For purposes of Subsection (a), a case is considered to be a less serious case of abuse or neglect if the circumstances of the case do not indicate an immediate risk of abuse or neglect that could result in the death of or serious harm to the child who is the subject of the case.

The classification [under the flexible response system] of a case may be changed as warranted by the circumstances.

An alternative response to a report of abuse or neglect must include:

1. a safety assessment of the child who is the subject of the report;
2. an assessment of the child’s family; and
3. in collaboration with the child’s family, identification of any necessary and appropriate service or support to reduce the risk of future harm to the child.

An alternative response to a report of abuse or neglect may not include a formal determination of whether the alleged abuse or neglect occurred.

The department may implement the alternative [flexible] response in one or more of the department’s administrative regions before implementing the system statewide [system by establishing a pilot program in a single department service region]. The department shall study the results of the system in the regions where the system has been implemented [region] in determining the method by which to implement the system statewide.

SECTION 2. Not later than December 1, 2013, the executive commissioner of the Health and Human Services Commission shall adopt the rules necessary to implement Section 261.3015, Family Code, as amended by this Act.

SECTION 3. This Act takes effect September 1, 2013.

Passed the Senate on April 4, 2013: Yeas 30, Nays 0; passed the House on May 15, 2013: Yeas 145, Nays 0, two present not voting.

Approved June 14, 2013.

Effective September 1, 2013.

CHAPTER 421

S.B. No. 426

AN ACT

relating to a home visiting program for at-risk families.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. Chapter 531, Government Code, is amended by adding Subchapter X to read as follows:

SUBCHAPTER X. TEXAS HOME VISITING PROGRAM

Sec. 531.981. DEFINITIONS. In this subchapter:

(1) “Home visiting program” means 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.

(2) “Risk factors” means 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.

Sec. 531.982. ESTABLISHMENT OF TEXAS HOME VISITING PROGRAM. (a) The commission shall 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) 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) The commission may 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) A home visiting program is classified as either an evidence-based program or a promising practice program.

(b) An evidence-based program is a home visiting program that:

(1) is research-based and grounded in relevant, empirically based knowledge and program-determined outcomes;

(2) is associated with a national organization, institution of higher education, or national or state public health institute;

(3) has comprehensive standards that ensure high-quality service delivery and continuously improving quality;

(4) has demonstrated significant positive short-term and long-term outcomes;

(5) has been evaluated by at least one rigorous randomized controlled research trial across heterogeneous populations or communities, the results of at least one of which has been published in a peer-reviewed journal;

(6) follows with fidelity a program manual or design that specifies the purpose, outcomes, duration, and frequency of the services that constitute the program;

(7) employs well-trained and competent staff and provides continual relevant professional development opportunities;

(8) demonstrates strong links to other community-based services; and

(9) ensures compliance with home visiting standards.

(c) A promising practice program is a home visiting program that:

(1) has an active impact evaluation program or can demonstrate a timeline for implementing an active impact evaluation program;

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

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

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

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

(6) ensures compliance with home visiting standards.

Sec. 531.984. FUNDING. (a) The commission shall 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) The commission shall 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) The commission may accept gifts, donations, and grants to support home visiting programs.

Sec. 531.985. OUTCOMES. The commission shall 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) The commission shall adopt outcome indicators to measure the effectiveness of a home visiting program in achieving desired outcomes.

(b) The commission may 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) The commission shall 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) The commission shall 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) Not later than December 1, 2014, the commission shall 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.

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

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

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

(c) This section expires January 1, 2015.

Sec. 531.9871. REPORTS TO LEGISLATURE. (a) Not later than December 1 of each even-numbered year, the commission shall 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.

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

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

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

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

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

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

Sec. 531.988. RULES. The commission may adopt rules as necessary to implement this subchapter.

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

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

Passed the Senate on March 13, 2013: Yeas 31, Nays 0; passed the House on May 14, 2013: Yeas 139, Nays 4, two present not voting.

Approved June 14, 2013.

Effective September 1, 2013, except as provided in § 2(b).