



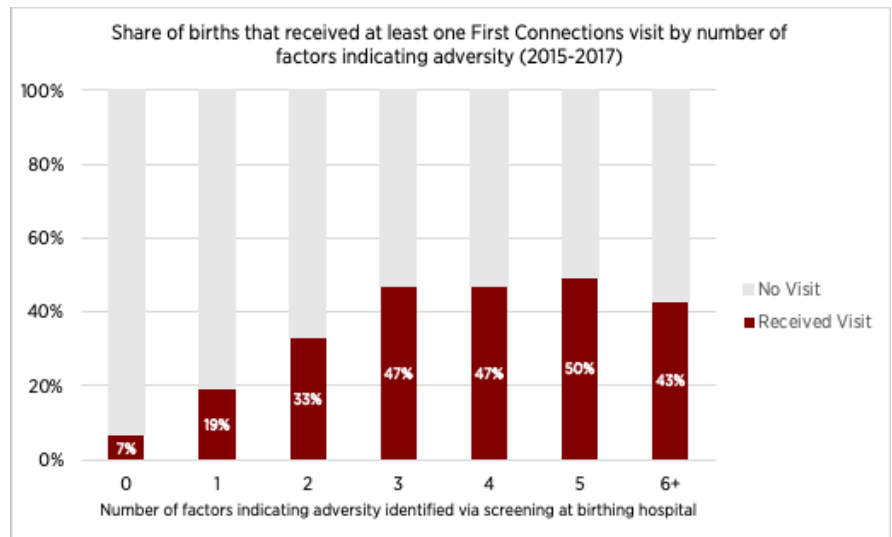
## Enhancing Maternal and Child Health in Rhode Island by Connecting Families to Home Visiting Services

*The Government Performance Lab (GPL) provided technical assistance to help Rhode Island's Department of Health better connect Rhode Island families facing adversity with preventative home visiting services.*

**The Challenge:** In 2017, a number of high-profile child fatalities in Rhode Island signaled the need to improve early childhood interventions and child maltreatment prevention across the state. Rhode Island's Department of Health (RIDOH) recognized the opportunity to engage more families facing adversity in First Connections, the state's holistic short-term family home visiting program. Incidents of child maltreatment most commonly occur in families with children under five, directly aligning with the population that First Connections aimed to serve.

Across the country, family home visiting programs have improved maternal and child health by identifying medical needs of families, identifying social needs, supporting family stability, and educating families on infant and child safety and care. Rhode Island's First Connections program – a short-term family visiting service – is designed to improve the health and development of young children and their families through a model of home-based outreach and education, screening, assessment, referral, and follow-up. RIDOH partners with a small group of contracted community organizations who deliver the First Connections program to families across the state. Well over half (60 percent) of the approximately 10,000 births per year in Rhode Island hospitals are referred to First Connections following a newborn development assessment. Trained nurses, social care workers, and community health workers meet with these families in their homes, or other locations to talk about their needs, answer questions, and help link them to services, including long-term home visiting programs.

While First Connections was well-positioned to comprehensively identify and support families who may face instability, not enough referred families were actually being connected to the program. In 2018, only 35 percent of families referred to First Connections received a home visit and, from 2015-2017, among the families with four or more identified factors indicating adversity, only about half received a home visit, as indicated in the figure to the right.



A number of factors prevented families experiencing excessive stress from being connected to First Connection services, including:

- ***The very large volume of referrals made it challenging for providers to find and prioritize the families that were most likely to benefit from extra help.*** Among the 6,000 referred families, there was significant diversity in factors indicating adversity and the challenges families face. Provider staff did not have a uniform process for prioritizing limited staff time on outreach and engagement of the families who were most likely to benefit from the extra help that First Connections could provide.
- ***Payment models led providers to overlook outreach to the highest-need families.*** A fee-for-service payment model made it difficult for providers to spend time and invest staff in client outreach and engagement. Reimbursing providers based on the volume of completed client visits incentivized providers to focus on the families who were most likely to engage in services rather than those with the greatest needs.
- ***Key hand-offs between the child welfare system and First Connections were missed.*** Child welfare staff did not always know which families might be eligible for First Connections, how to initiate a referral, or the best way to describe the program to families.

**The Project:** To better connect families with children under five who are facing adversity to preventative home visiting services, RIDOH:

**1. Restructured the First Connections contract to focus providers on serving families most in-need of help**

The state's contracts with four First Connections providers were expiring in fall 2018. Before issuing a new contract solicitation, RIDOH decided to release a [request for information \(RFI\) to solicit community input and shape the procurement process](#). The RFI had three goals: (1) to generate ideas about how First Connections could improve initial family engagement, care coordination, and subsequent referral hand-offs; (2) to solicit reactions to potential program modifications; and, (3) to understand how to improve performance management. RIDOH solicited information from home visiting agencies, community partners, hospitals, health centers, pre-natal providers, pediatricians, government agencies, advocates and others on how to improve successful First Connections implementation. The RFI asked respondents to provide feedback on ways of improving the quality of the First Connections program across many domains. These included: improving the capture rate, strengthening care coordination, streamlining referrals out of First Connections, expanding the role of the medical community, identifying opportunities for program standardization, segmenting tiers of service, developing professional skills, increasing program resources, designing funding structures, and outlining performance measures.

