

# Family Visiting Legislative Report

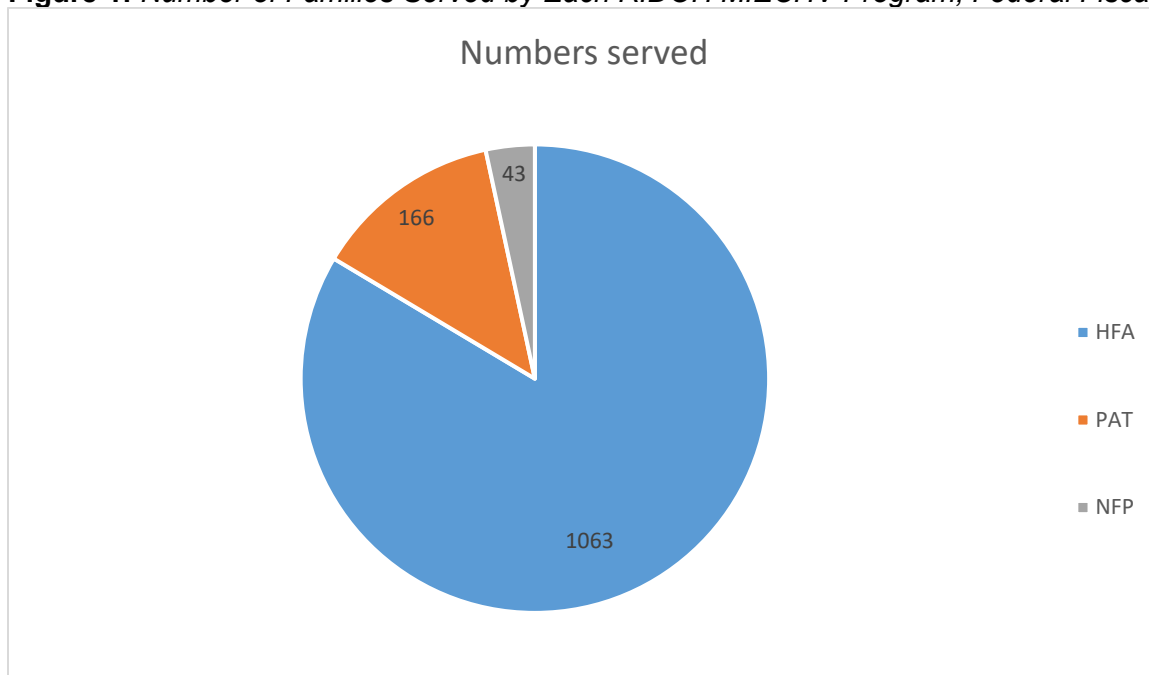
April 23, 2026



## About Family Visiting

In Federal Fiscal Year (FFY) 2025, the Rhode Island Department of Health (RIDOH) offered pregnant people and families with young children the opportunity to receive home-based, supportive visits from three different Family Visiting programs\*. Family Visiting programs are programs that provide crucial guidance and support to families where they are most comfortable receiving services: in their home, wherever they are staying, or in a community-based setting. With at least two programs offered in every city and town in Rhode Island, Family Visiting programs link expectant and new parents, or whomever is caring for an infant or young child, with resources and services in their community. Currently, RIDOH implements two evidence-based Family Visiting programs: Healthy Families America (HFA) and Parents as Teachers (PAT); a third program, Nurse-Family Partnership (NFP), was offered to first time, low-income pregnant women. The two 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, Federal Fiscal Year 2025**



