

VOLUNTARY HOME VISITING PROGRAMS

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House Bill 5572 (Substitute H-1)

Sponsor: Rep. Lisa Posthumus Lyons

Committee: Families, Children, and Seniors

Complete to 5-31-12

A SUMMARY OF HOUSE BILL 5572 AS REPORTED FROM COMMITTEE ON 5-29-12

The bill would create a new act aimed at supporting voluntary home visitation programs that include periodic home visits to improve the health, well-being, and self-sufficiency of parents and their children.

The term "home visitation" would be defined to mean a voluntary service delivery strategy that is carried out in relevant settings, primarily in the homes of families with children ages 0 to 5 and pregnant women.

The state departments of Community Health, Humans Services, and Education would be required to support such programs, which would have to provide culturally appropriate, face-to-face visits by nurses, social workers, and other early childhood and health professionals or trained and supervised lay workers.

Under the bill, the home visitation programs being supported would have to do one or more of the following:

- Work to improve maternal, infant, or child health outcomes, including reducing preterm births.
- Promote positive parenting practices.
- Build healthy parent and child relationships.
- Enhance social-emotional development.
- Support cognitive development of children.
- Improve the health of the family.
- Empower families to be self-sufficient.
- Reduce child maltreatment and injury.
- Increase school readiness.

The home visitation programs supported by the departments must be either (1) evidence-based programs based on a clear, consistent program or model; or (2) promising programs that meet certain criteria (as described later).

Evidence-based programs

The evidence-based programs must do or be all of the following:

- Research-based and grounded in relevant, empirically based knowledge. Evidence-based programs are linked to program-determined outcomes and are associated with a national organization, or institution of higher education or national or state public health institute. Evidenced-based-programs have comprehensive home visitation standards that ensure high-quality service delivery and continuous quality improvement, have demonstrated significant, positive outcomes, and have been evaluated using rigorous randomized controlled research designs, and the evaluation result published in a peer-reviewed journal, based on quasi-experimental research using two or more separate, comparable client samples.
- Follow a program manual or design that specifies the purpose, outcomes, duration and frequency of service that constitute the program.
- Employ well-trained and competent staff and provide continual professional development relevant to the specific program model.
- Demonstrate strong links to other community-based services;
- Operate within an organization that ensures compliance with home visitation standards
- Operate with fidelity to the program or model.

Promising programs

"Promising programs" supported by the department are programs that do not meet the above criteria but must be or do the following:

- Have data or evidence demonstrating effectiveness at achieving positive outcomes for pregnant women, infants, children, or their families. There would need to be an active evaluation of each promising program, or a demonstration of a plan and timeline for that evaluation. The timeline would need to include a projected time frame for transition from a promising program to an evidence-based program.
- Follow a manual or design that specifies the program's purpose, outcomes, duration and frequency of service.
- Employ well-trained and competent staff and provide continual professional development relevant to the specific program or model.
- Demonstrate strong links to other community-based services.
- Operate within an organization that ensure compliance with home visitation standards,
- Operate with fidelity to the program or model.

Exemptions

The act would not apply to programs that provide early intervention services under part C of the Individual with Disabilities Education Act, or programs that provide a one-time home visit or infrequent home visits, such as those for a newborn or a child in preschool.

Development of Internal Processes/Administrative Rules

The departments would be required to develop internal processes that provide for a greater ability to collaborate and share relevant home visiting data and information. The process could include a uniform format for the collection of data relevant to each home visiting model and the development of common contract or grant language related to the programs. The departments could also promulgate rules under the Administrative Procedures Act as necessary to implement the act.

Authorized Funds

Each state agency that authorizes funds through payments, contracts, or grants used for home visitation would need to include language regarding home visitation in its contract or funding agreement consistent with the provisions of the new act to be created by House Bill 5572.

Annual Report

No later than December 1, 2013, and December 1 of each fiscal year thereafter, the department would have to provide a collaborative report on home visiting to the House and Senate Appropriations subcommittees on the Department of Community Health, State School Aid, and the Department of Human Services, the State Budget Director, and the House and Senate Fiscal Agencies. The report provided could include model-specific data and include the goals and outcomes of funded programs with data on the following: cost per family; the number of families served; demographic data on the families served; and the number of evidence-based programs and promising programs, including for each category, the total as well as a percentage of overall funding for home visiting.

FISCAL IMPACT:

DHS

House Bill 5572 could result in minimal, one-time administrative costs to the Department of Human Services (DHS) to revise current contracts, policies, and data reporting requirements. DHS currently supports in-home, family preservation program contracts that seek to ensure that needy families can care for their children in their own homes. The amount of funding allocated for family preservation programs is established by the Legislature during the annual appropriations process. Current boilerplate in the annual DHS appropriations act requires DHS to both use performance-based contracts with measurable performance indicators and provide an annual report that includes (1) the average cost per recipient, (2) measurable performance indicators, (3) measurable outcomes, and (4) innovations that may include savings or reductions in administrative costs. The most recent boilerplate report can be found here:

http://michigan.gov/documents/dhs/Family_Preservation_Programs_Report_383204_7.pdf

COMMUNITY HEALTH

House Bill 5572 as introduced has fiscal implications for the Michigan Department of Community Health (DCH), including costs to develop processes for sharing data and information between state departments, and to provide an annual report collaboratively with other state departments. The requirement to include language in any contracts for home visitation services that is consistent with this act may have an impact on programs currently funded and supported by DCH, discussed below.

HB 5572 does not stipulate that the Medicaid program be modified to meet the requirements of the bill, but services not currently provided may be included depending on funding and Centers for Medicare and Medicaid Services approval. Therefore, the fiscal impact for the Medicaid program is indeterminate.

The current fiscal year DCH budget includes public health home visiting and nurse family partnership program funding of \$5,794,200 Gross (\$1,500,000 GF/GP), with anticipation of an additional \$3.7 million of federal funding available, but yet to be authorized for expenditure. The funds include \$3.0 million Gross (\$1.5 million GF/GP) new in this fiscal year for nurse family partnership programs, and \$2.2 million for home visiting programs from the federal Patient Protection and Affordable Care Act (ACA). That grant is increased to \$4.3 million in the FY 2012-13 proposed budget based on the increased federal award. Some of these funds have been used to support the 5 local nurse family partnership programs that were supported with state and federal funds through the DCH budget until Fiscal Year 2009-10 when the state funding was vetoed by the Governor.

It is not known whether this bill would conflict with any of the currently funded and supported programs, or with the parameters and requirements of the federal ACA home visiting program grant.

POSITIONS:

Early Childhood Investment Corp supports the bill. (5-22-12)

Fight Crime: Invest in Kids Michigan supports the bill. (5-22-12)

Genesee County Health Department supports the bill. (5-22-12)

Grand Rapids Chamber supports the bill. (5-22-12)

Ionia County Sheriff testified in support of the bill. (5-22-12)

March of Dimes supports the bill. (5-22-12)

Michigan Association of United Ways supports the bill. (5-22-12)

Michigan's Children supports the bill. (5-22-12)

Michigan Chapter Academy of Pediatrics supports the bill. (5-22-12)

Michigan Council for Maternal and Child Health testified in support of the bill. (5-22-12)

Michigan League for Human Services supports the bill. (5-22-12)

Representatives of Strong Beginnings Program testified in support of the bill. (5-22-12)

Washtenaw County Prosecutor testified in support of the bill. (5-22-12)

Legislative Analyst: E. Best
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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.