Family Visiting Legislative Report

MARCH 25, 2021

Table of Contents

What is Family Home Visiting?

Family Home Visiting is a voluntary service delivered to families during pregnancy and the early years of a child's life. Home Visiting programs, called family home visiting in Rhode Island, pair expecting and new parents with a nurse, social worker, early childhood specialist, or a community health worker who provide support and resources to ensure that families are able to fully support and meet children's health and development during the early years. Family home visiting staff meet regularly with new or expecting parents, evaluate their needs, and provide tailored services to help families develop positive parent-child relationships, promote early learning and development, encourage positive health outcomes, and reduce risk. Services that are provided include:

- **Promotion of preventive health and prenatal care, including the importance of well-child and post-partum visits:** Family home visitors provide health education to participants during and after pregnancy; screen for maternal depression and substance use; and refer to prenatal and postpartum health care providers, behavioral health providers; and directly provide preventive behavioral health interventions to for psychological well-being.[1]

- **Education on child development and timely developmental screening:** Family home visitors provide education on child development, provide timely developmental screening, and engage in activities to improve child functioning across developmental areas 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 home visitors address specific and appropriate parenting techniques and provide positive behavioral support. They also provide support about infant care, child safety, 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 home visitors support families in goal setting, working on plans for returning to work or continuing education, and secure quality and accessible childcare across all communities. Family home visitors evaluate and encourage parents' engagement in educational and training programs and encourage pursuit of employment. Family home visitors help families access GED classes and family-support services such as temporary cash assistance and supplemental food programs.

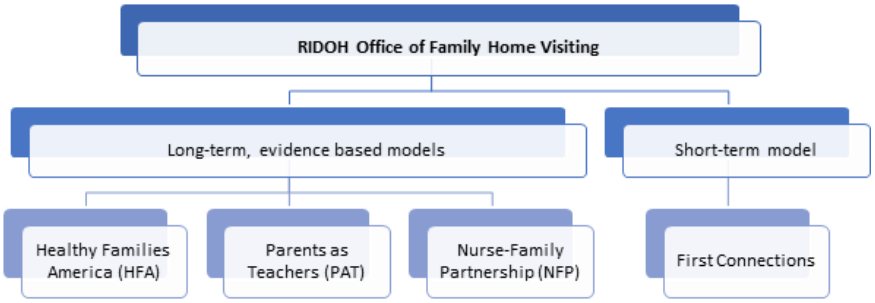
- **Linkages to community resources**: Family home visitors provide referrals to community resources including childcare, healthcare, housing, education, transportation, mental health, and legal services. They also provide screening and support for maternal depression, domestic violence, and substance use.

[1] *US Department of Health and Human Services Administration for Children and Families, Family Economic Self-Sufficiency. Retrieved November 02, 2020, from https://homvee.acf.hhs.gov/outcomes/Family Economic Self-Sufficiency/In Brief*

Family Home Visiting in Rhode Island

RIDOH Family Home Visiting Program Models

RIDOH administers two types of family home visiting programs—short-term and long-term. There is one short-term program—First Connections and three, long-term, evidence-based programs delivered by local, community-based agencies across the state, including Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT).



First Connections

First Connections (FC) is a short-term, family home visiting program for Rhode Island children, birth to age three. who face early adversity and may, as a result, experience poor developmental outcomes. The program provides home and health assessments, developmental screenings, and connections to other community resources, including long-term family home visiting programs. FC serves families statewide. A multidisciplinary team of nurses, social workers, and community health workers provide instruction in newborn care; depression screening; assessments of family needs; information on detecting and controlling housing-related health and safety hazards; developmental screening; and referrals to community resources such as child care, parenting support, and Women, Infants, and Children (WIC) and Early Intervention (EI). Most families receive one to four visits. Many participants are low-income, have more than one child, and are young mothers. In 2019, the program served 2,235 children, approximately 25% of Rhode Island births.

Nurse-Family Partnership

Nurse-Family Partnership (NFP) serves low-income, first-time mothers. Trained, bachelor's degree-level nurses carry a caseload of up to 25 families and conduct frequent home visits during pregnancy and up until the child's second birthday to help improve three key areas: pregnancy outcomes, child health and development, and parental life trajectory. Best practices in nutrition and physical activity are discussed as are preparation for childbirth, prenatal care, and referrals to health and human service providers. After birth, nurse home visitors provide parent education on infants' and toddlers' nutrition, health, growth and development, environmental safety, family planning, returning to work or school, and increasing economic self-sufficiency.

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. In Rhode Island, HFA services begin prenatally or immediately following the birth of a baby and

are offered voluntarily and intensively until the child is four. Expectant parents and parents/caregivers with children younger than three months may enroll. The primary participant may be the mother, father, or long-term caregiver. Services include assessment and screening for perinatal depression, substance use, and domestic violence; prenatal guidance; parenting support; and care coordination.

