

1-1 By: Nelson S.B. No. 426  
1-2 (In the Senate - Filed February 7, 2013; February 13, 2013,  
1-3 read first time and referred to Committee on Health and Human  
1-4 Services; February 26, 2013, reported favorably by the following  
1-5 vote: Yeas 8, Nays 0; February 26, 2013, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	Nelson	X		
1-9	Deuell	X		
1-10	Huffman	X		
1-11	Nichols	X		
1-12	Schwertner	X		
1-13	Taylor		X	
1-14	Uresti	X		
1-15	West	X		
1-16	Zaffirini	X		

1-17 A BILL TO BE ENTITLED  
1-18 AN ACT

1-19 relating to a home visiting program for at-risk families.  
1-20 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:  
1-21 SECTION 1. Chapter 531, Government Code, is amended by  
1-22 adding Subchapter X to read as follows:  
1-23 SUBCHAPTER X. TEXAS HOME VISITING PROGRAM  
1-24 Sec. 531.981. DEFINITIONS. In this subchapter:  
1-25 (1) "Home visiting program" means a  
1-26 voluntary-enrollment program in which early childhood and health  
1-27 professionals such as nurses, social workers, or trained and  
1-28 supervised paraprofessionals repeatedly visit over a period of at  
1-29 least six months the homes of pregnant women or families with  
1-30 children under the age of six who are born with or exposed to one or  
1-31 more risk factors.  
1-32 (2) "Risk factors" means factors that make a child  
1-33 more likely to experience adverse experiences leading to negative  
1-34 consequences, including preterm birth, poverty, low parental  
1-35 education, having a teenaged mother or father, poor maternal  
1-36 health, and parental underemployment or unemployment.  
1-37 Sec. 531.982. ESTABLISHMENT OF TEXAS HOME VISITING PROGRAM.  
1-38 (a) The commission shall create a strategic plan to serve at-risk  
1-39 pregnant women and families with children under the age of six  
1-40 through home visiting programs that improve outcomes for parents  
1-41 and families.  
1-42 (b) A pregnant woman or family is considered at-risk for  
1-43 purposes of this section and may be eligible for voluntary  
1-44 enrollment in a home visiting program if the woman or family is  
1-45 exposed to one or more risk factors.  
1-46 (c) The commission may determine if a risk factor or  
1-47 combination of risk factors experienced by an at-risk pregnant  
1-48 woman or family qualifies the woman or family for enrollment in a  
1-49 home visiting program.  
1-50 Sec. 531.983. TYPES OF HOME VISITING PROGRAMS. (a) A home  
1-51 visiting program is classified as either an evidence-based program  
1-52 or a promising practice program.  
1-53 (b) An evidence-based program is a home visiting program  
1-54 that:  
1-55 (1) is research-based and grounded in relevant,  
1-56 empirically based knowledge and program-determined outcomes;  
1-57 (2) is associated with a national organization,  
1-58 institution of higher education, or national or state public health  
1-59 institute;  
1-60 (3) has comprehensive standards that ensure  
1-61 high-quality service delivery and continuously improving quality;

2-1 (4) has demonstrated significant positive short-term  
 2-2 and long-term outcomes;  
 2-3 (5) has been evaluated by at least one rigorous  
 2-4 randomized controlled research trial across heterogeneous  
 2-5 populations or communities, the results of at least one of which has  
 2-6 been published in a peer-reviewed journal;  
 2-7 (6) follows with fidelity a program manual or design  
 2-8 that specifies the purpose, outcomes, duration, and frequency of  
 2-9 the services that constitute the program;  
 2-10 (7) employs well-trained and competent staff and  
 2-11 provides continual relevant professional development  
 2-12 opportunities;  
 2-13 (8) demonstrates strong links to other  
 2-14 community-based services; and  
 2-15 (9) ensures compliance with home visiting standards.

2-16 (c) A promising practice program is a home visiting program  
 2-17 that:

2-18 (1) has an active impact evaluation program or can  
 2-19 demonstrate a timeline for implementing an active impact evaluation  
 2-20 program;

2-21 (2) has been evaluated by at least one outcome-based  
 2-22 study demonstrating effectiveness or a randomized controlled trial  
 2-23 in a homogeneous sample;

2-24 (3) follows with fidelity a program manual or design  
 2-25 that specifies the purpose, outcomes, duration, and frequency of  
 2-26 the services that constitute the program;

2-27 (4) employs well-trained and competent staff and  
 2-28 provides continual relevant professional development  
 2-29 opportunities;

2-30 (5) demonstrates strong links to other  
 2-31 community-based services; and

2-32 (6) ensures compliance with home visiting standards.

