

# Family Visiting Program Legislative Report

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## What is Family Visiting?

Family visiting is a critical service offered throughout the state to thousands of expectant parents and families with young children. Home visiting programs, called Family Visiting in Rhode Island, pair expecting and new parents and families with a nurse, social worker, early childhood specialist, or community health worker who provides support and resources to improve family outcomes, such as health, education, and social emotional health. It is a voluntary support provided at no cost to the family. Family visitors work in partnership with families to ensure that families can fully support their children's health and development during the early years, when brain development is most important. Family visitors meet regularly with families and work with them to determine their needs. Family visitors provide services specific to each family, promoting positive parent-child relationships, early learning and development, positive health outcomes, and support in accessing resources in their community. Services may include:

- **Promotion of preventive health and prenatal care, including the importance of well-child and post-partum visits:** Family visitors provide health education to participants during and after pregnancy; screen for maternal depression and substance use; refer to prenatal and postpartum healthcare providers, behavioral health providers; and directly provide preventive behavioral health interventions for psychological well-being. Family visitors encourage families to make sure they attend prenatal and well-child visits.
- **Education on child development and timely developmental screening:** Family visitors provide education on child development, provide timely developmental screenings, and engage in activities to improve child functioning across developmental domains to enhance school readiness and promote positive parent-child interactions.
- **Training on positive parenting techniques and support for infant care, child safety, and safe-sleep practices:** Family visitors address appropriate parenting techniques and provide positive behavioral support. They also offer education and support related to infant care, child safety, breastfeeding, and safe-sleep practices to improve health outcomes and reduce risk of harm or injury.
- **Support for families to help set future education and employment goals:** Family visitors support families around plans for returning to work or continuing with education and securing quality and accessible childcare. Family visitors encourage parents to set goals around education and training programs and encourage pursuit of employment. Family visitors help families access GED classes and family-support services such as temporary cash assistance and supplemental food programs.
- **Connection to community resources and care coordination:** Family visitors provide referrals to community resources including childcare, healthcare, housing, education, transportation, mental health, and legal services. They also coordinate care with other services a family may already have.

## COVID-19 and Family Visiting Programs

All family visiting programs maintained full operation during the pandemic. Despite challenges and limitations presented by the COVID-19 pandemic, family visiting maintained services with a hybrid service delivery model. Families were offered in-person visits when it was safe to do so, in addition to virtual and telephone visits. Family visitors supported families who were in isolation or quarantine by dropping off emergency supplies and other items to keep families healthy and safe. Family visitors ensured families had food and diapering supplies necessary to care for an infant. **These programs were truly a lifeline to families in numerous cases.** The Family Visiting Program has received hundreds of referrals from the COVID-19 Response Team. These referrals have required immediate contact with families to provide basic needs, address behavioral health and housing needs, and connect families to benefits.

## Family Visiting Programs

The Rhode Island Department of Health (RIDOH) supports four family visiting programs that are available statewide.

### Family Visiting



### First Connections

First Connections is a program developed specifically for Rhode Island families. Provided by five community-based agencies, First Connections is a short-term family visiting program for expectant parents and families with young children up to age three. Children are often referred at the time of hospital discharge through Rhode Island's newborn screening system. Families' needs are assessed, and they are connected to necessary resources, including evidence-based family visiting programs. First Connections is also the child find program for Early Intervention, providing developmental screenings and linking children to developmental supports.

## **2021 First Connections Successes**

- Almost 4,000 families received a visit, an increase of 15% from 2020.
- More than 7,500 visits were provided and 2,000 service referrals made.
- More than 770 children were referred to First Connections by the Department of Children, Youth and Families (DCYF). First Connections is a critical support to DCYF, providing parenting support, connections to resources and developmental screenings. First Connections supports DCYF by being present in homes, teaching safe infant and child care, promoting positive parenting practices and linking families to necessary supports to meet their needs.