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. In Rhode Island, expectant parents and parents/caregivers with children younger than two may enroll. PAT services begin prenatally or immediately following the birth of a baby and are offered voluntarily and intensively until the child is four (some programs serve families with children up to age five).

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under D89MC28279 Affordable Care Act- Maternal, Infant and Early Childhood Home Visiting Program $9,272,115.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

love that baby

RIDOH Long-Term Family Home Visiting Participant Demographics

In 2020, 23% of long-term family home visiting participants were pregnant individuals and 76% were female caregivers. The majority of participants (67%) were between the ages of 25 and 44, with 32% younger than 25, and 14% older than 44. Thirty-three percent of participants did not report their race. Of those that did, 41% were white, 19% were Black or African American, 2% were Asian, 2% were American Indian or Alaska Native, and 3% were more than one race. Forty-six percent identified as Hispanic or Latino. Forty-eight percent were never married and not living with a partner and 28% were married. Twenty-six percent did not have a high school diploma, 35% had earned a high school diploma or equivalency, and 12.5% had completed some college. Fifty-six percent were not employed and 60% rented their home. Of those that reported their primary language, the majority (53.5%) spoke English and 32.7% spoke Spanish. Sixty-one percent of those that reported their income levels had incomes less than 200% of the federal poverty level. Twenty-two percent reported a history of child abuse or neglect or past interactions with child welfare services and 15% reported a history of substance abuse or needed substance abuse treatment.

Facts About Participants in the Family Home Visiting Program

- **43%** were married or living with a partner
- **35%** completed high school or the equivalent
- **90%** are insured **with 81.2%** on public insurance, 9% on private insurance, 8.3% are uninsured; and 1.4% are unknown
- **38%** of participants are employed either-full time or part-time

Table 1: *2020 Family Home Visiting Program Demographic Data, Participant Age*

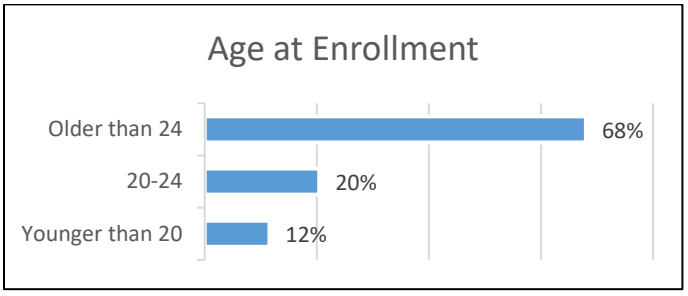


Table 2: *2020 Family Home Visiting Program Demographic Data, Participant Ethnicity*

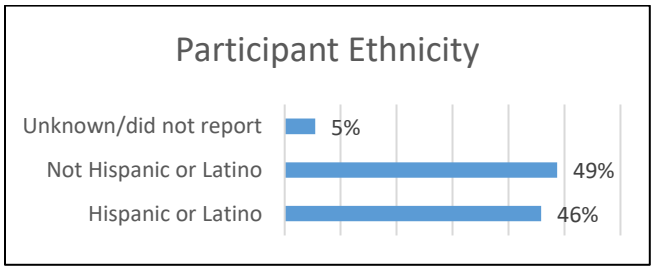


Table 3: *2020 Family Home Visiting Program Demographic Data, Participant Race*

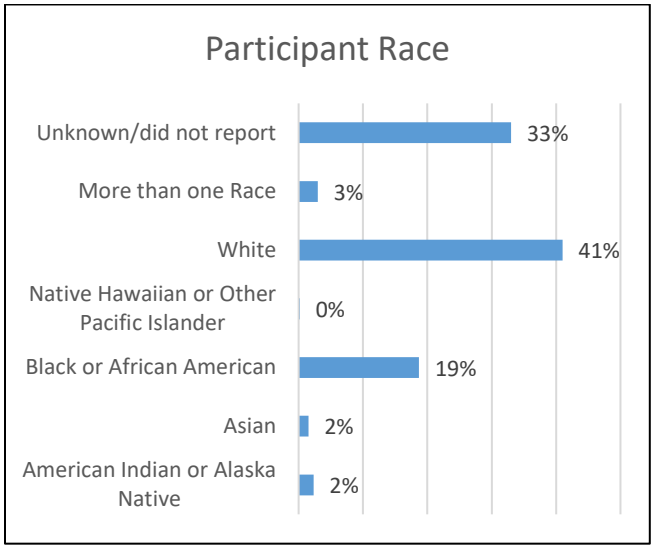
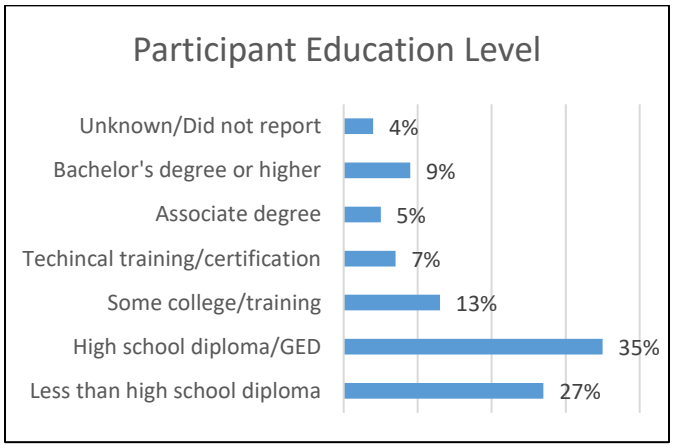


