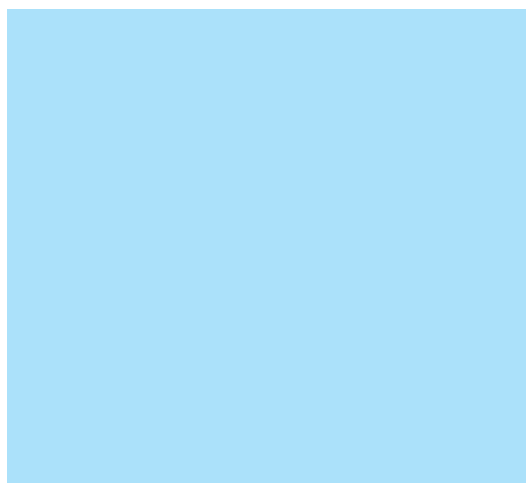


2025

Family Home Visiting in Rhode Island

Financing, Staffing, and Access



Family Home Visiting Works

Family home visiting is a time-tested prevention strategy which supports pregnant moms and parents as they bring a new child into the world. Starting in pregnancy, soon after a baby is born, or within a child's first two years of life, family home visitors provide support to connect families to prenatal and pediatric care, promote parent-child attachment, and coach parents on learning activities that promote their child's development. Visits are conducted by trained community health workers, paraprofessionals, social workers, or nurses. Families enter these programs voluntarily and can opt out at any time.

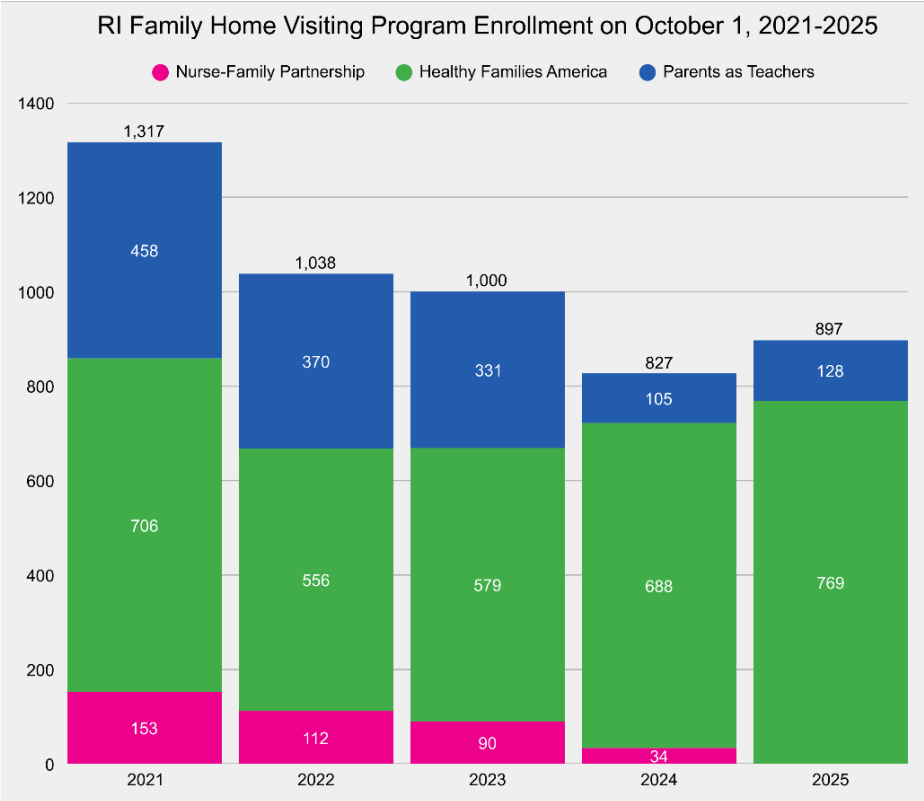
Rhode Island has offered family home visiting for over 40 years through its First Connections program, which is designed to identify babies' and families' needs and connect them with services to address those needs: mental health services, WIC, Early Intervention, and comprehensive evidence-based family home visiting programs.