## **First Connections Substance Exposed Newborn Program**

This is a specialized version of First Connections for infants exposed in utero to legal and illegal substances that have the potential to affect their short and long-term health and development. Substance exposed newborns (SENs) accounted for approximately 6% (about 550) of all births in 2021. Pregnant women who use substances can benefit from intensive coordinated care that encompasses maternal child health and recovery and treatment. The overarching mission of RIDOH's SENs Program is to improve the bio-psycho-social health and well-being of women who use substances during pregnancy and their substance-exposed newborns. One of the program's goals is early identification of pregnant women who use substances with subsequent connection to evidence-based programs, including family visiting and Medication Assisted Treatment.

## **Healthy Families America**

Healthy Families America (HFA) aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors to prevent child abuse and neglect. HFA is a program of Prevent Child Abuse America. Services begin prenatally or soon after a baby is born and may continue until a child turns four.

## **Nurse-Family Partnership**

Nurse-Family Partnership (NFP) exclusively serves low-income, first-time mothers. Trained, bachelor's degree-level nurses support families in three key areas: pregnancy outcomes, child health and development, and parental life trajectory. Women enroll before their 28<sup>th</sup> week of pregnancy and are visited up until their child's second birthday.

## **Parents as Teachers**

Parents as Teachers (PAT) aims to increase parent knowledge of early childhood development, improve parenting skills, provide early detection of developmental delays and health issues, increase children's school readiness and success, and prevent child abuse and neglect. Services may begin prenatally and up until a child is two and may continue until a child is four or five depending on the community.

## **HFA, NFP, and PAT Highlights for Fiscal Year 2021 Include:**

- 17,790 visits completed;
- 77% of families were low income;
- 95.8% of caregivers screened for postpartum depression during enrollment period;
- 80% of children enrolled received the recommended visit based on the American Academy of Pediatrics (AAP) schedule;

- 73% of mothers enrolled prenatally or within 30 days after delivery received a timely postpartum visit with a healthcare provider;
- 75% of children enrolled had a timely screen for developmental delays;
- 92% of families read, told stories, and/or sang songs with their child daily;
- 56% of families practiced safe sleep techniques; and
- 10% of primary caregivers without a high school degree or equivalent subsequently enrolled in, or completed, high school or GED during their participation in family visiting.

***“I'm thankful for this opportunity of learning to help my daughter with your support. Programs like this must be available for everybody.”***

### **Family Voice**

The Family Visiting Program established a Parent/Caregiver Advisory Council (P/CAC) in 2019 to ensure that families had input into the family visiting services they receive and the system within which Family Visiting functions. This group meets monthly with representation from all four RIDOH family visiting programs, Early Intervention, and Early Head Start, and different communities across Rhode Island. This group gives important input into Rhode Island's early childhood system of services.

## Family Visiting in 2022

Family visiting is a lifeline for many Rhode Island parents and caregivers. It has remained a stable, reliable support that is valued by families. When other programs closed or suspended services due to COVID-19, family visiting maintained services. Family visitors have continued to navigate a changing resource landscape to try to connect families to services. As the need for behavioral health services has increased and the availability of those resources has decreased, family visiting programs have listened to families, trying to support them while waiting for services. Family visitors have assisted with RentReliefRI rent relief applications and with accessing the family shelter system. All four programs have received hundreds of referrals from the COVID-19 Response Unit. Families who are referred by the COVID-19 Response Unit are often highly stressed and have immediate basic needs, and also need emotional support and longer term supports to address housing, behavioral health, and child care needs.

