



## **Testimony in Support of H-7220: Rhode Island Family Home Visiting Act House Committee on Health, Education & Welfare**

March 23, 2016

Elizabeth Burke Bryant

Rhode Island KIDS COUNT strongly supports H-7220, which establishes a structure in state law for a system of evidence-based family home visiting programs to improve outcomes for vulnerable families with infants and young children. Rhode Island has been recognized for having a strong home visiting system and has successfully won three highly competitive federal grants to expand services for families.

Rhode Island KIDS COUNT has helped to facilitate the development and growth of Rhode Island's evidence-based home visiting program in order to meet the comprehensive needs of young families facing multiple risk factors. Brain development proceeds rapidly during the infant and toddler years with many cognitive structures and systems in place by age three. Healthy brain development depends on attentive, nurturing caregiving in infancy.

When young children are exposed to "toxic stress levels" associated with extreme poverty, family chaos, chronic neglect, maternal depression, parental substance abuse and/or violence in their home, brain development does not follow a healthy path. Evidence-based home visiting programs help highly stressed families develop the ability to provide attentive and nurturing care. Cost-benefit studies show that effective interventions for at-risk families with young children can yield up to a \$5.70 return on every \$1.00 invested (based on RAND study, 2005).

The bill requires that the RI Department of Health 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 of the following areas: 1) improve prenatal, maternal, infant or child health; 2) improve safety and reduce child maltreatment and injury, 3) improve family economic security and self-sufficiency, and 4) enhance early childhood development to improve children's readiness for school. The Department of Health would need to work with the Department of Children, Youth and Families and the Department of Human Services to identify effective, evidence-based models that meet the needs of vulnerable families with young children.

Currently the state has 3 evidence-based home visiting programs providing services statewide. Additional evidence-based models may be identified in the future.

- **Nurse-Family Partnership** is a model that has been replicated in 43 states. The program has been studied scientifically and demonstrates numerous positive benefits for children and families, including improved prenatal health of mothers, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment and improved school readiness.
- **Healthy Families America** is a model developed in 1992 by Prevent Child Abuse America and has been implemented in 40 states. HFA has also been studied extensively with 15 evaluations in 12 states showing the program reduces child maltreatment, improves parent-child interaction, improves school readiness, decreases a family's dependence on welfare/TANF and other social services, and increases immunization rates and use of primary health care.
- **Parents as Teachers** is a national home visiting model originally developed in Missouri. The program is designed to improve parents' knowledge of early childhood development and to help them become their child's first and most influential teacher. Research studies have shown that the program improves parenting practices and children's school readiness.

The bill requires that families be prioritized for home visiting services based on risk factors. A number of important risk factors are specified, but the bill also states that other risk factors could be identified by the director of the Department of Health.

Rhode Island's coordinated, evidence-based home visiting system is a key part of Rhode Island's comprehensive early childhood system. We urge passage of this law which will update the statute to include home visiting system components as part of Rhode Island's early childhood system. Family home visiting is a research-based strategy that has momentum across the country. This bill is similar to legislation that has passed in 22 states.

Thank you for this opportunity to testify.