



# RI's Family Home Visiting Program Updates



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**Rhode Island Department of Health**

**10/3/2019**

## Today's Updates:

- **Prenatal Supports**
- Support at Birth for families impacted by SUD
  - FC Pods
  - Plan of Safe Care (POSC)
- Priority Patient pilot

# What is Family Home Visiting?



Family home visiting provides families with the necessary resources and skills to raise children who are **physically, socially, and emotionally healthy and ready to learn.**

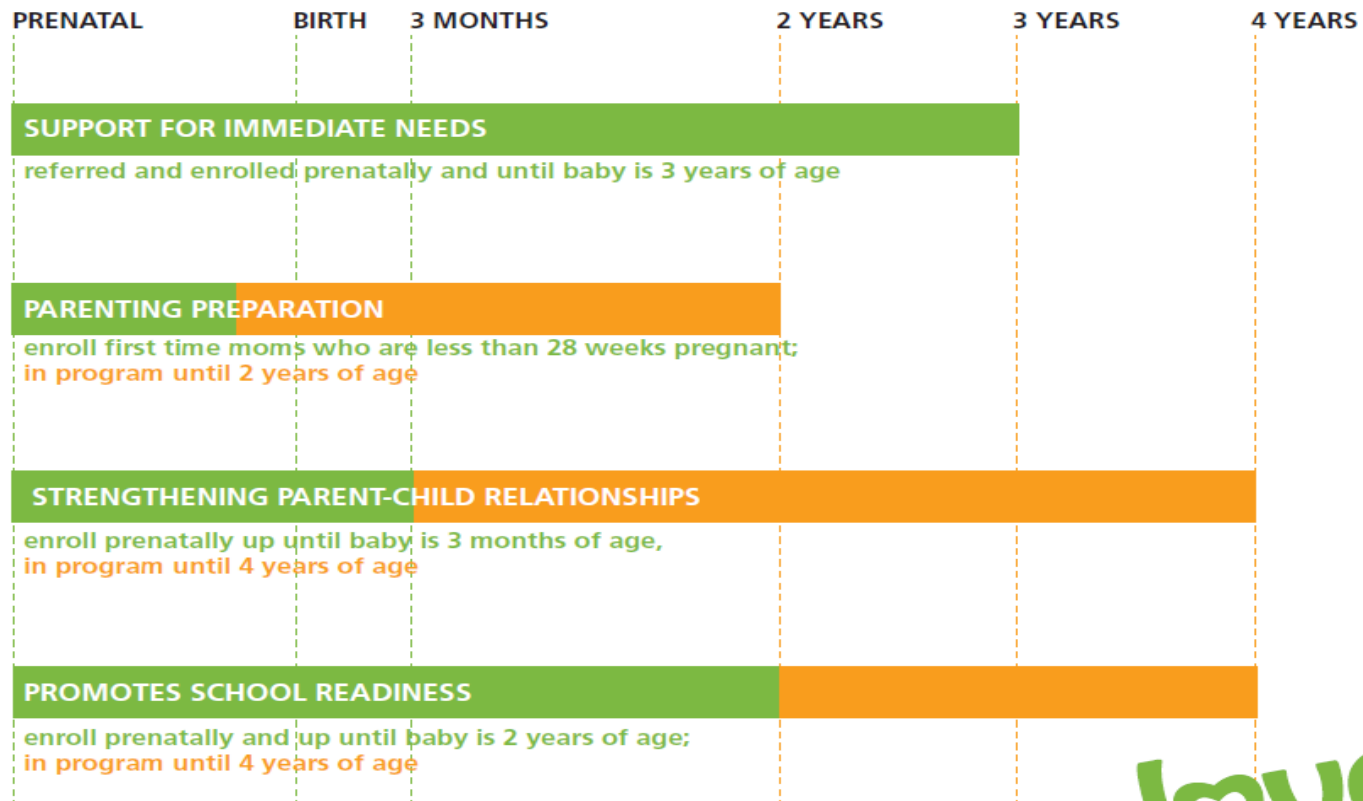
Taking a two-generational approach, The Family Home Visiting Program meets with families in the home to **achieve these goals** and provides a variety of **supports, resources, and education** to families.