Since 2010, Rhode Island has used the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to fund the implementation of three evidence-based family home visiting programs: Healthy Families America (HFA), Parents as Teachers (PAT), and Nurse-Family Partnership (NFP).ⁱ These nationally recognized programs follow rigorous guidelines to adhere to the standards of the research that qualified them and are regularly evaluated at the state and federal level to ensure that they are being properly implemented. This brief will focus on these MIECHV-funded programs.

The Early Head Start home-based model is also offered as an evidence-based family home visiting program in Rhode Island. In October 2024, there were 307 pregnant women and children enrolled in home-based Early Head Start in Rhode Islandⁱⁱ, which is funded with federal dollars outside of MIECHV funding.

Declining Enrollment

The number of families enrolled in evidence-based family home visiting programs in Rhode Island decreased by 32% between 2021 and 2025, from 1,317 to 897. Over this time, several agencies closed their family home visiting programs completely or dropped models (9 HFA programs to 7, 8 PAT programs to 2).ⁱⁱⁱ The loss of seats was primarily due to the end of specific federal grant funding (the MIECHV competitive grant and the 2020-2022 PDG Birth to Five grant). In addition, Rhode Island lost one of its three family home visiting models in March 2025 when Nurse-Family Partnership closed permanently, primarily due to funding and staffing challenges. Program closure and high churn rate among home visitors are two of the primary drivers for the decline in family participation.^{iv, v}



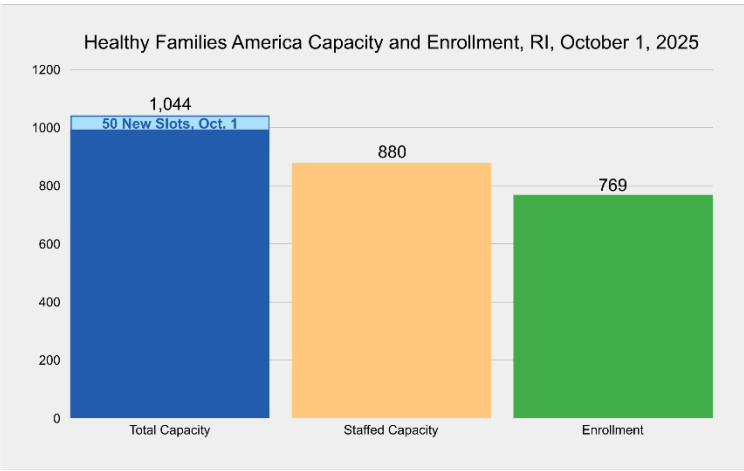
Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database enrollment in MIECHV-funded programs point-in-time enrollment on October 1 for 2021-2025

Staffing Evidence-Based Home Visiting Programs

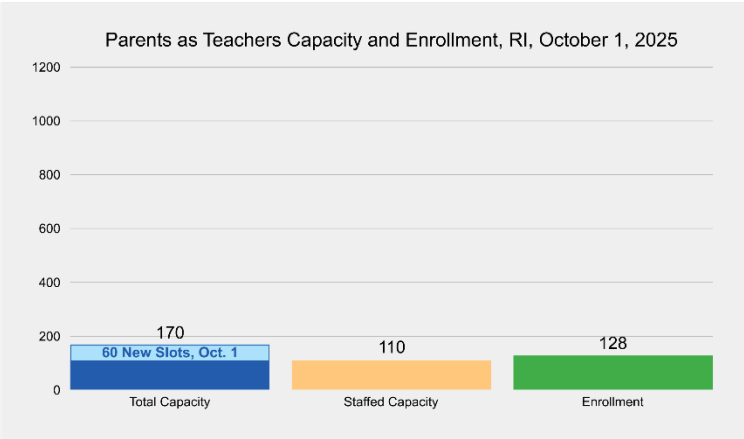
Current state MIECHV home visiting contracts started October 1, 2025 with a total of 1,214 contracted slots for families to enroll in MIECHV-funded, evidence-based home visiting programs. Of these, 990 slots were staffed, and 897 families were enrolled (representing 74% of all contracted slots and 91% of staffed slots). This year, the state added 110 new slots across five agencies, increasing the need to hire additional family home visitors to close the gap between enrollment and capacity.

