

Rhode Island Department of Health

Family Visiting Legislative Report

July 28, 2023

About Family Visiting



“The main thing I want people to know about family home visiting is that we help families not just through connecting them to resources and providing education but through relationships that empower them to navigate the direction of their lives. But the most important thing we do is we are a resource for families that don’t have many resources. Often, we are the ones that are called in a crisis, because our clients trust us to be non-judgmental and collaborative.”

-Current Family Visitor Servicing Central Falls, Pawtucket, and Providence

Family visiting is a crucial lifeline offered in every city or town to expectant parents and families with young children. These programs, called Family Visiting in Rhode Island, pair expectant and new parents and families with a nurse, social worker, early childhood specialist, or community health worker who provides support and resources to improve the family’s health, education, and social-emotional health outcomes. **Participation in these programs is voluntary and is provided at no cost to families.** Family visiting programs provide services wherever families are often most comfortable receiving services - in their homes or where they are living at the time. Family Visiting is unique because it does not require a family to have transportation to access services or to have a home of their own. The service goes to them.

Parenting can be rewarding and challenging at the same time. Many expectant and new parents with good-paying jobs, stable and safe housing, and reliable family would tell you that becoming a parent was one of the most exciting and stressful times of their life. Now, imagine parenting when someone is unemployed or under-employed, unable to find affordable childcare so they can work, experiencing postpartum depression, and/or parenting alone. This is why the Family Visiting Program is important to Rhode Island families.

Due to the complexity of families and each family’s unique needs, the Rhode Island Department of Health’s (RIDOH) and the Family Visiting programs need to collaborate with different State agencies and programs. Each of the four family visiting programs receive referrals for families at risk for involvement or currently involved with the Department of Children, Youth, and Families (DCYF). Family Visitors work with DCYF staff to understand the needs and opportunities of

each family with whom they are working. Family Visiting programs work with the Department of Human Services (DHS) to link families to RI Works programs and to assist families with accessing services available through DHS, such as SNAP and the Child Care Assistance Program (CCAP). Family Visiting and Rhode Island's Early Intervention Program work together to support the development needs of young children.

In a March 2022 issue brief, the National Conference of State Legislatures described home visiting as “a prevention strategy used to support pregnant moms and new parents to promote infant and child health, foster educational development and school readiness, and help prevent child abuse and neglect. See: [Home Visiting: Improving Outcomes for Children \(ncsl.org\)](https://www.ncsl.org/legislative-policy-research/home-visiting-improving-outcomes-for-children) Across the country, high-quality home visiting programs offer vital support to parents as they deal with the challenges of raising babies and young children.” The Rhode Island General Assembly's and the State's support of family visiting programs have been critical to the thousands of expectant people, families, and young children in Rhode Island who benefit from family visiting programs each year.

“My husband and I feel like we have the skills to advocate and build a good life for our child. We work together to stay calm when challenging behaviors arise and reach out for help when we don't know what to do. Our child is thriving because of the strong foundation family visiting provided us.”

Family in Washington County

In 2022, of the 9,762 infants born in Rhode Island, 6,348 were at risk for poor developmental outcomes.

First Connections

First Connections is Rhode Island's short-term family visiting response program that serves thousands of pregnant people and families with young children each year. More than 60% of families with newborns are referred to a First Connections provider when the infant is discharged from the hospital. Many of these newborns go home to low-income families who do not have a lot of support or resources. First Connections connects families to WIC, SNAP, behavioral health services, and rental assistance programs. It also teaches and educates about the importance of breastfeeding, injury prevention, and infant safe-sleep. This education saves lives every year.

In 2022, First Connections staff visited more than 3,300 expectant families and children younger than three and provided more than 5,500 separate home visits.

First Connections receives referrals for children who are involved with DCYF. In 2022, First Connections received 821 referrals from DCYF, an increase of 12% from 726 referrals in 2021. First Connections provides support to families with young children who are living with their parent(s) or who are in DYCF placement. Families with DCYF involvement often require additional time and visits to ensure child safety. First Connections staff coordinate with DCYF and assist parents in establishing connections to support behavioral health, substance use treatment, legal services, or Early Intervention.

RIDOH's First Connections Program receives Medicaid reimbursement to support the family home visiting services provided to expectant parents and families. In July 2022, Medicaid reimbursement rates for First Connections increased for the first time in more than 20 years.