# Family Home Visiting System and Models



## Family Visiting



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# Prenatal Connections



## **Working with prenatal providers...**

Building capacity to screen, refer, support early identification and linkage to services

## **Working with DCYF...**

Supporting families identified prenatally

# Prenatal Connections



## What to Expect at the Hospital

If you have used certain medications or drugs during your pregnancy, this brochure will help you prepare for having your baby

RHODE ISLAND'S HOPE AND RECOVERY SUPPORT LINE

(401) 942-STOP  
(401) 942-7867

# SUD Specific Supports

### Peer Recovery Specialists

Peer Recovery Specialists are trained to help people find treatment and provide support through recovery. Specially-trained Peer Recovery Specialists can help pregnant and parenting people.

- Parent Support Network **401-467-6855**
- Anchor Recovery: Pawtucket **401-721-5100**  
Warwick **401-615-9945**

### Family Home Visiting Programs

- **First Connections** supports, such as newborn and infant care, infant feeding and nutrition, developmental screening, home safety, family well-being, and referral coordination are available to expectant parents and families with children up to three years of age. Infants with an NAS diagnosis are referred at birth.
- **Healthy Families America (HFA)** helps new and expectant families identify their unique needs and provides emotional support and linkages to community resources. Children are enrolled prenatally through three months.
- **Nurse-Family Partnership (NFP)** provides linkages to care and resources, as well as guidance on preventive health and prenatal practices. Families are enrolled prenatally.
- **Parents as Teachers (PAT)** partners parent educators with families to help them identify medical homes and provide developmentally-appropriate activities for children. Children are enrolled up to two years of age. Some programs in North Kingstown, Warwick, Westerly, and Woonsocket enroll children up to three years of age.

**Self-referrals:** Text baby to **444999** or call **401-222-5960**

**Provider-referrals:** Call **401-222-5960** or fax completed referral form to local agency

### Early Intervention (EI)

Early Intervention promotes the growth and development of infants and toddlers with developmental delays in one or more areas. Eligibility is determined by developmental evaluation. Infants diagnosed with NAS and referred at birth are automatically eligible for services.

**Self-referrals:** Text baby to **444999** or call **401-222-5960**

**Provider-referrals:** Call **401-222-5960** or fax completed referral form to local agency

### Other Programs

- **BH Link Hotline** provides 24/7 behavioral healthcare crisis resources including treatment and recovery options. Call **401-414-LINK (5465)**
- Information about **DCYF-Contracted Services** are available from DCYF case managers.

Additional local and statewide resources are available based on community and eligibility.

### Other Programs (continued)

- **Project Link** provides outpatient treatment for pregnant people and those with young children impacted by substance use disorder and behavioral health issues. Call **401-453-7618**
- **SSTARbirth** is a long-term, family-centered residential treatment program for pregnant and parenting women. Call **401-463-6001**
- **WIC** benefits are available to expectant parents, parents who have just had a baby, and children under five years of age. Eligibility is by household income. Call **401-222-5960**

### Early Head Start (EHS)

Early Head Start offers a wide range of comprehensive services such as oral health and childcare for pregnant people, infants, and toddlers up to three years of age. There are eligibility income requirements. Children are enrolled up to two-and-a-half years of age.

