It is enacted by the General Assembly as follows:

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


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

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

SECTION 2. This act shall take effect upon passage.
EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
AN ACT
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.

==============
LC001530/SUB A
==============