WHEREAS, A child's first experiences and relationships set the foundation for development and learning that leads to success in school and in life. Voluntary, high-quality, evidence-based home visiting programs help build parenting skills and address challenges faced by many vulnerable families with young children.

WHEREAS, Children in at-risk families who participate in evidence-based home visiting programs have improved language, cognitive, and social-emotional development and are less likely to experience child abuse and neglect. Families who participate are more likely to provide a safe, enriching home environment and become more economically secure through education and employment. Evidence-based home visiting programs can also improve maternal and child health, reducing long-term health care costs.

WHEREAS, There is an existing infrastructure of home visiting programs in Rhode Island that provides early supportive services to vulnerable families with young children who are 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:

CHAPTER 13.7

THE RHODE ISLAND FAMILY HOME VISITING ACT

23-13.7-1. Short title. -- This chapter may be known and may be cited as “The Rhode
Island Family Home Visiting Act.

23-13.7-2. Home visiting system components. -- (a) The Rhode Island department of health shall coordinate the system of early childhood home visiting services in Rhode Island and shall work with the department of human services and department of children, youth and families to identify effective, evidence-based home visiting models that meet the needs of vulnerable families with young children.

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

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

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

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

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

1. The number of families served by each evidence-based model; and
2. Demographic data on families served; and
(3) Duration of participation of families; and

(4) Cross-departmental coordination; and

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

SECTION 2. This act shall take effect upon passage.

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This act would establish the Rhode Island Family Home Visiting Act, pursuant to which, the Rhode Island department of health would coordinate the system of early childhood visiting services to meet the needs of vulnerable families with young children.

This act would take effect upon passage.