- Central Falls: Children's Friend **401-752-7500**
- Coventry: Child, Inc. **401-823-3228**
- East Bay: EBCAP **401-437-1000**
- Northern Rhode Island: Tri-County **401-519-1979**
- Pawtucket: Children's Friend **401-752-7545**
- Providence: Children's Friend **401-752-7500**  
Meeting Street **401-533-9104**
- Southern Rhode Island: Tri-County **401-515-2471**
- Warwick: Child, Inc. **401-823-3777** (Centerville Road)  
**401-732-5200** (Draper Avenue)
- West Bay: CCAP **401-943-5160**
- West Warwick: Child, Inc. **401-828-2888**

### Family Care Follow-up Clinic

Part of Women & Infants Center for Children and Families, the Family Care Follow-up Clinic is located at 50 Holden Street in Providence and provides medical, psychological, and social services for infants exposed to opiates during pregnancy. Infants born at all hospitals across the region can be enrolled. The clinic supports children from birth into childhood. Call **401-742-1122, x48935**

### Skilled Nursing

Skilled Nursing provides in-home nursing for babies and parents. Children are eligible based on physician order prior to hospital discharge.

- Most common providers based on insurance:
- Home Care Advantage **401-781-3400**
- Maxim **401-751-6333**
- VNS Newport & Bristol Counties **401-682-2100**
- Visiting Nurse Home & Hospice **401-682-2100**

## Build Your Team



bridging health, social, and recovery supports for pregnant and parenting families



ed by substance exposure.

years      3 years

Early Head Start  
1-are 2 1/2 years of age

ital delays  
(NAS) diagnosis  
three years of age

### Family Care Follow-up Clinic

\* Accepts Medicare and most private insurance

### Support and evaluation for babies affected by opiate exposure

Postpartum enrollment available for all substance-exposed newborns

- Duration varies



Questions? Call RIDOH's Health Information Line @ 401-222-5950

## Today's Updates:

- Prenatal Supports
- **Support at Birth for families impacted by SUD**
  - **FC SOR Teaming**
  - Plan of Safe Care (POSC)
- Priority Patient pilot

# FC SOR Pilot



Responsive to family feedback and concerns

Prenatal as often as possible, connect with everyone at birth if not before (statewide, WIH focus)

Bridging (prenatal) to hospital to community connection

Check in at birth, in-person supports and connections with community based providers.

Dedicated staff (nurse and CHW) at all 5 agencies, teaming with recovery coaches and Deanne at hospitals