Table 4: *2020 Family Home Visiting Program Demographic Data, Participant Education Level*



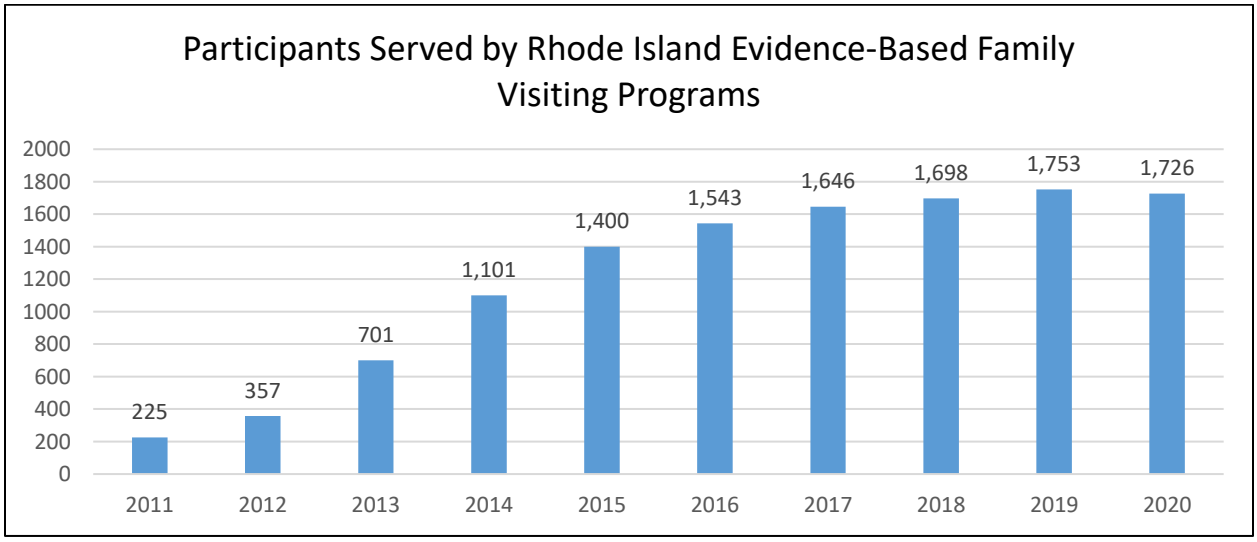
RIDOH Family Home Visiting Program Growth

Since the first Family Home Visiting programs were implemented in 2010, the number of families served each year by the long-term programs (HFA, PAT, NFP) has increased from 225 to 1,726.

Table 5: *RIDOH Family Home Visiting Program Growth, 2011-2020*

	2011	**2016**	**2017**	**2018**	**2019**	**2020**
Program Models Implemented	2 (NFP, HFA)	3 (HFA, PAT, NFP)	3 (HFA, PAT, NFP)	3 (HFA, PAT, NFP)	3 (HFA, PAT, NFP)	3 (HFA, PAT, NFP)
Agencies	3	12	12	12	14	18
Families	225	1,543	1,646	1,689	1,753	1,726
Visits	1,400	15,715	22,820	19,662	20,727	20,175

Figure 1: *Maternal, Infant, and Early Childhood Family Home Visiting Caregivers Served by Grant Reporting Year, Rhode Island, 2012 – 2020*



These programs served families in all 39 cities and towns. For a breakdown, by municipality, of how many families were served, see Appendix B.

RIDOH Family Home Visiting Agencies

RIDOH contracts with local agencies to implement family home visiting programs in communities across the state. There are nine HFA teams, eight PAT teams, one NFP team, and five FC teams for a total of 23 program teams statewide. The five FC teams each serve a geographic region of the state. The HFA, PAT, and NFP teams are situated in targeted, at-risk communities; however, each extends its services to surrounding areas to provide statewide coverage for each program.

