cash payment. The table above shows the maximum monthly earned income a family can have and still qualify for a supplemental payment from RI Works.

The resource limit is \$1,000. The home in which the family lives, one vehicle per adult household member (up to a maximum of two), household furnishings and certain other items are not counted toward the resource limit.

Unless the parent is receiving SSI disability benefits, the parent must participate in employment plan activities as a condition of receipt of benefits for the family. Most parents are required to engage in a four week job search program as their initial activity.

As an additional condition of receiving RIWP cash assistance, the parent must co-operate with the Office of Child Support Services in establishing a support order against the non-custodial parent. The family is entitled to receive the first \$50 in child support paid by a non-custodial parent and this income is not counted against the RIWP benefit.

## Other Support Programs

### Eligibility and Benefits

SSI – The Supplemental Security Income Program (SSI) is the federal cash assistance program for individuals who cannot work because of a severe and permanent disability and for individuals age 65 and older and who do not qualify for Social Security Disability or retirement benefits or have limited benefits. The SSI benefit level is determined by the Social Security Administration. States can provide a supplemental amount. The Social Security Administration determines whether an individual meets the financial eligibility income and resource limits and the age, blind or disability standards. The Federal benefit is adjusted each year to account for inflation. The resource limit for SSI benefits is \$2,000 for an individual and \$3,000 for a couple. The value of an individual or couple’s home is excluded from the resource test, as is the value of a car (usually). In addition, select other resources are excluded, such as burial plots. In order to qualify for SSI, an individual must apply for any other applicable cash benefits. Countable income must be less than the payment amount. In addition to the benefits outlined in the table, certain moving costs are covered for some SSI recipients, as are burial expenses and some homemaker expenses.

Category	State	Federal	Total
<b>Independent Living Status</b>			
Eligible Person	\$57.35	\$623.00	\$680.35
Eligible Couple	108.50	934.00	1,042.50
<b>Living in Someone Else's Household</b>			
Eligible Person	\$69.94	\$415.34	\$485.28
Eligible Couple	128.50	622.67	751.17
<b>Living in a Licensed Residential Care or Assisted Living Facility</b>			
Eligible Couple	\$575.00	\$623.00	\$1,198.00
<b>Living in a Medicaid Facility</b>			
Eligible Person	\$20.00	\$30.00	\$50.00
Eligible Couple	40.00	60.00	100.00
SOURCE: Social Security Administration, "State Assistance Programs for SSI Recipients, January 2007, Rhode Island;" RIPEC calculations			

Effective January 1, 2009, total benefit amounts for an individual in independent living status is \$713.92 (a Federal payment of \$674.00 and a State payment of \$39.92). For a couple, the total monthly payment is \$1,090.38 (\$1,011 Federal, and \$79.38 State). The Federal payment is adjusted yearly to account for rising costs while the State payment is not.

GPA -- To qualify for GPA benefits an individual must be at least 18 years of age, have an illness, injury or other medical condition which prevents them from working, have a monthly income of \$327 or less, and resources of \$400 or less. If the individual owns an automobile it must have an equity value of less than \$1,500. If an individual qualifies, the program will provide a limited formulary of prescriptions and free doctor’s visits. In addition, qualifying individuals are eligible for “Hardship Cash Assistance,” which allows for cash assistance on a limited basis in the amount of \$200 per month.

An individual who is disabled, found eligible for Federal Medical Assistance coverage by DHS, and has applied for SSI benefits, can receive a payment of \$200/month through the GPA Bridge Program while they wait for SSI approval. Once found eligible, benefits are

retroactive to the date of application. The State is reimbursed for the Bridge payments provided to the individual from the retroactive payment.

## **Programs Addressing Temporary Difficulties**

### Unemployment Insurance in Rhode Island

Qualifications -- The Federal-State Unemployment Insurance Program is designed to provide temporary financial relief to individuals who are unemployed through no fault of their own and meet other eligibility criteria as determined by each individual state. To qualify for benefits in Rhode Island an individual must also:

(1) Meet earnings requirements of:

At least \$8,880 in either Base Period (the first four of the last five completed calendar quarters) or an Alternate Base Period (the last four completed calendar quarters before the starting date of claim)

OR

Be paid at least \$1,480 in one of Base Period quarters AND be paid total Base Period wages of at least one and one-half times highest single quarter earnings AND be paid total Base Period wages of at least \$2,960;

(2) Be able, available and actively searching for work; and

(3) Be willing to accept a suitable job while claiming benefits.