Multidisciplinary teaming from birth

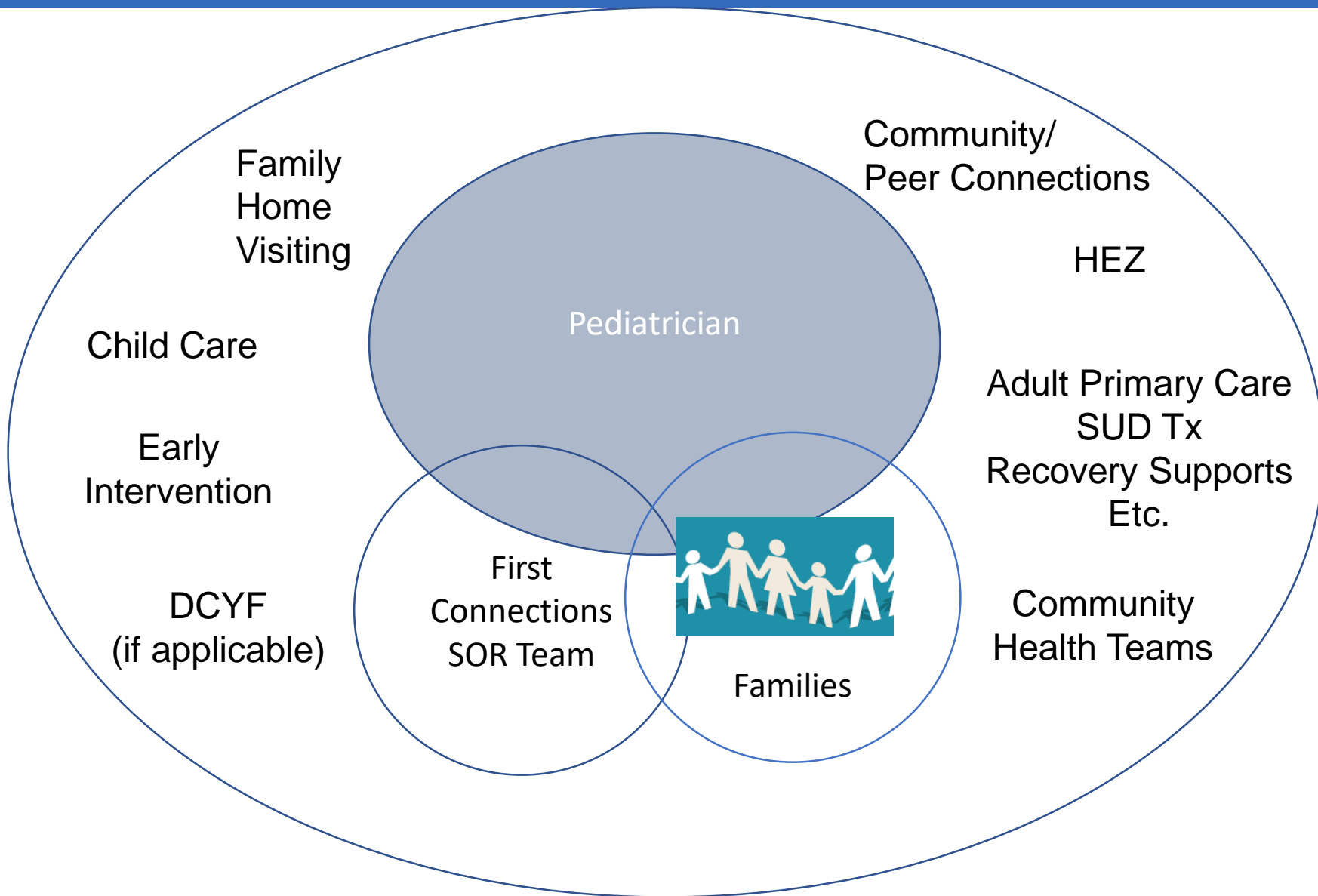
Ongoing role of the FC SOR team based on family circumstances, need and other supports in place

Checking in (at least) at 3, 6, 9, 12 months





# FC SOR Pilot



**No-cost programs\* offering supports for Rhode Island families and babies affected by substance exposure. Most supports are available to all Rhode Island families**

	Prenatal	Birth	3 months	2 years	3 years
<b>Peer Recovery Specialists</b>	<b>Recovery support for pregnant people and parents</b>				
	<i>Enroll any time before or during the recovery process • Not time-limited</i>				
<b>First Connections</b>	<b>Short-term, in-home support and linkage for immediate needs</b>				
	<i>Refer and enroll prenatally • Support for children up to three years of age</i>				
<b>Family Home Visiting</b>	<b>Long-term support to give babies the best possible start</b>				
	<i>Models include Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and Early Head Start</i> • Enrollment varies by model • Eligibility and duration vary by model • Options available until children are 2½ years of age • Programs end between two and five years of age				
<b>Early Intervention</b>	<b>Support and education for developmental delays</b>				
	<i>Automatic eligibility with Neonatal Abstinence Syndrome (NAS) diagnosis</i> • Enroll up until child is 34½ months of age • Program ends at three years of age				
<b>Skilled Nursing</b>	<b>In-home nursing</b>				
	<i>Physician-ordered</i> • Duration varies, usually three months				
<b>Family Care Follow-up Clinic</b> <small>* Accepts Medicare and most private insurance</small>	<b>Support and evaluation for babies affected by opiate exposure</b>				
	<i>Postpartum enrollment available for all substance-exposed newborns</i> • Duration varies				