2-33 Sec. 531.984. FUNDING. (a) The commission shall ensure  
 2-34 that at least 75 percent of funds appropriated for home visiting  
 2-35 programs are used in evidence-based programs, with any remaining  
 2-36 funds dedicated to promising practice programs.

2-37 (b) The commission shall actively seek and apply for any  
 2-38 available federal funds to support home visiting programs,  
 2-39 including federal funds from the Temporary Assistance for Needy  
 2-40 Families program.

2-41 (c) The commission may accept gifts, donations, and grants  
 2-42 to support home visiting programs.

2-43 Sec. 531.985. OUTCOMES. The commission shall ensure that a  
 2-44 home visiting program achieves favorable outcomes in at least two  
 2-45 of the following areas:

2-46 (1) improved maternal or child health outcomes;

2-47 (2) improved cognitive development of children;

2-48 (3) increased school readiness of children;

2-49 (4) reduced child abuse, neglect, and injury;

2-50 (5) improved child safety;

2-51 (6) improved social-emotional development of  
 2-52 children;

2-53 (7) improved parenting skills, including nurturing  
 2-54 and bonding;

2-55 (8) improved family economic self-sufficiency;

2-56 (9) reduced parental involvement with the criminal  
 2-57 justice system; and

2-58 (10) increased father involvement and support.

2-59 Sec. 531.986. EVALUATION OF HOME VISITING PROGRAM.  
 2-60 (a) The commission shall adopt outcome indicators to measure the  
 2-61 effectiveness of a home visiting program in achieving desired  
 2-62 outcomes.

2-63 (b) The commission may work directly with the model  
 2-64 developer of a home visiting program to identify appropriate  
 2-65 outcome indicators for the program and to ensure that the program  
 2-66 demonstrates fidelity to its research model.

2-67 (c) The commission shall develop internal processes to work  
 2-68 with home visiting programs to share data and information to aid in  
 2-69 making relevant analysis of the performance of a home visiting

3-1 program.

3-2 (d) The commission shall use data gathered under this  
3-3 section to monitor, conduct ongoing quality improvement on, and  
3-4 evaluate the effectiveness of home visiting programs.

3-5 Sec. 531.987. INITIAL REPORT. (a) Not later than December  
3-6 1, 2014, the commission shall prepare and submit a report on  
3-7 state-funded home visiting programs to the Senate Committee on  
3-8 Health and Human Services and the House Human Services Committee or  
3-9 their successors.

3-10 (b) The report submitted under this section must include:

3-11 (1) the status of the implementation process,  
3-12 including a description of home visiting programs being implemented  
3-13 and the associated models; and

3-14 (2) data on the number of families being served and  
3-15 their demographic information.

3-16 (c) This section expires January 1, 2015.

3-17 Sec. 531.9871. REPORTS TO LEGISLATURE. (a) Not later than  
3-18 December 1 of each even-numbered year, the commission shall prepare  
3-19 and submit a report on state-funded home visiting programs to the  
3-20 Senate Committee on Health and Human Services and the House Human  
3-21 Services Committee or their successors.

3-22 (b) A report submitted under this section must include:

3-23 (1) a description of home visiting programs being  
3-24 implemented and the associated models;

3-25 (2) data on the number of families being served and  
3-26 their demographic information;

3-27 (3) the goals and achieved outcomes of home visiting  
3-28 programs;

3-29 (4) data on cost per family served, including  
3-30 third-party return-on-investment analysis, if available; and

3-31 (5) data explaining what percentage of funding has  
3-32 been used on evidence-based programs and what percentage of funding  
3-33 has been used on promising practice programs.

3-34 Sec. 531.988. RULES. The commission may adopt rules as  
3-35 necessary to implement this subchapter.

3-36 SECTION 2. (a) Except as provided by Subsection (b) of  
3-37 this section, this Act takes effect September 1, 2013.

3-38 (b) Section 531.9871, Government Code, as added by this Act,  
3-39 takes effect January 15, 2015.

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