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Testimony Re: H-5076, RI Department of Health
 FY26 Budget – Family Home Visiting
Senate Finance Committee
March 27, 2025
Leanne Barrett, Director of Early Childhood Policy & Strategy



Rhode Island KIDS COUNT coordinates the Right from the Start Campaign, a state policy coalition led by eight organizations to advance state policies and budget priorities that help babies and young children get off to the right start.

Both Rhode Island KIDS COUNT and the Right from the Start Campaign **oppose the lack of state general revenue in the RI Department of Health FY26 budget proposal to meet the federal match requirement to access available Maternal, Infant, and Early Childhood Home Visiting (MIECVH) funding.**

Federal reauthorization of MIECHV funds occurred in December 2022 and will provide level funding for 5 years. Newly authorized funds to sustain and strengthen the program require a 25% state match to draw down funds. The match is being phased in to give states time to adjust. In 2024, federal authorities shared that **Rhode Island is one of only three states and territories that were not able to make the full state match and thus were unable to draw down all their federal funds** to support these proven programs.

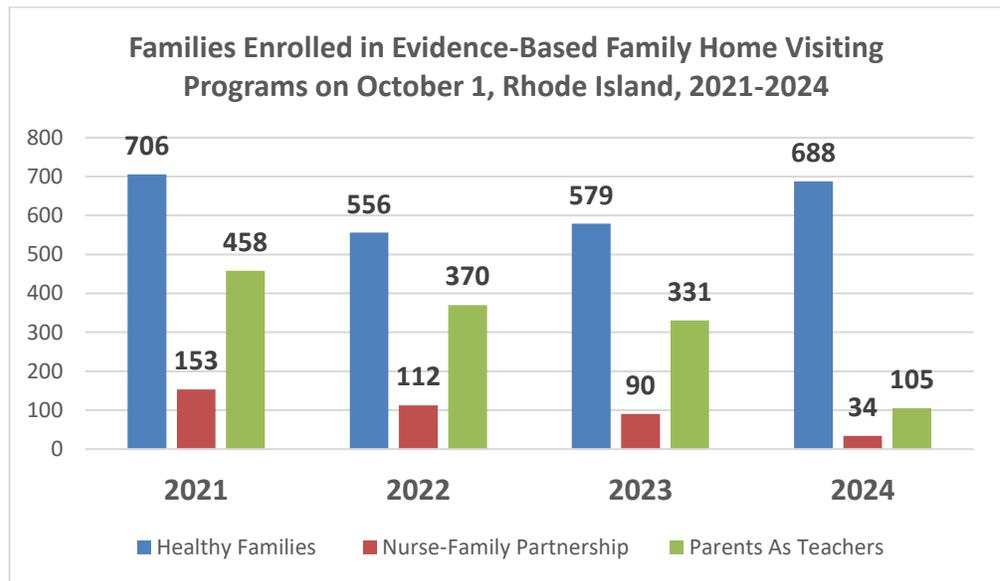
Estimated Rhode Island MIECVH Match Funding Needed

Federal Fiscal Year	State Match Required	Federal Funding Available with Match	Total New Funding
FFY2024 (application due May 29, 2024)	\$242,000	\$762,000	\$968,000
FFY2025	\$356,000	\$1,080,000	\$1.4 million
FFY2026	\$535,000	\$1,620,000	\$2.2 million
FFY2027	\$787,000	\$2,384,000	\$3.2 million

Since 2010, the Rhode Island Department of Health has been receiving federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds to build and sustain family home visiting infrastructure to implement evidence-based models that provide long-term comprehensive services designed to help the whole family. **Currently Rhode Island is level funded at \$8.5 million/year in federal MIECHV grant funds** to implement three evidence-based models: Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. These programs follow rigorous research models to deliver services that produce lasting improved outcomes for children and families including:

- Significant reductions in child maltreatment, language delays, and emergency room visits for accidents.
- Significant improvements in school readiness, maternal mental health, parental education, and parental employment.

Since 2021, the number of Rhode Island families participating in these proven programs, which improve long-term outcomes for both mothers and babies, has dropped by 37% with significant drops happening in 2024 when three Parents as Teachers programs closed. In 2025, the Nurse-Family Partnership program is closing as of the end of March, and we will no longer offer this model in the state which has been recognized nationally for producing positive short-term and long-term outcomes for moms and babies.



Some of this decline in services for our most vulnerable families and young children can be attributed to the **state’s decision to move toward fee-for-service Medicaid financing for family home visiting** and some of this decline can be attributed to the fact that the **state has not been able to secure general revenue match to draw down the the full federal MIECHV funding**. The current state match required for Rhode Island is estimated at \$356,000 to draw down \$1.1 million in federal MIECHV funding. This funding is needed to help programs recruit and retain staff and work toward restoring access to evidence-based programs.

Thank you for this opportunity to testify. **We urge the General Assembly to allocate sufficient funds in the SFY26 budget and beyond to allow the state to draw down the full MIECVH federal funding available** so we can sustain the existing programs and restore access to these proven, relationship-based, comprehensive, multi-generational services.