In early 2018, the state released a new [request for proposals \(RFP\) for First Connections Short-Term Family Home Visiting Services](#). Leveraging input from the RFI process, this procurement explicitly stated the programs goals and vision, specified new output and outcome performance metrics associated with these goals, and highlighted key changes to the service, including new regions that would better align with the state's other child and family-serving prevention programs. The RFP also set out expectations for [active contract management](#) (ACM) - frequent, data-driven meetings between RIDOH and providers to address barriers to referral, enrollment, and service delivery in real-time. Applicants were asked to submit proposals that would demonstrate concrete plans for delivering tailored services to every

family while facilitating thorough and thoughtful care coordination and connections to additional resources.

An important element of the new First Connections contract was a new payment structure. In the new contracts, RIDOH allowed more flexibility in the amount of funding used to support outreach, follow-up, and care coordination – all activities key to serving higher-needs families. In addition, the department embedded performance incentives into the contract to encourage providers to test new ways to increase engagement among these families. Providers earned \$100-\$500 bonuses for engaging 50 percent or more of families with over four factors indicating adversity.

## 2. Began to more consistently identify families facing adversity and provide intensive outreach to connect these families to services

RIDOH was already (prior to the new contracts) using information collected at birthing hospitals to assess the developmental needs of every newborn and identify families who should receive personal outreach. A nurse or community health worker called every new family whose baby had low birthweight, certain medical conditions, or where the parent had a history of substance use, to offer them a home visit. Sixty percent of new births receive this personal phone call.<sup>1</sup> However, among these families, there was a huge range in needs and no clear sense of which new births to prioritize for outreach. To address this, performance incentives embedded in the new First Connections contract encouraged providers to identify priority families and provide intensive outreach to connect them with services.

All families who are proactively offered a home visit are placed in one of four tiers to allow service provider staff to differentiate their outreach, so families facing the most adverse circumstances receive more intensive outreach. The tiers used a statistical model that identified which factors were associated with adverse outcomes. Families in the highest tier faced the most adverse circumstances and, absent support, had the highest likelihood of experiencing emergency department visits or child welfare investigations. These families represent just 6 percent of all births each year – a manageable number for providers to reach with multiple phone calls and visits. The department hired a new community health worker to visit these families in the hospital before they left, and prioritized these families for enrollment in intensive longer-term home visiting programs. Importantly, the tiers only provide guidance for initial outreach and support; once staff meet with the family, services are tailored to the family’s specific needs.

Agency staff also worked to strengthen hand-offs for families identified in other parts of the child welfare system who may benefit from First Connections services. For example, the substance use liaison at Rhode Island’s Department of Children, Youth, and Families (RI DCYF) now monitors hotline calls for pregnant women to offer connections to relevant services, such as First Connections. Previously, these calls would end in a notice to the hospital requesting that the department be contacted again at the time of birth.

*“It’s important to develop connections with families early on, including with pregnant mothers before the child is born.”*  
- Dr. Trista Piccola, former Director, RI DCYF<sup>2</sup>

<sup>1</sup> Researchers validated that focusing on these newborns is effective in identifying families who are likely to benefit from support; the families who are screened out during this process are very unlikely to experience subsequent child maltreatment and other adverse outcomes.

<sup>2</sup> List, M. [‘Plans presented to protect well-being of children in R.I.’](#) *Providence Journal*, Aug 20, 2018.

### 3. Collaboratively designed and tested solutions to improve the rate of program uptake among families facing adversity

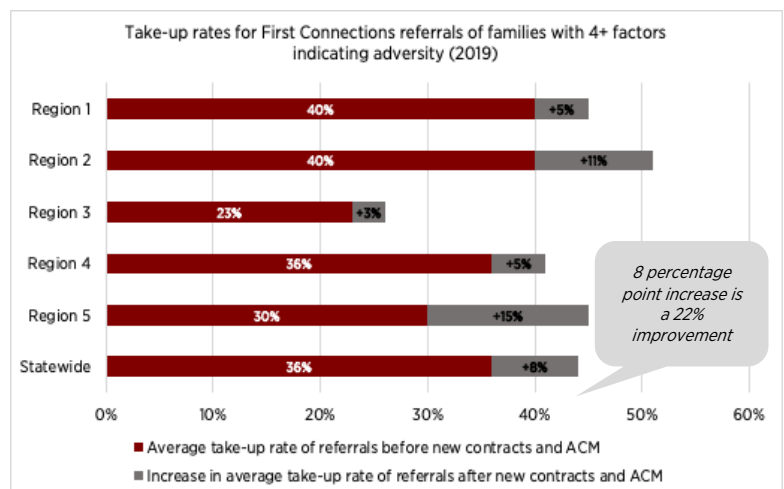
RIDOH rolled out an [active contract management](#) strategy that brings providers together monthly to develop and implement ideas for improving the rate of program uptake. Project partners used these meetings to test solutions to pressing challenges, including:

