

**PUBLIC HEALTH DEPARTMENT[641]**

**Adopted and Filed**

**Rule making related to healthy families Iowa program administration**

The Public Health Department hereby amends Chapter 87, “Healthy Families Iowa (HFI),” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 135.106 and 2019 Iowa Acts, House File 766, section 3.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 135.106 and 2019 Iowa Acts, House File 766, section 3.

*Purpose and Summary*

This amendment updates the rules for the Healthy Opportunities for Parents to Experience Success—Healthy Families Iowa (HOPES-HFI) program administration as required by 2019 Iowa Acts, House File 766, section 3. House File 766 changed the application to a competitive bidding process for HOPES-HFI funding. This amendment also includes technical cleanup based upon the Healthy Families America model.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on January 15, 2020, as **ARC 4859C**. No public comments were received. The Department made minor changes to the wording of the definitions of “family support program” and “home visitation” to align with standard definition wording styles. In addition, the last word in subrule 87.5(1) was changed from “initiation” to “execution.”

*Adoption of Rule Making*

This rule making was adopted by the State Board of Health on March 11, 2020.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to the Department’s waiver and variance provisions contained in 641—Chapter 178.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or

group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

*Effective Date*

This rule making will become effective on May 13, 2020.

The following rule-making action is adopted:

Amend rules 641—87.1(135) to 641—87.5(135) as follows:

**641—87.1(135) Purpose.** These rules are intended to establish standards for the healthy families Iowa (HFI) program, a family support program that provides services to families and children during the prenatal to ~~preschool years~~ period through three years of age through home visitation. This program shall be identified as healthy opportunities for parents to experience success—healthy families Iowa (HOPES-HFI). The HOPES-HFI program is intended to promote optimal child health and development; improve family coping skills and functioning; promote positive parenting skills and intrafamilial parent-child interaction; and prevent child abuse and neglect and infant mortality and morbidity. These rules outline the process by which the department ~~assists the Iowa empowerment board in managing contracting for~~ manages HOPES-HFI funds.

**641—87.2(135) Definitions.** For the purpose of these rules, the following terms shall have the meaning indicated in this rule:

*“Accreditation”* means national recognition of compliance with Healthy Families America standards through a peer review process.

*“Applicant”* means a governmental or nonprofit agency that ~~received grant funds in the previous fiscal year,~~ is fully accredited by Healthy Families America (HFA) or in the process of HFA accreditation, and applies to the department during a competitive year. In any year in which expansion funds are available for the HOPES-HFI program, the department shall award new grants, subject to annual renewal, to selected applicants in a competitive process.

*“At-risk community”* means a county or group of counties that are identified as at risk in the most recently available needs assessment conducted by the department.

*“Competitive grant”* means the competitive grant application process to determine the grant awards for a project period.

*“Contractor”* means a governmental or nonprofit agency that holds a contract with the department to provide HOPES-HFI services.

*“Department”* means the Iowa department of public health.

*“Family support”* means ~~community-based services to promote the well-being of children and families.~~

~~1. Family support programs have the following characteristics:~~

~~● Family driven, meaning there is a true partnership with families.~~

~~● Comprehensive, flexible, and individualized for each family based on the family's culture, needs, values and preferences.~~

~~● Build on strengths to increase the stability of family members and the family unit.~~

~~● Utilize informal and formal support networks.~~

~~2. Family support programs produce the following results:~~

~~● Increased parent confidence and competence in parenting abilities.~~

~~● Safe, stable, and supportive families who are connected to their communities.~~

~~● Enhanced health, growth, and development of children and adults in the family unit.~~

*“Family support program”* means group-based parent education or home visiting programs that are designed to strengthen protective factors, including parenting skills, increasing parental knowledge of child development, and increasing family functioning and problem-solving skills. A family support program may be used as an early intervention strategy to improve birth outcomes, parental knowledge,

family economic success, the home learning environment, family and child involvement with others, and coordination with other community resources. A family support program may have a specific focus on preventing child maltreatment or ensuring children are safe, healthy, and ready to succeed in school.

