



FAMILY VISITING



2019–2023 RHODE ISLAND STRATEGIC PLAN

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OUR PLAN AT A GLANCE

Our Vision – Developed by Parents

Empower parents to advocate for and support the development of their children so they can learn, grow, and find success.

Our Principles

- Families are at the heart of family visiting.
- Relationships matter.
- High-quality services are equitable, valuable, and accessible.
- All families have strengths.
- Family visiting staff is valued and supported.
- Early childhood supports and programs are embedded in communities and culture.
- Family visiting programs take collective responsibility for alignment, coordination, and continuous improvement.

Our Priorities

Priority 1: Establish a state-level system for family visiting to improve the coordination across State agencies and family visiting programs and more effectively serve families and their children.

Priority 2: Increase access to, and family engagement in, high-quality family visiting services.

Priority 3: Increase staff recruitment, retention, and quality.

INTRODUCTION

Dear Friends,

As the co-chairs of this Committee, we sincerely thank you for investing the time to read and understand our strategic plan. This document reflects the commitment of three State agencies, 10 childhood family visiting programs, 26 community organizations, and more than 50 family visitors to come together as a system and align around a common vision to empower parents to advocate for and support the development of their children so they can learn, grow, and find success.

Families, family visitors, community-based organizations, healthcare providers, advocates, and State agency leaders met multiple times in the past year to develop and prioritize key goals and strategies that we believe will have the greatest impact on young children and their families. Our work has resulted in the creation of a plan that prioritizes our work and sets the direction and course for Rhode Island's Family Visiting System for the next five years (2019-2023). It is a living document that is attainable and ambitious, as well as fluid and dynamic enough to evolve as needed in response to emerging needs.

For the first time, our State has a plan that includes all of the family visiting programs in our state. These programs are unique—different names, eligibility criteria, funding sources, and services; however, they also have a lot in common. Our plan acknowledges our differences and seeks to leverage the numerous ways in which family visiting programs are alike—including the focus on families and commitment to work with families where they are—whether that is in their home or a community location nearby. Most importantly, we share the same foundational beliefs that guide our work with families, especially our deep belief in the power of the parent. This is reflected in our vision statement, which was created by the parents we serve, and our guiding principles, which form the foundation of our plan. Through this process, we created a shared commitment to the future as a system and came together 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 programs and other community health teams.

This is an exciting time for early childhood family visiting. We sincerely thank the Strategic Planning Committee for their time and effort as well as many of you who took the time to provide feedback along the way.

Sincerely,

Kristine Campagna
Co-chair, Statewide Family Home Visiting
Steering Committee
Rhode Island Department of Health

Jenn Kaufman
Co-chair, Statewide Family Home Visiting
Steering Committee
Executive Office of Health and Human Services

RHODE ISLAND EARLY CHILDHOOD FAMILY VISITING STRATEGIC PLANNING COMMITTEE MEMBERS

Co-Chairs

Kristine Campagna, Chief, Office of Family Visiting and Newborn Screening; Rhode Island Department of Health (RIDOH)

Jenn Kaufman, Part C Coordinator; Executive Office of Health and Human Services (EOHHS)

Members

Strategic Planning Facilitator

Kristin Lehoullier, Principal, Elevated Results Consulting, Inc.

Parent/Family Visiting Participants

Luisa DePina, Community Health Worker/Parent Representative; RIDOH (former Parent/Family Visiting participant)

Daria Diaz, Parent/Family Visiting Participant

Kristin Lehoullier, Strategic Planning Consultant; Elevated Results Consulting, Inc.

Ashley Martinez, Parent/Family Visiting Participant

Cashawana Shakir, Parent/Family Visiting Participant

Amir Shakir, Parent/Family Visiting Participant

Family Visitor/Support Workers

Peggy Martinez, Parent Educator; Connecting for Children and Families

Ilesha Rocha, Healthy Families America (HFA) Family Support Worker; Meeting Street

Melissa Richmond, Parent Educator; Blackstone Valley Community Action Program (BVCAP)

Other

Leanne Barrett, Rhode Island KIDSCOUNT

Sarah Bowman, Family Visiting Evaluator; RIDOH

Joe Carr, Assistant Administrator Community & Planning; Department of Children, Youth and Families (DCYF)

Jamie Comella, Title V Coordinator; RIDOH

Cherie Cruz, Parents as Teachers (PAT) Supervisor/Parent Educator; Comprehensive Community Action Program

Susan Dickstein, President; Rhode Island Association for Infant Mental Health

Casey Ferrara, Director of Early Childhood Education; Meeting Street

Amber Labelle, Family Visiting Implementation Coordinator; RIDOH

Sara Lowell, Early Intervention; EOHHS

Kim Kozlosky, First Connections, HFA Supervisor/Program Manager; South County Home Health

Alice Martin, HFA Supervisor; Children's Friend

Deborah Masland, Director of Early Childhood Programs; Rhode Island Parent Information Network

Aimee Mitchell, Rhode Island Head Start Association

Donna Novak, Early Intervention; EOHHS

Lindsay O'Connell, Family Visiting Government Performance Lab; RIDOH

Larry Pucciarelli, Director; Rhode Island Head Start Collaboration Office

Sara Remington, Family Visiting Implementation Manager; RIDOH

Sidra Scharff, Family Visiting Implementation Specialist; RIDOH

Wendolyn Thompson, HFA Supervisor; Family Service Rhode Island

Mary Varr, Woonsocket Head Start

Emily Spence, Parents as Teachers Program Manager; Bristol Warren Regional School District