An individual can be denied benefits for the following reasons:

Leaving suitable employment without good cause<sup>1</sup>; being fired for proven misconduct connected with their job; and/or refusing a suitable job offer. If any of these criteria apply an individual is ineligible for benefits until they work at least eight weeks and earn at least \$148 per week. In the event that an individual becomes unemployed due to a labor dispute, they are ineligible for benefits.

### Federal Emergency Unemployment Compensation (EUC)

Based on legislation passed by Congress in June 2008 and amended in November 2008, the Federal EUC allows for up to 33 weeks of additional Federal unemployment to eligible Rhode Islanders during increased periods of unemployment as established by the Federal government. The EUC program is Federally funded; therefore, employers will not be charged for benefits nor receive a monetary determination. EUC payments can be obtained by individuals who are unemployed through no fault of their own and meet regular unemployment eligibility requirements.

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<sup>1</sup> Note: there are some exceptions to this rule. For example, under RIGL 28-44-17.1 an individual may voluntarily leave work due to a domestic abuse situation.

## Temporary Disability Insurance

Qualifying Wages or Employment All TDI-Participating States, 2007		
	Employment Status	Qualifying Wages or Employment
California	All workers	\$300 in SDI-taxed employment
Hawaii	Employed workers	14 weeks of employment with at least 20 hours/week; wages of \$400 during 52 weeks immediately preceding 1st day of disability
	Unemployed workers	14 weeks of employment with at least 20 hours/week; wages of \$400 during the 4 completed Calendar Quarters immediately preceding 1st day of disability
New Jersey	All workers	20 weeks of employment at 20 times the minimum wage during the base year OR 1,000 times the minimum wage during the base year OR \$7,200 in earnings during the base year
	Employed workers	4 or more consecutive weeks of covered employment for 1 employer (or 25 days of regular part-time employment) prior to disability
New York	Unemployed workers	Earned qualifying wages for UI or averaged at least \$30/week in 15 of last 52 weeks and in 40 of last 104 weeks OR earned \$13/week for 20 out of last 30 weeks preceding last day worked in covered employment
	All workers	\$150 in base period
Rhode Island	All workers	200 times the minimum wage in 1 calendar quarter and base period wages of 1-1/2 times the earnings of the highest calendar quarter; base period wages must be at least 400 times the minimum hourly wage

Sources: United States Department of Labor: Employment and Training Administration; California Employment Development Department; Hawaii Department of Labor and Industrial Relations; New Jersey Department of Labor and Workforce Development; New York State Insurance Fund; New York State Workers' Compensation Board

In addition to Rhode Island, only four states and one United States territory (California, Hawaii, New Jersey, New York, and Puerto Rico) offer TDI benefits. Rhode Island passed the first TDI law in 1942; California followed in 1946; New Jersey in 1948; New York in 1949; Puerto Rico in 1968; and Hawaii in 1969.

Weekly TDI Benefit and Duration All TDI-Participating States, 2007			
	Employment Status	Weekly TDI Benefit	Duration of Benefits
California	All workers	\$50-\$882	up to 52 weeks
Hawaii	Employed workers	\$14-\$476	up to 26 weeks
	Unemployed workers	same as UI	balance of weeks eligible in UI benefit year, but not more than 26 weeks
New Jersey	Employed workers	\$502 (max.)	up to 26 weeks OR period necessary for benefits to equal 1/3 of total wages in base year
	Unemployed workers	\$536 (max.)	up to 26 weeks; under UI and disability during employment, limited to 150% of duration for either program separately
New York	All workers	\$20-\$170	up to 26 weeks in any 52 consecutive weeks or for any single period of disability
Puerto Rico	Agricultural workers	\$12-\$55	up to 26 weeks in any 52 consecutive weeks
	Non-Agricultural workers	\$12-\$113	
Rhode Island	All workers	\$66-\$625	up to 30 weeks

Sources: United States Department of Labor: Employment and Training Administration; California Employment Development Department; Hawaii Department of Labor and Industrial Relations; New Jersey Department of Labor and Workforce Development; New York State Insurance Fund; New York State Workers' Compensation Board

## VIII. Expenditures for Selected Social Service Programs

This section provides data on expenditure levels for various social service programs, including nutrition assistance programs, Medicaid, child care assistance, housing assistance, Rhode Island Works, Supplemental Security Income and General Public Assistance.

