

Spotlight on Rhode Island MIECHV Evaluation

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The goals of the Rhode Island MIECHV evaluation are to examine the characteristics of children and families participating in family visiting services, family visitors, implementing agencies, state-level administration, and coordination between these participants and systems. This article will highlight a few key preliminary evaluation findings and lessons learned from the Rhode Island evaluation of MIECHV.

Background:

Rhode Island's families are diverse in many ways including in race, ethnicity, language, and country of origin. Additionally, Rhode Island is one of 8 states in the country with jobless rates significantly higher than the national average. This context presents challenges for implementing family visiting models. Despite these challenges, Rhode Island is implementing three evidence-based family visiting models: Nurse Family Partnerships (NFP), Healthy Families America (HFA), and Parents as Teachers (PAT).

The state is targeting any pregnant woman or mother with a young child with previous involvement with the child welfare system or a history of mental health problems, as well as mothers who graduated from high school but have no college experience, are under the age of 21, and are enrolled in Medicaid living in 6 targeted communities. The targeted communities include the four economically challenged urban cities of Providence, Central Falls, Pawtucket, and Woonsocket along with the two other communities of Newport and West Warwick.

The Rhode Island MIECHV evaluation is being conducted through a contract between the Rhode Island Department of Health and the Emma P. Bradley Hospital. Data is being collected through both qualitative and quantitative methods. These data will provide a rich understanding of the systems in place in Rhode Island to support children and families and impacts of family visiting on some of Rhode Island's most at risk families.

Early Evaluation Findings:

Evaluation questions are still being examined so not all results are available to date. However, below are some of the key interim findings.

- **Stakeholder and Community Partner Engagement:** Stakeholders and community partners have been engaged and supportive of MIECHV efforts. Rhode Island has strong organizational structures which facilitate cooperation between the Department of Health and the local implementing agencies as well as other community agencies. In particular, coordination with the Division for Children Youth and Families has been helpful in getting family visiting services to families involved in the child welfare system.
- **Child and Family Outcomes:** Preliminary findings suggest that Rhode Island is seeing significant decreases in reported substance use problems among participants in all three models over the course of MIECHV, but particularly in the participants enrolled in NFP.

- ***Child and Family Characteristics: Most program participants use social media and technology for social connections.*** Almost 90% are regular users of social media and technology. Most participants have access to a phone and use the internet, including email and social media, regularly. Rhode Island suspects that using social media and technology might be a good way to engage parents and enhance family visiting services in the future.
- ***Parent Referrals and Engagement: Engaging parents is one of the biggest challenges in family visiting. However, Rhode Island has noted an improvement in the referral process after a challenging start.*** Local implementation meetings seem to be improving the referral process, as well as cross-agency outreach efforts. For example, greater collaboration led to a shift in focus from “selling an individual program” to “selling family visiting” to participants. In addition, Rhode Island has identified some strong referral sources in WIC, Women and Infants, Rhode Island largest birthing hospital, First Connections, Rhode Island’s short-term resource and referral program, and via outreach in the high schools. Finally, one strategy Rhode Island is using to keep parents engaged and balance the need to address families’ immediate needs with the need to cover the curriculum is to have dedicated time during the session for case management issues, while protecting the rest of the visit time for curriculum delivery.

Challenges and Lessons Learned:

- ***Data System Capacity: One large success of the evaluation was the ability to utilize the ETO data system.*** The system facilitates the collection and storage of the wide range of data necessary for the evaluation, including internal reporting features and benchmark reporting. However, developing a comprehensive family visiting data framework on a quick timeline was difficult. The biggest challenge with the ETO data system was extracting data for analyses in a timely manner. The challenge of developing reliable data collection systems meant more time spent developing the data system on the front end, leaving less time for the back end management of the data. Rhode Island continues to work to balance these two priorities.
- ***Statewide Support for Evidence-Based Models: Overall, a key highlight of the MIECHV program in Rhode Island is the incredible transition to evidence based models.*** Over the last six years Rhode Island has gone from zero evidence based family visiting slots to over 1,000. Overall, Rhode Island’s MIECHV programs are serving some of the most at risk families in the state. They have undergone a huge change going from no evidence based models available to delivering HFA, NFP, and PAT with fidelity.

Stay tuned for more results from Rhode Island’s project as they continue to collect data and track families and family visiting providers!

For more information about Rhode Island’s MIECHV evaluation, please contact:

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