THE STRATEGIC PLAN

100+ STATEWIDE INPUT SURVEY RESPONSES

• families • healthcare providers • family visitors • state leaders • advocates • community-based organization •

12 committee meetings | **12** core team meetings | **1** year | **1** orientation for parent participants

1 family visioning session | **2** prototypes | **142** prototype feedback responses

7 FAMILY FOCUS GROUPS IN 7 COMMUNITIES

THE STRATEGIC PLANNING COMMITTEE

5 parents/family visiting participants | **10** state leaders

3 home visitors | **1** healthcare provider | **6** home visitor supervisors

10 program/models represented | **5** agency leaders

Process

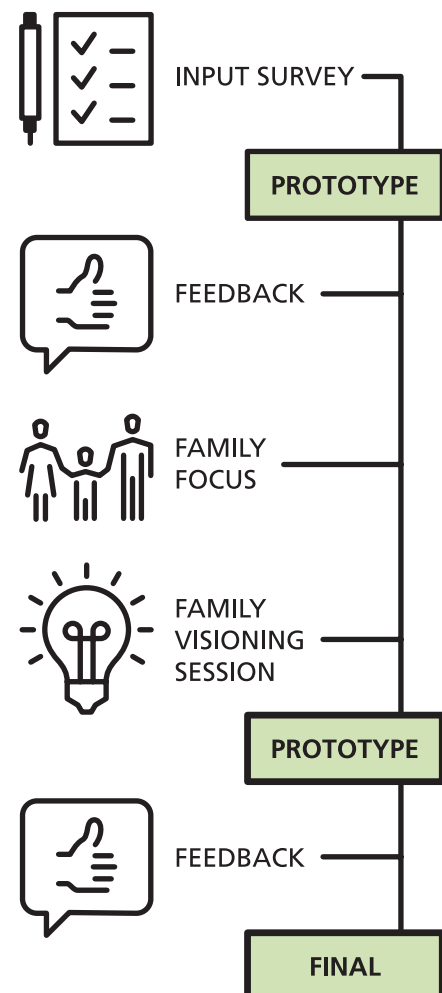
Statewide Input Survey

The strategic planning process was launched with two statewide input surveys – one for family visitors and another for system stakeholders. More than 100 people responded to questions such as:

- What do you envision for Rhode Island's family visiting system?
- What principles should guide Rhode Island's family visiting system?
- If you could change one thing about Rhode Island's family visiting system right now, what would be the most important thing to change?
- What are the current strengths of Rhode Island's family visiting system and the system's most pressing areas for improvement?
- What external changes and trends do you think will have future impact on the system?

Prototype 1: Vision and Guiding Principles

For the first prototype, the Strategic Planning Committee articulated the vision and guiding principles for the family visiting system and its work. A vision is an aspirational description of what the system would like to achieve or accomplish in the long-term. Guiding principles are ideas or beliefs that will guide the system and programs in all circumstances, regardless of changes in its goals, strategies, type of work, or leadership. Every major plan priority and our state's family visiting system itself should be aligned with these principles. The vision and guiding principles were shared with various stakeholder groups and with professionals in the field.





In addition, RIDOH staff facilitated seven focus groups with families across the state to gather input on their hopes and dreams for family visiting. Overall, 140 stakeholders, including more than 40 parents (both family visiting participants and parents who do not participate in family visiting) statewide responded to the request for feedback. Based on feedback, the Committee decided to enlist a team of parents who were currently engaged in family visiting to craft the vision statement. The parents narrowed their work to three options for the Committee to choose from, and the Committee chose one of the family-created vision statements and refined its guiding principles based on the stakeholder feedback.

Prototype 2: Priorities and Strategies

The Strategic Planning Committee considered the input and feedback from families, home visitors, agency and state leaders to inform the development of three overarching priority statements organizing the focus and measures of the Plan. For each priority, the Committee developed one or more measurable goals and progress measures and a set of supporting strategies. Following the same process used for the vision and guiding principles, the Committee shared its proposed priorities and strategies with stakeholder groups and the field at large. More than 114 stakeholders responded.

Final Draft

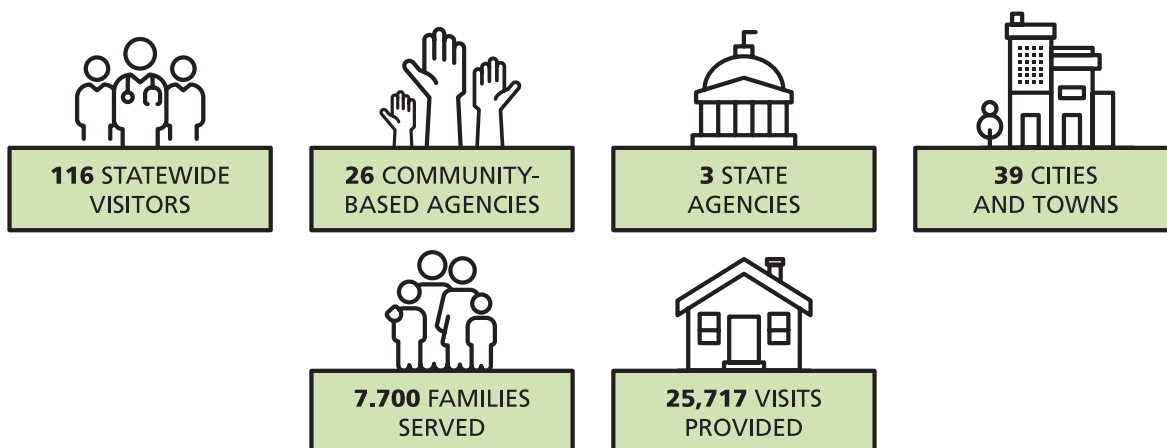
The Strategic Planning Committee finalized the Plan by refining the priorities and strategies based on public feedback and discussion to ensure clarity, consistency, and viability across the Plan.

