MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN DEPARTMENT OF EDUCTION
MICHIGAN DEPARTMENT OF HUMAN SERVICES

ACT NO. 291 VOLUNTARY HOME VISITATION PROGRAMS
MARCH 28, 2013 – SEPTEMBER 30, 2013

I. INTRODUCTION

Public Act 291 of 2012 (PA 291 or, the Act) became law on August 1, 2012, and went into effect March 28, 2013. The 2013 fiscal year ended September 30, 2013, with the first legislative report due December 1, 2013. Due, in part, to reporting timeframes and the need to further build the home visiting system infrastructure, data necessary for a detailed report are unavailable at this time. This report offers information about the background and current status of state efforts, and notes the intent of creating a more robust report for the future.

II. BACKGROUND

Description of Home Visiting Initiative within Michigan

Early childhood is a time of tremendous growth and opportunity. But costly social problems such as child abuse and neglect, school failure, poverty, unemployment, and crime start early in a child's life. Michigan is turning to proven strategies, such as high quality home visiting, in an effort to prevent these social problems that may begin in early childhood. Home visiting is a voluntary service delivery program that connects trained professionals with vulnerable and at-risk mothers or families most in need of education, resources, coaching, and nurturing support.

Home visiting is a proven method of improving outcomes for families, which in turn benefits communities as a whole. Mothers are more likely to deliver healthy babies. Parents learn important and essential parenting skills during the critical period after birth. Children grow up healthier and better prepared to learn and become successful adults and productive members of their communities.

Michigan has provided prevention-focused home visiting services and programs for over 40 years. While there are many good home-visiting programs across the state funded through multiple state departments with state and federal dollars, the coordination of services, common definitions defining home visiting programs, and lack of accountability, remain challenges.

Enactment of the Voluntary Home Visitation Programs statute, created by PA 291 of 2012, strengthens Michigan's home visiting programs so that funding is directed to effective programs that rigorously document success in improving outcomes for children and families and that generate return on taxpayers' investments. PA 291 helps to create a framework for the development of a system of home visiting programs throughout the state, an important first step to ensuring that children and families receive high quality, outcome-based services by trained professionals that improve the health, well-being, and self-sufficiency of parents and their children.

Highlights of Public Act 291:

- Ensures that the Departments of Community Health, Human Services, and Education invest in voluntary home visiting programs that improve the health, well-being and self-sufficiency of parents and their children.
- Creates a definition of an evidence-based program based on a defined model and grounded in relevant, empirically-based knowledge.
- Creates a definition of promising programs that incorporates data or evidence demonstrating effectiveness at achieving positive outcomes and are either in the process of evaluation or have a plan to be evaluated.
- Requires affected departments to create an internal process that provides for greater collaboration and sharing of relevant home visiting data.
- Allows for promulgation of rules if necessary to implement the Act.
- Requires affected departments to provide a collaborative report on state- and federally-funded home visiting programs to the house and senate appropriations subcommittees of community health, state school aid, and human services, the state budget director and the house and senate fiscal agencies.

The Act established the first-ever statewide definitions of evidence-based programs and promising practices/approaches, creating a common and shared understanding of a home visiting program across state departments and within the state of Michigan, thus ensuring funding is directed to effective programs that have successfully undergone and/or are in the process of undergoing a rigorous program and outcome evaluation.

III. STATUS OF HOME VISITING IN MICHIGAN

In an effort to identify the status and scope of home visiting in Michigan, and determine the number and type of home visiting programs being implemented around the state, the Michigan Department of Community Health (MDCH) developed a simple, web-based, home-visiting database. The database lists the counties that are served by each program, as well as which model the programs are implementing, enabling MDCH to assess the status of home visiting according to the Prosperity Regions identified by Governor Snyder in 2013 (See Table 1). The database provides Michigan with an estimate of the numbers of home visiting programs, acknowledging that not all home visiting programs have chosen to enter information into the database. The database is currently undergoing improvements to ensure it is as accurate and comprehensive as possible, and captures exactly the information that is needed to describe the home visiting system in Michigan. Note that Table 1 is different from other data in this report in that it also encompasses home visiting programs that may be receiving funding from sources that do not flow through the state budget, such as direct federal-to-local funding, or private and local funding sources.

Evidence-Based Programs

Five models being implemented in Michigan meet the state classification of evidence-based home visiting models (Table 2). Public Act 291 defines evidence-based as a program that:

- Has 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 two or more separate, comparable client samples.
- Follows a program manual or design that specifies the purpose, outcomes, duration, frequency, or service.
- Demonstrates strong links to other community-based services.

- Operates with fidelity to the model being delivered.
- Operates within an organization that ensures compliance with home visitation standards.

