Stricken language would be deleted from and underlined language would be added to present law. Act 896 of the Regular Session

State of Arkansas	As Engrossed: H3/10/17	
91st General Assembly	A Bill	
Regular Session, 2017		HOUSE BILL 1968
By: Representative D. Meeks		
	For An Act To Be Entitled	
AN ACT TO AMEND THE LAWS CONCERNING THE DIVISION OF		ISION OF
CHILDREN A	ND FAMILY SERVICES; AND FOR OTHER	PURPOSES.
	Subtitle	
TO AM	IEND THE LAWS CONCERNING THE DIVIS	ION
OF CH	IILDREN AND FAMILY SERVICES.	
BE IT ENACTED BY THE G	ENERAL ASSEMBLY OF THE STATE OF A	RKANSAS:
		-
	-	-
-		<i>a home visitation</i>
program under § 20-78-	901 et seq.	
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		plement a home
visitation program und	er § 20-78-901 et seq.	
	nsas code litle 20, chapter 78, St	udchapter 9, 1s
repeated.	Subshaptor O. Home Visitation	
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	91st General Assembly Regular Session, 2017 By: Representative D. Meeks AN ACT TO CHILDREN A TO AN OF CH BE IT ENACTED BY THE G SECTION 1. Arka the State Child Abuse (4) In co Department of Human Se program under § 20-78- SECTION 2. Arka 20-7-139. Rules The State Board visitation program und SECTION 3. Arka repealed. 20-78-901. Defi As used in this	91st General Assembly Regular Session, 2017 By: Representative D. Meeks For An Act To Be Entitled An ACT TO AMEND THE LAWS CONCERNING THE DIVIS CHILDREN AND FAMILY SERVICES; AND FOR OTHER Subtite TO AMEND THE LAWS CONCERNING THE DIVIS OF CHILDREN AND FAMILY SERVICES. BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF A SECTION 1. Arkansas Code § 9-30-105(a)(4), conce the State Child Abuse and Neglect Prevention Board, is (4) In cooperation with the Department of Department of Human Services, adopt rules to implement program under § 20 78 901 et seq. SECTION 2. Arkansas Code § 20-7-139 is repealed. 20 7 139, Rules Home visitation program. The State Board of Health chall adopt rules to implement. Visitation program under § 20 78 901 et seq. SECTION 3. Arkansas Code Title 20, Chapter 78, 5



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1	Effectiveness review authorized by the United States Department of Health and
2	Human Services, including a program that:
3	(A) Demonstrates strong links to other community-based
4	services;
5	(B) Employs well-trained and competent staff and provides
6	continual professional development relevant to the specific program model
7	being delivered;
8	(C) Follows a program manual or design that specifies the
9	purpose, outcomes, duration, and frequency of service that constitute the
10	program;
11	(D) Operates with fidelity to the model;
12	(E) Operates within an organization that ensures
13	compliance with home visitation standards; and
14	(F) Provides research-based services grounded in relevant,
15	empirically based knowledge;
16	(2) "Home visitation" means voluntary family-focused services
17	that promote appropriate prenatal care to assure healthy births, primarily in
18	the home, to an expectant parent or a parent with an infant, toddler, or
19	child up to kindergarten entry that address:
20	(A) Child development;
21	(B) Literacy and school readiness;
22	(C) Maternal and child health;
23	(D) Positive parenting practices;
24	(E) Resource and referral access; and
25	(F) Safe home environments;
26	(3) "Home visiting program" means the infrastructure and
27	programs that support and provide home visitation; and
28	(4) "Promising program" means a home visiting program that does
29	not meet the criteria of evidenced-based programs but:
30	(A) Demonstrates strong links to other community-based
31	services;
32	(B) Employs well-trained and competent staff and provides
33	continual professional development relevant to the specific program model
34	being delivered;
35	(C) Follows a manual or design that specifies the
36	program's purpose, outcomes, duration, and frequency of service;

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1	(D) Has data or evidence demonstrating that the program is
2	effective at achieving positive outcomes for pregnant women, infants,
3	children, or their families;
4	(E) Operates with fidelity to the program or model; and
5	(F) Operates within an organization that ensures
6	compliance with home visitation standards.
7	
8	20-78-902. Home visitation programs — Oversight.
9	(a) A home visitation program under this subchapter shall provide
10	face-to-face home visits by nurses, social workers, and other early childhood
11	and health professionals or trained and supervised lay workers to:
12	(1) Build healthy parent and child relationships;
13	(2) Empower families to be self-sufficient;
14	(3) Enhance social and emotional development;
15	(4) Improve maternal, infant, or child health outcomes,
16	including reducing preterm births;
17	(5) Improve the health of the family;
18	(6) Increase school readiness;
19	(7) Promote positive parenting practices;
20	(8) Support cognitive development of children; or
21	(9) Reduce incidences of child maltreatment and injury.
22	(b) The State Child Abuse and Neglect Prevention Board, the Department
23	of Health, and the Department of Human Services shall cooperate to ensure
24	accountability of home visitation.
25	
26	20-78-903. Evidence-based programs — Promising programs.
27	The State Child Abuse and Neglect Prevention Board, the Department of
28	Health, and the Department of Human Services shall cooperate to use at least
29	ninety percent (90%) of state funds appropriated for home visitation to
30	support home visitation programs that are:
31	(1) Evidence-based programs that:
32	(A) Are linked to program-determined outcomes and
33	associated with a national organization, institution of higher education, or
34	national or state public health institute;
35	(B) Have comprehensive home visitation standards that
36	ensure high-quality service delivery and continuous quality improvement;

