

# Family Visiting Legislative Report

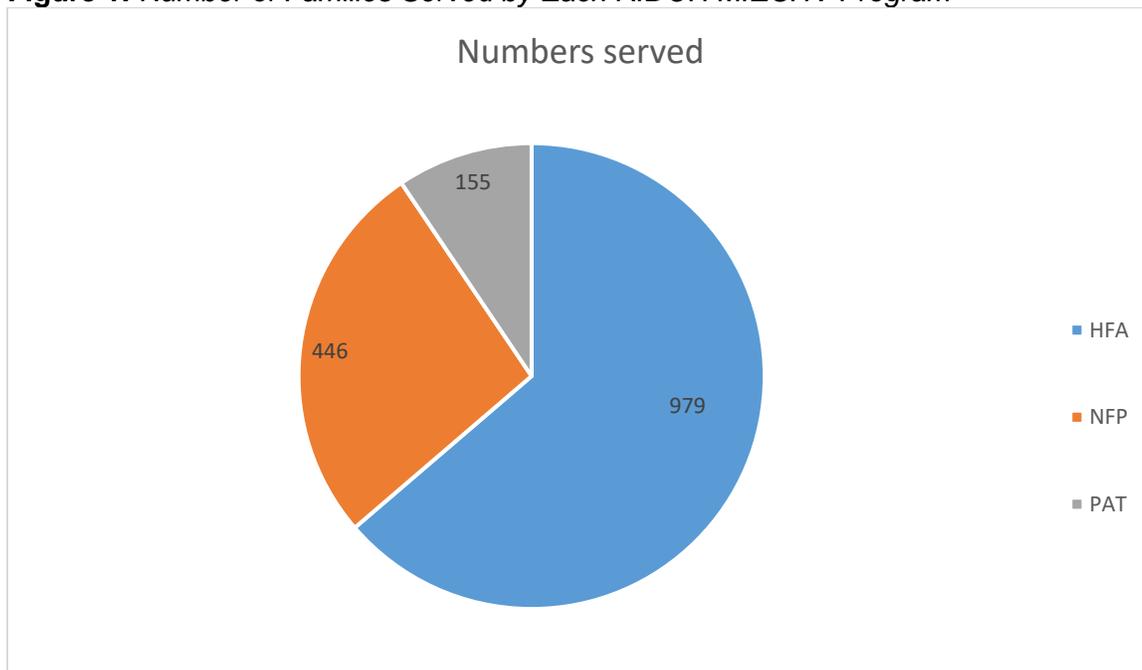
FEBRUARY 25, 2025



## About Family Visiting

The Rhode Island Department of Health (RIDOH) offers pregnant women and families with young children the opportunity to receive supportive visits from four different Family Visiting programs. Family Visiting programs are home-based programs that provide crucial guidance and support to families where they are often most comfortable receiving services - in their home, wherever they are staying, or in a community-based setting. Offered in every city and town in Rhode Island, Family Visiting programs link expectant and new parents and families with young children with resources and services in their community. RIDOH implements three evidence-based Family Visiting programs: Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents as Teacher (PAT). Collectively, these three programs are known as RIDOH’s evidence-based Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs. RIDOH also implements a short-term statewide program, First Connections.