### Major findings

#### Supplemental Nutrition Assistance Program

- Within New England, FY 2007 SNAP benefits per \$1,000 of personal income ranged from \$1.17 per \$1,000 of personal income in New Hampshire to \$3.91 per \$1,000 of personal income in Maine.
- Rhode Island's SNAP benefits increased by 8.1 percent, from \$2.01 per \$1,000 of personal income in FY 2003 to \$2.17 per \$1,000 of personal income in FY 2007. This was the slowest rate of growth in the region.

#### Medicaid

##### *National comparison (based on data from the Federal Centers for Medicare and Medicaid)*

- Between 2000 and 2008, growth in total (state and Federal) Medicaid expenditures per \$1,000 of personal income in the New England states ranged from a decline of 1.9 percent in Connecticut to an increase of 129.9 percent in Vermont. Rhode Island had the fourth highest rate of expenditure growth per \$1,000 of personal income within the New England states, growing by 14.1 percent during this period.
- Rhode Island's total Medicaid/SCHIP expenditures increased from \$38.85 per \$1,000 of personal income in FY 2000 to \$44.32 per \$1,000 of personal income in FY 2008. In FY 2000, Rhode Island had the highest Medicaid/SCHIP expenditures per \$1,000 of personal income in New England, whereas in FY 2008, the State ranked third highest within the region.
- Rhode Island's general revenue expenditures increased by 15.2 percent, from \$17.96 per \$1,000 of personal income in FY 2000 to \$20.70 per \$1,000 of personal income in FY 2008. In both FY 2000 and FY 2008, Rhode Island had the highest per \$1,000 of personal income general revenue expenditures in the region.

##### *Rhode Island (RI DHS Data)*

- Between 2000 and 2009, total (federal and State) Medicaid expenditures for the State of Rhode Island rose from \$1.1 billion to approximately \$1.8 billion, or by 65.1 percent.
- General revenue spending increased by 78.9 percent between FY 2000 and FY 2009, from \$499.1 million in FY 2000 to \$892.9 million in FY 2009.
- Expenditures on a per member basis show that spending for children with special health care needs totaled \$18,225 in FY 2006, spending for children and families in managed care totaled \$2,656 on a per member basis per year in FY 2006. Spending for adults with disabilities totaled \$23,367 per year, and spending totaled \$25,196 per year for the elderly population.

Child Care (RI DHS and CEC Data)

- Between FY 2002 and FY 2010 (estimated by CEC), total expenditures for child care declined by \$18.9 million (27.4 percent).
- General revenue expenditures for child care fell by \$46.1 million, or 87.6 percent during this time period.

TANF/Rhode Island Works Program

*National comparison (data from USDHS)*

- Between 2002 and 2006, total expenditures per \$1,000 of personal income declined by 29.5 percent in Rhode Island, versus a decline of 16.6 percent at the national level. Rhode Island experienced the largest decline of per \$1,000 of personal income expenditures in the region. Expenditures per \$1,000 of personal income declined by \$5.26 per \$1,000 of personal income in FY 2002 to \$3.71 per \$1,000 of personal income in FY 2006.

*Rhode Island (based on RI DHS and Caseload Estimating Conference (CEC) data)*

- From FY 2002 to FY 2010, total spending for the State's TANF/RIWP program is estimated by the CEC to fall from \$88.0 million in FY 2002 to \$41.6 million in FY 2009, a decrease of 46.4 percent.
- There are no general revenue expenditures budgeted by the CEC for FY 2010.

National School Lunch Program

- Between FY 2004 and FY 2008, cash payments in Rhode Island stayed at \$0.54 per \$1,000 of personal income, ranking the State 2<sup>nd</sup> highest in the region (behind Maine).
- Cash payments in FY 2008 ranged from \$0.31 per \$1,000 of personal income in New Hampshire to \$0.55 per \$1,000 of personal income in Maine. All New England states had lower cash payments per \$1,000 of personal income than the national average.

School Breakfast Program

- In Rhode Island, cash payments for the school breakfast program were at \$0.14 per \$1,000 of personal income in FY 2008, slightly up from FY 2004 levels (\$0.13 per \$1,000 of personal income).
- Cash payments per \$1,000 of personal income were lower in all New England states than the national average of \$0.20 per \$1,000 of personal income in FY 2008.