Table 3: *Number of Agencies, Capacities, and Visitors by Family Home Visiting Model*

Programs	**NFP**	**HFA**	**PAT**	**Total NFP, HFA, PAT**	**First Connections**
Agencies	1	9	8	18	5
Total Families Served (2020)	245	949	532	1,728	2,675
Total Capacity (as of July 2020)	200	850	707	1,757	N/A
Total Visits	2,269	13,211	4,695	20,175	3,166
Geographic Coverage	Statewide with focus on at-risk communities				Statewide

Table 4: *Family Home Visiting Programs Offered, By Contracted Agency*

Agency	***Family Home Visiting Program***			
	FC	***HFA***	***NFP***	***PAT***
Blackstone Valley Community Action Program		√		√
Bristol-Warren Regional School District				√
Children's Friend	√	√	√	
Community Care Alliance	√	√		
Comprehensive Community Action Program		√		√
Connecting for Children and Families				√
East Bay Community Action Program		√		√
Family Services of Rhode Island	√	√		
Federal Hill House				√
Meeting Street		√		
North Kingstown Davisville Academy, Office of Family Learning*				√
South County Home Health Services	√	√		
The Providence Center		√		
VNS of Newport and Bristol Counties	√			
Westerly Public Schools				√

**In response to capacity constraints in Providence, Central Falls, Woonsocket, West Warwick, Warwick, Newport, and Westerly, Preschool Development Grant funds were allocated to add another 300 slots across these localities in summer 2020.*

It is important to note that Rhode Island family home visiting programs serve families within a broader Rhode Island Early Childhood Family Visiting System that serves pregnant families or families with children up to five years of age including, but not limited to, medical homes, EI, Early Head Start, State-funded Pre-K, Child Care, WIC, and other early childhood supports. At times, multiple services may be provided to a family across the system as strategies intended to ensure any and all needs are met through coordinated services across different agencies and programs.

Rhode Island Family Home Visiting Benefits and Outcomes

Benefits of Family Home Visiting

According to the American Academy of Pediatricians, family home visiting can increase school readiness, decrease child maltreatment, and increase family economic stability.[2] Rhode Island's family home visiting programs build upon decades of scientific research showing that home 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.[3]

Improves maternal mental health outcomes

Family home visitors are trained to provide behavioral health screening and provide referrals to participants that may benefit from behavioral health supports. Evaluation studies confirm that women who participated in family home 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.[4]

Rigorous evaluation of high-quality home visiting programs has shown positive impact on reducing incidences of child abuse and neglect, improvement in birth outcomes such as decreased pre-term births and low birthweight babies, improved school readiness for children, and increased high school graduation rates for mothers participating in the program.

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.[5] Family home 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.

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[2] 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

[3] 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

[4] US Department of Health and Human Services, Home Visiting Evidence of Effectiveness: SafeCare*, available at http://homvee.acf.hhs.gov/Effects/1/SafeCare-Effects-Shownin-Research---Outcome-Measure-Details/18/MaternalHealth/1/4 (last accessed July 2017).*

[5] 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/e232pmid:22201156

Cost effective

Engagement in family home visiting programs reduces the likelihood of future engagement in additional state or federally funded programs, creating a cost savings for states. Cost-benefit analyses show that high-quality family home 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.[6] For participants engaged in the NFP family home 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.[7] State-level cost savings is due to reduced child protective services costs, fewer children requiring special education or grade retention, and lower criminal justice expenses indicating the effectiveness and importance of family home visiting programs for at-risk families.

Rhode Island Family Home Visiting Programs Outcomes

Annual Benchmark Performance

In 2020, family home visiting program performance improved in the following areas:

Performance Area	Related Benchmarks
Promote child physical health and development	• Preterm birth • Breastfeeding
Improve parent-child interactions and children's social-emotional well-being	• Literacy support
Increase school readiness	• Developmental screening/referral • Literacy support
Promote positive parenting	• Literacy support
Increase access to primary care medical services and community services	• Continuity of insurance • Postpartum care • Emergency Department visit
Decrease child injuries and emergency department use	• Well child visits • Depression screening/referral
Reduce child maltreatment	• DCYF investigations

Performance Area: Promoting Child Physical Health and Development

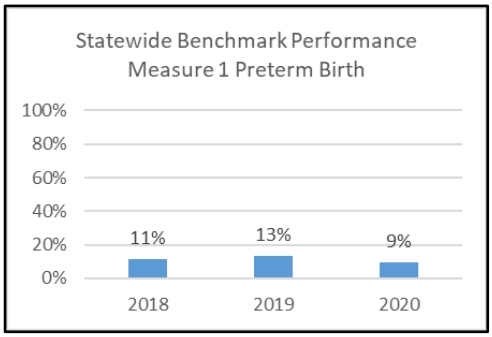
Benchmark: Preterm birth

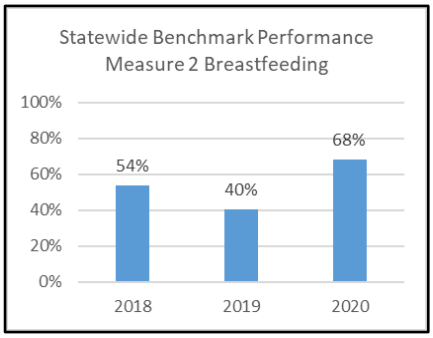
The percent of infants (among mothers who enrolled in family home visiting programs prenatally before 37 weeks) who are born preterm following program enrollment has decreased from 13% in 2019 to 9% in 2020, among participants in NFP, HFA, and PAT.