FAMILY VISITING IN RHODE ISLAND

The early years of a child's life are crucial for building the foundation of health and wellness needed to succeed in school and later in life. Families are the most important individuals in a child's life, particularly during infancy and early childhood. Infants and toddlers who receive responsive, nurturing care and are provided with opportunities to learn have a strong foundation for success. When parents face obstacles that impact their ability to meet the needs of their babies, their child's health, development, and learning trajectory are threatened.^{1,2}

Family Visiting is a service delivered to families during pregnancy and through the early years of a child's life that links expectant and new parents with a nurse, social worker, early childhood specialist, or paraprofessional who is trained to work with families in their homes. It is one of many services provided within the larger early childhood learning field. Home visitors evaluate families' needs and provide tailored services that support positive parent-child interactions, promote early learning and language development, conduct developmental screenings, and connect families to appropriate services and resources.

The Rhode Island Family Visiting system collectively serves approximately 7,700 families in Rhode Island each year. Those families are supported by 116 family visitors across 10 programs that are delivered by 26 local community agencies across the state. Together, they make 25,717 visits a year.



The goal of these visits is to reach young children and their families at home or in their communities. Each program is different, but all provide parenting education to foster healthy, safe, and stimulating environments for young children. National research has demonstrated that children in at-risk families who participate in high-quality family visiting programs have improved language, cognitive, and social-emotional development and are less likely to experience abuse and neglect. Families who participate are more likely to provide an enriching home environment, use appropriate discipline strategies, and become more economically secure through education and employment. Some family visiting programs can also improve maternal and child health, reducing long-term healthcare costs.^{3,4,5}

Services provided by family visitors, depending on the program, may include:

- Assisting families who have an infant or toddler with a disability to understand their child's special needs
- Assisting parents in how best to feed and care for their babies
- Comprehensive developmental evaluation for infant and toddlers suspected of having a disability
- Court advocacy
- Education on child development
- Family assessment and counseling
- Infant/child safety
- Interpersonal violence support
- Links to community resources, such as child care, healthcare, housing, education, mental health, and legal services
- Preventive health and prenatal practices
- Positive parenting techniques
- Relapse prevention
- Specialized supports for families with an infant or toddler with a disability (physical therapy, speech therapy, and occupational therapy)
- Socialization opportunities
- Substance use assessment and monitoring
- 24/7 emergency on-call support
- Working with families to set goals, continue education, and find employment and child care solutions
- Addressing social determinants of health

There are several family visiting services available to families in Rhode Island:

- **Early Intervention (EI)** is a program designed to help families support the growth and development of their infants and toddlers, birth through age three, who are delayed in their development or have a diagnosed condition known to cause developmental delay. Specifically, EI supports a child's participation within a family's daily routines and natural environments using coaching as the method of interaction between the family and the EI provider. Eligible families have children who have certain diagnosed conditions, significant delays in one or more areas of development, or are experiencing circumstances that, without intervention, are likely to result in significant developmental delay. Developmental areas impacted may include cognitive, physical/motor, communicative, social/emotional, or adaptive skills. Children are referred to EI for a comprehensive developmental evaluation to determine if they are eligible for services. In Rhode Island, EI is provided at no cost to families and is administered by EOHHS.
- **First Connections** is a short-term, family visiting program administered by RIDOH and delivered to families with children from birth to age three and provides home and health assessments, developmental screenings, and connections to other community resources, including long-term family visiting programs.

- **Family Care Community Partnership (FCCP)** is a preventive program administered by DCYF which serves families that have children who have serious emotional, behavioral and/or mental health challenges; are at risk for abuse and/or neglect and potential involvement with DCYF; or are transitioning from the Youth Diversionary Program. A Family Service Care Coordinator assists the family in identifying supports to help them in meeting their needs, both short and long term. Supports are identified through the families' voice and choice and may include extended family, friends, and community supports. The families' culture guides the process as the family-led team helps strengthen the family and build resiliency for long-term stability.
- **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. HFA services begin prenatally or immediately following the birth of a baby and are offered voluntarily and intensively for three to five years after the birth of the baby. HFA is administered by RIDOH.
- **Early Head Start (home-based option):** Established in 1995, Early Head Start is a comprehensive, evidenced-based early childhood program serving low-income children birth to age three, pregnant women, and their families. Early Head Start programs are coordinated by the Rhode Island Department of Human Services (DHS) and serve children in families with income below the federal poverty level (\$20,420 for a family of three in 2017). The program is designed to address the comprehensive needs of low-income infants and toddlers and pregnant women by providing high-quality early education, nutrition and mental health services, medical and dental referrals, and fostering the development of healthy family relationships. Pregnant women enrolled in Early Head Start are assessed for risks to a successful pregnancy. Individualized plans are developed to support prenatal health, promote healthy behaviors, and prepare for a baby's arrival. After the baby is born, families participate by enrolling in a center or home-based program. Home-based programs use weekly home visits to support child development and twice-monthly group meetings. Early Head Start is only available in some areas of the state.
- **Nurse-Family Partnership (NFP)** helps improve three key areas of the lives of mothers who are pregnant with their first child and facing adversity: pregnancy outcomes, child health and development, and parent life trajectory. NFP services begin prenatally for first-time mothers and are offered until the child is two years old. NFP is administered by RIDOH.
- **Positive Parenting Program (Triple P)** is a model administered by DCYF that draws on social learning models of parent-child interaction that highlight the reciprocal and bi-directional nature of parent-child interactions. With clearly defined content, practice standards, and learning objectives, this program model is designed to teach positive strategies and parenting skills and their application to a range of target behaviors and settings. Triple P is a home-based service that is geared at working with multi-stressed caretakers of children, birth to age 12 who exhibit behavioral or emotional difficulties, such as aggressive or oppositional behavior.