State SSI and GPA Spending (based on RI DHS and CEC data)

- Spending for the State SSI program is estimated (CEC) to decline by \$5.7 million, to \$22.2 million in FY 2010.
- GPA Bridge program expenditures are estimated (CEC) to decline from \$2.3 million in FY 2002 to \$1.9 million in FY 2010.

## Dire Needs Programs

### Supplemental Nutrition Assistance Program (SNAP)

SNAP Program Benefits FY 2003 - FY 2007 Per \$1,000 of Personal Income			
States	FY 2003	FY 2007	FY 2003-07 Change
Connecticut	\$1.12	\$1.36	21.1%
Maine	3.39	3.91	15.5%
Massachusetts	1.01	1.54	51.5%
New Hampshire	0.91	1.17	27.6%
<b>Rhode Island</b>	<b>2.01</b>	<b>2.17</b>	<b>8.1%</b>
Vermont	2.06	2.47	20.2%

Source: USDA, and RIPEC calculations.

- Within New England, FY 2007 SNAP benefits per \$1,000 of personal income ranged from \$1.17 per \$1,000 in New Hampshire to \$3.91 per \$1,000 of personal income in Maine.
- Rhode Island's SNAP benefits increased by 8.1 percent, from \$2.01 per

\$1,000 of personal income in FY 2003 to \$2.17 per \$1,000 of personal income in FY 2007. This was the slowest rate of growth in the region.

### Homelessness

Programs to End Homelessness in Rhode Island \$ million				
Program	FY 2007	FY 2008	FY 2009	FY 2007-09 Change
<i>Federal</i>				
Emergency Shelter Grant	\$0.7	\$0.7	\$0.7	0.0%
Continuum of Care	5.7	4.7	4.7	-17.5%
Title XX*	1.4	1.4	1.4	0.0%
<i>Subtotal Federal</i>	<i>\$7.8</i>	<i>\$6.8</i>	<i>\$6.8</i>	<i>-12.8%</i>
<i>State</i>				
RoadHome**				
Rental Assistance	-	\$0.5	\$0.5	-
Cash Assistance	1.0	1.3	1.3	30.0%
Housing Resources Comm.	1.3	1.3	1.3	0.0%
<i>Subtotal State</i>	<i>\$2.3</i>	<i>\$3.1</i>	<i>\$3.1</i>	<i>34.8%</i>
<b>Grand Total</b>	<b>\$10.1</b>	<b>\$9.9</b>	<b>\$9.9</b>	<b>-2.0%</b>

\*Title XX (Social Services Block Grant Program) is a Federal program.

\*\*The RoadHome Program is funded and administered by RI Housing. There are two components to the program, both for homeless individuals: a service-enriched rental assistance program and cash assistance for preventing homelessness. The rental assistance portion of the program has been in existence since July 2007. The cash assistance component has been administered by RI Housing since 2008 (before by the DHS).

Not included are: Community Development Block Grants; Emergency Shelter Grants provided by entitlement communities -- Pawtucket, Providence, Woonsocket; Emergency Food and Shelter Board; legislative grants to agencies; SAMHSA grants.

Source: RI Housing Resources Commission, RI Office of Housing and Community Development, US Dept. of Housing and Urban Development, and RIPEC calculations.

- In FY 2009, there was a total of \$9.9 million spent on homelessness programs in Rhode Island. This is a combination of Federal and State funding.
- Although funding remained constant from FY 2008 to FY 2009, there was a decrease in total (Federal and State) funding of 2.0 percent from FY 2007. While there was an increase in State funding of 34.8 percent over these two years (from \$2.3 million to \$3.1 million), there was a decrease of 12.8 percent in Federal funding (from \$7.8 million to \$6.8 million), leading to an overall decrease in combined funding.

