

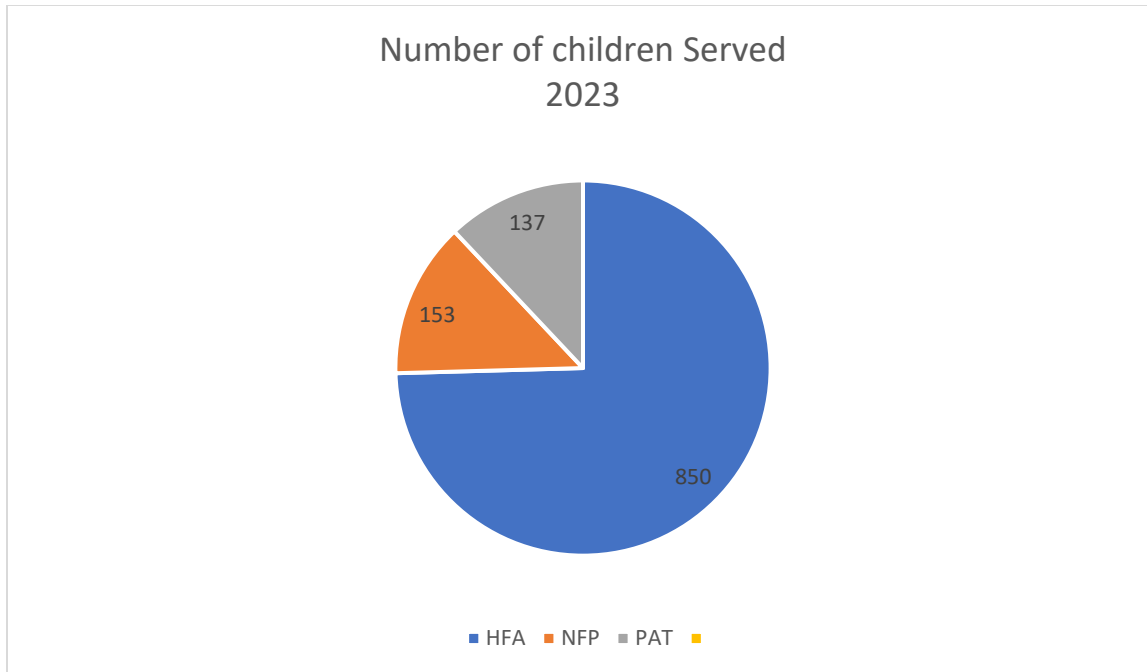
# Family Visiting Legislative Report

March 2024



Offered in every city and town in Rhode Island to expectant parents and families with young children, a collection of home-based programs, called Family Visiting, links expectant and new parents and families with young children with essential services. The Rhode Island Department of Health (RIDOH) implements three evidence-based Family visiting programs, Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents as Teacher (PAT). Collectively, these three programs are known as RIDOH’s evidence-based Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs. This report focuses on RIDOH’s MIECHV programs.

