

State of Arkansas
89th General Assembly
Regular Session, 2013

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



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 primarily in the home, to an expectant parent or a parent with an infant,
35 toddler, or child up to kindergarten entry that address:

36 (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

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

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

5
6 20-78-903. Evidence-based program – Promising programs.

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

11 (1) Evidence-based programs that:

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

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

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

19 (D) Demonstrate reliability through:

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

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

25 (2) Promising programs that have:

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

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

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

32
33 20-78-904. Applicability.

34 This subchapter does not apply to:

35 (1) A program that exclusively provides early intervention
36 services under Part B or C of the Individuals with Disabilities Education

1 Act, 20 U.S.C. §§ 1431 - 1444;

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

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

8
9 20-78-905. Processes for oversight.

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

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

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

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

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

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

26
27 20-78-907. Outcomes measurement – Report.

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

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

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

36 (3) Create a report that documents the collective impact of home

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

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

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

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

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

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

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

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

35
36 SECTION 4. Arkansas Code Title 25, Chapter 10, Subchapter 1, is

1 amended to add an additional section to read as follows:

2 25-10-142. Home visitation program.

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

6
7 SECTION 5. DO NOT CODIFY. The State Child Abuse and Neglect
8 Prevention Board, the Department of Health, and the Department of Human
9 Services shall provide recommendations to the General Assembly on or before
10 October 1, 2013, about whether to pursue one (1) or more memoranda of
11 understanding with other state agencies to include home visiting outcome data
12 in state longitudinal data systems.

13
14 SECTION 6. EMERGENCY CLAUSE. It is found and determined by the
15 General Assembly of the State of Arkansas that the home visiting networks
16 provide important services to Arkansas's most vulnerable citizens, our
17 infants and toddlers; that the agencies administering home visiting programs
18 need to ensure the accountability of these programs; and that these changes
19 need to be made immediately so that planning and coordination among the
20 agencies comply in a timely manner with the reporting requirements.
21 Therefore, an emergency is declared to exist, and this act being immediately
22 necessary for the preservation of the public peace, health, and safety shall
23 become effective on:

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

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

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