**Figure 1:** Number of Families Served by Each RIDOH MIECHV Program



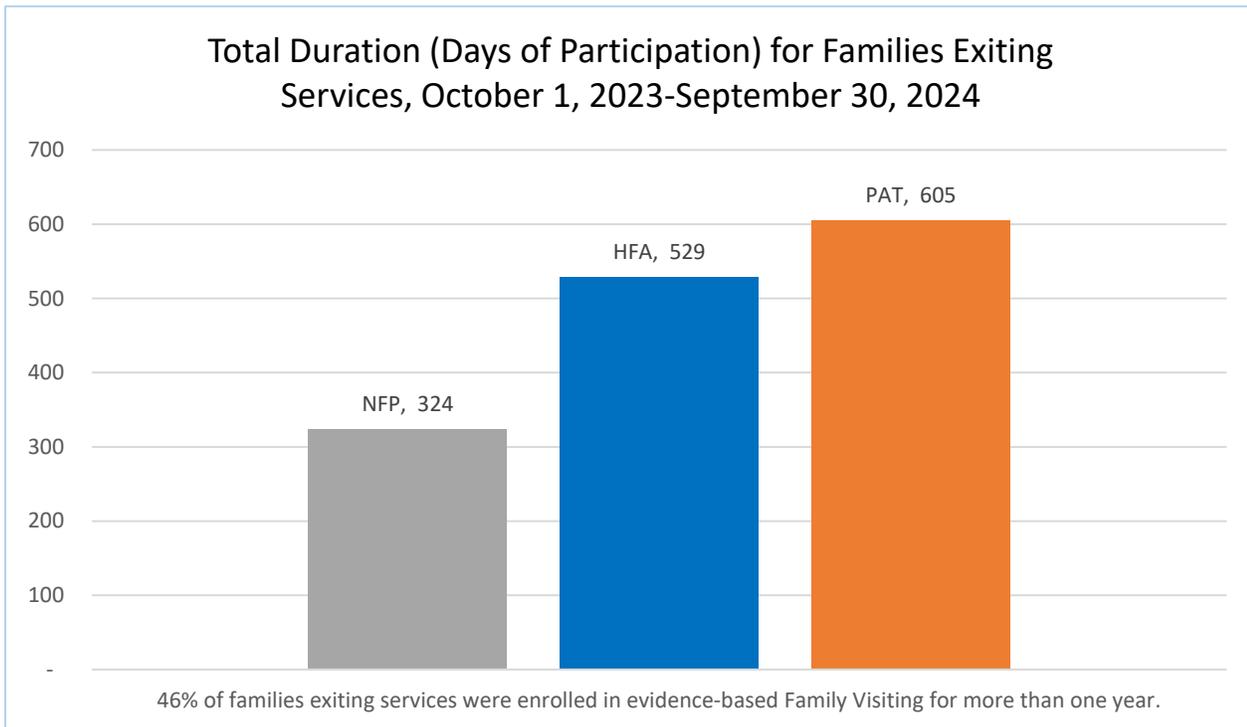
In 2024, the three programs provided 21,754 visits to families.

**Figure 2:** Demographic Data for Families Who Participated in a RIDOH MIECHV Program, Federal Fiscal Year 2024

Demographic	Number	Percent
Primary caregivers younger than 20	110	7%
Primary caregivers who identified as Hispanic/Latino	888	56%
Primary caregivers who were working full time	401	25%
Primary caregivers who did not have a high school diploma or GED	426	27%
Primary caregivers who were married	527	33%
Families who rented or shared their home or apartment or lived in public housing, making them vulnerable to increasing rents and housing shortages	991	63%
Families who were unhoused with no permanent address (homeless)	37	2%

Families with a history of interactions with child welfare, either as children or parents	229	14.5%
Households with a family member with a history of substance use or needed substance use treatment	174	11%
Households with a member currently or formerly in the military	51	3%
Households with a child with a developmental disability or delay	152	10%
Children in homes where the primary language spoken in the home was not English	839	54.4%
Enrolled children with public insurance	1,308	85%
Enrolled children who received medical care at a federally qualified health center	536	35%

**Figure 3: Families' Duration of Participation in RIDOH MIECHV Programs**



As of October 1, 2024, Healthy Families America and Parents as Teachers in Rhode Island may provide services until a child's fifth birthday. This additional year of support has been welcomed by families.

## Cross-Departmental Coordination

RIDOH collaborates closely with sister State agencies to ensure that the programs are coordinated and aligned. Rhode Island's Family Visiting programs are also a critical support for other State agencies. In federal Fiscal Year 2024, 649 children, up to age three, were referred to First Connections by the Department of Children, Youth, and Families (DCYF). Of the 649 children referred by DCYF, 572 children had an indicated case of child abuse or neglect; 77 children were in families that were investigated by DCYF, but the case was unfounded. First Connections partners with DCYF to support families that have been referred, tailoring visits to address the specific needs of the family. First Connections also provides developmental screenings to eligible children and connects them to Early Intervention or other developmental supports, if necessary. First Connections works with foster parents and kinship guardians to support them when a child has been placed outside of their home by DCYF, and First Connections works in the home with families to reduce risks. First Connections may connect families to a long-term, evidence-based MIECHV program if appropriate. DCYF also made a total of 71 referrals to MIECHV programs – 35 to Healthy Families America, 5 to Nurse-Family Partnership, and 31 to Parents as Teachers.

Family Visiting programs also partner with the Department of Human Services (DHS) to link families to the Child Care Assistance Program (CCAP), the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF)/RI Works programs, and other DHS services. DHS provides funding to support First Connections.