- **Parents as Teachers (PAT)** aims to increase parent knowledge of early childhood development, improve parenting practices, provide early detection of developmental delays and health issues, increase children's school readiness and school success, and prevent child abuse and neglect. PAT is administered by RIDOH and serves all families with young children, though some local programs have specific eligibility requirements.
- **Project Connect** provides home-based services for families statewide identified by DCYF. The program supports children from birth to age 17, their families, and pregnant and parenting youth. Project Connect is the only program in the state that works with DCYF to keep children safe and strengthen families by helping parents achieve a substance-free lifestyle. The program is intensive, home-based, and provides services for an average of one year. The Project Connect staff is specially trained in substance use and child welfare risk assessment.
- **SafeCare** is a parent-training program administered by DCYF that supports parents/caretakers of children, birth to age five, with known risk factors for and/or a history of child neglect and abuse. The program is 20 to 22 weeks with home visits typically once per week. It includes structured curriculum sessions consisting of three modules: health, home safety, and parent-child/infant interactions plus an initial assessment and final re-assessment.

PROGRAM	APPROXIMATE NUMBER OF YOUNG CHILDREN SERVED ANNUALLY
Early Head Start (Home-Based)	383
Early Intervention	4,100
First Connections	3,500
Family Care Community Partnership	135
Healthy Families America	888
Nurse Family Partnership	162
Parents and Teachers	550
Positive Parenting Program	53
Project Connect	43
SafeCare	11

Rhode Island also has several Community Health Teams which provide locally based care coordination in partnership with primary care practices and community health workers. Community Health Workers are front-line, public health professionals who often have similar cultural beliefs, chronic health conditions, disability, or life experiences as other people in the same community. As trusted leaders, they often visit families in their homes and serve as a link between their community and needed health or social services.

¹ DiLauro, E. & Schreiber, L. (2012). Reaching families where they live: Supporting parents and child development through home visiting. Washington, DC: Zero to Three.

² States and the new federal home visiting initiative: An assessment from the starting line. (2011). Washington, DC: The Pew Charitable Trusts.

³ DiLauro, E. & Schreiber, L. (2012). Reaching families where they live: Supporting parents and child development through home visiting. Washington, DC: Zero to Three

⁴ Sama-Miller, et al. (2017). Home visiting evidence of effectiveness review: Executive summary. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation

⁵ Home visiting family support programs: Benefits of the Maternal, Infant, and Early Childhood Home Visiting Program. (2015). Washington, DC: The Pew Charitable Trusts.

RHODE ISLAND FAMILY VISITING LANDSCAPE



Prenatal	Birth or Newborn	Infant/Toddler	Age three or older
Medical Home or primary care for all families			
Medical care			
Childbirth and parenting classes			
Supports for families with substance exposed newborns, including peer recovery coaches			
Nurse-Family Partnership (NFP)			
Healthy Families America (HFA)			
Parents as Teachers (PAT)			
First Connections			
	Early Intervention		
Early Head Start			
WIC			
	Family Care Community Partnerships		
	Positive Parenting Program (birth to age 12)		
	Safe Care (birth to age five)		
Project Connect (birth to age 17)			
	Other early childhood support programs available locally		
Health Equity Zones/Community Specific Supports			

STAKEHOLDER INPUT: SUMMARY OF KEY THEMES

We started our strategic planning process by surveying frontline staff and other system stakeholders to ask them what they envision for Rhode Island's family visiting system in the next five years, what they think are the most important principles that should guide the system, and the changes they most wanted to see.

"Families should be able to easily access services through multiple sources – prenatal care and pediatric providers, nurse and social work case management, ancillary services, such as WIC, and self-referral."

-Survey Respondent

Seventy-four family visitors and 56 other system stakeholders from State agencies, community-based, advocacy, and healthcare organizations responded to the survey. Below is a summary of the most commonly mentioned themes:

Family and Child

Ensure the system and programs are family centered	Programs are/should be supporting the WHOLE family, with the family taking the lead. Specifics that were highlighted include communication with family, family driven/tailored services, non-judgmental and respectful care, cultural competency, trauma-informed approach, family voice, quality over quantity, and leveling the playing field.
Increase accessibility	The system should offer flexible service delivery that minimizes obstacles including lack of transportation and childcare barriers
Offer high-quality services/evidence-based	Programs should be high-quality and evidence-based. Themes include implementation of evidence-based models, up to date with the research, expert-informed, appropriate caseload size to maintain quality, and more generally, offering a high-quality product to Rhode Island families that meets their needs.
Maintain focus on improving child outcomes	Programs should be focused on improving health and developmental outcomes for children.
Support parents	Programs should equip parents as their child's first teacher, provide resource referrals as needed, and empower parents.
Focus on prevention	The system should support families before they get to a point of crisis.
Serve vulnerable families/priority populations	The system should serve the most vulnerable families and priority populations.
Ensure a universal strength-based/goal approach	The system should take a strength-based approach to working with families.