The current rates are adequate; however, they are scheduled to sunset at the end of June 2024. If the agencies revert to the previous rates, according to the providers, they will become financially unstable and/or lose staff who receive pay increases. RIDOH did a cost study when it developed the rates in 2021/2022.

RIDOH has been working closely with the Office of the Health Insurance Commissioner (OHIC), the Executive Office of Health and Human Services (EOHHS), and other State agencies to implement the comprehensive reviews conducted by OHIC of all social and human service programs having a contract with, or licensed by, the State, inclusive of EOHHS and the State agencies under its purview, as required by State of Rhode Island General Laws (RIGL) § 42-14.5-3(t). As a part of this process, RIDOH is working to ensure that Medicaid rates for First Connections are sustainable.

Sustaining Medicaid rates is critical, so existing First Connections agencies are able to provide essential services without a deficit. The early childhood workforce, particularly due to the increasing shortage of maternal child health nurses and social workers, requires rates that can attract these professionals to this specialized work. Without the maintenance of these increased Medicaid rates, current First Connections providers may not be able to continue to provide services.

As of September 30, 2022, Rhode Island has five First Connections agencies. South County Home Health did not renew its contract with RIDOH which ended on September 30, 2022, so RIDOH immediately sought another provider to see families in Kent and Washington counties. Family Services of Rhode Island (FSRI) began serving families in those areas on October 1, 2022.

“Family home visiting helped my family get off to a strong start and face the challenges of becoming a new parent. I developed confidence in my emerging skills. My nurse from Nurse-Family Partnership helped me plan for my labor and helped connect me with a doula. She helped me create plans to manage my stress and mental health needs and was always there to check-in. She was non-judgmental and empowered me to make the best decisions for me and my family. She was with me at the most vulnerable moments of my life, and I will forever be grateful.”

Nurse-Family Partnership Graduate from Washington County

Evidence-Based Family Home Visiting Programs

Rhode Island is one of the few states that does not provide State funds to support evidence-based home visiting. Rhode Island receives annual funds that are determined by the Health Resources and Services Administration (HRSA) and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. The MIECHV program began in 2010 through the *Affordable Care Act* and was reauthorized by Congress in December 2022 for another five years. RIDOH uses those federal funds to implement three evidence-based family home visiting programs: Healthy Families America (HFA), Nurse-Family Partnership (NFP) and Parents as Teachers (PAT). In federal fiscal year (FFY)22, nearly 1,500 Rhode Island families received a total of 15,794 home visits through one of these three programs. By evidence-based model, HFA provided 11,801 visits to 960 families; NFP provided 1,168 visits to 195 families; and PAT served 711 families and provided 6,542 visits.

Many of the families seen by HFA, NFP, or PAT are among the highest-need families in Rhode Island. (Some parents do refuse the screenings that would determine their eligibility for one of the evidence-based programs.)

Of the primary caregivers that participated in an evidence-based program in FFY 22:

- 61% had a high school diploma or less.
- Of those primary caregivers that were not homeless or staying in temporary housing, only 7% owned their own home, and 67% rented or shared an apartment, making them vulnerable to rapidly increasing rents.
- 18% had a history of interactions with child welfare, either as children or as parents.
- 13.5% of households visited had a family member with a history of substance use or who needed substance use treatment.
- More than two-thirds of primary caregivers were 25 or older, and almost 46% were 30 or older.

The evidence-based family home visiting programs serve diverse families throughout Rhode Island. In FFY 22:

- Just more than 50% of primary caregivers identified as Hispanic.
- More than 21% of primary caregivers identified as Black/African American.
- About 37% of children were in homes where the primary language spoken in the home was Spanish.

Of the primary children that participated in evidence-based family visiting in FFY 22:

- 46% lived in a home where the primary language spoken was not English.
- Almost 90% had public health insurance or no health insurance at all.
- More than 33% received healthcare from a federally qualified health center.

With respect to RIDOH's MIECHV programs, RIDOH does receive State funds to support the evidence-based family home visiting services provided to expectant parents and families with young children. As of October 1, 2024, the Federal MIECHV Program requires a state match to access all available federal funds.