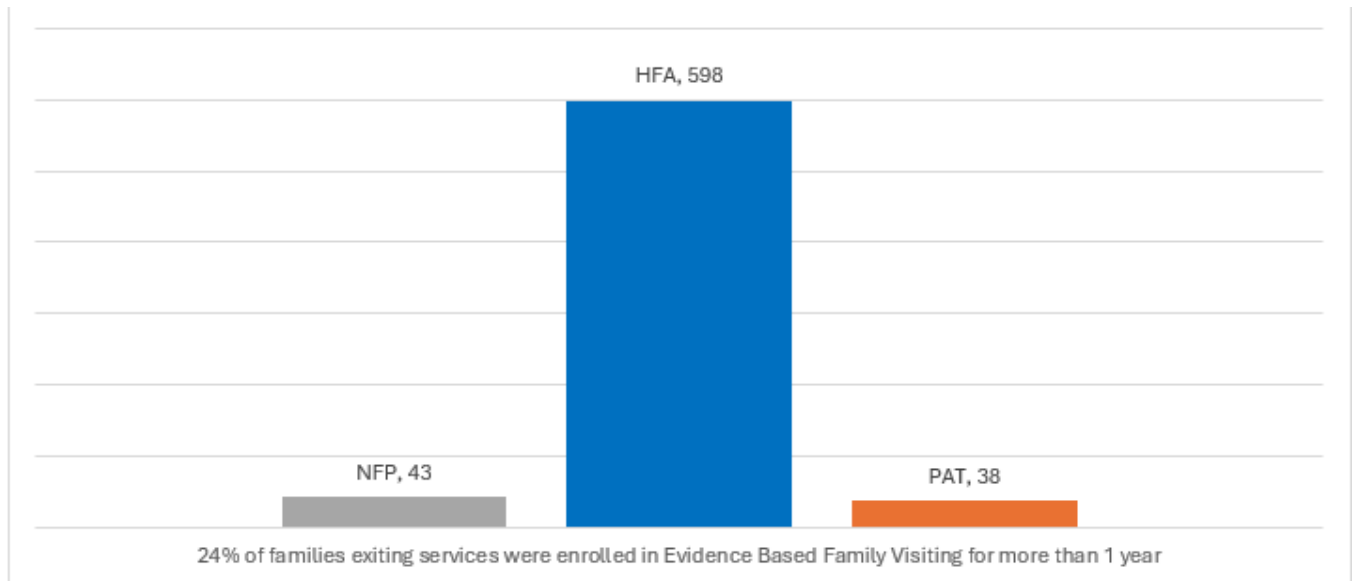
In FFY 2025, the three programs provided 19,473 visits to families.

**Figure 2: Demographic Data for Families Who Participated in RIDOH MIECHV Programs, Federal Fiscal Year 2025**

Demographic	Number	Percent
Primary caregivers younger than age 20	91	7%
Primary caregivers who identified as Hispanic/Latino	708	56%
Primary caregivers who were working full time	346	27%
Primary caregivers who did not have a high school diploma or GED	316	25%
Primary caregivers who were married	454	36%
Families who rented or shared their home or apartment or lived in public housing, making them vulnerable to increasing rents and housing shortages	855	67%
Families who were unhoused with no permanent address (homeless)	21	2%

Families with a history of interactions with child welfare, either as children or parents	173	14%
Households with a family member with a history of substance use or who needed substance use treatment	120	9%
Households with a member currently or formerly in the military	41	3%
Households with a child with a developmental disability or delay	120	9%
Children in homes where the primary language spoken in the home was not English	677	55%
Enrolled children with public health insurance	1,043	85%
Enrolled children who received medical care at a federally qualified health center	447	36%
Primary caregivers who were incarcerated at time of screening	<5	0%
Primary caregivers who had been incarcerated within the past year	14	1%

**Figure 3: Average Duration (Days of Participation) for Families Exiting Services, October 1, 2024-September 30, 2025**



Healthy Families America and Parents as Teachers in Rhode Island may provide services until a child’s fifth birthday. Nurse-Family Partnership provided services until a child’s second birthday.

### 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 2025, 620 children, up to age three, were referred to First Connections by the Department of Children, Youth, and Families (DCYF). Of the 620 children referred by DCYF, 561 children had an indicated case of child abuse or neglect; 59 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 DCYF has determined that an alternative placement for a child is necessary. First Connections works with both permanent and temporary guardians in their homes to reduce risks and support the health and wellbeing of families. First Connections may connect

families to a long-term, evidence-based MIECHV program or Early Head Start, if appropriate. DCYF also made a total of 54 referrals to MIECHV programs – 43 to Healthy Families America, 2 to Nurse-Family Partnership, and 9 to Parents as Teachers.