***“My family visitor supported me during the emotional stress that most moms experience at some point. I was able to talk openly about my concerns or struggles without feeling judged.”***

**Table 1: Family Visiting Agencies and Communities Served**

<b>Family Visiting Agency</b>	<b>Family Visiting Program(s)</b>	<b>Communities Served</b>
Bristol Warren Regional School District	PAT	Bristol, Warren
Blackstone Valley Community Action Program	HFA, PAT	Central Falls, Pawtucket, Providence
Children's Friend	First Connections	Central Falls, East Providence, Pawtucket
	HFA	Central Falls, Pawtucket, Providence
	NFP	Statewide
Community Care Alliance	First Connections, HFA	Burrillville, Cumberland, Foster, Glocester, Johnston, Lincoln, North Providence, North Smithfield, Scituate, Smithfield, Woonsocket
Comprehensive Community Action Program	HFA, PAT	Cranston, Kent County
Connecting for Children and Families	PAT	Burrillville, Cumberland, Foster, Glocester, Johnston, Lincoln, North Providence, North Smithfield, Scituate, Smithfield, Woonsocket
East Bay Community Action Program	HFA	Barrington, Bristol, East Providence, Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton, Warren
	PAT	Barrington, East Providence, Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton
Family Service of Rhode Island	First Connections	Cranston, Providence
	HFA	Kent County, Providence
Federal Hill House	PAT	Providence
Meeting Street	HFA	Providence
North Kingstown School Department	PAT	Exeter, Narragansett, North Kingstown, South Kingstown
South County Home Health	First Connections	Kent County, Washington County
	HFA	Washington County
The Providence Center	HFA	Central Falls, Pawtucket, Providence
Visiting Nurse Home and Hospice	First Connections	Barrington, Bristol, Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton, Warren
Westerly School Department	PAT	Charlestown, Hopkinton, New Shoreham, Richmond, Westerly