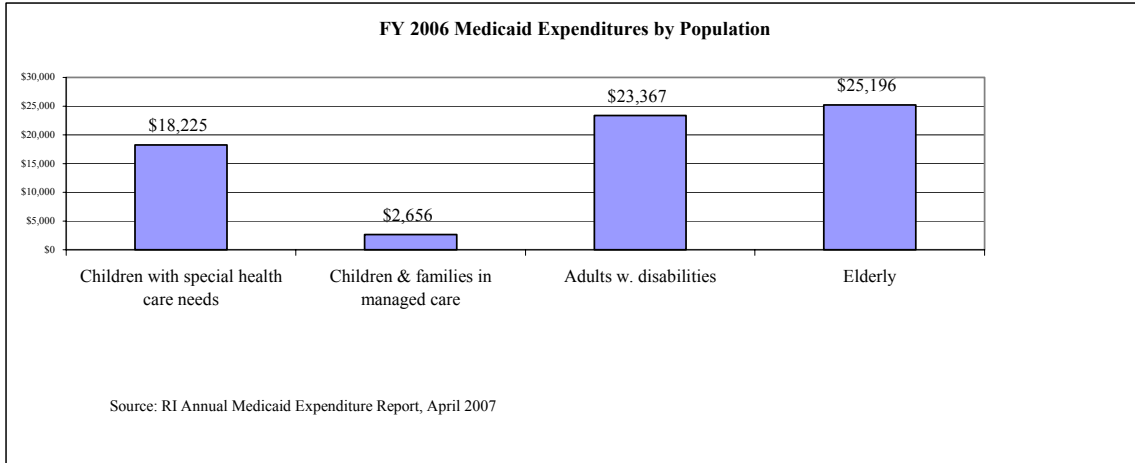
## Basic Stabilization Programs

### *Health Care*

Medicaid and SCHIP Expenditures, 2000 - 2008 Per \$1,000 of Personal Income						
States	FY 2000		FY 2008		2000-2008 Change	
	Gen Rev Exp	Total*	Gen Rev Exp	Total*	Gen Rev Exp	Total*
Connecticut	\$11.59	\$23.20	\$11.28	\$22.75	-2.6%	-1.9%
Maine	12.42	36.89	18.29	50.31	47.3%	36.4%
Massachusetts	13.88	27.84	16.79	34.05	21.0%	22.3%
New Hampshire	10.05	20.14	11.16	22.56	11.1%	12.0%
<b>Rhode Island</b>	<b>17.96</b>	<b>38.85</b>	<b>20.70</b>	<b>44.32</b>	<b>15.2%</b>	<b>14.1%</b>
Vermont	11.95	19.86	18.56	45.65	55.3%	129.9%

\*Includes general revenue expenditures plus Federal funds.  
Source: Center For Medicaid Services, Form 64; Bureau of Economic Analysis for income data; and RIPEC calculations.

- Between 2000 and 2008, growth in total (state and Federal) Medicaid expenditures per \$1,000 of personal income in the New England states ranged from a decline of 1.9 percent in Connecticut to an increase of 129.9 percent in Vermont. Rhode Island had the fourth highest rate of expenditure growth per \$1,000 of personal income within the New England states, growing by 14.1 percent during this period.
- Rhode Island's total (State and federal) Medicaid/SCHIP expenditures increased from \$38.85 per \$1,000 of personal income in FY 2000 to \$44.32 per \$1,000 of personal income in FY 2008. In FY 2000, Rhode Island had the highest Medicaid/SCHIP expenditures per \$1,000 of personal income in New England, whereas in FY 2008, the State ranked third highest within the region.
- Rhode Island's general revenue expenditures increased by 15.2 percent, from \$17.96 per \$1,000 of personal income in FY 2000 to \$20.70 per \$1,000 of personal income in FY 2008. In both FY 2000 and FY 2008, Rhode Island had the highest general revenue expenditures per \$1,000 of personal income in the region.



The chart above shows Medicaid expenditures by subpopulation. When looking at expenditures on a per member basis, spending for children with special health care needs totaled \$18,225 in FY 2006, and spending for children and families in managed care totaled \$2,656 in FY 2006. Spending for adults with disabilities totaled \$23,367 per year, and spending totaled \$25,196 per year for the elderly population.

### Child Care

- Between FY 2002 and FY 2010 (CEC), total expenditures for child care are estimated to decline by \$18.9 million (27.4 percent).
- General revenue expenditures for child care fell by \$46.1 million, or 87.6 percent, during this time period.

<b>Child Care Expenditures (\$ millions) FY 2002 - FY 2010</b>		
	<b>Total</b>	<b>Gen Rev Exp</b>
FY 2002	\$69.0	\$52.6
FY 2003	75.2	51.4
FY 2004	80.5	53.0
FY 2005	79.6	56.1
FY 2006	77.8	39.1
FY 2007	71.5	31.8
FY 2008	57.9	12.7
FY 2009*	48.9	6.5
FY 2010*	50.1	6.5
<b>FY 2002-2010</b>		
<b>Change</b>	<b>(\$18.9)</b>	<b>(\$46.1)</b>
<b>Percent</b>	<b>-27.4%</b>	<b>-87.6%</b>

\*Based on May 2009 Caseload Estimating Conference  
Source: Caseload Estimating Conference documents, DHS, and RIPEC calculations.