The RIDOH Family Visiting team and DCYF also partner with each other to support the Family Visiting and DCYF workforces. Each year, the Chief of the Family Visiting Program at RIDOH trains new DCYF Child Protective Investigators and Child Protective Services staff on Family Visiting, including how to refer families. DCYF leadership provides an overview and training to new Family Visitors as part of RIDOH’s new hire orientation for Family Visitors. In 2025, the Chief of RIDOH’s Perinatal Substance Use and Safe Sleep Programs, RIDOH’s Chief of Family Visiting, a RIDOH-funded Prenatal & Postnatal Peer Support Specialist, and DCYF’s Substance Use Coordinator presented at multiple national conferences on how the two State agencies work together to support pregnant people and new parents with Substance Use Disorder. The Family Visiting Program provides funds to support two Peer Recovery Specialists who can make referrals to Family Visiting programs, providing warm handoffs and supporting connections to treatment programs and behavioral health services.

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. This has been important in 2025, as Family Visitors have tried to support families in understanding how federal requirements may affect a family’s eligibility to access some DHS programs and benefits. DHS also provides funding to support First Connections and has provided additional funding for 2026.

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) who is placed at different WIC clinics. She makes referrals to Early Intervention for families, as well as other services. When the Family Visiting program receives a referral for Early Intervention, the CHW contacts the referred family and assists them in connecting with an Early Intervention provider in their community. The Family Visiting team also has an Implementation Specialist who works Women & Infants Hospital on Monday through Friday each week. In addition to linking families to Family Visiting supports, offering to help schedule a new birthing parent’s postpartum care appointment, and ensuring the newborn has a pediatrician, to the Specialist can connect a family to Early Intervention services, if needed.

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 support to preschool-aged children and support families to access pre-kindergarten and kindergarten. A representative from RIDE attends the Family Visiting Parent/Caregiver Advisory Council each year to talk about pre-kindergarten and kindergarten, including eligibility and how to enroll 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 preterm following program enrollment	6%	12%
Infants who receive breast milk at six months of age	65%	45%

Children who received (completed) their most recent well-child visit	87%	72%
<b>Child Injuries, Abuse, Neglect, and Maltreatment and Emergency Department Visits</b>		
Enrolled children who had at least one investigated case of maltreatment	2%	6%
<b>School Readiness and Achievement</b>		
Caregivers who read, sang, or told stories to their child(ren) every day during a typical week	89%	83%
<b>Crime or Domestic Violence</b>		
Primary caregiver screened for intimate partner violence within six months of program enrollment	98%	84%
<b>Family Economic Self-Sufficiency</b>		
Primary caregivers who were enrolled in a program for at least six months and maintained continuous health insurance for six months	92%	82%
<b>Coordination and Referrals for Other Community Resources and Supports</b>		
Primary caregivers who received a timely referral for maternal depression and had a service contact	44%	46%

*\*Numbers are from data collected in Federal Fiscal Year (FFY) 2024. National Threshold data is from FFY 2024*

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

In Calendar Year 2025, 6,549 Rhode Island children were born at risk for poor developmental outcomes, based on a parental and child assessment conducted in the birthing hospitals 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 plans to expand statewide access to MIECHV programs for vulnerable families. That goal is part of a larger plan to serve more high-need families. All MIECHV providers were required to start billing Medicaid in 2023 for families insured by the Medicaid program. 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 \$15,159,150 per year from any funding source to serve all at-risk children, regardless of insurance<sup>^</sup>. 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.

One of the biggest barriers to expanding and serving more families is workforce challenges. The Family Visiting workforce continues to have high turnover rates. In FFY 2025, there were seven HFA providers. The staff turnover rate for HFA was 34%. The two PAT providers had a staff turnover rate of 14%, and First Connections providers had a turnover rate of 26%.

*\*The Family Visiting Program offered three evidence-based programs for part of the timeframe in this report. In partnership with the community agency providing the program, RIDOH closed the Nurse-Family Partnership*

*(NFP) Program in March 2025. NFP, provided by nurses, closed due to significant and persistent staffing challenges. This report includes data from the Nurse-Family Partnership program.*

*^RIDOH's MIECHV programs served 1,230 children in Federal Fiscal Year 2025. There were an estimated 6,549 children identified to be at risk in 2025. The average annual cost of the programs is \$5,700 per family. It would cost an estimated \$30,318,300 to serve an additional 5,319 children. However, all family services are voluntary, and RIDOH estimates that approximately half of the families who are referred to a program accept the services. As such, an estimated \$15,159,150 would be needed.*