

Act No. 291
Public Acts of 2012
Approved by the Governor
August 1, 2012
Filed with the Secretary of State
August 1, 2012

EFFECTIVE DATE: 91st day after final adjournment of 2012 Regular Session

**STATE OF MICHIGAN
96TH LEGISLATURE
REGULAR SESSION OF 2012**

Introduced by Reps. Lyons, Haveman, Townsend, Ananich, Liss, Price, Hobbs, MacGregor, Shaughnessy, Jacobsen, Wayne Schmidt, Roy Schmidt, Kandrevas, Tlaib, Lane, Forlini and Walsh

ENROLLED HOUSE BILL No. 5572

AN ACT 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:

Sec. 1. As used in this act:

- (a) "Departments" means the department of community health, the department of human services, and the department of education.
- (b) "Evidence-based program" means a home visitation program described in section 3.
- (c) "Home visitation" means a voluntary service delivery strategy that is carried out in relevant settings, primarily in the homes of families with children ages 0 to 5 years and pregnant women.
- (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:

(i) 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, institution of higher education, or national or state public health institute. Evidence-based programs have comprehensive home visitation standards that ensure high-quality service delivery and continuous quality improvement, have demonstrated significant, sustained positive outcomes, and either have been evaluated using rigorous randomized controlled research designs and the evaluation results have been published in a peer-reviewed journal or are based on quasi-experimental research using 2 or more separate, comparable client samples.

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

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

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

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

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

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

(i) Have data or evidence demonstrating effectiveness at achieving positive outcomes for pregnant women, infants, children, or their families. There must be an active evaluation of each promising program, or there must be a demonstration of a plan and timeline for that evaluation. The timeline shall include a projected time frame for transition from a promising program to an evidence-based program.

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

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

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

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

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

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

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

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

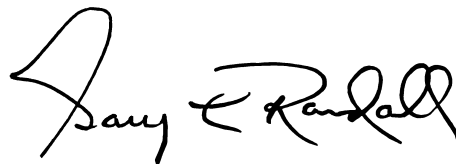
Sec. 5. The departments shall develop internal processes that provide for a greater ability to collaborate and share relevant home visiting data and information. The processes may include a uniform format for the collection of data relevant to each home visiting model and the development of common contract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

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

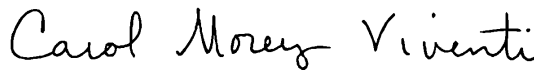
Sec. 7. The departments may promulgate rules under the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328, as necessary to implement this act.

Sec. 8. Not later than December 1, 2013 and December 1 of each fiscal year after that, the departments shall provide a collaborative report on home visitation to the house and senate appropriations subcommittees on the department of community health, state school aid, and the department of human services, to the state budget director, and to the house and senate fiscal agencies. The report provided under this section shall include, but not be limited to, the goals and

achieved outcomes of the home visiting system with data on cost per family served, number of families served, and demographic data on families served; the number of evidence-based programs that shall include the total as well as a percentage of overall funding for home visiting; and the number of promising programs that shall include the total as well as a percentage of overall funding for home visiting. The report shall include model descriptions and model-specific outcomes.



Clerk of the House of Representatives



Secretary of the Senate

Approved

Governor