

HOUSE BILL No. 5572

April 26, 2012, Introduced by Reps. Lyons, Haveman, Townsend, Ananich, Liss, Price, Hobbs, MacGregor, Shaughnessy, Jacobsen, Wayne Schmidt, Roy Schmidt, Kandrevas, Tlaib, Lane, Forlini and Walsh and referred to the Committee on Families, Children, and Seniors.

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.

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

Sec. 2. (1) The departments shall 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 culturally appropriate, 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 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:

(i) Research-based and grounded in relevant, empirically based knowledge. Evidence-based programs are linked to program-determined

1 outcomes and are associated with a national organization or
2 institution of higher education. Evidence-based programs have
3 comprehensive home visitation standards that ensure high-quality
4 service delivery and continuous quality improvement, have
5 demonstrated significant, positive outcomes, and either have been
6 evaluated using rigorous randomized controlled research designs and
7 the evaluation results have been published in a peer-reviewed
8 journal or are based on quasi-experimental research using 2 or more
9 separate, comparable client samples.

10 (ii) Follow a program manual or design that specifies the
11 purpose, outcomes, duration, and frequency of service that
12 constitute the program.

13 (iii) Employ well-trained and competent staff and provide
14 continual professional development relevant to the specific program
15 model being delivered.

16 (iv) Demonstrate strong links to other community-based
17 services.

18 (v) Operate within an organization that ensures compliance
19 with home visitation standards.

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

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

23 (i) Have data or evidence demonstrating effectiveness at
24 achieving positive outcomes for pregnant women, infants, children,
25 or their families. There must be an active evaluation of each
26 promising program, or there must be a demonstration of a plan and
27 timeline for that evaluation.

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

3 (iii) Employ well-trained and competent staff and provide
4 continual professional development relevant to the specific program
5 model being delivered.

6 (iv) Demonstrate strong links to other community-based
7 services.

8 (v) Operate within an organization that ensures compliance
9 with home visitation standards.

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

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

12 (a) A program that provides early intervention services under
13 part C of the individuals with disabilities education act, 20 USC
14 1431 to 1444.

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

18 Sec. 5. The departments shall develop internal processes that
19 provide for a greater ability to collaborate and share relevant
20 home visiting data and information. The processes may include a
21 uniform format for the collection of data relevant to each home
22 visiting model and the development of common contract or grant
23 language related to voluntary home visiting programs.

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

1 act.

2 Sec. 7. The departments may promulgate rules under the
3 administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to
4 24.328, as necessary to implement this act.

5 Sec. 8. Not later than December 1, 2013 and December 1 of each
6 fiscal year after that, the departments shall provide a
7 collaborative report on home visiting to the house and senate
8 appropriations subcommittees on the department of community health,
9 state school aid, and the department of human services, to the
10 state budget director, and to the house and senate fiscal agencies.
11 The report provided under this section may include model-specific
12 data and shall, at a minimum, include the goals and outcomes of
13 funded programs with data on cost per family, the number of
14 families served, demographic data on families served, the number of
15 evidence-based programs which shall include the total as well as a
16 percentage of overall funding for home visiting, and the number of
17 promising programs which shall include the total as well as a
18 percentage of overall funding for home visiting.