Systems Coordination and Alignment

Invest in systems coordination/alignment	The State needs to invest in all aspects of systems coordination from setting the vision for the State to supporting growth as needed and making all of the pieces fit together as smoothly as possible. Specific themes include making sure all stakeholders are informed and aware of the programs, understanding the role of each State agency, implementing universal screening, investing in a centralized referral system, increasing access, supporting services for children ages three to five, linking with the birthing hospitals, linking with schools, and fostering collaboration between programs and sites within the system including community health teams.
More effectively coordinate care across programs	The system should effectively coordinate care coordination on behalf of individual participants or families by working as a team, or part of a team across programs, to share information and coordinate on behalf of a family.
Use data to focus and evaluate the work	Data should be used to set goals, measure outcomes, and to help focus and evaluate the work on an ongoing basis. Opportunities for improvement include streamlining data collection, documentation, and strategic use of information technology.
Foster integration with medical system	Programs should be integrated with primary care. Better integration would facilitate more multi-generational primary care models, including family practice, that cares for whole family and does not isolate one child/parent/member's care from decisions made in other's care
Engage parents (at a systems level)	Parents are/should be engaged as key stakeholders in thinking about how programs are run and how the system functions.
Engage parents and families (at a program level)	The system should put in place strategies for increasing engagement and retention, especially for hard-to-reach families.
Engage community/frontline workers (at a systems level)	Community organizations and frontline workers are/should be engaged in decision making about the system.

Vision for Family Visiting

The parents on our Strategic Planning Committee came together for a special working session to develop the following vision statement:

To empower parents to advocate for and support the development of their children so they can learn, grow, and find success.

GUIDING PRINCIPLES FOR FAMILY VISITING

Principle 1: Families are at the heart of family visiting. Families and caregivers feel welcomed and encouraged to participate regardless of who they are and where they come from – free of judgment. All members are listened to, valued, respected, and invited to actively participate in all aspects of family visiting, including how services are delivered, decisions that involve the family, and goal setting. Meaningful relationships are developed with families and plans are tailored to meet each family's unique circumstances. Language and culture are valued. Supports are easy to access and adapt over time to changing families. Family visitors, local implementing agencies, State agencies, and funders consider the impact on families and communities when changes are made to services.

Principle 2: Relationships matter. Relationships are everything. Relationships among young children, parents, and other caregivers are critically important and form the foundation for all early development. Relationships that staff builds with families, children, and colleagues are the foundation of our work. Relationships among leadership, supervisors, and staff directly influence how they relate to families and, in turn, how families relate to their children.

Principle 3: High-quality services are equitable, valuable, and accessible. Families, providers, and funders recognize that community supports to help families who face adversity while achieving their goals should be high-quality with demonstrated effectiveness. Supports are helpful, accessible, and valued by families.

Principle 4: All families have strengths. Meaningful, measurable, and achievable goals are developed based on these strengths and family priorities. Families are their child's first teacher. Families are empowered to nurture their child's development, advocate for their children, and meet the goals they set for themselves and their children. Family successes are celebrated. Family leadership is fostered and valued.

Principle 5: Our Family Visiting staff is valued and supported. Family visitors are key to the success of family visiting. Staff is valued, supported and provided the tools and resources they need to do their job. They have access to professional development that is ongoing, relevant, affordable, and based on validated practices and current research. Their personal well-being and professional development are nurtured through reflective supervision that fosters effective relationships with families, children, and colleagues.

Principle 6: Early childhood supports and programs are embedded in communities and culture. Family visiting programs draw on and grow the strengths of the community in which they are located. Staff are hired who reflect and relate to the shared lived experiences of the families with whom they work. They play an active role in fostering family engagement in communities.

Principle 7: Family visiting programs take collective responsibility for alignment, coordination, and continuous improvement. Programs come together as a system to align, coordinate, and link systems at the state and community level — such as eligibility, enrollment and referral, performance measures, data and information sharing, and policies and procedures —to support family visiting success. We will use effective systems to measure outcomes at the state, community, and provider level for continuous improvement. To address the needs of young children and their families, our system must coordinate funding and advocate for policy to maximize access and efficiently use resources.

PRIORITIES AND STRATEGIES FOR FAMILY VISITING

Priority 1: Establish a state-level system for family visiting to improve the coordination across State agencies and family visiting programs and more effectively serve families and their children.

Strategies

The strategies outlined below articulate our key actions for achieving this goal:

- Develop and implement a cross-program/model governance structure that includes representation from all traditional family visiting program/models, other similar community health teams, frontline staff, and families to:
 - Reduce duplication and streamline care coordination across program/models.
 - Develop and communicate shared system priorities with key stakeholders on a regular basis.
 - Identify and report on key system-wide performance and progress measures.
 - Deepen stakeholder knowledge of other family visiting programs/models and share best practices.
 - Engage in shared program policy development and implementation to support system and program coordination.
 - Establish a structure for building and sharing resources to fund system initiatives.
- Increase parent and family visiting voice in program planning, quality improvement, and advisory capacities.
- Expand the data obtained and imported into KIDSNET to support better care coordination and inform policy and decision making. Identify health information technology enhancements needed to improve cross system data analytics and care coordination.