Family Visiting and Rhode Island's Early Intervention Program work together to support the development needs of young children. RIDOH's Family Visiting program includes a certified Community Health Worker (CHW) that assists in linking families that deliver at Women & Infants to family visiting services. When the Family Visiting program receives a referral for Early Intervention, the CHW contacts the family who is referred and assists them in getting connected to an Early Intervention provider. In 2024, the Family Visiting Program Manager at RIDOH and the Part C, Early Intervention Coordinator at the Executive Office of Health and Human Services (EOHHS) were recognized for the collaboration between Family Visiting and Early Intervention from their federal funders. In October 2024, the two programs worked together to plan and support a Family Visiting Workforce Celebration. This event, the first in-person event since 2019, brought together the Family Visiting workforce from Early Intervention, Early Head Start, and Family Visiting programs and featured guest speakers and training that acknowledged and celebrated the challenging work that family visitors do alongside families.

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) gives funds to some Family Visiting agencies to provide additional support and care coordination for families and children impacted by substance use disorder. The Family Visiting Program provides funds to support a Peer Recovery Specialist who can make referrals to family visiting programs, providing warm handoffs and supported connections to the programs.

The Family Visiting Program partners with the Department of Education (RIDE) to promote Rhode Island's pre-kindergarten lottery. The HFA and PAT programs provide supports to pre-school-aged children and support families to access pre-kindergarten. A representative from RIDE attends the Family Visiting Parent/Caregiver Advisory Council each year to talk about pre-kindergarten and kindergarten and how to enroll their children. The representative also answers specific questions parents may have about their children's education.

## MIECHV Program Outcomes

These outcomes are assessed statewide across all MIECHV programs annually.

<b>Federal Performance Measures</b>	<b>Rhode Island*</b>	<b>National threshold</b>
<b><i>Maternal and Newborn Health</i></b>		
Infants born to mothers who enrolled in Family Visiting prenatally, before 37 weeks, who are born pre-term following program enrollment	6.1%	12.5%
Infants in one of the programs receive breast milk at six months of age	65%	43.5%
Children who received (completed) their most recent well-child visit	87%	69.7%
<b><i>Child Injuries, Abuse, Neglect, and Maltreatment and Emergency Department Visits</i></b>		
Enrolled children who had at least one investigated case of maltreatment	2.4%	7.7%
<b><i>School Readiness and Achievement</i></b>		
Caregivers who read, sang, or told stories to their child(ren) every day during a typical week	89%	82.6%
<b><i>Crime or Domestic Violence</i></b>		
Primary caregiver screened for intimate partner violence within six months of enrolling in HFA, NFP, or PAT	98%	79%
<b><i>Family Economic Self-Sufficiency</i></b>		
Primary caregivers who were enrolled in a program for at least six months and maintained continuous health insurance for six months	91.7%	83.4%
<b><i>Coordination and Referrals for Other Community Resources and Supports</i></b>		
Primary caregivers who received a timely referral for maternal depression and had a service contact	44.4%	40.9%

\*Numbers are from data collected in federal Fiscal Year (FFY) 2024. Demonstration of Improvement data is from FFY 2023.

## Children Facing Significant Risk Factors and Fiscal Plans to Expand Access to Family Visiting

In federal Fiscal Year 2024, 6,080 Rhode Island children were born at risk for poor developmental outcomes, based on a developmental assessment conducted at birth. This assessment considers the circumstances of the birthing parents and their newborn(s). Newborns at risk for poor developmental outcomes may be born into families facing adversity that is impacting health outcomes, educational attainment, and/or financial well-being.

RIDOH's plan to gradually expand statewide access to MIECHV programs for vulnerable families is ongoing and is part of a larger plan to serve more high-need families. The plan includes continuing to access all available federal funding and to access Medicaid funding for eligible families. After the establishment of a cost structure for the evidence-based programs was developed, the authority was granted for the Healthy Families America, Nurse-Family Partnership, and Parents as Teachers programs to bill Medicaid for visits with families. All MIECHV providers were required to start billing Medicaid in 2023 for those families insured by the Medicaid program. Federal funding is accessed for any family who is not a Medicaid beneficiary.

In addition to program support through Medicaid reimbursement, RIDOH continues to receive funds through the federal MIECHV Program. These funds are used to support activities and costs that are not covered by Medicaid reimbursement and/or for families with private or no insurance. To access all available federal funds, a State match is required. RIDOH estimates that it would cost an additional \$12,512,500\* per year to serve all at-risk children, regardless of insurance. In Rhode Island, commercial insurance plans that fall under the oversight of the Rhode Island Office of the Health Insurance Commissioner (OHIC) do not cover MIECHV services.

*\*RIDOH's MIECHV programs served approximately 1,542 children in federal Fiscal Year 2024. There were an estimated 6,080 children identified to be at risk. The average annual cost of the programs is \$5,500 per family. To serve an additional 4,550 children is estimated to cost \$25,025,000. However, all family services are voluntary, and RIDOH estimates that approximately half of the families who are offered a program accept the services. Thus, the estimated funds needed would be \$12,512,500.*