**1. Number of families served by each RIDOH MIECHV program.**



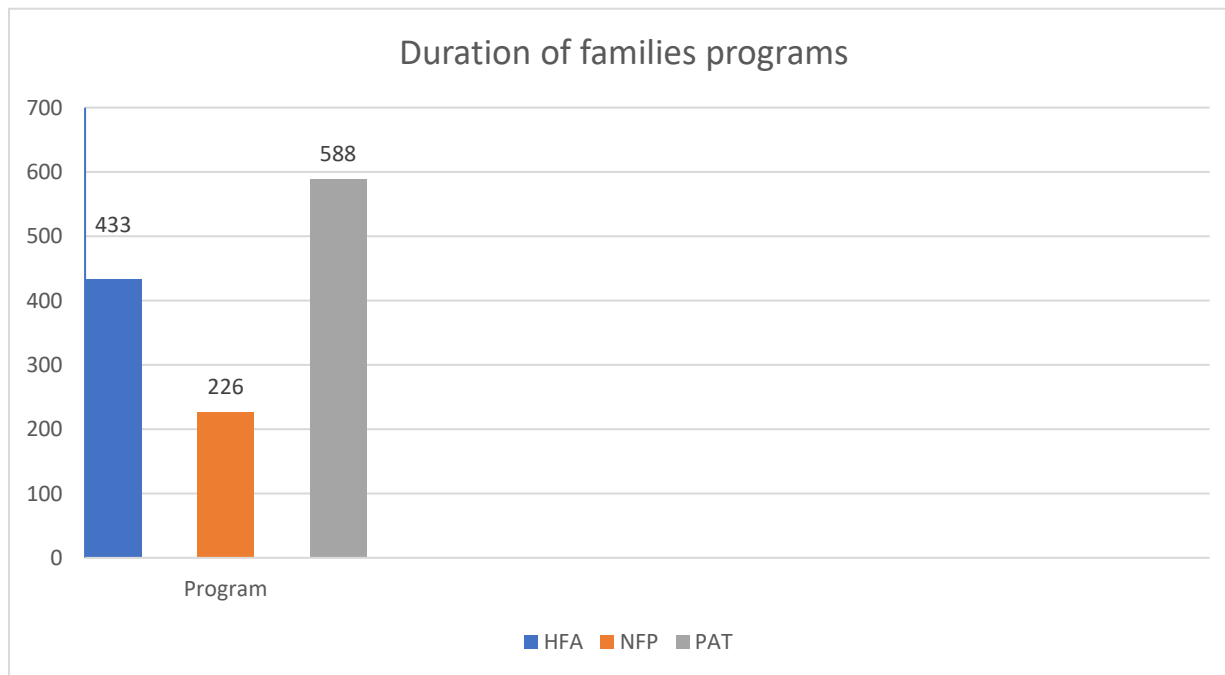
**2. Demographic Data**

**Families that participated in a RIDOH MIECHV program in federal Fiscal Year 2023**

Families that rented or shared their home or apartment or lived in public housing, making them vulnerable to increasing rents and housing shortages.	63%
Primary caregivers that were unemployed/ primary caregivers working part-time	51%/10%
Primary caregivers ages 25 or older	71%
Primary caregivers that had a high school diploma/GED as their highest education level	33%
Primary caregivers who had not yet earned their high school diploma/GED	25%
Families with a history of interactions with child welfare, either as children or parents	18%
Households with a family member with a history of substance use or needed substance use treatment	13%
Children in homes where the primary language spoken in the home was not English	49%

Enrolled children with public insurance	86%
Enrolled children who received their medical care at a federally qualified health center	37%

### 3. Duration of participation of families in RIDOH MIECHV programs



### 4. 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 2023, 787 children, up to age three, were referred to First Connections by the Department of Children, Youth, and Families (DCYF). First Connections partners with DCYF to provide support specific to the needs of each family and works in the home with families to reduce risks to a child and connect the family to a long-term evidence-based MIECHV program if appropriate. Family Visiting programs also partner with the Department of Human Services (DHS) to link families to RI Works programs and to other DHS services, including 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. The Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) provides funds to some family visiting agencies to provide additional support and care coordination for families and children impacted by substance use disorder.

## 5. MIECHV Program Outcomes

Federal Performance Measures	Rhode Island*	National threshold
<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	14.7%	12.5%
Infants in one of the programs receive breast milk at six months of age	68%	43.5%
Children who had received their most recent well-child visit	85%	70%
<b><i>Child Injuries, Abuse, Neglect, and Maltreatment and Emergency Department Visits</i></b>		
Enrolled children who had at least one investigated case of maltreatment	4%	8%
<b><i>School Readiness and Achievement</i></b>		
Children who received a developmental screening at 9, 18 and 24 months	81%	77%
<b><i>Crime or Domestic Violence</i></b>		
Primary caregiver screened for intimate partner violence within six months of enrolling in HFA, NFP, or PAT	91%	79%
<b><i>Family Economic Self-Sufficiency</i></b>		
Primary caregivers who were enrolled in a program for at least six months and maintained continuous health insurance for six months	91%	83%
<b><i>Coordination and Referrals for Other Community Resources and Supports</i></b>		
Primary caregivers who received a timely referral for maternal depression and had a service contact	75%	41%

\*Numbers are from data collected in federal Fiscal Year 2023

## 6. Estimate of number of children facing significant risk factors and plan to include fiscal costs and benefits to expand access to existing evidence-based home visiting

In federal Fiscal Year 2023, 9,300 children were born in Rhode Island. Nearly 6,100 (65%) were at risk for poor developmental outcomes, based on a developmental assessment conducted at birth. Children who are at-risk for poor developmental outcomes are considered to be the children of vulnerable families.

RIDOH's plan to gradually expand access to RIDOH's MIECHV programs in Rhode Island to all vulnerable families is twofold. First, the authority and cost structure for these programs had to

be developed to be able to bill Medicaid and began in 2023. Access to these programs for families who have Medicaid is not limited. The second component of the plan is to seek additional Federal funds for families who do not have Medicaid to expand the program. To access additional federal funds, a state match may be required. RIDOH estimates that it would cost an additional \$12,305,000\* per year to serve all at-risk children, regardless of insurance. In Rhode Island, commercial insurance plans that fall under the oversight of the Rhode Island Office of the Health Insurance Commissioner (OHIC) do not cover MIECHV services.

\*RDOH's MIECHV programs served approximately 1,500 children in 2023. There are an estimated 6,100 children at risk. The average cost of the programs per year is \$5,350 per family. To serve an additional 4,600 children =  $4600 * \$5,350 = \$24,610,000$ . However, we estimate that approximately t half of the families offered a program would accept, thereby bringing the estimated cost to \$12,305,000.