## Today's Updates:

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# 2016: CARA Updates

## Plans of Safe Care



### **Comprehensive Addiction and Recovery Act CAPTA Amendment Requirements**

- Modifies the CAPTA state plan and adds the requirement for **Plans of Safe Care for infants** born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder
- Requires states (DCYF) to **report data** in the National Child Abuse and Neglect Data System (NCANDS)
- Requires states to monitor the number of: plans, substance-exposed infants, and service referrals

# Who gets a Plan of Safe Care?



- All newborns affected by prenatal substance exposure and their caregivers
- Substance-affected criteria:
  - Withdrawal symptoms or NAS diagnosis at birth
  - Birth parent taking controlled substances, includes prescribed medications and MAT (methadone, subutex)
  - Newborn or birth parent has positive toxicology screen
  - Fetal Alcohol Syndrome Disorder (FASD) diagnosis
- Hospital-based pediatrician determines substance exposure and need for Plan of Safe Care

# POSC: Care-Coordination Tool



**Plan of Safe Care  
Family Care Plan**

Infant Name \_\_\_\_\_ DOB \_\_\_\_\_ MRN \_\_\_\_\_

The Plan of Safe Care – Family Care Plan coordinates existing supports and provides referrals to new supports that may be helpful on an infant's birth. The hospital treatment team is responsible for completing this form in consultation with the family.

Check all applicable supports and new referrals for parent(s)

Parent Supports	New Referral	Current	Discussed	N/A	Organization	Contact person (if applicable)
Safe Sleep Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Smoking Exposure Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Parenting Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Home Visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Substance Use Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Peer Recovery Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medication-Assisted Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Treatment Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Baby Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Basic Needs (housing, food, utilities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (behavioral/health, medical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (behavioral/health, medical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Check all applicable supports and new referrals for infant (Complete Plan of Safe Care – Foster Family Care Plan form, if applicable.)

Infant Supports	New Referral	Current	Discussed	N/A	Organization	Contact person (if applicable)
Pediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
First Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Brown Family Care F/U Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Plan of Safe Care was prompted by:  Self-reported prenatal substance exposure  Infant withdrawal signs  
 Positive toxicology screen (infant/maternal) at, or following delivery  Fetal Alcohol Spectrum Disorder diagnosis

Prenatal Substance Exposure	Prescribed	Not Prescribed	Prenatal Substance Exposure	Prescribed	Not Prescribed
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	Illicit opioids:		<input type="checkbox"/>
Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	Other known substance exposure(s):	<input type="checkbox"/>	<input type="checkbox"/>
Opioids for pain	<input type="checkbox"/>	<input type="checkbox"/>	Suspected exposure(s):	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine/tobacco	<input type="checkbox"/>	<input type="checkbox"/>			
Nicotine replacement therapy	<input type="checkbox"/>	<input type="checkbox"/>			
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>			

Complete the following section with input from family

**Family Strengths** (parenting skills, employment, community supports, etc.) \_\_\_\_\_

**Family Goals** (breastfeeding, quit smoking, recovery, community supports, etc.) \_\_\_\_\_

Comments \_\_\_\_\_

Plan was reviewed with family  YES  NO

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Attending Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

White – Medical Records Yellow – Primary Care Provider Pink – RIDOH Newborn Screening Program Gold – Parent  
 Plan of Safe Care – Family Care Plan, Version 1, June 2018

For infants and bio families

**Plan of Safe Care  
Foster Family Care Plan**

Infant Name \_\_\_\_\_ DOB \_\_\_\_\_ MRN \_\_\_\_\_

The Plan of Safe Care – Foster Family Care Plan coordinates existing supports and provides referrals to new supports that may be helpful after an infant's birth. The hospital treatment team is responsible for completing this form in consultation with the caregiver.

