

1 State of Arkansas
2 89th General Assembly
3 Regular Session, 2013
4

As Engrossed: S3/12/13
A Bill

SENATE BILL 491

5 By: Senator Caldwell
6 By: Representatives Sabin, D. Meeks
7

For An Act To Be Entitled

9 AN ACT TO IMPROVE THE HEALTH AND STABILITY OF
10 ARKANSAS FAMILIES; TO STRENGTHEN VOLUNTARY HOME
11 VISITATION PROGRAMS; TO AUTHORIZE RULES REGARDING
12 HOME VISITATION PROGRAMS; TO AMEND THE POWERS AND
13 DUTIES OF THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF
14 HUMAN SERVICES, AND THE STATE CHILD ABUSE AND NEGLECT
15 PREVENTION BOARD; TO DECLARE AN EMERGENCY; AND FOR
16 OTHER PURPOSES.

Subtitle

17
18
19 TO IMPROVE THE HEALTH AND STABILITY OF
20 ARKANSAS FAMILIES; TO STRENGTHEN
21 VOLUNTARY HOME VISITATION PROGRAMS; AND
22 TO DECLARE AN EMERGENCY.
23
24
25

26 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
27

28 SECTION 1. Arkansas Code § 9-30-105(a), concerning the powers and
29 duties of the State Child Abuse and Neglect Prevention Board, is amended to
30 read as follows:

31 (a) The State Child Abuse and Neglect Prevention Board shall:

- 32 (1) Meet not fewer than two (2) times annually;
33 (2) Establish a procedure for the annual internal evaluation of
34 the functions, responsibilities, and performance of the board; ~~and~~
35 (3) ~~Promulgate regulations~~ Adopt rules necessary for the
36 implementation of this chapter; and



1 (4) In cooperation with the Department of Health and the
2 Department of Human Services, adopt rules to implement a home visitation
3 program under § 20-78-901 et seq.
4

5 SECTION 2. Arkansas Code Title 20, Chapter 7, Subchapter 1, is amended
6 to add an additional section to read as follows:

7 20-7-139. Rules – Home visitation program.

8 The State Board of Health shall adopt rules to implement a home
9 visitation program under § 20-78-901 et seq.
10

11 SECTION 3. Arkansas Code Title 20, Chapter 78, is amended to add an
12 additional subchapter to read as follows:

13 Subchapter 9 – Home Visitation

14 20-78-901. Definitions.

15 As used in this subchapter:

16 (1) “Evidence-based program” means a program based on a clear,
17 consistent model such as those identified by the Home Visiting Evidence of
18 Effectiveness review authorized by the United States Department of Health and
19 Human Services, including a program that:

20 (A) Demonstrates strong links to other community-based
21 services;

22 (B) Employs well-trained and competent staff and provides
23 continual professional development relevant to the specific program model
24 being delivered;

25 (C) Follows a program manual or design that specifies the
26 purpose, outcomes, duration, and frequency of service that constitute the
27 program;

28 (D) Operates with fidelity to the model;

29 (E) Operates within an organization that ensures
30 compliance with home visitation standards; and

31 (F) Provides research-based services grounded in relevant,
32 empirically-based knowledge;

33 (2) “Home visitation” means voluntary family-focused services
34 that promote appropriate prenatal care to assure healthy births, primarily in
35 the home, to an expectant parent or a parent with an infant, toddler, or
36 child up to kindergarten entry that address:

- 1 (A) Child development;
- 2 (B) Literacy and school readiness;
- 3 (C) Maternal and child health;
- 4 (D) Positive parenting practices;
- 5 (E) Resource and referral access; and
- 6 (F) Safe home environments;

7 (3) "Home visiting program" means the infrastructure and
8 programs that support and provide home visitation; and

9 (4) "Promising program" means a home visiting program that does
10 not meet the criteria of evidenced-based programs but:

11 (A) Demonstrates strong links to other community-based
12 services;

13 (B) Employs well-trained and competent staff and provides
14 continual professional development relevant to the specific program model
15 being delivered;

16 (C) Follows a manual or design that specifies the
17 program's purpose, outcomes, duration, and frequency of service;

18 (D) Has data or evidence demonstrating that the program is
19 effective at achieving positive outcomes for pregnant women, infants,
20 children, or their families;

21 (E) Operates with fidelity to the program or model; and

22 (F) Operates within an organization that ensures
23 compliance with home visitation standards.

