

AN ACT

relating to a home visiting program for at-risk families.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 531, Government Code, is amended by adding Subchapter X to read as follows:

SUBCHAPTER X. TEXAS HOME VISITING PROGRAM

Sec. 531.981. DEFINITIONS. In this subchapter:

(1) "Home visiting program" means a voluntary-enrollment program in which early childhood and health professionals such as nurses, social workers, or trained and supervised paraprofessionals repeatedly visit over a period of at least six months the homes of pregnant women or families with children under the age of six who are born with or exposed to one or more risk factors.

(2) "Risk factors" means factors that make a child more likely to experience adverse experiences leading to negative consequences, including preterm birth, poverty, low parental education, having a teenaged mother or father, poor maternal health, and parental underemployment or unemployment.

Sec. 531.982. ESTABLISHMENT OF TEXAS HOME VISITING PROGRAM.

(a) The commission shall create a strategic plan to serve at-risk pregnant women and families with children under the age of six through home visiting programs that improve outcomes for parents and families.

1 (b) A pregnant woman or family is considered at-risk for
2 purposes of this section and may be eligible for voluntary
3 enrollment in a home visiting program if the woman or family is
4 exposed to one or more risk factors.

5 (c) The commission may determine if a risk factor or
6 combination of risk factors experienced by an at-risk pregnant
7 woman or family qualifies the woman or family for enrollment in a
8 home visiting program.

9 Sec. 531.983. TYPES OF HOME VISITING PROGRAMS. (a) A home
10 visiting program is classified as either an evidence-based program
11 or a promising practice program.

12 (b) An evidence-based program is a home visiting program
13 that:

14 (1) is research-based and grounded in relevant,
15 empirically based knowledge and program-determined outcomes;

16 (2) is associated with a national organization,
17 institution of higher education, or national or state public health
18 institute;

19 (3) has comprehensive standards that ensure
20 high-quality service delivery and continuously improving quality;

21 (4) has demonstrated significant positive short-term
22 and long-term outcomes;

23 (5) has been evaluated by at least one rigorous
24 randomized controlled research trial across heterogeneous
25 populations or communities, the results of at least one of which has
26 been published in a peer-reviewed journal;

27 (6) follows with fidelity a program manual or design

1 that specifies the purpose, outcomes, duration, and frequency of
2 the services that constitute the program;

3 (7) employs well-trained and competent staff and
4 provides continual relevant professional development
5 opportunities;

6 (8) demonstrates strong links to other
7 community-based services; and

8 (9) ensures compliance with home visiting standards.

9 (c) A promising practice program is a home visiting program
10 that:

11 (1) has an active impact evaluation program or can
12 demonstrate a timeline for implementing an active impact evaluation
13 program;

14 (2) has been evaluated by at least one outcome-based
15 study demonstrating effectiveness or a randomized controlled trial
16 in a homogeneous sample;

17 (3) follows with fidelity a program manual or design
18 that specifies the purpose, outcomes, duration, and frequency of
19 the services that constitute the program;

20 (4) employs well-trained and competent staff and
21 provides continual relevant professional development
22 opportunities;

23 (5) demonstrates strong links to other
24 community-based services; and

25 (6) ensures compliance with home visiting standards.

26 Sec. 531.984. FUNDING. (a) The commission shall ensure
27 that at least 75 percent of funds appropriated for home visiting

1 programs are used in evidence-based programs, with any remaining
2 funds dedicated to promising practice programs.

3 (b) The commission shall actively seek and apply for any
4 available federal funds to support home visiting programs,
5 including federal funds from the Temporary Assistance for Needy
6 Families program.

7 (c) The commission may accept gifts, donations, and grants
8 to support home visiting programs.

9 Sec. 531.985. OUTCOMES. The commission shall ensure that a
10 home visiting program achieves favorable outcomes in at least two
11 of the following areas:

- 12 (1) improved maternal or child health outcomes;
- 13 (2) improved cognitive development of children;
- 14 (3) increased school readiness of children;
- 15 (4) reduced child abuse, neglect, and injury;
- 16 (5) improved child safety;
- 17 (6) improved social-emotional development of
18 children;
- 19 (7) improved parenting skills, including nurturing
20 and bonding;
- 21 (8) improved family economic self-sufficiency;
- 22 (9) reduced parental involvement with the criminal
23 justice system; and
- 24 (10) increased father involvement and support.

25 Sec. 531.986. EVALUATION OF HOME VISITING PROGRAM.

26 (a) The commission shall adopt outcome indicators to measure the
27 effectiveness of a home visiting program in achieving desired

1 outcomes.

2 (b) The commission may work directly with the model
3 developer of a home visiting program to identify appropriate
4 outcome indicators for the program and to ensure that the program
5 demonstrates fidelity to its research model.

6 (c) The commission shall develop internal processes to work
7 with home visiting programs to share data and information to aid in
8 making relevant analysis of the performance of a home visiting
9 program.

10 (d) The commission shall use data gathered under this
11 section to monitor, conduct ongoing quality improvement on, and
12 evaluate the effectiveness of home visiting programs.

13 Sec. 531.987. INITIAL REPORT. (a) Not later than December
14 1, 2014, the commission shall prepare and submit a report on
15 state-funded home visiting programs to the Senate Committee on
16 Health and Human Services and the House Human Services Committee or
17 their successors.

18 (b) The report submitted under this section must include:

19 (1) the status of the implementation process,
20 including a description of home visiting programs being implemented
21 and the associated models; and

22 (2) data on the number of families being served and
23 their demographic information.

24 (c) This section expires January 1, 2015.

25 Sec. 531.9871. REPORTS TO LEGISLATURE. (a) Not later than
26 December 1 of each even-numbered year, the commission shall prepare
27 and submit a report on state-funded home visiting programs to the

1 Senate Committee on Health and Human Services and the House Human
2 Services Committee or their successors.

3 (b) A report submitted under this section must include:

4 (1) a description of home visiting programs being
5 implemented and the associated models;

6 (2) data on the number of families being served and
7 their demographic information;

8 (3) the goals and achieved outcomes of home visiting
9 programs;

10 (4) data on cost per family served, including
11 third-party return-on-investment analysis, if available; and

12 (5) data explaining what percentage of funding has
13 been used on evidence-based programs and what percentage of funding
14 has been used on promising practice programs.

15 Sec. 531.988. RULES. The commission may adopt rules as
16 necessary to implement this subchapter.

17 SECTION 2. (a) Except as provided by Subsection (b) of
18 this section, this Act takes effect September 1, 2013.

19 (b) Section 531.9871, Government Code, as added by this Act,
20 takes effect January 15, 2015.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 426 passed the Senate on March 13, 2013, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

I hereby certify that S.B. No. 426 passed the House on May 14, 2013, by the following vote: Yeas 139, Nays 4, two present not voting.

Chief Clerk of the House

Approved:

Date

Governor