

SENATE SUBSTITUTE FOR
HOUSE BILL NO. 5572

A bill to support voluntary home visitation programs; to authorize the promulgation of rules regarding home visitation programs; and to prescribe the powers and duties of certain state departments and agencies.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 1. As used in this act:

2 (a) "Departments" means the department of community health,
3 the department of human services, and the department of education.

4 (b) "Evidence-based program" means a home visitation program
5 described in section 3.

6 (c) "Home visitation" means a voluntary service delivery
7 strategy that is carried out in relevant settings, primarily in the
8 homes of families with children ages 0 to 5 years and pregnant
9 women.

House Bill No. 5572 as amended June 12, 2012
as amended June 14, 2012

(d) "Home visiting system" means the infrastructure and programs that support and provide home visitation.

(e) "Promising program" means a home visitation program described in section 3.

Sec. 2. (1) The departments shall only support home visitation programs that include periodic home visits to improve the health, well-being, and self-sufficiency of parents and their children.

(2) Home visitation programs supported under this act shall provide [<< >>] face-to-face visits by nurses, social workers, and other early childhood and health professionals or trained and supervised lay workers.

(3) Home visitation programs supported under this act shall do 1 or more of the following:

(a) Work to improve maternal, infant, or child health outcomes including reducing preterm births.

(b) Promote positive parenting practices.

(c) Build healthy parent and child relationships.

(d) Enhance social-emotional development.

(e) Support cognitive development of children.

(f) Improve the health of the family.

(g) Empower families to be self-sufficient.

(h) Reduce child maltreatment and injury.

(i) Increase school readiness.

Sec. 3. The departments shall only support home visitation programs that are either of the following:

(a) Evidence-based programs that are based on a clear, consistent program or model that are or do all of the following:

1 (i) Research-based and grounded in relevant, empirically based
2 knowledge. Evidence-based programs are linked to program-determined
3 outcomes and are associated with a national organization,
4 institution of higher education, or national or state public health
5 institute. Evidence-based programs have comprehensive home
6 visitation standards that ensure high-quality service delivery and
7 continuous quality improvement, have demonstrated significant,
8 sustained positive outcomes, and either have been evaluated using
9 rigorous randomized controlled research designs and the evaluation
10 results have been published in a peer-reviewed journal or are based
11 on quasi-experimental research using 2 or more separate, comparable
12 client samples.

13 (ii) Follow a program manual or design that specifies the
14 purpose, outcomes, duration, and frequency of service that
15 constitute the program.

16 (iii) Employ well-trained and competent staff and provide
17 continual professional development relevant to the specific program
18 model being delivered.

19 (iv) Demonstrate strong links to other community-based
20 services.

21 (v) Operate within an organization that ensures compliance
22 with home visitation standards.

23 (vi) Operate with fidelity to the program or model.

24 (b) Promising programs that do not meet the criteria of
25 evidenced-based programs but are or do all of the following:

26 (i) Have data or evidence demonstrating effectiveness at
27 achieving positive outcomes for pregnant women, infants, children,

1 or their families. There must be an active evaluation of each
2 promising program, or there must be a demonstration of a plan and
3 timeline for that evaluation. The timeline shall include a
4 projected time frame for transition from a promising program to an
5 evidence-based program.

6 (ii) Follow a manual or design that specifies the program's
7 purpose, outcomes, duration, and frequency of service.

8 (iii) Employ well-trained and competent staff and provide
9 continual professional development relevant to the specific program
10 model being delivered.

11 (iv) Demonstrate strong links to other community-based
12 services.

13 (v) Operate within an organization that ensures compliance
14 with home visitation standards.

15 (vi) Operate with fidelity to the program or model.

16 Sec. 4. This act does not apply to either of the following:

17 (a) A program that provides early intervention services under
18 part C of the individuals with disabilities education act, 20 USC
19 1431 to 1444.

20 (b) A program that provides a 1-time home visit or infrequent
21 home visits, such as a home visit for a newborn child or a child in
22 preschool.

23 Sec. 5. The departments shall develop internal processes that
24 provide for a greater ability to collaborate and share relevant
25 home visiting data and information. The processes may include a
26 uniform format for the collection of data relevant to each home
27 visiting model and the development of common contract or grant

1 language related to voluntary home visiting programs.

2 Sec. 6. Each state agency that authorizes funds through
3 payments, contracts, or grants that are used for home visitation
4 shall include language regarding home visitation in its contract or
5 funding agreement that is consistent with the provisions of this
6 act.

7 Sec. 7. The departments may promulgate rules under the
8 administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to
9 24.328, as necessary to implement this act.

10 Sec. 8. Not later than December 1, 2013 and December 1 of each
11 fiscal year after that, the departments shall provide a
12 collaborative report on home visitation to the house and senate
13 appropriations subcommittees on the department of community health,
14 state school aid, and the department of human services, to the
15 state budget director, and to the house and senate fiscal agencies.
16 The report provided under this section shall include, but not be
17 limited to, the goals and achieved outcomes of the home visiting
18 system with data on cost per family served, number of families
19 served, and demographic data on families served; the number of
20 evidence-based programs that shall include the total as well as a
21 percentage of overall funding for home visiting; and the number of
22 promising programs that shall include the total as well as a
23 percentage of overall funding for home visiting. The report shall
24 include model descriptions and model-specific outcomes.