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FIRST ENGROSSMENT

Sixty-third Legislative Assembly of North Dakota

ENGROSSED SENATE BILL NO. 2256

Introduced by

Senators Dever, J. Lee, Mathern

Representatives J. Nelson, Boe, M. Nelson

- 1 A BILL for an Act to provide for the establishment of a home visitation program for families with
- 2 young children and for pregnant women.

3 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

- 4 SECTION 1.
- 5 **Definitions.**
- 6 As used in this Act:
- 7 <u>1. "Departments" means the state department of health, the department of human</u> 8 services, and the superintendent of public instruction.
- 9 <u>2. "Evidence-based program" means a home visitation program as described in section 3</u> 10 of this Act.
- 11 <u>3.</u> "Home visitation" means a voluntary service delivery strategy that is carried out in
- 12 <u>relevant settings, primarily in the homes of families with children between the ages of</u>
- 13 <u>zero to five and pregnant women.</u>
- 4. "Home visiting system" means the infrastructure and programs that support and
 provide home visitation.
- 16 <u>5.</u> "Promising program" means a home visitation program as described in section 3 of
 this Act.
- 18 **SECTION 2.**
- 19 <u>Home visitation program requirements.</u>
- 20 <u>1. The departments shall support only home visitation programs that include periodic</u>
- 21 <u>home visits intended to improve the health, well-being, and self-sufficiency of parents</u>
- and their children.

1	<u>2.</u>	Home visitation programs provided for under this Act must provide face-to-face visits		
2		<u>by n</u>	nurses, social workers, and other early childhood and health professional or trained	
3		and	supervised paraprofessionals.	
4	<u>3.</u>	Hon	ne visitation programs provided for under this Act must do one or more of the	
5		follo	wing:	
6		<u>a.</u>	Work to improve maternal, infant, or child health outcomes, including the	
7			reduction of preterm births.	
8		<u>b.</u>	Promote positive parenting practices.	
9		<u>C.</u>	Build healthy parent and child relationships.	
10		<u>d.</u>	Enhance social-emotional development.	
11		<u>e.</u>	Support comprehensive development of children.	
12		<u>f.</u>	Improve the health of the family.	
13		<u>g.</u>	Empower families to be self-sufficient.	
14		<u>h.</u>	Reduce and prevent child maltreatment and injury.	
15		<u>i.</u>	Increase school readiness.	
16		<u>j.</u>	Provide developmental screening.	
17		<u>k.</u>	Provide referrals to community resources as needed.	
18	SEC	CTION 3.		
19	<u>Hon</u>	me visitation program criteria - Evidence-based.		
20	<u>The</u>	e departments shall support only home visitation programs that are either:		
21	<u>1.</u>	<u>Evic</u>	dence-based programs that are based on a clear, consistent program or model that	
22		are,	or do all of the following:	
23		<u>a.</u>	Are linked to program-determined outcomes and have comprehensive home	
24			visitation standards that ensure continuous quality improvement;	
25		<u>b.</u>	Have been evaluated using rigorous randomized controlled research designs and	
26			the evaluation results have been published in a peer-reviewed journal, or are	
27			based on quasi-experimental research using two or more separate, comparable	
28			client samples;	
29		<u>C.</u>	Follow a program manual or design that specifies the purpose, outcomes,	
30			duration, and frequency of service which constitute the program;	

1		<u>d.</u>	Employ well-trained and competent staff and provide continual professional		
2			development relevant to the specific program model being delivered;		
3		<u>e.</u>	Demonstrate strong links to other community-based services;		
4		<u>f.</u>	Operate within an organization that ensures compliance with home visitation		
5			standards; and		
6		<u>g.</u>	Operate with fidelity to the program or model; or		
7	<u>2.</u>	Pro	mising programs that do not meet the criteria of evidence-based programs but are,		
8		<u>or d</u>	o all of the following:		
9		<u>a.</u>	Have data or evidence demonstrating effectiveness at achieving positive		
10			outcomes for pregnant women, infants, children, or their families. There must be		
11			an active evaluation of each promising program, or there must be a		
12			demonstration of a plan and timeline for that evaluation. The timeline must		
13			include a projected timeframe for transition from a promising program to an		
14			evidence-based program;		
15		<u>b.</u>	Follow a manual or design that specifies the program's purpose, outcomes,		
16			duration, and frequency of service;		
17		<u>C.</u>	Employ well-trained and competent staff and provide continual professional		
18			development relevant to the specific program model being delivered;		
19		<u>d.</u>	Demonstrate strong links to other community-based services;		
20		<u>e.</u>	Operate within an organization that ensures compliance with home visitation		
21			standards; and		
22		<u>f.</u>	Operate with fidelity to the program model.		
23	SECTION 4.				
24	Exceptions to home visiting program requirement.				
25	<u>The</u>	e requirements for a home visiting program under this Act do not apply to:			
26	<u>1.</u>	A pr	rogram that provides a one-time home visit or infrequent home visits, such as a		
27		hom	ne visit for a newborn child or a child in preschool;		
28	<u>2.</u>	The	services and supports provided under the North Dakota early intervention system,		
29		whic	ch is regulated by part C of the federal Individuals with Disabilities Education Act		
30		[20	<u>U.S.C. 1400 et seq]; or</u>		

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<u>3.</u>

<u>4.</u>

1 Various care coordinators and case managers that meet with a family in the family's 2 home or other community settings. 3 **SECTION 5.** 4 **Departments to adopt processes - Requirements of contracts and funding** 5 agreements. 6 <u>1.</u> The departments shall develop internal processes that provide for a greater ability to 7 collaborate and share relevant home visiting data and information. The processes may 8 include a uniform format for the collection of data relevant to each home visiting model 9 and the development of common contract or grant language related to voluntary home 10 visiting programs. 11 Each state agency that authorizes funds through payments, contracts, or grants that 12 are used for home visitation must include language regarding home visitation in its 13 contract or funding agreement that is consistent with this Act. 14 **SECTION 6.** 15 Annual collaborative report - Requirements. 16 By January fifteenth of each odd-numbered year, the departments shall provide a 17 collaborative report on home visitation to the house and senate human services committees of 18 the legislative assembly, the state department of health, and the department of human services. 19 The report required under this section must include: 20 The goals and achieved outcomes of the home visiting system with data on cost per <u>1.</u> 21 family served, number of families served, and demographic data on families served; 22 The number of evidence-based programs that shall include the total as well as a 2. 23 percentage of overall funding for home visiting:

The number of promising programs which must include the total as well as a

percentage of overall funding for home visiting; and

Model descriptions and model-specific outcomes.