**Figures 1, 2, and 3: Family Visiting Participant Characteristics**

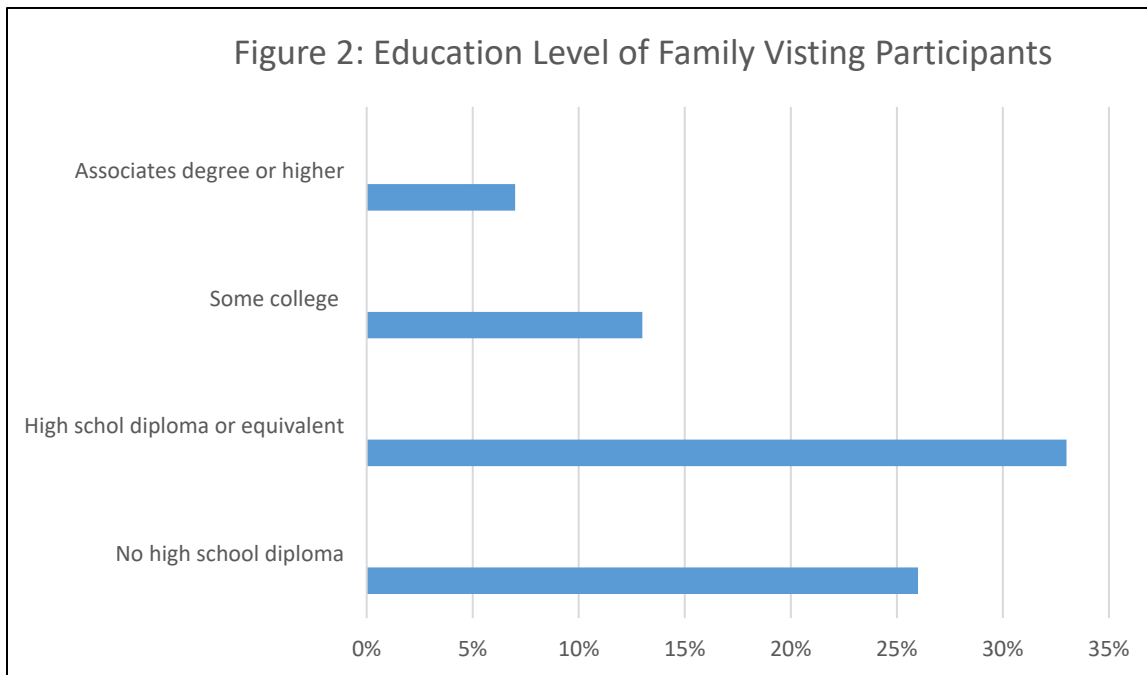
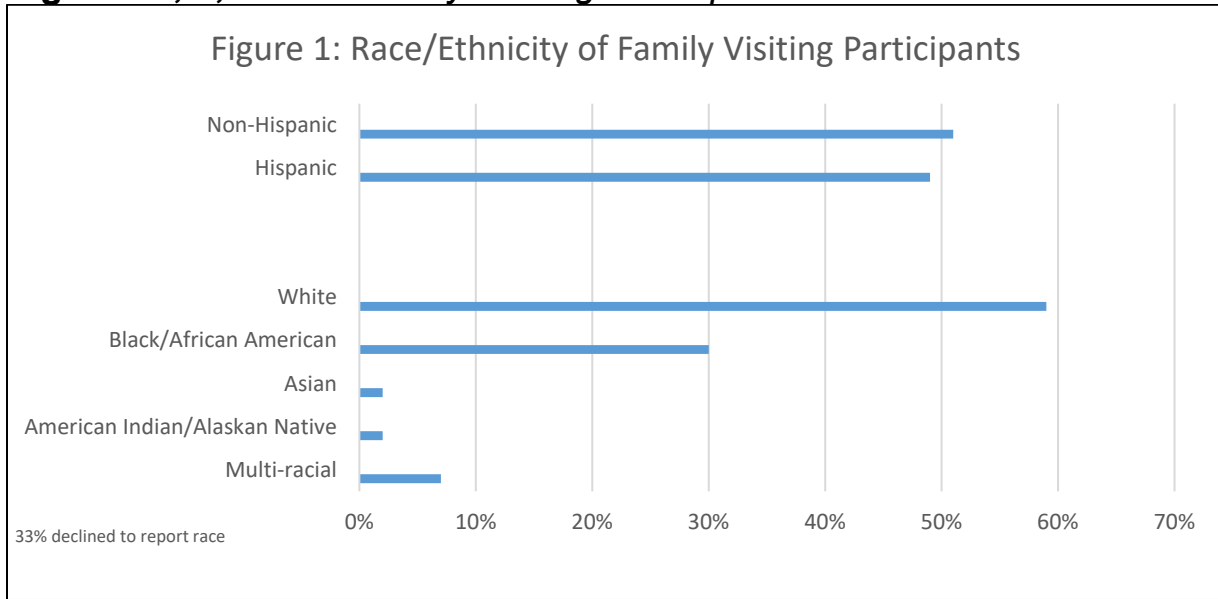
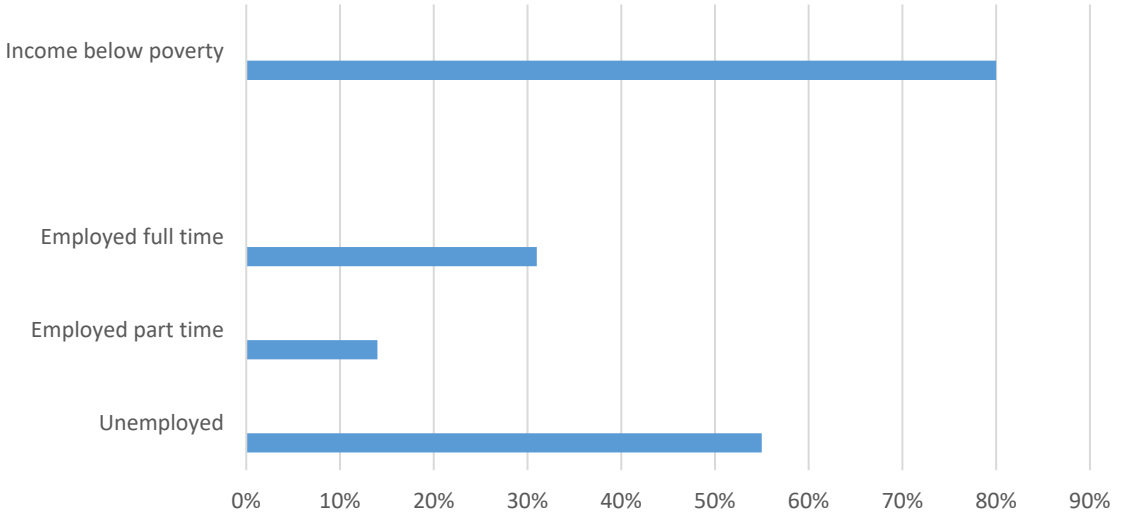