During fiscal year 2013, there were five home visiting models in Michigan that met the state criteria for evidence-based models: Early Head Start Home Visiting, Healthy Families America, Nurse Family Partnership, and Parents as Teachers, and the Maternal Infant Health Program. All five of these models are being used in several areas of the state (Table 1).

Promising Approaches

One model meets the state classification of a promising practice (Table 3). PA 291 recognizes that promising practices may be in use that have not yet been validated through a rigorous evaluation process. Promising practices under Michigan's legislation must have:

- Data or evidence of effectiveness at achieving positive outcomes for pregnant women, children and infants or their families.
- An active evaluation or a demonstration of a plan and timeline for that evaluation. The timeline must include a projected timeline for transition to an evidence-based program.

One approach in Michigan has met the criteria of a promising practice: the Infant Mental Health program.

Fidelity

State legislation requires both evidence-based and promising practices to be grounded in empirical based knowledge, but also require fidelity to the model. All home visiting programs must follow the model developer's program design that specifies the purpose, outcomes, and duration, along with frequency of the services. No substantial modifications and changes can be made to the program model without compromising the effectiveness of the program and all programs receiving state or federal funds must adhere and commit to fidelity of the model as defined by the model developer. Local home visiting programs are at various stages in their understanding of the importance of fidelity to the model and both state and local agencies are exploring the means to address and monitor fidelity. Model fidelity creates a base for achieving quality service delivery, which in turn supports outcomes.

Home Visiting System

Michigan has historically provided prevention-focused home visiting services with no administrative structure or strategic plan. Michigan's Home Visiting Initiative is being designed to both build the home visiting system and capacity in the state and to integrate the home visiting system within the broader comprehensive early childhood system. Michigan's Home Visiting Initiative will work toward a common vision and strategic plan by engaging partners in a collaborative process to plan and implement the Maternal, Infant, Early Childhood Home Visiting (MIECHV) grant and other resources by developing and implementing policies, procedures, standards, and funding to support common goals. The Home Visiting Initiative will also strengthen the State's home visiting infrastructure and improve the quality of the State's home visiting system by supporting the use of evidence-based model programs and ensuring that model programs are delivered with fidelity. The State's Home Visiting Initiative will lead to positive outcomes for children and families by improving child health and safety, supporting healthy development, reducing family violence, improving maternal child health, and encouraging economic self-sufficiency.

The goals of Michigan's Home Visiting Initiative are to create a family-centered, evidence-based, data-driven home visiting system that will improve the health and well-being of families and children in high

need communities while creating a well-integrated, comprehensive, high quality early childhood system that will improve the health and well-being of families and children in all communities.

Michigan is still developing the capacity to collect standardized data across models and funding sources. Demographic data of families enrolled in home visiting programs, as well as the number of families served by home visiting programs, are not available for the 2013 fiscal year.

Federal and State Funding Collaboration

The MIECHV program is a federally funded program that has recently garnered significant attention. In Michigan, the MIECHV funding is administered by the Michigan Department of Community Health, the agency designated for oversight of Title V Maternal and Child Health Services Block Grant for the state. MIECHV funding has a role in the state that is contained and well defined. It was provided to states as a strategic addition of funds to assist with building infrastructure, and provide expansion funds to assure that services are provided to the most at-risk individuals in high need areas of the state. MIECHV funding allows Michigan to achieve a common vision through collaborative planning and partner engagement as well as use evidenced-based data in planning and to drive quality improvement throughout the system and expand programs that demonstrate model fidelity, leading to positive outcomes for children and families.

Communities receiving MIECHV funding were identified based on a required statewide needs assessment. In 2010, the Department of Community Health (MDCH) collaborated with many partners to complete the Needs Assessment for the MIECHV program. Funding through the federal program focuses on communities with the highest concentration of risk as determined by indicators and metrics. Thirteen indicators were used in the data analysis to identify counties with the highest concentration of need. Ten indicators of risk were defined in MIECHV and included: premature birth, low-birth weight infants, infant mortality, poverty, crime, domestic violence, school drop-out rates, substance abuse, unemployment, and child maltreatment. Due to the high infant mortality rate of Native Americans and African Americans in Michigan, particularly when compared to Whites, the last two indicators of risk were the proportion of the total population of American Indians living in each county compared to total population of American Indians in the state and the proportion of the total population of African Americans living in each county compared to the total population of African Americans in the state. Presence of an urban center in the county was also included as an indicator. The analysis identified ten counties with the highest concentration of risk: Berrien, Calhoun, Genesee, Ingham, Kalamazoo, Kent, Muskegon, Saginaw, St. Clair, and Wayne. Oakland, specifically, Pontiac, was subsequently added to the list.