"We need a statewide, comprehensive, cohesive, and coordinated system."

-Survey Respondent

Progress Measures (see the Progress Measure Appendix for definitions)

- Number of meetings
- Meeting participants, by role
- KIDSNET utilization

Priority 2: Increase access to, and family engagement in, high-quality family visiting services.

Strategies

- Use data and family and community input to inform a system-wide dialogue on family recruitment, engagement, and retention to improve practice.
- Offer universal home visits to all families in Rhode Island.
- Build brand identity with parents, caregivers, and providers through a collaborative marketing and outreach campaign that leverages formal communication channels and informal networks of community, schools, and family leadership specific to cultures.
- Increase the percentage of family visitors with shared lived experiences in common with families.
- Ensure that all staff are trained and have knowledge of all programs/models and are effectively referring families to the right programs through a centralized referral protocol.
- Ensure that care is effectively coordinated for families enrolled across multiple programs and establishing common protocols and enhancements for working with families with complex needs.
- Increase communication with, and coordination of, care with the families' medical home, Accountable Entity, and/or early childhood provider.
- Improve ongoing communication among families, providers, and referral sources.

"Early childhood social service agencies, medical providers, and early childhood education should be in clear communication with each other."

-Survey Respondent

Progress Measures (see the Progress Measure Appendix for definitions)

- | | |
|-----------------------------|-----------------|
| • Initial program contact | • Graduation |
| • Long-term program contact | • Number served |
| • Unexpected attrition | • Capacity |

Priority 3: Increase staff recruitment, retention, and quality.

Strategies

- Collaborate with Rhode Island's institutes of higher education to build and promote career paths for family visitors.
- Invest in a workforce study to inform a system-wide strategy to address challenges with staff recruitment, retention, compensation, and recognition.
- Use a centralized source of workforce data to inform staff recruitment and retention policies and strategies.
- Create and implement a shared, competency-based hiring protocol across program/models.
- Implement shared, competency-based professional development for all family visitors, supervisors, and directors.

"Any steps that would decrease turnover in the field will lead to improved support for families."

-Survey Respondent

Progress Measures (see the Progress Measure Appendix for definitions)

- Staff turnover
- Staff departure reason



GLOSSARY

Term	Definition
Career path	The various positions a person moves to, one by one, as they grow in their career. They may move vertically most of the time but can also move laterally or cross functionally to move to a different type of job role.
Care coordination	The deliberate organization of family support activities between two or more providers involved in a family to facilitate the appropriate delivery of family services.
Community Health Teams	Locally based care coordination teams comprising multidisciplinary staff from varied disciplines such as nursing, behavioral health, pharmacy and social. In partnership with primary care practices, teams connect patients, caregivers, providers and systems through care coordination, collaborative work, and direct patient engagement.
Community Health Worker	Community Health Workers are frontline, public health professionals who often have similar cultural beliefs, chronic health conditions, disability, or life experiences as other people in the same community. As trusted leaders, they often serve as a link between their community and needed health or social services. Community Health Workers help to improve access to, quality of, and cultural responsiveness of service providers.
Competency-based hiring	Identifying a full range of competencies required for success in a position and then evaluating each candidate's demonstration of those traits.
Competency-based professional development	An approach to structuring professional development that allows family visitors to attain a level of competency in a particular area of interest or need. Family visitors work at their own pace, drawing on their past experience and knowledge.
Cross-model/program governance structure	Governance is the way that a system establishes collective norms and actions and holds itself accountable. A cross-model/program governance structure includes representation from all of the models and programs that make up the family visiting system as well as other stakeholders like families, family visitors, and advocates.
Early Intervention (EI)	EI promotes the growth and development of infants and toddlers who have a developmental disability or delay in one or more areas. Developmental disabilities or delays can affect a child's speech, physical ability, or social skills. Children referred to EI receive a comprehensive developmental evaluation to determine if they are eligible. One of the goals of EI is to provide support to families so their children can develop to their fullest potential. Services are provided in places where children usually play or take part in daily activities. http://www.eohhs.ri.gov/Consumer/FamilieswithChildren/EarlyIntervention.aspx

RIDOH Family Visiting	<p>Family Visiting services offered by RIDOH are available to all expecting parents and those with children younger than age four. The goal is to enroll families in Family Visiting as early in pregnancy as possible—because the earlier we connect with them, the more support and services they can receive</p> <p>Family Visiting programs are evidence-based and have demonstrated improvements in a wide range of maternal and child health outcomes. Family Visitors can also refer families to a wide range of community services and supports.</p>
Family Visitor	<p>Trained professionals who provide home visits in your home or in your community, in all communities in Rhode Island. Our Family Visitors will give you</p> <ul style="list-style-type: none"> • Free tips to help your baby grow up healthy • Free prenatal support and help with infants and toddlers • Free help with managing your busy life • Easy ways to connect and share with other parents • We will visit you at home or anywhere in your community. Every visit is about supporting you and help your baby to develop and grow up healthy. <p>Depending on what you want and need, we could:</p> <ul style="list-style-type: none"> • Answer questions you didn't get to ask your doctor or were too nervous to ask—like about breastfeeding, safe sleeping, how to calm a fussy baby, and more. • Help you meet immediate needs, like housing or heating assistance • Help you support your child as she plays, grows, and learns <p>http://www.health.ri.gov/familyvisiting/for/parents/</p>
First Connections	<p>A short-term public health Family Visiting Program where nurses, social workers, and community health workers visit families in their homes or in the community and provide support, developmental screenings, connections, and linkages to additional services to meet the family's needs such as long-term Family Visiting.</p>
Family Care Community Partnerships (FCCP)	<p>FCCP agencies are a part of DCYF's network of prevention-focused providers and bring community-based services to children and families in order to build a stronger, brighter future. FCCPs focus on your family and wrap you with the right local services and community programs to build a stronger family. http://www.dcyf.ri.gov/FCCPTogetherRI/</p>
Family Visiting System	<p>An interconnected and interdependent group of stakeholders (families, staff, programs, State agencies, and others) forming a unified whole.</p>
Guiding principle	<p>Ideas or beliefs that will guide Rhode Island's family visiting system and programs in all circumstances, regardless of changes in its goals, strategies, type of work, or leadership.</p>
Health Equity Zone	<p>To eliminate health disparities using place-based strategies to promote healthy communities. There are twelve health equity zones across Rhode Island.</p>