Between October 1, 2024, and September 30, 2025, there was a 28% turnover rate for full-time home visitors in Rhode Island,^{vi} which is significantly higher than the 10% rate that *Lou, et. al.* reported in a national survey of home visiting programs in 2021.^{vii} As family home visiting is a relationship-based intervention, it is critical that skilled staff remain with their families over time to develop the trust needed to produce improved outcomes for families and children.

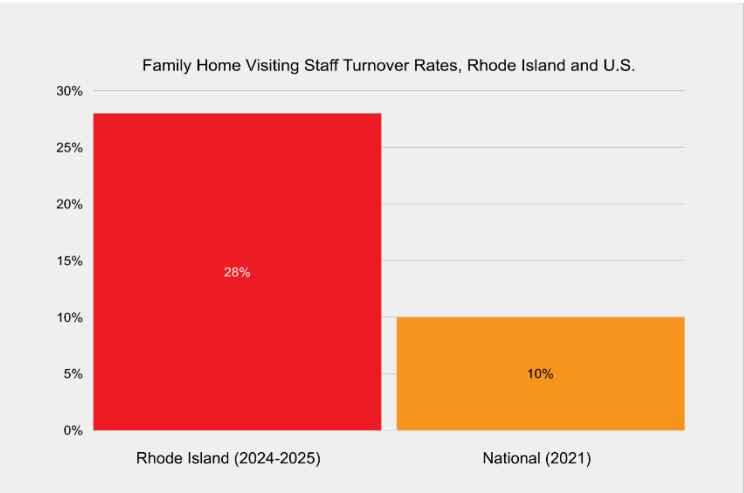
Another effect of high staff turnover rates is that inexperienced home visitors aren't able to manage the same caseloads as their more experienced colleagues. HFA recommends caseloads of 10-12 in the first two years of service, increasing to 15-20 after 3 years, at the discretion of their supervisors. Furthermore, according to the HFA Best Practice Standards: "The importance of a limited and manageable caseload for each Family Support Specialist cannot be emphasized enough. It ensures staff are able to work most successfully and families will be afforded the time, energy, and resources necessary to help build protective factors, reduce risk, and impact positive change. When setting caseload size, it is important to consider staff tenure and experience, along with family complexity and service intensity."^{viii} Despite having a relatively inexperienced workforce (36% of frontline HFA home visitors were hired within the last year), Rhode Island's HFA average caseload is estimated at 13.4 families per frontline home visitor assuming each HFA supervisor carries a caseload of 5 families.^{ix}