RIDOH is working with HRSA for clarification to determine the state dollars necessary to access the full federal funding. RIDOH has been able to successfully combine state appropriations with federal funds to fund the expansion of evidence-based home-visiting programs with the goal of offering the programs to all the State's pregnant and parenting teens; families with a history of involvement with the child welfare system; and other vulnerable families not served by other home visiting program including, but not limited to, First Connections. State funds were appropriated to support RIDOH's evidence-based home-visiting programs for FFY22. RIDOH will develop plan options, including but not limited to, the fiscal costs and benefits, to gradually expand access to the existing evidence-based, family home-visiting programs in Rhode Island to all vulnerable families after RIDOH receives clarification from the federal MIECHV Program and the OHIC rate-setting project has ended. The OHIC rate-setting project includes RIDOH's NFP and HFA programs as well as First Connections.

Beginning in FY 2024, states' ability to access federal MIECHV funds will change. States will be required to provide State match funding to access all federal MIECHV funds that are available.

For Rhode Island, every \$1 provided by State funds, will allow the State to access \$3 in federal funds.

If Rhode Island can access these federal funds, the maximum number of services may be offered. Federal funds are needed to build and stabilize the Family Visiting workforce and to maintain or increase wages. Unlike some other early childhood programs in Rhode Island, historically, family visiting programs have been fortunate to find ways to continue serving families and avoiding long waitlists, despite staffing challenges. RIDOH's Family Visiting Program made every effort to be flexible so families could get their basic needs met and could be seen by a family visiting provider without a wait. Funds are also necessary to provide ongoing training on emerging topics so that family visitors can assist families with the complex issues they face.

Family visitors provide services and assistance to some of the most vulnerable families, including those with behavioral health needs and who are involved with DCYF. In addition to DCYF's 821 referrals to First Connections, DCYF also made more than 130 referrals to one or more of the evidence-based programs. Some of these referrals were for parents whose children had been removed from their care. These parents needed long-term supports to build parenting skills and establish and maintain connections to behavioral health services, substance use treatment, and housing.

With additional funds, RIDOH's Family Visiting Program could maintain its current service level and possibly expand its reach and provide services to more high-risk families. As of April 2023, Rhode Island is only able to support 1,389 families in HFA, NFP, and PAT. The federal Preschool Development Grant funds will end in December 2023, and without additional funds, Rhode Island could see a loss of 136 family slots.

"Having a Family Visitor is a great way to check on families because if someone is struggling, they may slip through the cracks if no one is able to see what's going on but having a Family Visitor constantly being in contact (and after they've built a good rapport), there's a better chance the parent(s) could be connected to get the help they need."

Current Family in Washington County

Why Invest in Family Visiting Programs?

Family Visiting works in Rhode Island. This program has a positive effect on child and parental health and provides a foundation for support that can improve a family's future trajectory. There are 21 federal performance measures that states report annually to HRSA. When an expectant parent or family with a newborn or young child sustains their enrollment in an evidence-based program, they are more likely to improve outcomes for their family. For many of the national performance measures, Rhode Island programs exceed national MIECHV averages.

-67% of infants in one of the programs are receiving breastmilk at six months of age

National average for MIECHV awardees = 45%

-82% of children had their most recent well-child visit

National average for MIECHV awardees = 70%

-Only 1.2% of children without an open DCYF case at time of enrollment went on to have an investigation by DCYF while enrolled

National average for MIECHV awardees = 7%

-More than 92% of primary caregivers were screened for depression, almost 94% screened for interpersonal violence, and 92% were screened for substance use disorder at the time of program enrollment*

National averages for MIECHV awardees are 82% (depression), 80% (interpersonal alliance), and 52% (substance use disorder)

These are just a few data points that underscore the positive difference a Family Visiting program and a well-trained Family Visitor can have on a family, regardless of whether it is a few visits early in a child's life or dozens of visits during pregnancy or early childhood.

"Family visiting is one of the core pillars of Rhode Island's perinatal and early childhood health system. The prenatal and postpartum periods represent an important window of opportunity for parent and child well-being, and the family visiting programs offered in Rhode Island support a solid foundation for child health across the lifespan. All families can benefit from this program!"

*- Stephanie H. Parade, Ph.D., Director of Early Childhood Research
Bradley/Hasbro Children's Research Center, E.P. Bradley Hospital*