[6] *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).*

[7] *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).*

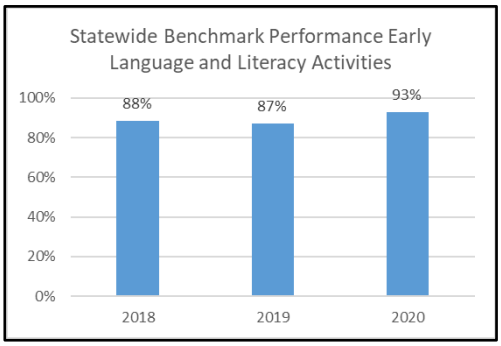
Benchmark: Breastfeeding
The percent of infants (among mothers who enrolled in family home visiting programs prenatally) who were breastfed any amount at six months of age has increased from 54% in 2018 to 68% in 2020.





Performance Area: Improving Parent-Child Interactions and Children's Social-Emotional Well-Being/Promote Positive Parenting

Benchmark: Literacy Support
The percent of children enrolled in family home visiting programs with a family member who reported that during a typical week they read, told stories, and/or sang songs with child daily, was 93% in 2020, up from 88% in 2018.



Performance Area: Increasing School Readiness

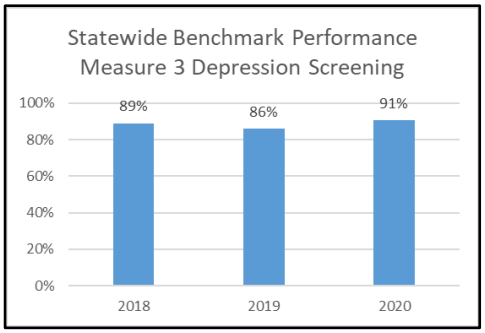
Benchmark: Developmental Screening and Referral
The percent of children enrolled in family home visiting programs who had a timely screen for developmental delays using a validated parent-completed tool was 70% in 2020. The percent of children enrolled in family home visiting programs who had a positive screens for developmental delays and received services in a timely manner was 69% in 2020, up from 60% in 2018.

Benchmark: Literacy Support (see above)

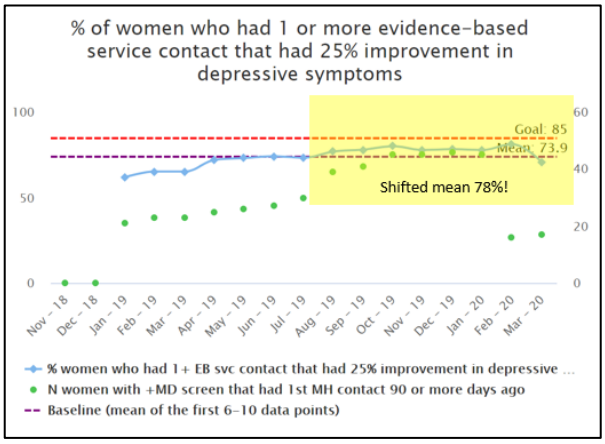
Performance Area: Increasing Access to Primary Care Medical and Community Services
Benchmark: Continuity of Insurance
The percent of primary caregivers enrolled in family home visiting programs who had continuous health insurance coverage for at least six consecutive months was 93% in 2020, up from 90% in 2018.

Performance Area: Decreasing Child Injuries and Emergency Department Use
Benchmark: Well-Child Visits
The percent of children enrolled in family home visiting programs who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule was 74% in 2020, up from 73% in 2018.

Benchmark: Depression Screening/Referral
The percent of primary caregivers enrolled in family home visiting programs who are being screened for depression using a validated tool within three months of enrollment (for those enrolled prenatally) or within three months of delivery (for those enrolled prenatally) was 91% in 2020, up from 89% in 2018.



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 RIDOH's family home 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 home 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 specific home visiting benchmark topics and domains. Rhode Island's Family Home Visiting Program has engaged in various technical assistance opportunities with CQI experts since the inception of the program. The most recent efforts include:



- ✓ Throughout 2020**,** Rhode Island Family Home Visiting programs **aimed to improve well-child visit completion** with a goal that 85% of children enrolled would complete their last expected well-child visit outlined in the American Academy of Pediatrics (AAP) schedule. Rhode Island family home visiting teams utilized CQI tools and efforts to help ensure that parents were educated on well-child visits as an approach to help ensure the visits are timely and complete even with challenges of the COVID-19 pandemic such as transportation. As a result, rates of children enrolled in family home visiting programs who received the last recommended visit based on the AAP schedule was 74% in 2020, up from 73% in 2018.
- ✓ In 2019, Rhode Island Family Home Visiting program focused on CQI projects to **reduce symptoms of maternal depression** with a goal that 85% of women who screen positive for depression and access services will report a 25% reduction in symptoms 12 weeks (from first service contact). Rhode Island Family Home Visiting Program agencies found that by participating in the CQI project, 78% of women receiving one or more evidenced-based service contacts had a 25% reduction in symptoms. This is an improvement of 28% since the start of the project.

