



May 20, 2025

Chairman DiPalma
Senate Finance Committee
Rhode Island State House
82 Smith Street
Providence, RI 02903

Re: Support of the Family Home Visiting bill S677

Dear Chairman DiPalma and members of the committee,

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David Caprio
President and
Chief Executive Officer

We write in strong support of Senator Valverde's Family Home Visiting Act, S677 which will address the financing and staffing challenges in the Family Home Visiting system that have caused a decline in access. The bill requires the state to meet the state match requirement by spending \$355,374 in state dollars on evidenced based home visiting in order to draw down the maximum federal Maternal Infant and Early Childhood Home Visiting (MIECHV) grant funds, so that Rhode Island has sufficient funding to support these vital programs. We also support the parts of the bill that will update the annual state reporting requirements and report more information about financing, staffing, and enrollment trends.

For over 190 years, Children's Friend has worked to advance the well-being and healthy development of the youngest and most vulnerable children in Rhode Island. Today, alongside our permanency, nutrition services, child care, Head Start, and Pre-K programs, we are proud to run two home visiting programs: First Connections and Healthy Families America (HFA). Last year we served over 500 families in our First Connections program and another 150 in Healthy Families America. We are also proud to run another vitally important home visiting program, Early Head Start.

First Connections is a short-term home visiting program with the goal of providing prompt intervention and support. However, in many cases high-risk and vulnerable families need continued support for various reasons. Healthy Families America provides long-term home visiting program that works with families prenatally through age four (4) to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning.

Until last month we also ran the Nurse Family Partnership (NFP), a long-term home visiting program that has closed due to funding issues. Its closure has increased the high-risk families and prenatal clients referred to First Connections and put more demand on remaining programs with the same limited resources and staff. The families are still in need of support regardless of funding. Rhode Island

must figure out how to better finance these programs because the fee for service Medicaid model is extremely difficult to sustain without other financial supports.

Since HFA became fee-for-service through Medicaid in October 2024, there has been increased pressure placed on staff regarding billing and productivity, interrupting the focus on the needs of vulnerable families. Our staff work tirelessly to coordinate care. Unfortunately, care coordination is a fraction of what is provided for in the rate formula for appropriate coordination of care for high-risk families. Care coordination between the family and WIC, doctors, hospitals, DCYF, and other community providers is imperative, yet this is not a reimbursable service in a fee-for-service model; only home visits are, and these are capped. Staff are stretched to fit in emails and phone calls to other programs to place referrals, give updates on family status, report necessary information to others working with families, ensure connection with programs in the community, and move between each home visit.

Additionally, the fee-for-service model does not provide necessary time or resources for required preparation for visiting vulnerable families. Staff spend a significant amount of time preparing for visits by looking up the necessary information, consulting with coworkers and preparing resources requested in referrals from hospitals, doctors, and DCYF.

Home visiting has many last-minute cancellations due to a family's unique concerns such as inadequate sleep due to caring for a newborn and unlike a doctor's office, you cannot double book to compensate for the cancellation or no show. This means that if a visit does not happen, we lose revenue, and we still need to pay the staff time.

Because of this shift in how agencies are compensated for by the fee-for-service model and the emphasis on billable activities, staff retention and overall morale have been negatively impacted. In the last 12 months, we have had seven (7) resignations of strong, caring caseworkers, and registered nurses. They cited the shift in Medicaid billing as the reason for leaving the profession and we had to close the Nurse Family Partnership program due to a substantial loss in funding.

Supporting this bill to maximize federal monies to be used to offset care coordination, preparation time, and cancellations, will help to adequately compensate programs for all the actual services provided and stabilize the workforce for these vital programs.

For all these reasons, I urge you to pass Senator Valverde's Family Home Visiting bill. The families we work with deserve to continue to have access to these truly lifesaving programs.

Thank you for your time and review of this testimony, and for your continued efforts to support the children who are the future of our state. If you have further questions or need additional information, please contact me at dcaprio@cfsri.org.

Sincerely,



David Caprio
President and CEO