- **Rearranging staffing models to serve more families faster:** The high volume of referrals filled provider schedules with visits, forcing them to schedule new family visits further into the future, sometimes more than three weeks after their referral. Providers were concerned that scheduling visits too far in the future led to more cancellations. To address this problem, providers began assigning community health workers to conduct intake visits, freeing up nurses for visits with clinical need. Providers were then able to conduct more intake visits sooner than when they relied solely on nursing staff.
- **Trialing warmer and more persistent outreach approaches to reduce the number of family refusals:** To engage referrals, providers would call families to schedule an initial visit after they were already discharged from the hospital. Often families who received these cold calls were unfamiliar with the program and didn't understand why they were being offered services. In response, one provider began scheduling initial visits from the hospital to see if this increased service uptake. If families initially declined services, providers asked if they could check back in 4-6 weeks during the baby's first growth spurt to re-offer services. Providers also sent program brochures to caregivers in between outreach attempts, to communicate what was being offered through the home visiting service. One provider gave outreach materials to a large pediatric office to distribute to prenatal patients and patients with infants. Another provider experimented with using text message reminders to enable easier rescheduling.
- **Offering flexible meeting locations to build trust with families:** Oftentimes families do not want to invite someone into their home, for reasons that might include fear of judgement, concern over legal status, or fear of child removal. To overcome this barrier, one provider began offering visits on-site at offices of the Women, Infants, and Children Nutritional Program (WIC) before or after a family's WIC appointment.

**The Results:** With support from the GPL, RIDOH has strengthened connections between families facing adversity and preventative home visiting services. As a result:

#### 1. More families facing adversity are being successfully connected to home visiting services

The performance incentives and new processes established by RIDOH created a feedback loop that clearly defined which families providers should prioritize for outreach and visits. As a result of this and other provider-led changes, the take-up rate for child welfare referrals for families with 4+ factors indicating adversity increased across all five regions throughout the state. The chart to the right shows the improvement in the rate of families with 4 or more factors indicating



adversity receiving a First Connections visit, statewide and in every region, comparing the average take-up rates nine months before and after the new contracts started. Statewide, take-up rates increased by 8 percentage points - a 22 percent increase. This means that across the state, more families facing adversity are being successfully connected to home visiting services.

## **2. Vulnerable populations have increased access to supports**

Rhode Island has successfully shifted more outreach and engagement resources to families and communities facing the greatest adversity. Oftentimes the barriers that prevent families from engaging with services reveal the underlying challenges they are facing. RIDOH and its providers have worked to address logistical barriers that make it more difficult for families to access services, such as unreliable transportation, lack of childcare, and inflexible work schedules. Through new collaborations with professionals at birthing hospitals and healthcare workers, providers are able to proactively inform vulnerable populations about the benefits of home visiting services. RIDOH and its providers have also used client input to adjust outreach messaging and program delivery, in order to build trust with families that might have had negative experiences with the welfare system in the past.

## **3. Government and provider staff are more proactively coordinating to improve service delivery across home visiting programs**

Agency and provider staff have established new ways of working to collaboratively tackle challenges around engaging families facing adversity and increasing uptake of home visiting services. The RIDOH team has gone from having reams of data that were rarely used, to focusing on a narrower set of metrics that is more operational for making changes with providers. In December 2018, First Connections providers and RIDOH staff came together to strategize how to improve their coordination, resulting in a number of changes including new training to child protective services workers on family visiting programs, and clarified processes for contacting RIDOH when providers faced challenges to engaging a referred family.

First Connections providers and agency staff are holding their monthly active contract management meetings to design and test solutions to increase service uptake among families facing adversity. In addition, RIDOH has spread their use of active contract management strategies to other programs in their home visiting portfolio.

*“ACM has provided us the focus on key outcomes that we needed to work productively with our family home visiting provider agencies. Our prior inclination had been to try to pay attention to everything they reported – which meant that no part of their practice got enough attention for us to make changes. [ACM] enables us to uncover important insights about the daily practice of our agency and providers in working with families and gives us a platform for implementing operational fixes.”*

*- Kristine Campagna, Chief of the Office of Family Home Visiting and Newborn Screening, RIDOH*

*The Government Performance Lab is grateful for support from Bloomberg Philanthropies, Casey Family Programs, the Corporation for National and Community Service Social Innovation Fund, the Dunham Fund, the Laura and John Arnold Foundation, the Pritzker Children’s Initiative, and the Rockefeller Foundation. © Copyright 2021 Harvard Kennedy School Government Performance Lab.*