Figure 3: Socioeconomic Status of Family Visiting Participants



## Benefits of Family Visiting

According to the American Academy of Pediatricians, family visiting can increase school readiness, decrease child maltreatment, and increase family economic stability.<sup>1</sup> Rhode Island's family visiting programs build on decades of scientific research showing that visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and early in a child's life promotes child development and school readiness, improves maternal and child health, increases screening and linkage to care, and encourages positive parenting. It also mitigates poor health outcomes by helping to prevent child abuse and neglect, reduce preterm births and emergency room visits, and decreases family violence and juvenile delinquency.<sup>2</sup>

### Improves maternal health outcomes

Family visitors are trained to provide behavioral health screenings and refer participants that may benefit from behavioral health supports. Evaluation studies confirm that women who participated in family visiting programs were less likely to demonstrate symptoms of depression and reported improved mental outlook when compared with control groups of women who did not participate in family home visiting.<sup>4</sup>

### Alleviates poverty and encourages financial security

Research indicates that living at or below 200% of the federal poverty level places children, especially infants and toddlers, at high risk for adverse early childhood experiences that lead to lifelong detrimental effects on health, education, and vocational success.<sup>3</sup> Family visiting programs deliver family support and child development services that provide a foundation for physical health, academic success, and economic stability in vulnerable families that are at risk for the adverse effects of poverty and other negative social determinants of health.

### Cost effective

Engagement in family visiting programs reduces the likelihood of future engagement in additional state or federally funded programs, thus creating a cost savings for states. Cost-benefit analyses show that high-quality family visiting programs offer positive returns on investment ranging from **\$1.75 to \$5.70** for every dollar spent due to reduced costs of child protection, K-12 special education and grade retention, and criminal justice expenses.<sup>4</sup> For participants engaged in the NFP family visiting program, program cost savings resulted in reduced Temporary Assistance for Needy Families (TANF) payments by 7% for nine years postpartum among first-time mothers enrolled.<sup>5</sup> State-level cost savings is due to reduced child protective services costs, fewer children requiring special education or grade retention, and

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<sup>1</sup> Cairone, K., McAuley, E., and Rudick, S. (2017, January). *Home Visiting Issues and Insights Creating a Trauma-Informed Home Visiting Program*. Retrieved from [https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Creating\\_a\\_Trauma\\_Informed\\_Home\\_Visiting\\_Program\\_Issue\\_Brief\\_January\\_2017.pdf](https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Creating_a_Trauma_Informed_Home_Visiting_Program_Issue_Brief_January_2017.pdf)

<sup>2</sup> H. (Ed.). (2020, April). *The Maternal, Infant, and Early Childhood Home Visiting Program Partnering with Parents to Help Children Succeed*. Retrieved from

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf>

<sup>3</sup> Shonkoff JP, Garner AS; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. *The lifelong effects of early childhood adversity and toxic stress*. *Pediatrics*. 2012;129(1). Available at: [www.pediatrics.org/cgi/content/full/129/1/e232](http://www.pediatrics.org/cgi/content/full/129/1/e232) PMID:22201156

<sup>4</sup> Miller, T.R. (2015). *Projected outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA*. *Prevention Science*. 16 (6). 765-777. (latest revision: 3/27/2017).

<sup>5</sup> Miller, T.R. (2015). *Projected outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA*. *Prevention Science*. 16 (6). 765-777. (latest revision: 3/27/2017).

lower criminal justice expenses indicating the effectiveness and importance of family visiting programs for at-risk families.

