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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

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A N A C T

RELATING TO HEALTH AND SAFETY - HOME-VISITING SYSTEM COMPONENTS

Introduced By: Senators Miller, Goldin, Crowley, and Nesselbush

Date Introduced: February 16, 2017

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 23-13.7-2 of the General Laws in Chapter 23-13.7 entitled "The
2 Rhode Island Family Home-Visiting Act" is hereby amended to read as follows:

3 **23-13.7-2. Home-visiting system components.**

4 (a) The Rhode Island department of health shall coordinate the system of early childhood
5 home-visiting services in Rhode Island and shall work with the department of human services and
6 department of children, youth and families to identify effective, evidence-based home-visiting
7 models that meet the needs of vulnerable families with young children.

8 (b) The Rhode Island department of health shall implement a statewide home-visiting
9 system which uses evidence-based models proven to improve child and family outcomes.
10 Evidence-based home-visiting programs must follow with fidelity a program model with
11 comprehensive standards that ensure high-quality service delivery, use research-based curricula,
12 and have demonstrated significant positive outcomes in at least two (2) of the following areas:

13 (1) Improved prenatal, maternal, infant, or child health outcomes;

14 (2) Improved safety and reduced child maltreatment and injury;

15 (3) Improved family economic security and self-sufficiency;

16 (4) Enhanced early childhood development (social-emotional, language, cognitive,
17 physical) to improve children's readiness to succeed in school.

18 (c) The Rhode Island department of health shall implement a system to identify and refer
19 families prenatally, or as early after the birth of a child as possible, to voluntary, evidence-based

1 home-visiting programs. The referral system shall prioritize families for services based on risk
2 factors known to impair child development, including:

- 3 (1) Adolescent parent(s);
- 4 (2) History of prenatal drug or alcohol abuse;
- 5 (3) History of child maltreatment, domestic abuse, or other types of violence;
- 6 (4) Incarcerated parent(s);
- 7 (5) Reduced parental cognitive functioning or significant disability;
- 8 (6) Insufficient financial resources to meet family needs;
- 9 (7) History of homelessness; or
- 10 (8) Other risk factors as determined by the department.

11 (d) Beginning on or before October 1, 2016, and annually thereafter, the Rhode Island
12 department of health shall issue a state home-visiting report that outlines the components of the
13 state's family home-visiting system which shall be made publicly available on the department's
14 website. The report shall include:

- 15 (1) The number of families served by each evidence-based model; and
- 16 (2) Demographic data on families served; and
- 17 (3) Duration of participation of families; and
- 18 (4) Cross-departmental coordination; and
- 19 (5) Outcomes related to prenatal, maternal, infant and child health, child maltreatment,
20 family economic security, and child development and school readiness; and

21 (6) An annual estimate of the number of children born to Rhode Island families who face
22 significant risk factors known to impair child development, and a plan including the fiscal costs
23 and benefits to gradually expand access to the existing evidence-based family home-visiting
24 programs in Rhode Island to all vulnerable families.

25 (e) State appropriations for this purpose shall be combined with federal dollars to fund
26 the expansion of evidence-based home-visiting programs, with the goal of offering the program to
27 all the state's pregnant and parenting teens, families with a history of involvement with the child
28 welfare system, and other vulnerable families.

29 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO HEALTH AND SAFETY - HOME-VISITING SYSTEM COMPONENTS

1 This act would direct the department of health to obtain an annual estimate of the number
2 of children born to Rhode Island families who face significant risk factors known to impair child
3 development.

4 This act would take effect upon passage.

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