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#### STATE RHODE ISLAND OF

### IN GENERAL ASSEMBLY

### **JANUARY SESSION, A.D. 2016**

### AN ACT

# RELATING TO HEALTH AND SAFETY - RHODE ISLAND FAMILY HOME VISITING

Introduced By: Representatives McNamara, Amore, Craven, O'Brien, and Messier

Date Introduced: January 15, 2016

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

WHEREAS, A child's first experiences and relationships set the foundation for 2 development and learning that leads to success in school and in life. Voluntary, high-quality, 3 evidence-based home visiting programs help build parenting skills and address challenges faced by many vulnerable families with young children. 4 5 WHEREAS, Children in at-risk families who participate in evidence-based home visiting 6 programs have improved language, cognitive, and social-emotional development and are less 7 likely to experience child abuse and neglect. Families who participate are more likely to provide a 8 safe, enriching home environment and become more economically secure through education and 9 employment. Evidence-based home visiting programs can also improve maternal and child 10 health, reducing long-term health care costs. 11 WHEREAS, There is an existing infrastructure of home visiting programs in Rhode 12 Island that provides early supportive services to vulnerable families with young children who are 13 at risk for poor outcomes.

SECTION 1. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby amended by adding thereto the following chapter:

16 CHAPTER 13.7

#### THE RHODE ISLAND FAMILY HOME VISITING ACT 17

23-13.7-1. Short title. -- This chapter may be known and may be cited as "The Rhode

1	Island Family Home Visiting Act."
2	23-13.7-2. Home visiting system components (a) The Rhode Island department of
3	health shall coordinate the system of early childhood home visiting services in Rhode Island and
4	shall work with the department of human services and department of children, youth and families
5	to identify effective, evidence-based home visiting models that meet the needs of vulnerable
6	families with young children.
7	(b) The Rhode Island department of health shall implement a statewide home visiting
8	system which uses evidence-based models proven to improve child and family outcomes.
9	Evidence-based home visiting programs must follow with fidelity a program model with
10	comprehensive standards that ensure high-quality service delivery, use research-based curricula,
11	and have demonstrated significant positive outcomes in at least two (2) of the following areas:
12	(1) Improved prenatal, maternal, infant or child health outcomes;
13	(2) Improved safety and reduce child maltreatment and injury;
14	(3) Improved family economic security and self-sufficiency;
15	(4) Enhanced early childhood development (social-emotional, language, cognitive,
16	physical) to improve children's readiness to succeed in school.
17	(c) The Rhode Island department of health shall implement a system to identify and refer
18	families prenatally or as early after the birth of a child as possible to voluntary, evidence-based
19	home visiting programs. The referral system shall prioritize families for services based on risk
20	factors known to impair child development, including:
21	(1) Adolescent parent(s);
22	(2) History of prenatal drug or alcohol abuse;
23	(3) History of child maltreatment, domestic abuse, or other types of violence;
24	(4) Incarcerated parent(s);
25	(5) Reduced parental cognitive functioning or significant disability;
26	(6) Insufficient financial resources to meet family needs;
27	(7) History of homelessness; or
28	(8) Other risk factors as determined by the department.
29	(d) Beginning on or before October 1, 2016, and annually thereafter, the Rhode Island
30	department of health shall issue a state home visiting report that outlines the components of the
31	state's family home visiting system which shall be made publicly available on the department's
32	website. The report shall include:
33	(1) The number of families served by each evidence-based model; and
34	(2) Demographic data on families served: and

- 1 (3) Duration of participation of families; and
- 2 (4) Cross-departmental coordination; and
- 3 (5) Outcomes related to prenatal, maternal, infant and child health, child maltreatment,
- 4 family economic security, and child development and school readiness.
- 5 SECTION 2. This act shall take effect upon passage.

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# **EXPLANATION**

## BY THE LEGISLATIVE COUNCIL

OF

# AN ACT

# RELATING TO HEALTH AND SAFETY - RHODE ISLAND FAMILY HOME VISITING ${\sf ACT}$

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