

BILL ANALYSIS

Senate Research Center
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S.B. 426
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Health & Human Services
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Home visiting is a program where specialists deliver services, like parenting classes, in the home to certain at-risk populations. Participation in a home visiting program must be voluntary and is available to pregnant women or children birth to age five.

S.B. 426 promotes evidence-based practices for prevention programs that focus on home visitations to improve outcomes for certain at-risk populations by providing in-home services proven to achieve results.

Specifically, S.B. 426 requires that at least 75 percent of appropriated funds go to evidence-based programs, while the remainder is invested in promising practice programs; allows the Health and Human Services Commission (HHSC) to accept gifts, donations, and grants for the home visiting program; and sets up the program under HHSC to ensure that outcomes are achieved.

As proposed, S.B. 426 amends current law relating to a home visiting program for at-risk families.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the Health and Human Services Commission in SECTION 1 (Section 531.988, Government Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 531, Government Code, by adding Subchapter X, as follows:

SUBCHAPTER X. TEXAS HOME VISITING PROGRAM

Sec. 531.981. DEFINITIONS. Defines "home visiting program" and "risk factors" in this subchapter.

Sec. 531.982. ESTABLISHMENT OF TEXAS HOME VISITING PROGRAM. (a) Requires 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.

(b) Provides that a pregnant woman or family is considered at-risk for purposes of this section 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.

(c) Authorizes HHSC 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.

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

(b) Provides that an evidence-based program is a home visiting program that meets certain criteria.

(c) Provides that a promising practice program is a home visiting program that meets certain criteria.

Sec. 531.984. FUNDING. (a) 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.

(b) 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.

(c) Authorizes HHSC to accept gifts, donations, and grants to support home visiting programs.

Sec. 531.985. OUTCOMES. Requires HHSC to ensure that a home visiting program achieves favorable outcomes in at least two of the following areas:

(1) improved maternal or child health outcomes;

(2) improved cognitive development of children;

(3) increased school readiness of children;

(4) reduced child abuse, neglect, and injury;

(5) improved child safety;

(6) improved social-emotional development of children;

(7) improved parenting skills, including nurturing and bonding;

(8) improved family economic self-sufficiency;

(9) reduced parental involvement with the criminal justice system; and

(10) increased father involvement and support.

Sec. 531.986. EVALUATION OF HOME VISITING PROGRAM. (a) Requires HHSC to adopt outcome indicators to measure the effectiveness of a home visiting program in achieving desired outcomes.

(b) 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.

(c) 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.

(d) Requires HHSC to use data gathered under this section to monitor, conduct ongoing quality improvement on, and evaluate the effectiveness of home visiting programs.

Sec. 531.987. INITIAL REPORT. (a) Requires HHSC, not later than December 1, 2014, to prepare and submit a report on state-funded home visiting programs to the

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

(b) Requires that a report submitted under this section include certain information.

(c) Provides that this section expires January 1, 2015.

Sec. 531.9871. REPORTS TO LEGISLATURE. (a) 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 Health and Human Services Committee and the House Human Services Committee or their successors.

(b) Requires that the report submitted under this section include certain information.

Sec. 531.988. RULES. Authorizes HHSC to adopt rules as necessary to implement this subchapter.

SECTION 2. (a) Effective date, except as provided by Subsection (b) of this section: September 1, 2013.

(b) Effective date, Section 531.9871, Health and Safety Code, as added by this Act: January 15, 2015.