- ✓ RIDOH was also awarded a practicum opportunity in 2019 to **increase visit completion** among select participating PAT family home visiting teams. Rhode Island Family Home Visiting agencies found that visit completion rates increased for families with two or more risk factors from 40% to 63% by participating in the CQI project.

Cross-Departmental Collaboration

RIDOH aims to increase the availability of, and coordination between, social services for Rhode Islanders, especially for families facing increased adversity. To do so, RIDOH collaborates with other State-funded programs that provide services to families with children of the same ages, including EI (managed by the Executive Office of Health and Human Services, EOHHS); Family Care Community Partnerships (managed by DCYF); Early Head Start (home-based option managed by the Department of Human Services, DHS); Positive Parenting Program (DCYF); Project Connect (DCYF); and Safe Care (DCYF). Examples of cross-departmental collaboration include:

Comprehensive Care Coordination
Participation in multiple programs is not mutually exclusive and program staff work closely with families and colleagues to help each family connect with the services and supports that meet a family's unique needs.

Shared Governance/Strategic Plan
In 2018, Rhode Island established a plan for a statewide cross-program Family Home Visiting governance structure inclusive of all early childhood family home visiting programs in the state. The structure includes representation from all programs/models at both a State agency and provider level, family home visitors and caregivers, and key stakeholders from other established/related entities or groups. In 2019, Family Home Visiting Program began implementing the governance structure recommended in the strategic plan. This governance structure includes a large Family Home Visiting Leadership Council that meets quarterly, a Family Home Visiting Steering Committee that meets monthly, a Parent/Caregiver Advisory Council that meets monthly, and a Family Home Visiting Workforce Council that meets quarterly. Through this structure, the members of the governance structure have created a shared strategic plan that articulates a common commitment and vision as a collective system and is organized around a shared vision, priorities, and strategies intended to make sure that each family is supported by the program that meets their needs and that services are coordinated across agencies and programs.

Integrated Needs Assessments
RIDOH collaborates with Maternal and Child Health program and other State programs to assess existing services and identify areas of unmet need in Rhode Island. For example, the recent Maternal, Infant, and Early Childhood Home Visiting (MIECHV) needs assessment was the result of wide collaborative efforts both within RIDOH, and with other State agencies and community partners, including DCYF, the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), and EOHHS). In addition, the needs assessment was supported by a range of stakeholder groups including the Rhode Island Family Visiting Council, the Parent/Caregiver Advisory Council, SISTA FIRE, Rhode Island Health Equity Zones, Local Implementation Teams, Interagency Coordinating Council (ICC), Successful Start, and the Head Start Directors Association.

Local Implementation Teams
In Rhode Island, Local Implementation Teams (LITs) are one of the unique strategies for coordination at the community level. Local groups of social service managers and health professionals engaged in community-based interventions that provide service to families facing adversity have been conducting regular team meetings. LIT meetings focus on system improvement and efficiency, better coordination of referral processes, elimination of

redundancies, improved supervision, and maximizing community resources. In some cases, LIT meetings also convene field-level staff to help them develop specific skills and competencies, such as recruiting and engaging prospective clients, assessing client situations, and motivating clients. LIT meetings improve communication and increase transparency and trust among program managers who serve the same clients.

RIDOH Health Equity Zone Initiative (HEZ) Integration
The family home visiting program works with RIDOH's HEZ initiative to coordinate LIT activities with families across communities. A HEZ is a geographically defined area with documented health disparities in which community stakeholders, organized as a HEZ collaborative, work to achieve health equity with residents by eliminating health disparities and using place-based (where you live) strategies to promote healthy communities. Each HEZ collaborative meets regularly, engages in ongoing assessment of the health needs of HEZ residents, develops and implements projects, and evaluates the effectiveness of health interventions. Each HEZ has an organization (local government entity) that acts as the administrator of the collaborative. The family home visiting program, along with several other RIDOH programs (Diabetes Prevention, Maternal and Child Health, and Minority Health), is collaborating with each HEZ to meet the needs of the most vulnerable families, populations, and communities across the state. The family home visiting program regularly meets with HEZ entities about connecting families to activities, supports, and interventions to improve the health and wellness of families with young children in their own community, such as Farmer's Markets, breastfeeding support groups, resident workgroups, and summer meal programs.