Housing

Federally-Funded Housing Program Expenditures, 2006-2008				
	2005-2006	2007-2008	Change 2006-2008	
			Amount	%
Tenant-based vouchers ("Housing Choice Vouchers")	\$9.2	\$8.6	(\$0.6)	-6.7%
Section 202 Housing	2.8	6.6	3.8	134.4%
Section 811 Housing	5.8	2.3	(3.5)	-59.8%
Low Income Housing Tax Credit	3.1	4.1	1.0	32.6%
HOME Program	5.4	5.1	(0.2)	-4.4%
<b>Total</b>	<b>\$26.3</b>	<b>\$26.7</b>	<b>\$0.4</b>	<b>1.7%</b>

\*Total does not include Public Housing and Tenant-based Voucher expenditures.  
 \*Note: The amounts for Housing Choice Vouchers and the HOME program refer only to those funds granted directly to Rhode Island Housing, so they do not include funding that may go directly to Entitlement communities and local Housing Authorities.

Source: Rhode Island Housing Consolidated Annual Performance and Evaluation Reports (CAPER) FYs 2005-2007.

- In 2008, total Federal funding for housing programs amounted to \$26.7 million, a slight increase (1.7 percent) from the 2006 amount of \$26.3 million.
- Between 2006 and 2008, the largest increase in Federal housing expenditures was for the Section 202 Housing program (Elderly Housing), which increased by 134.4 percent over these two years.
- The program in which funding decreased the most during these two years was Section 811 Housing (for individuals with disabilities): funding decreased by 59.8 percent.

Nutrition Assistance

National School Lunch Program Cash Payments Per \$1,000 of Personal Income FY 2004 - FY 2008					
States	FY 2004		FY 2008*		FY 2004-08 Change
	Amount	% of US	Amount	% of US	
US**	\$0.71		\$0.69		-2.4%
Connecticut	\$0.36	50.2%	\$0.34	48.6%	-5.5%
Maine	0.52	73.2%	0.55	79.5%	6.1%
Massachusetts	0.35	49.8%	0.36	51.8%	1.4%
New Hampshire	0.30	42.0%	0.31	44.4%	3.1%
<b>Rhode Island</b>	<b>0.54</b>	<b>76.4%</b>	<b>0.54</b>	<b>78.6%</b>	<b>0.4%</b>
Vermont	0.46	64.9%	0.44	64.1%	-3.7%

\* Preliminary Data  
 \*\* US total includes Washington DC, US Territories, and the Department of Defense  
 SOURCE: USDA Annual Summary, various years; and RIPEC calculations.

- In both FY 2004 and FY 2008, cash payments in Rhode Island stayed at \$0.54 per \$1,000 of personal income, ranking the State 2<sup>nd</sup> highest in the region (behind Maine).
- Cash payments in FY 2008 ranged from \$0.31 per \$1,000 of personal income in New Hampshire to \$0.55 per \$1,000 of personal income in Maine. All New England states had lower cash payments per \$1,000 of personal income than the national average.
- In Rhode Island, cash payments for the school breakfast program were at \$0.14 per \$1,000 of personal income in FY 2008, slightly up from FY 2004 levels (\$0.13 per \$1,000 of personal income).
- Cash payments per \$1,000 of personal income were lower in all New England states than the national average of \$0.20 per \$1,000 of personal income in FY 2008.

## Workforce Development and Increasing Self-Sustainability

### Rhode Island Works

TANF Expenditures (State and Federal) FY 2002 - FY 2006 Per \$1,000 of Personal Income										
States	FY 2002				FY 2006				2002 - 2006 Change	
	State	% of US	Total	% of US	State	% of US	Total	% of US	State	Total
US*	\$1.23		\$2.89		\$1.13		\$2.41		-8.1%	-16.6%
Connecticut	\$1.26	102.2%	\$2.97	102.6%	\$1.33	117.2%	\$2.69	111.8%	5.4%	-9.1%
Maine	1.18	95.4%	2.93	101.2%	1.17	103.0%	2.61	108.2%	-0.7%	-10.8%
Massachusetts	1.44	116.9%	2.69	93.0%	1.63	144.1%	2.75	114.0%	13.3%	2.1%
New Hampshire	0.75	60.8%	1.68	58.0%	0.64	56.3%	1.40	58.0%	-14.8%	-16.7%
<b>Rhode Island</b>	<b>2.26</b>	<b>183.3%</b>	<b>5.26</b>	<b>182.0%</b>	<b>1.87</b>	<b>165.3%</b>	<b>3.71</b>	<b>153.9%</b>	<b>-17.1%</b>	<b>-29.5%</b>
Vermont	1.43	116.2%	3.84	132.7%	1.36	120.0%	2.84	117.9%	-5.1%	-25.9%