24
25 20-78-902. Home visitation programs – Oversight.

26 (a) A home visitation program under this subchapter shall provide
27 face-to-face home visits by nurses, social workers, and other early childhood
28 and health professionals or trained and supervised lay workers to:

29 (1) Build healthy parent and child relationships;

30 (2) Empower families to be self-sufficient;

31 (3) Enhance social and emotional development;

32 (4) Improve maternal, infant, or child health outcomes,
33 including reducing preterm births;

34 (5) Improve the health of the family;

35 (6) Increase school readiness;

36 (7) Promote positive parenting practices;

1 (8) Support cognitive development of children; or

2 (9) Reduce incidences of child maltreatment and injury.

3 (b) The State Child Abuse and Neglect Prevention Board, the Department
4 of Health, and the Department of Human Services shall cooperate to ensure
5 accountability of home visitation.

6
7 20-78-903. Evidence-based program – Promising programs.

8 The State Child Abuse and Neglect Prevention Board, the Department of
9 Health, and the Department of Human Services shall cooperate to use at least
10 ninety percent (90%) of state funds appropriated for home visitation to
11 support home visitation programs that are:

12 (1) Evidence-based programs that:

13 (A) Are linked to program-determined outcomes and
14 associated with a national organization, institution of higher education, or
15 national or state public health institute;

16 (B) Have comprehensive home visitation standards that
17 ensure high-quality service delivery and continuous quality improvement;

18 (C) Have demonstrated significant, sustained positive
19 outcomes; and

20 (D) Demonstrate reliability through:

21 (i) Past evaluations using rigorous randomized
22 controlled research designs, the results of which have been published in a
23 peer-reviewed journal; or

24 (ii) A basis in quasi-experimental research using
25 two (2) or more separate, comparable client samples; or

26 (2) Promising programs that have:

27 (A) An active evaluation of each promising program; or

28 (B)(i) A demonstration of a plan and timeline for an
29 active evaluation of each promising program.

30 (ii) A timeline under subdivision (2)(B)(i) of this
31 section shall include a projected time frame for transition from a promising
32 program to an evidence-based program.

33
34 20-78-904. Applicability.

35 This subchapter does not apply to:

36 (1) A program that exclusively provides early intervention

1 services under Part B or C of the Individuals with Disabilities Education
2 Act, 20 U.S.C. §§ 1431 - 1444;

3 (2) A program that provides a one-time home visit or infrequent
4 home visits, such as a home visit for a newborn child or a child in
5 preschool; or

6 (3) A program that provides home visits under a physician's
7 order or protocol and has a valid Class A and Class B home health care
8 services agency license under § 20-10-801 et seq.

9
10 20-78-905. Processes for oversight.

11 (a) The State Child Abuse and Neglect Prevention Board, the Department
12 of Health, and the Department of Human Services shall cooperate to develop
13 interrelated processes that provide for collaborating and sharing relevant
14 home visiting program data and information.

15 (b) The processes for collaborating and sharing data may include
16 without limitation:

17 (1) A uniform format for the collection of data relevant to each
18 home visiting program model; and

19 (2) The development of common contract or grant language related
20 to voluntary home visiting programs.

21
22 20-78-906. State agency contract and grants.

23 A state agency that authorizes funds through payments, contracts, or
24 grants that are used for home visitation shall include in its contract or
25 funding agreement language regarding home visitation that is consistent with
26 this subchapter.

27
28 20-78-907. Outcomes measurement – Report.

29 (a) The State Child Abuse and Neglect Prevention Board, the Department
30 of Health, the Department of Human Services, and providers of home visiting
31 program services in consultation with one (1) or more research experts shall:

32 (1) Develop an outcomes measurement plan to monitor outcomes for
33 children and families receiving services through state-funded home visiting
34 programs;

35 (2) Develop indicators that measure each outcome area under §
36 20-78-902; and

1 (3) Create a report that documents the collective impact of home
2 visiting program outcomes across all indicators selected through the process
3 outlined in subdivision (a)(2) of this section, as well as data on cost per
4 family served, number of families served, demographic data on families
5 served, and outcomes.