<p>Healthy Families America (HFA)</p>	<p>HFA is an evidenced based, preventative Family Visiting Program for families at risk for abuse and neglect that promotes child well-being. Families are enrolled prenatally or within three months of birth. In Rhode Island we can see families until the child is four.</p> <p>HFA aims to:</p> <ul style="list-style-type: none"> • reduce child maltreatment; • improve parent-child interactions and children’s social-emotional well-being; • increase school readiness; • promote child’s physical health and development; • promote positive parenting; • promote family self-sufficiency; • increase access to primary care medical services and community services; and • decrease child injuries and emergency department use. <p>https://www.healthyfamiliesamerica.org/the-hfa-strategy-1/</p>
<p>Home-based Early Head Start</p>	<p>Early Head Start (EHS) targets low-income pregnant women and families with children from birth to age three, most of whom are at or below the federal poverty level or who are eligible for Part C services under the Individuals with Disabilities Education Act in their state. The model provides early, continuous, intensive, and comprehensive child development and family support services. EHS programs include home or center-based services, a combination of home and center-based programs, and family child care services (services provided in family child care homes).</p> <p>https://homvee.acf.hhs.gov/Model/1/Early-Head-Start-Home-Based-Option-EHS-HBO--In-Brief/8</p>
<p>KIDSNET</p>	<p>A database that includes all babies born in Rhode Island to support coordination of care between programs and to monitor trends and gaps in children’s healthcare services. KIDSNET data can be used for monitoring provision of preventive health services to individuals and populations, for quality assurance, and for policy decision making.</p>
<p>Nurse-Family Partnership</p>	<p>Nurse-Family Partnership works by having specially trained nurses regularly visit young, first-time moms-to-be, starting early in the pregnancy and continuing through the child’s second birthday. The expectant mom benefits by getting the care and support they need to have a healthy pregnancy. At the same time, new moms develop a close relationship with a nurse who becomes a trusted resource they can rely on for advice on everything from safely caring for their child to taking steps to provide a stable, secure future for their new family. Throughout the partnership, the nurse provides new moms with the confidence and the tools they need to assure a healthy start for their babies and to envision a life of stability and opportunities for success for both mom and child.</p> <p>https://www.nursefamilypartnership.org/wp-content/uploads/2018/11/Overview-2018.pdf</p>

Parents as Teachers (PAT)	<p>The PAT evidence-based model is the comprehensive family visiting, parent education model used by PAT affiliates. The model provides services to families with children from prenatal through kindergarten. The goals of PAT are to:</p> <ol style="list-style-type: none"> 1. Increase parent knowledge of early childhood development and improve parent practices 2. Provide early detection of developmental delays and health issues 3. Prevent child abuse and neglect 4. Increase children's school readiness and success <p>https://parentsasteachers.org/evidence-based-model/</p>
Positive Parenting Program® (Triple P)	<p>Triple P is a parenting and family support system designed to prevent – as well as treat – behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school, and community before they arise and to create family environments that encourage children to realize their potential.</p> <p>Triple P draws on social learning, cognitive behavioral and developmental theory, and research into risk factors associated with the development of social and behavioral problems in children. It aims to equip parents with the skills and confidence they need to be self sufficient and to be able to manage family issues without ongoing support.</p> <p>https://www.triplep.net/glo-en/find-out-about-triple-p/triple-p-in-a-nutshell/</p>
Progress measure	<p>A measurement that shows the amount of progress or improvement the system has made toward its goals and priorities.</p>
Project Connect	<p>Through Project Connect, Children's Friend helps keep children safe and keep families together. Project Connect provides home-based services for families statewide identified by DCYF. The program supports children from birth to age 17, their families, and pregnant and parenting youth.</p> <p>Project Connect is the only program in the state that works with DCYF to keep children safe and strengthen families by helping parents achieve a substance-free lifestyle. The program is intensive, home-based, and provides services for an average of one year. The Project Connect staff is specially trained in substance abuse and child welfare risk assessment.</p> <p>Project Connect provides individualized services for families and connects families to community resources.</p> <p>https://www.cfsri.org/programs-and-services/project-connect/</p>
Rhode Island Department of Health (RIDOH)	<p>The State agency that is responsible for preventing disease and protecting and promoting the health and safety of the people of Rhode Island.</p> <p>Leading Priorities</p> <ul style="list-style-type: none"> • Address the socioeconomic and environmental determinants of health. • Eliminate health disparities and promote health equity. • Ensure access to quality health services for all Rhode Islanders, including the state's vulnerable populations. http://www.health.ri.gov/about/