Source: Rhode Island Department of Health

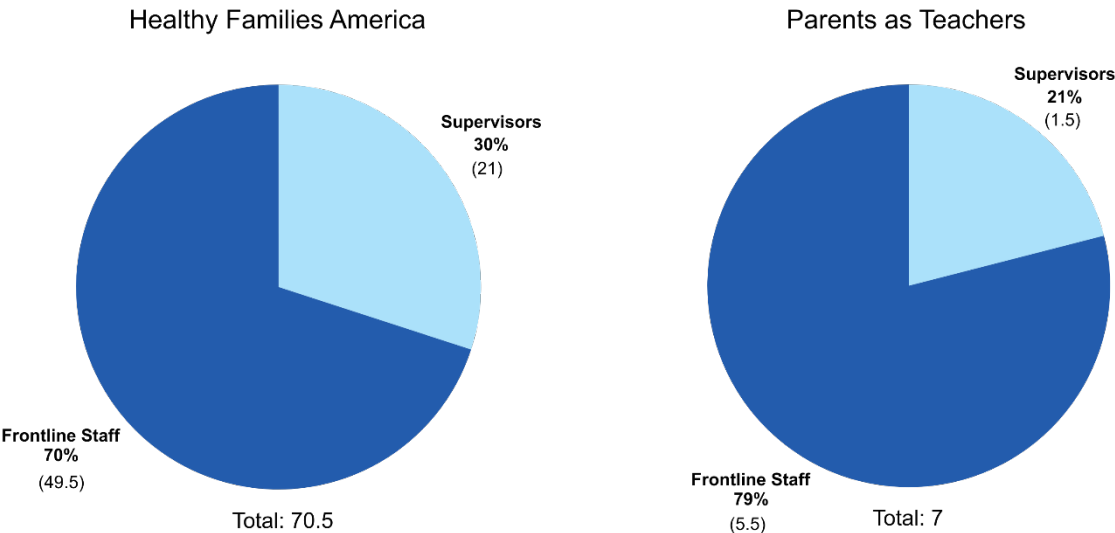


Source: Rhode Island Department of Health



Source: Rhode Island KIDS COUNT calculations using RI Department of Health enrollment and staffing data and Lou, C., Sandstrom, S., & Benatar, S. (2021). Management practices to promote home visitor retention: What does a national study of the home visiting workforce tell us? (OPRE Report #2021-193). Urban Institute.

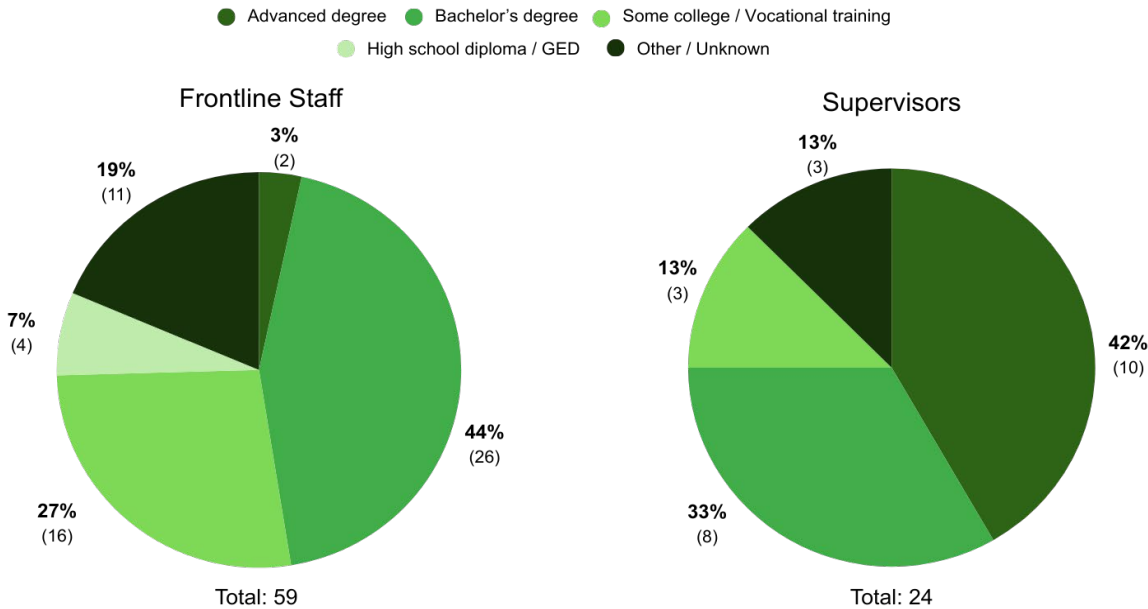
Family Home Visiting Workforce Role Distribution, RI, September 30, 2025



Note: Percentages may not total 100 due to rounding
Source: Rhode Island KIDS COUNT calculations using RI Department of Health staffing data.

