

BILL ANALYSIS

S.B. 426
By: Nelson
Human Services
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Home visiting programs help facilitate the delivery of specialist services, such as parenting classes, in the homes of certain at-risk families. Participation in a home visiting program is voluntary, and programs are usually available to pregnant women or young children. S.B. 426 seeks to promote the use of evidence-based and promising practice home visiting programs to improve outcomes for certain at-risk populations.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

Section 531.0055, Government Code, as amended by Chapter 198 (H.B. 2292), Acts of the 78th Legislature, Regular Session, 2003, expressly grants to the executive commissioner of the Health and Human Services Commission all rulemaking authority for the operation of and provision of services by the health and human services agencies. Similarly, Sections 1.16-1.29, Chapter 198 (H.B. 2292), Acts of the 78th Legislature, Regular Session, 2003, provide for the transfer of a power, duty, function, program, or activity from a health and human services agency abolished by that act to the corresponding legacy agency. To the extent practical, this bill analysis is written to reflect any transfer of rulemaking authority and to update references as necessary to an agency's authority with respect to a particular health and human services program.

S.B. 426 amends the Government Code to require the Health and Human Services Commission (HHSC) to 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. The bill defines "home visiting program" as 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 and defines "risk factors" as 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.

S.B. 426 establishes that a pregnant woman or family is considered at-risk for purposes of the bill's provisions and may be eligible for voluntary enrollment in a home visiting program, if the woman or family is exposed to one or more risk factors. The bill authorizes the commission to determine if a risk factor or combination of risk factors experienced by an at-risk pregnant woman or family qualifies the woman or family for enrollment in a home visiting program. The bill classifies a home visiting program as either an evidence-based program or a promising practice program and establishes the required elements of each type of program.

S.B. 426 requires HHSC to ensure that at least 75 percent of funds appropriated for home visiting programs are used in evidence-based programs, with any remaining funds dedicated to promising practice programs. The bill requires HHSC to actively seek and apply for any available federal funds to support home visiting programs, including federal funds from the Temporary Assistance for Needy Families program, and authorizes HHSC to accept gifts, donations, and grants to support home visiting programs.

S.B. 426 requires HHSC to ensure that a home visiting program achieves favorable outcomes in at least two of the following areas: improved maternal or child health outcomes; improved cognitive development of children; increased school readiness of children; reduced child abuse, neglect, and injury; improved child safety; improved social-emotional development of children; improved parenting skills, including nurturing and bonding; improved family economic self-sufficiency; reduced parental involvement with the criminal justice system; and increased father involvement and support. The bill requires HHSC to adopt outcome indicators to measure the effectiveness of a home visiting program in achieving desired outcomes and authorizes HHSC to work directly with the model developer of a home visiting program to identify appropriate outcome indicators for the program and to ensure that the program demonstrates fidelity to its research model. The bill requires HHSC to develop internal processes to work with home visiting programs to share data and information to aid in making relevant analysis of the performance of a home visiting program and to use such data to monitor, conduct ongoing quality improvement on, and evaluate the effectiveness of home visiting programs.

S.B. 426, in a temporary provision set to expire January 1, 2015, requires HHSC to prepare and submit a report on state-funded home visiting programs to the Senate Committee on Health and Human Services and the House Human Services Committee or their successors not later than December 1, 2014, and sets out the required contents of the report.

S.B. 426, in provisions effective January 15, 2015, requires HHSC, not later than December 1 of each even-numbered year, to prepare and submit a report on state-funded home visiting programs to the Senate Committee on Health and Human Services and the House Human Services Committee or their successors and sets out the required contents of the report.

S.B. 426 authorizes the executive commissioner of HHSC to adopt rules as necessary to implement the bill's provisions.

EFFECTIVE DATE

Except as otherwise specified, September 1, 2013.