Rhode Island Department of Children, Youth, and Families (DCYF)	Partners with families and communities to raise safe and healthy children and youth in a caring environment. http://www.dcyf.ri.gov/about_us.php
Rhode Island Executive Office of Health and Human Services (EOHHS)	EOHHS assures access to high-quality and cost-effective services that foster the health, safety, and independence of all Rhode Islanders. EOHHS is the principal agency of the executive branch of state government responsible for managing the departments of: Health (RIDOH), Human Services (DHS), Children, Youth, and Families (DCYF), and Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). EOHHS administers the publicly-funded Medicaid program. Medicaid is an important source of coverage for low-income families with children, pregnant women, elders, and persons with disabilities and special needs who otherwise might not be able to pay for or get access to affordable healthcare.
Rhode Island Department of Human Services (DHS)	DHS works hand-in-hand with community partners and resources throughout Rhode Island to offer critical benefits and programs to all Rhode Islanders. DHS serves more than 318,000 families, adults, children, elders, individuals with disabilities, and veterans every year and has a lasting, positive impact on their lives and the State's health and future. http://www.dhs.ri.gov/AboutUs/index.php
SafeCare	SafeCare is an evidence-based training curriculum for parents who are at-risk or have been reported for child maltreatment. Parents receive weekly home visits to improve skills in several areas, including home safety, healthcare, and parent-child interaction. https://www.childwelfare.gov/topics/preventing/prevention-programs/home-visit/homevisitprog/safe-care/
Strategic priority	The most important areas of strategic focus for the Rhode Island family visiting system that will result in the biggest impact on the performance of the Rhode Island family visiting system.
Strategy	How resources should be allocated to accomplish the key priorities.
Workforce study	An initiative to collect, analyze, and share data about the family visiting workforce.
Vision	An aspirational description of what Rhode Island's family visiting system would like to achieve or accomplish in the future. It is the big picture of the way things ought to be; the billboard image of what the system is working toward.

PROGRESS MEASURE APPENDIX

The goal of our progress measures is to:

1. Create consistency across the family visiting system by tracking measures that are the same (or similar) and which connect to our joint priorities.
2. Facilitate system-wide conversations and come together across programs for discussion

These measures were selected to leverage the data that are currently collected to help us:

- Look at our system-wide progress against priorities;
- Look at the same data across programs, and;
- Surface potential challenges or issues

We fully expect that these indicators will evolve as the governance body begins to look at the data together in this way.

Below are the current definitions of each measure:

Priority 1: Establish a state-level system for family visiting to improve the coordination across State agencies and family visiting programs and more effectively serve families and their children.

Measure	Numerator	Denominator	Description
Number of meetings	Number of meetings of the governance body during the quarter	[No calculation - count only]	Number of meetings held by the family visiting governance body
Meeting participants, by role	Number of meeting participants, stratified by role	Total number of meeting participants [count everyone once, even if they attended multiple meetings]	Percentage of people attending family visiting governance body by role
KIDSNET utilization	Number of programs sharing basic program enrollment data in KIDSNET	Total number of programs participating in strategic planning and reporting data	Percentage of programs utilizing KIDSNET

Priority 2: Increase access to, and family engagement in, high-quality family visiting services.

Measure	Numerator	Denominator	Description
Initial program contact	Number of people referred with at least one in-person contact	Total number of people referred during the reporting period	Percentage of families referred that go on to enroll
Long-term program contact	Number of families with an in-person visit from one of the long-term programs with data in KIDSNET	Number of families referred to First Connections at birth during the prior reporting period.	Percentage of families referred to First Connections who engage with a long-term program.
Unexpected attrition	Number of households with unexpected departure before completion	Number of households in the program on the last day of the reporting period] + [Number of households who completed the program] + [Number of households with unexpected departure before completion] + [Number of households with expected departure before completion]	Attrition rate among families served during the reporting period

Measure	Numerator	Denominator	Description
Graduation	Number of households who completed the program	[Number of households who completed the program] + [Number of households with unexpected departure before completion] + [Number of households with expected departure before completion]	Percentage of families departing program prior to program completion <i>[completion defined by each program]</i>
Number Served	Number of families enrolled on the last day of the reporting period	[No calculation - count only]	Count of families enrolled on the last day of the reporting period
Capacity	Number of families enrolled on the last day of the reporting period	Total number of contracted slots	Percent of contracted family slots being utilized by a family

Priority 3: Increase staff recruitment, retention, and quality.

Measure	Numerator	Denominator	Description
Staff turnover	Number of departures during the reporting period	Total number of front-line staff on the first day of the reporting period	Percent of staff employed during the reporting period departing during the reporting period
Staff departure reason	Number of staff departing for each specific reason [see below]	Total number of departures during the reporting period	Among staff departing during the reporting period, percent departing for each of the specified reasons as reported to agency

STAFF DEPARTURE REASONS:

Moved / New Position / Did not return from FMLA / Career Change / Did not like position / Returning to school



Robinson LR, Bitsko RH, Thompson RA, et al. "CDC Grand Rounds: Addressing Health Disparities in Early Childhood." *Morbidity and Mortality Weekly Report*. 2017. 66(29):769–772



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Gina M. Raimondo
Governor

Nicole Alexander-Scott, MD, MPH
Director of Health