6 (b)(1) The Department of Health, the Department of Human Services, and
7 the board shall complete and submit the outcomes measurement plan required
8 under this section by October 1, 2014, to the Legislative Council and the
9 Governor.

10 (2) The Department of Health, the Department of Human Services,
11 and the board shall update outcomes measurement plan required under this
12 section at least one (1) time each five (5) years, and the plan may be
13 updated at other times if the board, the Department of Health, and the
14 Department of Human Services collaboratively agree to the need for revisions.

15 (c) Beginning October 1, 2014, a state-funded home visiting program
16 shall follow the outcomes measurement plan and at least annually submit
17 indicator data to the board, the Department of Health, and the Department of
18 Human Services .

19 (d)(1) The board, the Department of Health, and the Department of
20 Human Services shall produce collaboratively an outcomes report for the
21 Legislative Council and the Governor following the reporting requirements in
22 subdivision (a)(3) of this section.

23 (2) The report required under subdivision (d)(1) of this section
24 may be structured to facilitate the use of existing reporting requirements
25 including referencing rather than duplicating reports required for submission
26 to the Legislative Council under an existing statute requiring outcome
27 reporting for home visitation programs.

28 (e) The board, the Department of Health, and the Department of Human
29 Services shall explore the value of including home visiting outcome data in a
30 health-based, education-based, or child welfare-based statewide longitudinal
31 data system for the purpose of monitoring outcomes over time for families
32 that participate in home visiting and other state programs.

33 (f) The first home visitation outcomes report shall be completed on or
34 before October 1, 2016, and shall be submitted to the Legislative Council and
35 the Governor on or before October 1 of each even-numbered year.

36

1 20-78-908. Parental and guardian rights.

2 (a) Due to the nature of home visiting programs, this subchapter does
3 not compel a parent's or legal guardian's ability to participate in a home
4 visiting program and does not impede a parent's or guardian's ability to
5 withdraw from a home visiting program at any time.

6 (b) A decision to withdraw from a home visiting program does not
7 constitute grounds for an investigation of a parent, legal guardian, or
8 member of the family of a minor.

9
10 SECTION 4. Arkansas Code Title 25, Chapter 10, Subchapter 1, is
11 amended to add an additional section to read as follows:

12 25-10-142. Home visitation program.

13 In cooperation with the State Child Abuse and Neglect Prevention Board
14 and the Department of Health, the Department of Human Services shall adopt
15 rules to implement a home visitation program under § 20-78-901 et seq.

16
17 SECTION 5. DO NOT CODIFY. The State Child Abuse and Neglect
18 Prevention Board, the Department of Health, and the Department of Human
19 Services shall provide recommendations to the General Assembly on or before
20 October 1, 2013, about whether to pursue one (1) or more memoranda of
21 understanding with other state agencies to include home visiting outcome data
22 in state longitudinal data systems.

23
24 SECTION 6. EMERGENCY CLAUSE. It is found and determined by the
25 General Assembly of the State of Arkansas that the home visiting networks
26 provide important services to Arkansas's most vulnerable citizens, our
27 infants and toddlers; that the agencies administering home visiting programs
28 need to ensure the accountability of these programs; and that these changes
29 need to be made immediately so that planning and coordination among the
30 agencies comply in a timely manner with the reporting requirements.
31 Therefore, an emergency is declared to exist, and this act being immediately
32 necessary for the preservation of the public peace, health, and safety shall
33 become effective on:

34 (1) The date of its approval by the Governor;

35 (2) If the bill is neither approved nor vetoed by the Governor,
36 the expiration of the period of time during which the Governor may veto the

1 bill; or

2 (3) If the bill is vetoed by the Governor and the veto is
3 overridden, the date the last house overrides the veto.

4

5 */s/Caldwell*

6

7

8 **APPROVED: 03/28/2013**

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36