Supervision is a critical part of the staffing model for home visiting. Nationally, Healthy Families America programs average 1 supervisor for every 4 frontline home visitors while Parents as Teachers programs average 1 supervisor for every 5 frontline home visitors.^x In Rhode Island in October 2025, Healthy Families America programs averaged 1 supervisor for every 2.4 frontline staff and Parents as Teachers averaged 1 supervisor for every 3.6 frontline staff.^{xi}

Family Home Visiting Workforce Education Levels, RI, September 30, 2025



Note: Percentages may not total 100 due to rounding
Rhode Island KIDS COUNT calculations using RI Department of Health staffing data.

Evidence-Based Home Visiting Programs

Evidence-Based Programs	Eligibility	Proven Outcomes	Federal and State Funding
Healthy Families America	Vulnerable pregnant women and families with infants. The program continues until the child turns five.	- Improved child development and school readiness - Increased positive parenting practices - Reduced child maltreatment - Improved family economic self-sufficiency - Improved maternal and child health - Reduced juvenile delinquency, family violence, and crime	\$3.8 million in estimated Medicaid billing for FFY25 (EOHHS) \$5 million in MIECHV contracts for FFY25 (RIDOH)
Parents as Teachers	Vulnerable pregnant women and families with infants. The program continues until the child turns five.	- Improved child development and school readiness - Increased positive parenting practices - Reduced child maltreatment - Improved family economic self-sufficiency	\$736K in estimated Medicaid billing for FFY25 (EOHHS) \$292K in MIECHV contracts for FFY25 (RIDOH)
Early Head Start	Low-income pregnant women and families with a child under age three.	- Supports parents as their child's first teachers - Promotes child development - Helps parents achieve educational, job, and family goals	\$11.5 million in federal Early Head Start grants for both center-based and home-visiting in FFY24 (56% of families were served through Early Head Start home visiting model and 44% were served through center-based Early Head Start)

Sources: Rhode Island Department of Health, contracted MIECHV amounts for implementing agencies and estimated Medicaid billing based on completed visits from October 1, 2024-September 30, 2025

First Connections: While not meeting federal evidence-based standards, First Connections is a short-term and rapid-response family home visiting program that has been available to Rhode Island families for more than 40 years. Families typically receive one to three home visits delivered by registered nurses, community health workers and social workers. Pregnant women, families with newborns, and other vulnerable families are eligible to participate. Home visiting staff assess medical, safety, and other family needs and connect families with services to meet their needs – including evidence-based family home visiting programs. In calendar year 2024, First Connections served 1,970 families - down 42% from 3,391 families in 2021.^{xii} First Connections is financed through Medicaid billing, funding from the state's Part C *Individuals with Disabilities Education Act* grant, other federal funds managed by the Rhode Island Department of Health (such as Title V Maternal and Child Health Block Grant), and a small amount of MIECHV funds.^{xiii}

State Infrastructure and Program Administration: For FFY25, RIDOH used \$1.6 million of the MIECHV funding and was allocated \$56,000 in state general revenue (as a federal match) for state level infrastructure and program administration.^{xiv} States must spend at least 75% of the annual MIECHV funding on direct services to families.^{xv}



Funding Evidence-Based Home Visiting Programs

Rhode Island currently funds its family home visiting programs through a combination of MIECHV funds and fee for service billing under an 1115 Medicaid waiver. MIECHV funds are used for model fees, operating expenses, training, performance incentives, and direct fee for service payments for visits to families who are not eligible for Medicaid. Agencies are required to bill for visits to Medicaid eligible families directly, although they are compensated with MIECHV dollars if these claims are ultimately rejected. Despite the current funding streams available for family home visiting in Rhode Island, agencies still encounter financial challenges. While fee for service billing of Medicaid added additional dollars to the system, it does not cover enough of the regular operating costs of the programs. In addition, Medicaid fee for service billing adds to administrative burden for visitors and agencies thus contributing to high staff turnover rates.

