

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2023

A N A C T

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

Introduced By: Senators Valverde, Gu, Lawson, Murray, Lauria, DiMario, Miller, DiPalma, Pearson, and Quezada

Date Introduced: February 16, 2023

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

1 rate increase will expire on June 30, 2023. In 2022, South County Home Health terminated their
2 contract with the state to deliver first connections services, citing lack of sufficient resources to
3 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 shall be made permanent.

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

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

20 (2) Demographic data on families served; and

21 (3) Duration of participation of families; and

22 (4) Cross-departmental coordination; and

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

25 (6) Implementation challenges, including challenges related to funding and program
26 operations, and problems recruiting and retaining qualified and effective home-visiting program
27 staff; and

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

33 (8) An annual estimate of the available federal funding and the state general revenue needed
34 to sustain high-quality home-visiting services statewide and to gradually expand access to ~~the~~

1 ~~existing~~ voluntary, evidence-based, family home-visiting programs in Rhode Island to all
2 ~~vulnerable~~ families who would benefit.

3 ~~(e)~~(f) The October 1, 2024 family home-visiting report shall include a plan with cost
4 estimates to expand home-visiting services over five (5) years to offer universal, voluntary family
5 home-visiting services statewide. The department shall review the progress made in other states
6 and municipalities that are making family home-visiting universally available, including
7 Connecticut, New Jersey, and Oregon. This report shall also include recommendations from the
8 department about the feasibility, advantages, and disadvantages of adopting and integrating the
9 evidence-based family connects universal newborn home-visiting model into the state's service
10 array.

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

15 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-
VISITING ACT

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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