

2024 -- S 2360

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

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A N A C T

RELATING TO HEALTH AND SAFETY -- THE RHODE ISLAND FAMILY HOME-
VISITING ACT

Introduced By: Senators Valverde, Murray, DiPalma, Pearson, Lawson, Lauria, DiMario,
Mack, Cano, and Bell

Date Introduced: February 12, 2024

Referred To: Senate Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative findings.

2 The general assembly hereby finds that:

3 (1) A child's first experiences and relationships set the foundation for development and
4 learning that leads to success in school and in life.

5 (2) Voluntary, high-quality home-visiting programs help families learn about and connect
6 to essential resources, adjust to parenthood, build parenting skills, and address challenges
7 commonly faced by young families.

8 (3) For at least four (4) decades, Rhode Island's first connections program, overseen by the
9 department of health, has been providing free, voluntary, statewide home-visiting to pregnant
10 women and to families with newborns, infants, and toddlers, reaching about thirty-five (35%) of
11 families with new babies. Families typically receive one to four (4) home visits. The program is
12 staffed with nurses, social workers, and community health workers and is funded with federal
13 Individuals with Disabilities Education Act Part C resources, Medicaid billing, and other federal
14 grants.

15 Prior to a temporary increase in state fiscal year 2023 that was continued into 2024, the
16 Medicaid rates for first connections services had not increased since 2000. Inadequate funding had
17 resulted in significant program staffing challenges and an average operating loss for first
18 connections programs of one hundred thirty-six dollars and seventy cents (\$136.70) per visit. The

1 temporary, two (2) year Medicaid rate increase will expire on June 30, 2024. In 2022, South County
2 Home Health terminated their contract with the state to deliver first connections services, citing
3 lack of sufficient resources to adequately staff the program.

4 (4) Following the establishment of the federal Maternal, Infant, and Early Childhood Home
5 Visiting program in 2010, Rhode Island expanded home-visiting services to include several longer-
6 term, comprehensive, and evidence-based program models with strong evidence they improve
7 short-term and long-term outcomes for children and families. In 2022, the federal funding was
8 reauthorized and now includes a twenty-five percent (25%) state match requirement to receive base
9 federal funding to sustain existing programs and new expansion funds. The state match requirement
10 will go into effect in federal fiscal year 2024.

11 (5) By enacting this law, the general assembly recognizes the short-term and long-term
12 benefits of voluntary, high quality, culturally responsive home-visiting services to pregnant and
13 parenting families with newborns, infants, and toddlers.

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

16 **23-13.7-2. Home-visiting system components.**

17 (a) The Rhode Island department of health shall coordinate the system of early childhood
18 home-visiting services in Rhode Island and shall work with the department of human services and
19 department of children, youth and families to identify effective, evidence-based, home-visiting
20 models that meet the needs of ~~vulnerable~~ families with young children, including the most
21 vulnerable families.

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

- 27 (1) Improved prenatal, maternal, infant, or child health outcomes;
28 (2) Improved safety and reduced child maltreatment and injury;
29 (3) Improved family economic security and self-sufficiency;
30 (4) Enhanced early childhood development (social-emotional, language, cognitive,
31 physical) to improve children's readiness to succeed in school.

32 (c) The Rhode Island department of health shall implement a system to identify and refer
33 families prenatally, or as early after the birth of a child as possible, to voluntary, evidence-based,
34 home-visiting programs. The referral system shall prioritize families for services based on risk

1 factors known to impair child development, including:

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

10 (d) The Medicaid rate increase authorized for the first connections program in state fiscal
11 year 2023 and continued in state fiscal year 2024, shall be made permanent.

12 (e) Annually, on or before July 1, of each year, beginning July 1, 2025, the Medicaid
13 payment rates for first connections services shall be adjusted to reflect increases in program
14 operating costs, based on the consumer price index calculated by the U.S. Bureau of Labor Statics.

15 (f) Beginning on or before October 1, 2016, and annually thereafter, the Rhode Island
16 department of health shall issue a state home-visiting report that outlines the components of the
17 state's family home-visiting system that shall be shared with the governor, speaker of the house,
18 and senate president, made publicly available on the department's website, and sent to members of
19 the children's cabinet, the RI early learning council, and the RI family home visiting council. The
20 report shall include:

21 (1) The number of families served by first connections and each evidence-based family
22 home-visiting model; and

23 (2) Demographic data on families served; and

24 (3) Duration of participation of families; and

25 (4) Cross-departmental coordination; and

26 (5) Outcomes related to prenatal, maternal, infant and child health, child maltreatment,
27 family economic security, and child development and school readiness; and

28 (6) Implementation challenges, including challenges related to funding and program
29 operations, and problems recruiting and retaining qualified and effective home-visiting program
30 staff; and

31 (7) An annual estimate of the number of children born to Rhode Island families who would
32 benefit from a universal, voluntary, short-term home visiting program and the number who face
33 significant risk factors known to impair child development and who would benefit from the
34 comprehensive, long-term, evidence-based home visiting services; and, ~~and a plan including the~~

1 ~~fiscal costs and benefits~~

2 (8) An annual estimate of the available federal family home visiting funding, the state
3 match required to maximize federal funding, and the state general revenue needed to sustain high-
4 quality home-visiting services statewide and to gradually expand access to ~~the existing~~ voluntary,
5 evidence-based, family home-visiting programs in Rhode Island to all ~~vulnerable~~ families who
6 would benefit.

7 (g) The October 1, 2025 family home-visiting report shall include a plan with cost estimates
8 to expand home-visiting services over five (5) years to offer universal, voluntary family home-
9 visiting services statewide. The department shall review the progress made in other states and
10 municipalities that are making family home-visiting universally available, including Connecticut,
11 New Jersey, and Oregon. This report shall also include recommendations from the department
12 about the feasibility, advantages, and disadvantages of adopting and integrating the evidence-based
13 family connects universal newborn home-visiting model into the state's service array.

14 ~~(e)~~(h) State appropriations for this purpose shall be combined with federal dollars to fund
15 the expansion of voluntary, evidence-based, home-visiting programs, to all families who would
16 benefit with the goal of offering the program to all the state's pregnant and parenting teens; families
17 with a history of involvement with the child welfare system; and other vulnerable families.

18 SECTION 3. 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 -- THE RHODE ISLAND FAMILY HOME-
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1 This act would make the Medicaid rate increase permanent for the first connections family
2 home-visiting program, require additional information to be added to the annual family home-
3 visiting report, and direct the department of health to develop a plan with federal and state cost
4 estimates to phase-in expansion of voluntary home-visiting services to reach all families who would
5 benefit.

6 This act would take effect upon passage.

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