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HOUSE BILL NO. 537

Offered January 10, 2024

Prefiled January 9, 2024

A BILL to amend the Code of Virginia by adding in Chapter 8 of Title 63.2 a section numbered 63.2-807, relating to Home Visiting Program established; report.

Patrons-Cole, Gardner, Bennett-Parker, Clark, Henson, Martinez, Mundon King, Shin and Simonds

Referred to Committee on Health and Human Services

10 Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 8 of Title 63.2 a section numbered 11 12 63.2-807 as follows:

§ 63.2-807. Home Visiting Program established; purpose; report.

14 A. The Home Visiting Program (the Program) is hereby created as a voluntary maternal, infant, and 15 early childhood program to support pregnant people and parents with young children that face greater risks and barriers to achieving positive maternal and child health outcomes. 16

B. The purpose of the Program shall be to (i) promote the health and wellbeing of pregnant people 17 and parents, (ii) improve infant and child health and development, (iii) strengthen family functioning, 18 19 (iv) promote school readiness, (v) reduce child abuse and neglect, (vi) promote economic mobility, and 20 (vii) cultivate strong communities.

C. Program services shall be provided by family support professionals trained to implement 21 22 evidence-based and evidence-informed program models. Such family support professionals shall 23 demonstrate proficiency in standardized competency-based criteria and shall provide anticipatory 24 guidance, parenting education, parenting conduct screening, assessment for and referrals to necessary 25 support services, and developmental and behavioral health interventions.

D. The Program shall operate in accordance with the Virginia Plan for Home Visiting established 26 27 and maintained by Early Impact Virginia. The Program shall utilize the Virginia Plan for Home Visiting 28 when determining how to award funds. The Program shall maximize the receipt and use of any 29 available federal funds.

30 E. The Program shall, in coordination with the Department, the Department of Health, the 31 Department of Medical Assistance Services, the Department of Behavioral Health and Developmental Services, and the Department of Education (the State Agencies), coordinate approval of funding, 32 allocation of funds, and data reporting with Early Impact Virginia for all home visiting models within the Virginia Plan for Home Visiting. This subsection shall not apply to funding provided to the 33 34 35 Commonwealth under the Maternal, Infant, and Early Childhood Home Visiting Program administered 36 by the U.S. Health Resources and Services Administration. The Program shall attempt to ensure 37 coordination between the Program and the Maternal, Infant, and Early Childhood Home Visiting 38 Program in order to minimize administrative burdens and maximize effective service delivery.

39 F. The Program shall allocate funding in a manner that balances the need for statewide funding with 40 the need to ensure sufficient funding for meaningful services. The Program shall determine such funding allocation in collaboration with Early Impact Virginia, state agencies, and any other relevant 41 42 stakeholders.

G. The Department may provide funding to support programs that did not participate in the Virginia 43 Home Visiting Program, as originally established by the Department prior to the enactment of this 44 45 section, to support planning activities for future participation in the Program.

46 H. Notwithstanding the provisions of this section, to the extent that federal funding is provided for 47 the Program or its purposes, the Program shall only authorize the use of such federal funds in a 48 manner that complies with applicable federal requirements.

49 I. The Department shall submit a biennial report to the Governor and the General Assembly. Such report shall include information on outcomes for Program participants as outlined in the Virginia Plan 50 51 for Home Visiting; however, the data in such report shall include only nonidentifying information of

52 Program participants. INTRODUCED

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