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1	(C) Have demonstrated significant, sustained positive
2	outcomes; and
3	(D) Demonstrate reliability through:
4	(i) Past evaluations using rigorous randomized
5	controlled research designs, the results of which have been published in a
6	peer-reviewed journal; or
7	(ii) A basis in quasi-experimental research using
8	two (2) or more separate, comparable client samples; or
9	(2) Promising programs that have:
10	(A) An active evaluation of each promising program; or
11	(B)(i) A demonstration of a plan and timeline for an
12	active evaluation of each promising program.
13	(ii) A timeline under subdivision (2)(B)(i) of this
14	section shall include a projected time frame for transition from a promising
15	program to an evidence-based program.
16	
17	20-78-904. Applicability.
18	This subchapter does not apply to:
19	(1) A program that exclusively provides early intervention
20	services under Part B or Part C of the Individuals with Disabilities
21	Education Act, 20 U.S.C. §§ 1431 — 1444;
22	(2) A program that provides a one-time home visit or infrequent
23	home visits, such as a home visit for a newborn child or a child in
24	preschool; or
25	(3) A program that provides home visits under a physician's
26	order or protocol and has a valid Class A and Class B home health care
27	services agency license under § 20-10-801 et seq.
28	
29	20-78-905. Processes for oversight.
30	(a) The State Child Abuse and Neglect Prevention Board, the Department
31	of Health, and the Department of Human Services shall cooperate to develop
32	interrelated processes that provide for collaborating and sharing relevant
33	home visiting program data and information.
34	(b) The processes for collaborating and sharing data may include
35	without limitation:
36	(1) A uniform format for the collection of data relevant to each

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1	home visiting program model; and
2	(2) The development of common contract or grant language related
3	to voluntary home visiting programs.
4	
5	20-78-906. State agency contract and grants.
6	A state agency that authorizes funds through payments, contracts, or
7	grants that are used for home visitation shall include in its contract or
8	funding agreement language regarding home visitation that is consistent with
9	this subchapter.
10	
11	20-78-907. Outcomes measurement — Report.
12	(a) The State Child Abuse and Neglect Prevention Board, the Department
13	of Health, the Department of Human Services, and providers of home visiting
14	program services in consultation with one (1) or more research experts shall:
15	(1) Develop an outcomes measurement plan to monitor outcomes for
16	children and families receiving services through state-funded home visiting
17	programs;
18	(2) Develop indicators that measure each outcome area under §
19	20-78-902; and
20	(3) Create a report that documents the collective impact of home
21	visiting program outcomes across all indicators selected through the process
22	outlined in subdivision (a)(2) of this section, as well as data on cost per
23	family served, number of families served, demographic data on families
24	served, and outcomes.
25	(b)(1) The Department of Health, the Department of Human Services, and
26	the board shall complete and submit the outcomes measurement plan required
27	under this section by October 1, 2014, to the Legislative Council and the
28	Governor.
29	(2) The Department of Health, the Department of Human Services,
30	and the board shall update the outcomes measurement plan required under this
31	section at least one (1) time each five (5) years, and the plan may be
32	updated at other times if the board, the Department of Health, and the
33	Department of Human Services collaboratively agree to the need for revisions.
34	(c) Beginning October 1, 2014, a state-funded home visiting program
35	shall follow the outcomes measurement plan and at least annually submit
36	indicator data to the board, the Department of Health, and the Department of

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1	Human Services.
2	(d)(1) The board, the Department of Health, and the Department of
3	Human Services shall produce collaboratively an outcomes report for the
4	Legislative Council and the Covernor following the reporting requirements in
5	subdivision (a)(3) of this section.
6	(2) The report required under subdivision (d)(1) of this section
7	may be structured to facilitate the use of existing reporting requirements
8	including referencing rather than duplicating reports required for submission
9	to the Legislative Council under an existing statute requiring outcome
10	reporting for home visitation programs.
11	(c) The board, the Department of Health, and the Department of Human
12	Services shall explore the value of including home visiting outcome data in a
13	health-based, education-based, or child welfare-based statewide longitudinal
14	data system for the purpose of monitoring outcomes over time for families
15	that participate in home visiting and other state programs.
16	(f) The first home visitation outcomes report shall be completed on or
17	before October 1, 2016, and shall be submitted to the Legislative Council and
18	the Governor on or before October 1 of each even-numbered year.
19	
20	20-78-908. Parental and guardian rights.
21	(a) Due to the nature of home visiting programs, this subchapter does
22	not compel a parent's or legal guardian's ability to participate in a home
23	visiting program and does not impede a parent's or guardian's ability to
24	withdraw from a home visiting program at any time.
25	(b) A decision to withdraw from a home visiting program does not
26	constitute grounds for an investigation of a parent, legal guardian, or
27	member of the family of a minor.
28	
29	SECTION 4. Arkansas Code § 25-10-142 is repealed.
30	25-10-142. Home visitation program.
31	In cooperation with the State Child Abuse and Neglect Prevention Board
32	and the Department of Health, the Department of Human Services shall adopt
33	rules to implement a home visitation program under \$ 20-78-901 et seq.
34	
35	/s/D. Meeks

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