Check all applicable supports and new referrals for caregiver(s)

Caregiver Supports	New Referral	Current	Discussed	N/A	Organization	Contact person (if applicable)
Safe Sleep Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Smoking Exposure Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fostering Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Home Visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Basic Needs (housing, food, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (behavioral/health, medical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (behavioral/health, medical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Check all applicable supports and new referrals for infant

Infant Supports	New Referral	Current	Discussed	N/A	Organization	Contact person (if applicable)
Pediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
First Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Plan of Safe Care was prompted by:  Self-reported prenatal substance exposure  Infant withdrawal signs  
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Methadone	<input type="checkbox"/>	<input type="checkbox"/>	Illicit opioids:		<input type="checkbox"/>
Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	Other medications:	<input type="checkbox"/>	<input type="checkbox"/>
Opioids for pain	<input type="checkbox"/>	<input type="checkbox"/>	Other:		<input type="checkbox"/>
Nicotine/tobacco	<input type="checkbox"/>	<input type="checkbox"/>			
Nicotine replacement therapy	<input type="checkbox"/>	<input type="checkbox"/>			
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>			

Comments \_\_\_\_\_

Plan was reviewed with caregiver  YES  NO

Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_ Attending Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

White – Medical Records Yellow – Primary Care Provider Pink – RIDOH Newborn Screening Program Gold – Parent  
 Plan of Safe Care – Foster Family Care Plan, Version 1, June 2018

For infants and foster families

# POSC: Care-Coordination Tool



## Plan of Safe Care Family Care Plan

- Kent
- Landmark
- Newport
- South County
- WIH

Infant Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ MRN \_\_\_\_\_

*The Plan of Safe Care – Family Care Plan coordinates existing supports and provides referrals to new supports that may be helpful after an infant’s birth. The hospital treatment team is responsible for completing this form in consultation with the family.*

Check all applicable supports and new referrals for parent(s)						
Parent Supports	New Referral	Current	Discussed	N/A	Organization	Contact person (if applicable)
Safe Sleep Education			<input type="checkbox"/>			
Smoking Exposure Education			<input type="checkbox"/>	<input type="checkbox"/>		
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Parenting Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Home Visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Substance Use Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Peer Recovery Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medication-Assisted Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Treatment Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Baby Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Basic Needs (housing, food, safety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (behavioral health, medical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (behavioral health, medical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

# POSC: Care-Coordination Tool



## Plan of Safe Care Foster Family Care Plan

- Kent
- Landmark
- Newport
- South County
- WIH

Infant Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ MRN \_\_\_\_\_

*The Plan of Safe Care – Foster Family Care Plan coordinates existing supports and provides referrals to new supports that may be helpful after an infant’s birth. The hospital treatment team is responsible for completing this form in consultation with the caregiver.*

Check all applicable supports and new referrals for caregiver(s)						
Caregiver Supports	New Referral	Current	Discussed	N/A	Organization	Contact person (if applicable)
Safe Sleep Education			<input type="checkbox"/>			
Smoking Exposure Education			<input type="checkbox"/>	<input type="checkbox"/>		
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fostering Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Home Visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Basic Needs (housing, food, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (behavioral health, medical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (behavioral health, medical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



# POSC: Care-Coordination Tool



Check all applicable supports and new referrals <b>or infant</b> (Complete <i>Plan of Safe Care – Foster Family Care Plan form</i> , if applicable.)						
Infant Supports	New Referral	Current	Discussed	N/A	Organization	Contact person (if applicable)
Pediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
First Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Brown Family Care F/U Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

# Linkages with pediatricians



## Connecting with pediatricians...

- POSC are intended to be shared with pediatricians
- Working on system improvements to keep everyone in the loop and supporting family direction
- Deanne **Gentile, RN** will be trying a new process of faxing to pediatricians with accompanying call
- Who else is on the team?!
- Will help support coordination with First Connections, Early Intervention etc.

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# Priority Patients Pilot



## Pilot project with Dr. Flanagan

- Patient list with limited information from newborn screening process to identify priority patients/families (broader than SUD focused work)
- Support transition home from the birth hospital and early care coordination
- Ensuring no one falls through the cracks and services are coordinated



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