

The Positive Impact of

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) in Rhode Island



MIECHV provides federal funds to states, territories, and tribal entities for voluntary, evidence-based home visiting services. Home visitors meet with parents one on one from pregnancy through their child's kindergarten entry to help lay the foundation for the health, education, development, and economic self-sufficiency of the entire family. Visits by caring, experienced professionals who provide families support and connections to needed resources and services can help families leverage their strengths so they can thrive.

Since 2013, MIECHV has been level-funded at \$400 million annually and pre-pandemic estimates showed MIECHV reached only 3-5% of eligible families nationwide. As MIECHV is set to expire on September 30, 2022, reauthorization offers Congress the opportunity to provide additional investments that will enable home visiting programs to reach

more families. The National Home Visiting Coalition, of which FFYF is a member, recommends a five-year reauthorization that would increase funding by \$200 million annually (reaching \$1.4 billion in FY2027); doubling the MIECHV tribal set-aside from 3% to 6% to reach more families in American Indian and Alaska Native communities; and continuing to allow virtual home visiting implemented with model fidelity as a service delivery option for families who choose it.

Rhode Island MIECHV Program At-a-Glance



Rural: None
Urban: Bristol, Providence, Washington

In FY21:

\$7,348,965

was awarded to the Rhode Island Department of Health¹

Within Rhode Island, MIECHV provided/served:*

1,608 families

20,175 home visits

1,582 children

Evidence-based models providing MIECHV-supported home visiting services in Rhode Island include: ^



Parents as Teachers



Rhode Island Performance Highlights:[^]



- ◆ **92.8%** of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis.
- ◆ **90.6%** of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery.
- ◆ **Continuous Quality Improvement:** Two MIECHV teams participated in the Home Visiting Collaborative Improvement and Innovation Network (CoIIN) to improve well child visit completion rate. Five MIECHV teams completed the CoIIN that addressed maternal depression. Both improved increased outcomes for families.

Family Needs[^]

States tailor their programs to meet community needs, with priority given to certain populations listed in the law.

In Rhode Island:

- ◆ **82.8%** of households were low income
- ◆ **24.4%** of households reported a history of child abuse or maltreatment

Rhode Island Families Receiving Home Visiting

Race*

- White (61%)
- Black (29%)
- Asian (2%)
- Multiple (5%)
- American Indian/Alaska Native (2%)



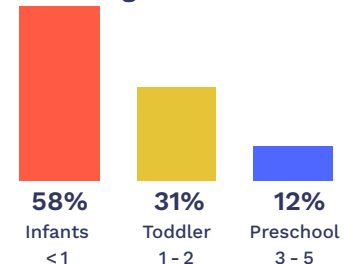
To protect confidentiality, race categories with less than 10 respondents have been omitted. Percentages may not add to 100%

Ethnicity*

48%

Hispanic or Latino

Child's Age*

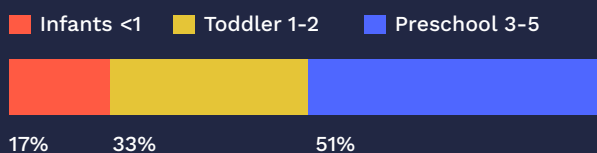


Potential Beneficiaries:

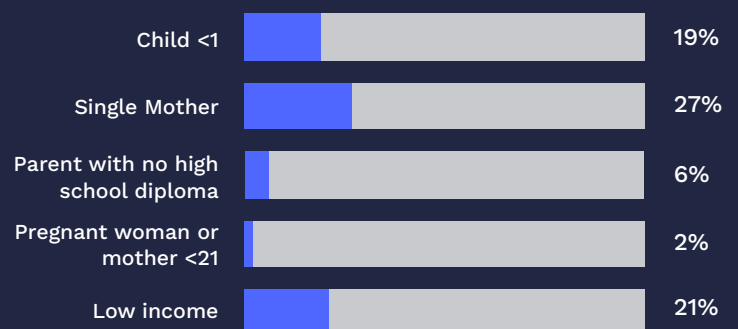
In Rhode Island, an estimated 52,200 families could benefit from home visiting with sufficient funding.*

- ◆ **48%** of families met one or more priority criteria.
- ◆ **19%** of families met two or more priority criteria.

64,900 children could benefit from home visiting with sufficient funding.*



The estimated percentage of families who could benefit in Rhode Island met the following priority criteria:*



References: National Home Visiting Resource Center (NHVRC) 2021 Yearbook, MIECHV State Data Tables (FY2020) (*), HRSA Home Visiting Program Fact Sheets (*)