An alternative to the current Rhode Island fee for service Medicaid billing mechanism is Targeted Case Management (TCM), which, according to a 2020 report by the National Academy for State Health Policy (NASHP), is used by 33 states as a prenatal and by 30 states as a postpartum home visiting Medicaid benefit.^{xvi} TCM is a service under Medicaid that helps enrollees gain and coordinate access to necessary medical, social, and educational care and other services tailored to their needs, so payment isn't fully dependent on completed visits. TCM can be a fee for service benefit or a payment per family per month.

Beginning in Federal Fiscal Year 2024, states can qualify for additional federal MIECHV funding by allocating state general funds to support evidence-based home visiting. The federal government matches \$3 for every \$1 of state funding each year. The state match challenge gradually increases each year through 2027.^{xvii} Rhode Island has not been able to identify enough state funds to meet the federal challenge. In federal fiscal year 2024, Rhode Island was one of only four states (others were Mississippi, North Dakota, and Tennessee) in the U.S. that did not meet the full federal MIECHV match challenge. Although complete national data is not yet available for federal fiscal year 2025, early reports indicate that Rhode Island was one of only two states in the eight state northeast region that did not meet the full federal match.^{xviii} In fact, Rhode Island's state match declined substantially from FFY24 to FFY25 so federal MIECHV funding allocated to the state has declined. Efforts are now underway to ensure Rhode Island can identify sufficient state general funds to meet the match challenge for federal fiscal year 2026 to secure the additional federal MIECHV funding available which is projected to be \$1.6 million.

Rhode Island’s Federal Home Visting State Funding Match Challenge

Federal Fiscal Year	RI State Match Challenge Amount	RI State Match Allocated	Federal MIECHV Matching Funds Secured
FFY24	\$242,000	\$200,000	\$600,000
FFY25	\$356,000	\$56,000	\$168,000
FFY26	\$535,000*	TBD	TBD
FFY27	\$787,000*	TBD	TBD

**projected amount*

Sources: Congressional Research Service. (2022). Memorandum to House Ways and Means Committee: Estimates of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program funding allocation under a draft reauthorization proposal. Rhode Island Department of Health. State applications for MIECHV funds., FFY2024 and FFY2025.

Conclusions and Recommendations

Family home visiting is a critical service which aims to support pregnant women and young families as they navigate through an increasingly difficult world. The aim of these programs is to find those at high risk and connect them to the resources they need, teach them how to teach their children so they are ready to learn when they get to school, and create the family bonds that protect them from violence in and outside of the home.

A successful family home visiting program requires coordination at multiple levels to succeed. State legislative support is important to set Medicaid rates and maximize MIECHV matching dollars in order to optimize funding. The family home visiting team at RIDOH then sets contracts and monitors local implementing agencies (LIAs) to ensure that they uphold evidence-based national model standards. In turn, LIAs hire and train program staff to recruit, enroll, and provide this critical, potentially life changing service to young families and children.

Every part of this system is important, but the findings of this report show that the success of the family home visiting program in Rhode Island relies mostly on the recruitment and retention of the family home visitor. The following recommendations should contribute to this:

1. Implement the proposed Medicaid rate increases as recommended by the Office of Health Insurance Commissioner in September 2025.
2. Guarantee maximum MIECHV funding by contributing state dollars to the match.
3. Optimize contracts between RIDOH and agencies to match agency needs and minimize contract/payment gaps. Consider providing consistent monthly MIECHV grant payments to agencies as foundational funding rather than requiring MIECHV billing as fee-for-service.
4. Consider alternative billing structures within Medicaid to increase payments to agencies and minimize administrative burden (targeted case management, for example).
5. Increase and regularly update the state's wage benchmarks for family home visitors and supervisors while ensuring resources are sufficient for agencies to pay these wages.
6. Investigate strategies shown to improve retention of family visitors (peer mentors, stable and reasonable caseloads, performance-based wage increases, and greater incorporation of visitor input into agency management).
7. Partner with colleges and local workforce development organizations to understand and expand workforce pipeline and advancement opportunities for family home visiting staff.



