



Senate Fiscal Agency
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BILL



ANALYSIS

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House Bill 5572 (Substitute H-1 as passed by the House)
Sponsor: Representative Lisa Posthumus Lyons
House Committee: Families, Children, and Seniors
Senate Committee: Families, Seniors and Human Services

Date Completed: 6-6-12

CONTENT

The bill would create a new statute to provide for voluntary home visitation programs, primarily in the homes of families with children up to five years old and pregnant women. The bill would do all of the following:

- **Allow the Department of Community Health (DCH), the Department of Human Services (DHS), and the Michigan Department of Education (MDE) to support certain home visitation programs.**
- **Specify standards for supported home visitation programs.**
- **Require that supported home visitation programs be either evidence-based programs or promising programs, and establish criteria for each of those types of programs.**
- **Specify that the proposed statute would not apply to certain programs.**
- **Require the DCH, DHS, and MDE to develop internal processes to collaborate and share relevant information.**
- **Require State agencies that authorized funds used for home visitation to include language regarding home visitation in contracts or funding agreements.**
- **Require the DCH, DHS, and MDE to submit an annual report to certain legislative Appropriations subcommittees, the State Budget Director, and the Senate and House Fiscal Agencies.**

Departmental Support of Home Visitation Programs

The DCH, DHS, and MDE could support only home visitation programs that included periodic home visits to improve the health, well-being, and self-sufficiency of parents and their children. Supported home visitation programs would have to provide face-to-face visits by nurses, social workers, and other early childhood and health professionals or trained and supervised lay workers.

"Home visitation" would be defined as a voluntary service delivery strategy that is carried out in relevant settings, primarily in the homes of families with children ages zero to five years and pregnant women.

Supported home visitation programs 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.

Evidence-Based Programs & Promising Programs

The DCH, DHS, and MDE could support only home visitation programs that were either evidence-based programs based on a clear consistent program or model, or promising programs that did not meet the criteria of evidenced-based programs but met other specified criteria.

Evidence-based programs would have to be research-based and grounded in relevant, empirically based knowledge. The programs would have to be linked to program-determined outcomes and be associated with a national organization, institution of higher education, or national or state public health institute. They would have to have comprehensive home visitation standards that ensured high-quality service delivery and continuous quality improvement; have demonstrated significant, positive outcomes; and either have been evaluated using rigorous randomized controlled research designs with the evaluation results published in a peer-reviewed journal, or be based on quasi-experimental research using two or more separate, comparable client samples. Evidence-based programs also would have to do all of the following:

- Follow a program manual or design that specified the purpose, outcomes, duration, and frequency of service that constituted the program.
- Employ well-trained and competent staff and provide continual professional development relevant to the specific program model being delivered.
- Demonstrate strong links to other community-based services.
- Operate within an organization that ensured compliance with home visitation standards.
- Operate with fidelity to the program or model.

Promising programs would have to have data or evidence demonstrating effectiveness at achieving positive outcomes for pregnant women, infants, children, or their families. There would have to be an active evaluation of each promising program, or a demonstration of a plan and timeline for an evaluation. The timeline would have to include a projected time frame for transition from a promising program to an evidence-based program. Promising programs also would have to do all of the following:

- Follow a manual or design that specified 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 model being delivered.
- Demonstrate strong links to other community-based services.
- Operate within an organization that ensured compliance with home visitation standards.
- Operate with fidelity to the program or model.

Scope of the Statute

The proposed statute would not apply to either of the following:

- A program that provided early intervention services under Part C of the Federal Individuals with Disabilities Education Act.

- A program that provided a one-time home visit or infrequent home visits, such as a home visit for a newborn child or a child in preschool.

Department & Agency Responsibilities

The DCH, DHS, and MDE would have to develop internal processes that provided for a greater ability to collaborate and share relevant home visiting data and information. The processes could include a uniform format for the collection of data relevant to each home visiting model and the development of common contractor grant language related to voluntary home visiting programs.

Each State agency that authorized funds through payments, contracts, or grants that were used for home visitation would have to include language regarding home visitation in its contract or funding agreement that was consistent with the provisions of the proposed statute.

The Departments could promulgate rules, as necessary to implement the law.

Annual Report

By December 1, 2013, and each December 1 after that, the DCH, DHS, and MDE would have to give a collaborative report on home visiting to each of the following:

- The Senate and House Appropriations Subcommittees on the DCH, State School Aid, and the DHS.
- The State Budget Director.
- The Senate Fiscal Agency and the House Fiscal Agency.

The report could include model-specific data and would have to include at least all of the following:

- The goals and outcomes of funded programs with data on cost per family.
- The number of families served.
- Demographic data on families served.
- The number of evidence-based programs, including the total as well as a percentage of overall funding for home visiting.
- The number of promising programs, including the total as well as a percentage of overall funding for home visiting.

Legislative Analyst: Patrick Affholter

FISCAL IMPACT

Through the Children's Trust Fund grants, the DHS provides some indirect support for voluntary home visitation programs. In order to fully implement the provisions of the bill, the DHS could be required to revise the grant guidelines. The extent to which the grant guidelines currently follow the restrictions in the bill would determine the changes needed. The Children's Trust Fund could realize some minor administrative costs to revise the guidelines and update contracts.

Additionally, the DHS provides home visitation services through its family support programs for families that are in the child welfare system. Some of the participants are in the program on a voluntary basis, but in many cases, the parents are required to participate in the programs as a condition of family reunification. To the extent that the programs are voluntary, the bill could result in some administrative costs to revise current contracts and policies.

The DCH is already subject to boilerplate language that directs that at least 50% of funds allocated for voluntary in-home visiting services be used for programs such as those described in the bill. There are a number of DCH programs that are affected by the boilerplate and would be affected by the bill's provisions, including the Nurse Family Partnership and various Federal home visitation grants. As the legislation would not affect specific funding amounts, there would not be a programmatic fiscal impact on the DCH.

The DHS, DCH, and MDE would be required to develop internal processes for data collection and would have to report the information to the Legislature. These requirements would impose minor administrative costs on the Departments.

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.