\*US total includes Washington DC  
SOURCE: USDHHS Administration for Children and Families, various years (Form ACF-196); Bureau of Labor Statistics for income data; and RIPEC calculations.

- Data in the table above are from the United States Department of Health and Human Services Administration for Children and Families for fiscal years 2002 and 2006, the most recent year for which complete data are available. The data include State and federal TANF expenditures. As per the Federal authorizing legislation, States are required to report on their total TANF expenditures. This accounting includes Federal expenditures and state maintenance of effort (MOE) expenditures on assistance and non-assistance programs. Assistance programs include basic assistance (cash payments), child care, and transportation and supportive services. Non-assistance expenditures include expenditures for work-related activities, the refundable earned income tax credit (EITC) and other refundable credits, non-recurring, short-term benefits, pregnancy prevention activities, programs to encourage the formation of two-parent families, administrative and system costs, and other child care and transportation programs. In addition, states are required to report MOE expenditures in separate state programs.

- During this time period, total expenditures per \$1,000 of personal income declined by 29.5 percent in Rhode Island, and by 16.6 percent at the national level. Rhode Island experienced the largest decline in per \$1,000 of personal income expenditures in the region. Expenditures per \$1,000 of personal income declined from \$5.26 per \$1,000 of personal income in FY 2002 to \$3.71 per \$1,000 of personal income in FY 2006.
- Rhode Island was one of four New England states to see a decrease in state spending per \$1,000 of personal income between FY 2002 and FY 2006. State TANF expenditures per \$1,000 of personal income in Rhode Island fell from \$2.26 per \$1,000 of personal income in FY 2002 to \$1.87 per \$1,000 of personal income in FY 2006, a decrease of 17.1 percent.

<b>TANF/FIP Expenditures (\$ million)</b>		
<b>FY 2002 - FY 2010</b>		
	<b>Total</b>	<b>Gen Rev Exp</b>
FY 2002	\$88.0	\$15.6
FY 2009*	55.4	0.5
FY 2010*	41.6	0.0
<b>FY 2002-2010</b>		
<b>Change</b>	<b>(\$46.4)</b>	<b>(\$15.6)</b>
<b>Percent</b>	<b>-52.7%</b>	<b>-</b>

\*Based on May 2009 CEC  
Source: Caseload Estimating Conference, DHS and RIPEC calculations.

- Data for the table on the left are based on the May 2009 Caseload Estimating Conference and the Rhode Island Department of Human Services.
- From FY 2002 to FY 2010, total spending for the State's TANF/RIWP program is estimated by the CEC to fall from \$88.0 million in FY 2002 to \$41.6 million in FY 2009, a decrease of 46.4 percent.
- There are no general revenue expenditures budgeted by the CEC for FY 2010.

## Long-Term Support Programs

### SSI and GPA

- Spending for the State SSI program is estimated (CEC) to decline by \$5.7 million, to \$22.2 million in FY 2010.
- GPA Bridge program expenditures are estimated (CEC) to decline from \$2.3 million in FY 2002 to \$1.9 million in FY 2010.

<b>General Revenue Expenditures</b>		
<b>for SSI and GPA</b>		
<b>FY 2002 - FY 2010</b>		
<b>\$ million</b>		
	<b>SSI</b>	<b>GPA*</b>
FY 2002	\$27.9	\$2.3
FY 2009**	25.1	2.3
FY 2010**	22.2	1.9
<b>FY 2002-2010</b>		
<b>Change</b>	<b>(\$5.7)</b>	<b>(\$0.4)</b>
<b>Percent</b>	<b>-20.6%</b>	<b>-16.7%</b>

\*GPA Bridge program  
\*\*Based on May 2009 CEC  
Source: Caseload Estimating Conference documents, DHS documents and RIPEC calculations.