Endnotes

- i Rhode Island Department of Health. (2025). *Family Visiting Legislative Report*.
- ii Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2024
- iii Rhode Island Department of Health, family visiting agencies listed in the 2022 *Family Visiting Legislative Report* compared to programs listed in 2025 enrollment data.
- iv Kaye, S., Hood, S., Cragun, D., Perry, D. F., Campos, P. C., Ajisope, O., & Schoch, A. D. (2024). Maintaining family engagement during home visitor turnover: A mixed methods study of best practices. *Prevention Science*, 25: 470-480.
- v Rabinovitz, L., Kaye, S., Aquino, A. K., & Perry, D. F. (2016). Challenges to retaining participants in evidence-based home visiting programs: A review of the literature. *Emotional & Behavioral Disorders in Youth*, 55.
- vi Rhode Island KIDS COUNT calculations using RI Department of Health, 2025.
- vii Lou, C., Sandstrom, S., & Benatar, S. (2021). *Management practices to promote home visitor retention: What does a national study of the home visiting workforce tell us?* (OPRE Report #2021-193). Urban Institute.
- viii Healthy Families America. (2025). *Best Practice Standards*.
- ix Rhode Island KIDS COUNT calculations using RI Department of Health, enrollment and staffing data, 2025
- x National Home Visiting Resource Center. (2025). *Model Profiles: Healthy Families America and Parents as Teachers*. Retrieved December 5, 2025 from www.nhvr.org.
- xi Rhode Island KIDS COUNT calculations using RI Department of Health Family visiting program staffing data, 2025
- xii Rhode Island Department of Health, families receiving at least one First Connections visit in calendar years 2021 and 2024.
- xiii Rhode Island Department of Health, 2025.
- xiv Rhode Island Department of Health, 2025.
- xv Health Resources and Services Administration. (2020). *Maternal, Infant, and Early Childhood Home Visiting orientation guide*.
- xvi National Academy for State Health Policy. (2020). *Public insurance financing of home visiting services: Insights from a federal/state discussion*.
- xvii Health Resources and Services Administration. (2025). *MIECHV program reauthorization*.
- xviii Catriona Macdonald, Linchpin Strategies, December 2025.

Agencies Funded by the RI Department of Health to Implement Evidence-Based Family Home Visiting

Agency	HFA 2021	NFP 2021	PAT 2021	HFA 2025	NFP 2025	PAT 2025
Bristol Warren Public Schools/Looking Upwards			X			*
Blackstone Valley Community Action Program	X		X	X		
Children's Friend	X	X		X		
Community Care Alliance	X			X		
Comprehensive Community Action Program	X		X	X		X
Connecting for Children and Families			X			
East Bay Community Action Program	X		X	X		
Family Service of Rhode Island	X			X		
Federal Hill House			X			
Meeting Street	X			X		
North Kingstown Public Schools			X			*
South County Home Health	X					
The Providence Center	X					
Westerly Public Schools			X			X
TOTAL	9	1	8	7	0	2

* The Bristol Warren PAT program is now operated by a non-profit agency, Looking Upwards, but does not receive any funding through the Department of Health. The North Kingstown School District still operates a PAT program but does not receive any funding through the Department of Health.

In addition, there are 5 agencies implementing the evidence-based **Early Head Start home visiting program** funded directly by the federal Office of Head Start: **Children's Friend**, C.H.I.L.D. Inc., **East Bay Community Action Program**, **Meeting Street**, and **Tri-County Community Action Program**.