*“Healthy Families America”* or *“HFA”* means a ~~research-based~~ evidence-based national program model designed to help ~~overburdened~~ at-risk families. HFA is a family support program that provides services to families and children during the prenatal to preschool years period through three years of age through home visitation.

*“Healthy families Iowa”* or *“HFI”* means the state family support program that provides services to families and children during the prenatal to preschool years period through three years of age through home visitation utilizing the Healthy Families America model.

*“Home visitation”* means a face-to-face ~~interaction that occurs between the participant(s) and home visitor.~~ The goals of the home visit are to promote positive parent-child interaction and healthy childhood growth and development and to enhance family functioning. Typically, home visits occur in the home, lasting a minimum of an hour, and the child is present. visit with a family in their home, or other alternate location, to facilitate meeting the family’s goals. Home visitation is a strategy to deliver family support or parent education services. Temporary use of an alternate location may happen when meeting in the family home presents safety concerns for the worker or the family or on rare occasions to facilitate meeting the program’s outcomes such as medical appointments or school staffing. Home visitation typically lasts one hour and is provided in person. The use of telephonic or other media to communicate with the family does not substitute for home visitation.

*“HOPES-HFI”* means the healthy opportunities for parents to experience success—healthy families Iowa program. The HOPES-HFI program is intended to promote optimal child health and development; improve family coping skills and functioning; promote positive parenting skills and ~~intrafamilial~~ parent-child interaction; and prevent child abuse and neglect and infant mortality and morbidity.

*“Nonprofit”* means an entity that meets the requirement for tax-exempt status under Internal Revenue Code Section 501(c)(3) or 501(c)(4).

*“Participant”* means a family voluntarily enrolled in and receiving services from the program.

*“Project period”* means the period of time the department intends to support the project without requiring competition for funds.

**641—87.3(135) Applicant eligibility.** Governmental or nonprofit agencies that ~~received grant funds in the previous fiscal year,~~ are fully accredited by HFA, and or in the process of accreditation by HFA are eligible to apply to the department during a competitive year and are eligible applicants for funding. The purpose of the applications is to administer HOPES-HFI services for a specified project period in an at-risk community, as defined in the request for proposals, with an annual continuation application.

**641—87.4(135) Participant eligibility.** Families must meet the following requirements to be eligible to participate in the HOPES-HFI program: (1) A family member is pregnant or the family has a child aged birth to ~~five years~~ through three years; and (2) The family is determined to be eligible for enrollment according to a universal risk assessment as defined by HFA standards; and (3) The family resides within the at-risk community.

**641—87.5(135) Program requirements.** Contractors shall meet the following minimum program requirements:

**87.5(1) Accreditation.** Contractors shall comply with Healthy Families America (HFA) standards and maintain HFA ~~or Council on Accreditation (COA)~~ accreditation status. HOPES-HFI contractors will be required to submit evidence of reaccreditation reports to the department within 30 days of receipt. Applicants that are not fully accredited with HFA at the time of application must become accredited within three years of the initial contract execution.

**87.5(2) Participant identification.** Contractors shall collaborate with health care, human services, education, and other partners serving pregnant women and women of childbearing age to identify families who are at risk in order to promote positive birth and parenting outcomes.

**87.5(3) *Standardized tools.*** Contractors shall utilize standardized tools approved by the department to assess and reassess a participant's risk status and achievements and the appropriate level of service.

**87.5(4) *Quality assessment and improvement.*** Contractors shall develop a process for annual program evaluation. The process shall include the following:

*a.* The outcome of the program evaluation shall be reviewed by the program's governing or advisory board with recommendations made for program improvement.

*b.* The evaluation shall demonstrate the effectiveness of the program through program outcomes, including acceptance and retention rates.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/8/20.