Plan of Safe Care
Rhode Island has developed a Plan of Safe Care (POSC) process to support all infants born affected by substance exposure, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder. The purpose of a POSC is to ensure that infants and caregivers affected by prenatal substance exposure receive needed supports and services after hospital discharge. The POSC has been integrated into the workflow of each birthing hospital. Families work with the birthing hospital care team to create the POSC, which lists current supports and services and new referrals. Each POSC is tailored to the infant and their caregiver(s) with resources and services that will help support them when they go home from the hospital. Examples of services include family home visiting, EI, and recovery supports such as medication assisted treatment.

First Connections Neonatal Abstinence Syndrome (NAS) Program
Launched in 2019, the First Connections NAS Program (FC-NAS) is an enhancement to FC, Rhode Island's existing short-term, family home visiting program which assesses early adversity and helps connect families to needed services. The FC-NAS program provides support to FC to meet the unique and complex needs of families with NAS infants. The enhancements include engaging the families *before* hospital discharge and working with them post-discharge; providing care coordination through case conferencing and continuity-of-care through warm hand-offs; and paying extra attention to the behavioral health needs of the mother.

Although the focus of FC-NAS is primarily families with infants with an NAS diagnosis, all families with substance-exposed newborns (SENs) are eligible to participate. Prenatal substance exposure, in all forms, constitutes increased risk to infants and families, and they may benefit from the enhanced and focused support that FC-NAS offers. As part of FC-NAS, an NAS Liaison is embedded at Women & Infants Hospital.

FC-NAS improves the proportion of NAS families who have a documented POSC. Prior to FC-NAS, approximately 50% of families with SENs had a POSC and 72% of FC-NAS participants

had one. FC-NAS increased the percentage of NAS families who received at least one FC home visit from 36% to 73%.

Pivot to Prevention with DCYF

RIDOH has been a long-time supporter of families who are involved with DCYF. One example of this is the ongoing work to ensure all DCYF-involved children, up to age three, are connected to FC and provided with timely referrals to EI or other support services as appropriate. In April 2018, RIDOH and DCYF initiated a partnership to support DCYF's Pivot to Prevention. The goal of the collaboration is to further develop policy and practices that support children who may be at risk for involvement with the child-welfare system before an event prompts a formal investigation of child abuse or neglect. Through the collaboration, both agencies will seek to ensure an increase in coordination and access to programs such as EI, family home visiting, and WIC.

Rhode Island Children's Cabinet

During the course of 2020, the Cabinet has continued to focus on the needs of young children in the child welfare system. The Cabinet is comprised of State department directors that meet monthly to work toward implementing policies and programs to better meet the needs of Rhode Island's most vulnerable children.

Estimated Need and Plan for Expansion

Since its beginning in 2010, the long-term family home visiting programs administered by RIDOH have been funded primarily by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program through the Health Resources and Services Administration (HRSA). Rhode Island's family home visiting program strives to reach all children and families regardless of where they live. Since the beginning of the program in 2012, RIDOH gradually expanded from one, evidence-based program with the capacity to serve 100 families in four cities to a comprehensive, coordinated system with a capacity to serve up to 1,757 families in long-term family home visiting programs through local implementing agencies strategically located throughout Rhode Island. Our long-term goal is to offer universal home visits to all families in Rhode Island; however, our immediate focus is increasing the capacity to offer HFA and NFP, especially in at-risk communities that are experiencing higher levels of stress.

Understanding community context and need helps to identify areas where health, social, economic, and educational outcomes could be improved among family home visiting participants. The family home visiting needs assessment[8] conducted in Fall 2020, identified 11 towns/geographic areas as having two or more of six risk factors (socioeconomic status, adverse perinatal outcomes, substance use disorder, crime, child maltreatment and health equity) in their community. Specifically, Pawtucket and Woonsocket had six positive risk factors, Providence had five, Central Falls had four, West Warwick and Newport had three, and Warwick, Lincoln, Cranston, North Providence, and Charlestown had two risk factors among its population. While many of these areas were already focus areas for family home visiting, Lincoln and North Providence emerged as new areas of concern.

Rhode Island data also indicates that in 2019, 81% of all instances of child maltreatment were a result of neglect, 12% were physical abuse, 4% were sexual abuse, and 2% were medical neglect.[9] Rhode Island family home visiting programs aim to reduce outcomes such as child abuse and neglect. Understanding potential program reach for Rhode Island family home visiting programs alongside the recent completion of the MIECHV Needs Assessment allows RIDOH to be strategic in future efforts and community investments for positive health, social, and economic health outcomes for family home visiting program participants.

