

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas  
89th General Assembly  
Regular Session, 2013

*As Engrossed: S3/12/13*  
**A Bill**

SENATE BILL 491

By: Senator Caldwell  
By: Representatives Sabin, D. Meeks

### **For An Act To Be Entitled**

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

### **Subtitle**

TO IMPROVE THE HEALTH AND STABILITY OF ARKANSAS FAMILIES; TO STRENGTHEN VOLUNTARY HOME VISITATION PROGRAMS; AND TO DECLARE AN EMERGENCY.

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

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

- (a) The State Child Abuse and Neglect Prevention Board shall:
- (1) Meet not fewer than two (2) times annually;
  - (2) Establish a procedure for the annual internal evaluation of the functions, responsibilities, and performance of the board; ~~and~~
  - (3) ~~Promulgate regulations~~ Adopt rules necessary for the implementation of this chapter; and



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

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

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

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

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

Subchapter 9 – Home Visitation

20-78-901. Definitions.

As used in this subchapter:

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

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

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

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

(D) Operates with fidelity to the model;

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

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

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

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

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

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

- (A) Demonstrates strong links to other community-based services;
- (B) Employs well-trained and competent staff and provides continual professional development relevant to the specific program model being delivered;
- (C) Follows a manual or design that specifies the program's purpose, outcomes, duration, and frequency of service;
- (D) Has data or evidence demonstrating that the program is effective at achieving positive outcomes for pregnant women, infants, children, or their families;
- (E) Operates with fidelity to the program or model; and
- (F) Operates within an organization that ensures compliance with home visitation standards.

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

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

- (1) Build healthy parent and child relationships;
- (2) Empower families to be self-sufficient;
- (3) Enhance social and emotional development;
- (4) Improve maternal, infant, or child health outcomes, including reducing preterm births;
- (5) Improve the health of the family;
- (6) Increase school readiness;
- (7) Promote positive parenting practices;

(8) Support cognitive development of children; or

(9) Reduce incidences of child maltreatment and injury.

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

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

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

(1) Evidence-based programs that:

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

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

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

(D) Demonstrate reliability through:

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

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

(2) Promising programs that have:

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

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

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

20-78-904. Applicability.

This subchapter does not apply to:

(1) A program that exclusively provides early intervention

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

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

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

20-78-905. Processes for oversight.

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

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

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

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

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

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

20-78-907. Outcomes measurement – Report.

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

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

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

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

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

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

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

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

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

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

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

20-78-908. Parental and guardian rights.

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

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

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

25-10-142. Home visitation program.

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

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

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

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

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

bill; or

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

*/s/Caldwell*