## **Family Visiting Programs Outcomes**

### **Annual Benchmark Performance**

The evidence-based programs report on, and are accountable to, demonstrating improvement in 19 performance measures required by the Health Resources and Services Administration (HRSA) during each federal fiscal year.

**Table 2: Examples of Benchmark Measures 2020-2021 Benchmark Statewide Performance**

Measure	Description	Statewide (HFA, NFP, PAT)	National Threshold Values for the 2021 Demonstration of Improvement
<b>Breastfeeding</b>	Percent of infants who were breastfed any amount at six months of age	68.7%	42.7%
<b>Depression Screening</b>	Percent of primary caregivers enrolled in home visiting who are screened for depression within three months of enrollment	95.8%	81.6%
<b>Well-Child Visit Completion</b>	Percent of children enrolled who received the last recommended well-child visit based on the AAP schedule	80%	68.4%
<b>Child Maltreatment</b>	Percent of children enrolled with at least one investigated case of maltreatment following enrollment	4.2%	7.9%
<b>Literacy Support</b>	Percent of children with a family member who reported that during a typical week, they read, told stories, and/or sang songs with child daily	92%	82.6%
<b>Developmental Screening</b>	Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	75.2%	76.4%
<b>Intimate Partner Violence Screening</b>	Percent of primary caregivers enrolled who are screened for interpersonal violence within six months of enrollment	93.4%	75.9%
<b>Insurance</b>	Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least six consecutive months	94%	84.2%
<b>Primary Caregiver Education</b>	Percent of primary caregivers who enrolled in home visiting and did not have high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during participation in home visiting	10.3%	29.3%
<b>Preterm Birth</b>	Percent of infants among mothers who enrolled in home visiting prenatally before 37 weeks who are born preterm following program enrollment	10.1%	12.6%

Data indicate that families enrolled in evidence-based home visiting have lower rates of preterm births and investigations for child maltreatment once enrolled. Children enrolled in evidence-based family visiting programs were more likely to attend their well-child visits and be breastfed at six months of age. Primary caregivers were more likely to maintain health insurance for at least six consecutive months and be screened for maternal depression and interpersonal violence.

## **Data for Performance: Continuous Quality Improvement (CQI) for Benchmark Improvement**

RIDOH is committed to using Continuous Quality Improvement (CQI) to drive improvement in benchmark measures and performance areas to ensure optimal program reach and improved health outcomes among program participants. Across all of RIDOH's family visiting models and programs, RIDOH leads CQI trainings for teams and broadly shares any lessons learned from CQI interventions to encourage peer-to-peer learning for optimal service delivery.

RIDOH has continued to build momentum in instilling a culture of quality improvement across family visiting program work by leading projects and engaging in technical assistance with the Education Development Center (EDC), the Home Visiting Collaborative Improvement and Innovation Network (HV-CoIIN), and HRSA. All projects aim to improve outcomes among families, specific home visiting benchmark topics and domains, and health equity. Rhode Island's Family Visiting Program has engaged in various technical assistance opportunities with CQI experts since the inception of the program. The most recent efforts include:

- Throughout 2021, seven HFA teams and eight PAT teams worked toward the goal of 85% of women who screen positive for depression and access services will report a 25% reduction in symptoms 12 weeks after a service contact.
- In 2021, two HFA teams and two PAT teams began an innovative initiative to address health equity. The goal of this national CQI project is to increase the capacity to advance and sustain health equity with families served by family visiting programs.
- At the beginning of 2022, the NFP team began participating in a project to improve screening rates for substance use disorder and improve linkages to care, including Peer Recovery Specialists.

***“I have been a family visitor for 23 years, and I can see that now, more than ever, how our role is increasingly vital and increasingly complex. In order to meet families where they are, when many are struggling in ways they couldn't have imagined a couple of years ago, requires us to expand our typical role as family visitors to be there for families so that they can be there for their children and help them grow and develop to the best of their abilities.”***

**Family Visitor**



*Just one of the many families who benefitted from the Rhode Island Family Visiting Program.*