The family home visiting program utilized the Health Equity Index derived from an analysis of RIDOH's 15 health equity measures to identify at-risk counties and analyze community characteristics. These indicators overarchingly accounted for a city and town's integrated healthcare, community resilience, physical environment, socioeconomics, and community trauma. In 2019, the Rhode Island Family Home Visiting Program was able to reach 52% of participants from communities that face significant community stress while completing 3,166 home visits across all models. The Rhode Island FC program successfully engaged 52% (3,166) of these families statewide in 2019. The 2020 needs assessment provides data to drive performance and to ensure programmatic efforts continue to meet the needs of families that face significant stress. A strong component of reaching families is relationship building. The data showed that 74% of respondents reported feeling comfortable with their family visitor; 84%

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[8] *Rhode Island Family Visiting Needs Assessment, October 1, 2020*

[9] *2020 Rhode Island Kids Count Fact Book, Child Welfare Indicators In the 2006-2007 school year, there were 7,290 English Language Learner students in Rhode Island public schools, 74% of whom s (rikidscount.org)*

reported speaking the same language as their family visitor, and 62% reported sharing similar values with their family visitor.

The National Home Visiting Resource Center (NHVRC) identified a potential 53,000 pregnant women and families with children younger than six in Rhode Island who could benefit from family home visiting services in 2019. Rhode Island Family Home Visiting Program could serve more families in Rhode Island with additional funding support. Rhode Island has received approval of the 1115 Medicaid waiver that would immediately provide $650,000 in federal funds to help maintain the State's family home visiting services; however, this is contingent on the state providing a match. Without General Revenue matching funds, Rhode Island cannot access the federal dollars to support the critical needs of families.

Appendix A: *Rhode Island State Profile*

NHVRC STATE PROFILES

Rhode Island

Potential Beneficiaries in 2019

In Rhode Island, there were 53,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 65,000 children.

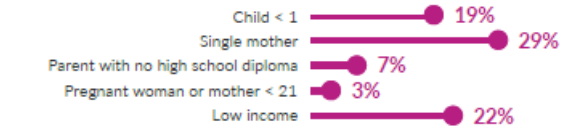
65,000 children
could benefit from home visiting

Of the 65,000 children who could benefit—

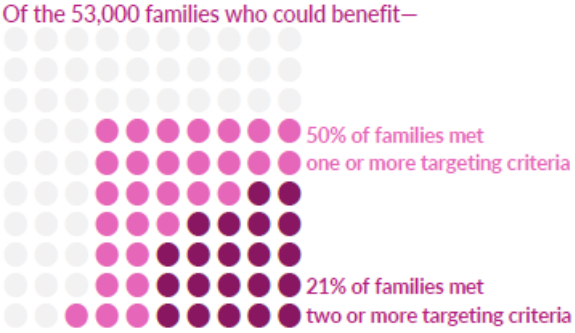
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
10,900	20,900	33,200
17%	32%	51%

53,000 families
could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Rhode Island who met the following targeting criteria:



Of the 53,000 families who could benefit—



Notes • NHVRC State Profiles present data provided by evidence-based models, which include both MIECHV and non-MIECHV data. This State Profile includes participant data from the following evidence-based models: EHS, HFA, NFP, and PAT. • Missing and unknown data were not included in calculations. • Percentages may not add to 100 due to rounding. • To protect confidentiality, race and ethnicity categories with 10 or fewer participants were replaced with *. • Public insurance includes Medicaid, CHIP, and TRICARE. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never married mothers or pregnant women. • EHS data may be underreported. Data include EHS programs that provided home-based services only. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS did not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reported primary language of caregivers. • NFP reported primary language of caregivers. • PAT data for child insurance status and primary language were not included.

The NHVRC is led by James Bell Associates in partnership with the Urban Institute. Support is provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations. For details about the methodology, see the *2020 Home Visiting Yearbook*.

National Home Visiting Resource Center
www.nhvrc.org

Appendix B: *Family Home Visiting Program Participants, by Municipality, October 2019 – September 2020*

These data match the numbers from the benchmark reporting cohort and include all participants who received a visit.

County	City/Town	Number of Families
Bristol County	Barrington	3
	Bristol	34
	Warren	12
	Total participants	**49**
Kent County	Coventry	23
	East Greenwich	11
	Warwick	76
	West Greenwich	4
	West Warwick	43
	Total participants	**157**
Newport County	Little Compton	1
	Middletown	20
	Newport	36
	Portsmouth	10
	Tiverton	12
	Total participants	**79**
Providence County	Burrillville	7
	Central Falls	137
	Cranston	102
	Cumberland	19
	East Providence	36
	Foster	3
	Glocester	4
	Johnston	12
	Lincoln	8
	North Providence	30
	North Smithfield	3
	Pawtucket	224
	Providence	594
	Smithfield	4
	Woonsocket	118
	Total participants	**1,301**
Washington County	Charlestown	8
	Exeter	4
	Hopkinton	6
	Narragansett	1
	North Kingstown	22
	Richmond	2
	South Kingstown	25
	Westerly	70
	Total participants	**138**
Unknown		6
Total participants, statewide		**1,730**