Once the state determined high need counties within the state, MDCH then worked closely with these counties assisting them both in conducting a more in-depth needs assessment within their county along with completing a readiness survey. The awarded level of funding was based on need and the resources required to ensure that the most at-risk families received services. While all ten counties are actively engaged in the MIECHV program, eight received funding to expand direct home visiting services while two did not either because the needs assessment indicated they were not ready to receive funding and/or they already had a significant amount of funding supporting home visiting services in the county.

Multiple federal and state fund sources that flow through the state budget are used to support home visiting in Michigan, including: Medicaid, Community-Based Child Abuse Prevention Program – Title II of the Child Abuse Prevention and Treatment Act (CBCAP/CAPTA), Maternal, Infant, Early Childhood Home Visiting Program (MIECHV), School Aid Act, and state general funds.

IV. OUTCOMES

One of the goals of Michigan's Home Visiting Initiative is to ensure that the use of evidence-based home visiting models improves outcomes for families with pregnant women and those with children from birth to age five. The list of outcomes includes:

- Child development and school readiness,
- Child health
- Family economic self-sufficiency,
- Linkages and referrals,
- Maternal health,
- Positive parenting practices,
- Reductions in child maltreatment, and
- Reductions in juvenile delinquency, family violence, and crime.

This list of outcomes is drawn from the thorough and transparent review of the home visiting research literature completed by the federal Home Visiting Evidence of Effectiveness (HomVEE) project. The list is consistent with the outcomes identified in PA 291. The purpose of HomVEE is to understand which outcomes are met by which home visiting model. The HomVEE team evaluated the evidence across all research studies for each model to determine 1) if the model met the Federal Department of Health and Human Services definition of an evidence-based home visiting model, and 2) if the model had sufficient evidence of effectiveness that it impacted each of the outcome domains.

Not every home visiting model achieves each outcome. Table 4 identifies the specific outcomes impacted by the five evidence-based models currently implemented in Michigan. At this time, only models that have met the federal or state definition of evidence-based, and can demonstrate their evidence of effectiveness on one or more of these outcomes, have been included in Table 5. Michigan is implementing one "promising program," with pending results of additional rigorous evaluation activities determining which specific outcomes it is achieving.

While Michigan is building capacity to understand the scope of home visiting implemented around the state, there is not yet the capacity to collect service data to show who is being served by each home visiting program, which services are being delivered, and what outcomes are being achieved. Such data are available for some individual models, or for some programs, but there is inconsistency in terms of data elements, data definitions, scope of the data, etc. Under the MIECHV funding, the state is exploring options for expanding capacity to collect service data. Because of this current gap in the state's capacity, it is not yet possible to report on the scope and outcomes of the home visiting system in Michigan.

V. FUTURE INTENT

Extensive work in the next year will devise the means to gather data consistently across home visiting programs in Michigan, in order to better understand service implementation, as well as fidelity and quality, which will in turn make the 2014 report much more robust. After addressing and implementing the data collection process, a published report will be provided during 2014 that will include more complete data for FY 2013, and set the stage to publish a full annual report each year thereafter.

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Table 1: Status of Home Visiting in Michigan **Data Source: http://mihomevisiting.com/about.php**

		Evidence –Based Home Visiting Models (Programs may serve more than one county)					Promising Practice Home Visiting Models (Programs may serve more than one county)
	Prosperity Region	Healthy Families America	Early Head Start Home Visiting	Nurse Family Partnership	Parents as Teachers	Maternal Infant Health Program	Infant Mental Health
1 – Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	Upper Peninsula Prosperity Alliance		5		6	10	14
2 – Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	Northwest Prosperity Region		1		6	6	11
3 – Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Ostego, Presque Isle, Roscommon	Northeast Prosperity Region		5			5	10
4 – Allegan, Barry, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa	West Michigan Prosperity Alliance	2	3	1	15	23	24
5 – Arenac, Bay, Clare, Gladwin, Gratiot, Isabella, Midland, Saginaw	East Central Michigan Prosperity Region		2	1	8	5	7

		Evidence –Based Home Visiting Models (Programs may serve more than one county)					Promising Practice Home Visiting Models (Programs may serve more than one county)
	Prosperity Region	Healthy Families America	Early Head Start Home Visiting	Nurse Family Partnership	Parents as Teachers	Maternal Infant Health Program	Infant Mental Health
6 – Genesee, Huron, Lapeer, Sanilac, Shiawassee, St. Clair, Tuscola	East Michigan Prosperity Region	1	3	1	13	10	10
7 – Clinton, Eaton, Ingham	South Central Prosperity Region		4	1	5	3	3
8 – Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren	Southwest Prosperity Region	2	5	3	12	13	10
9 – Hillsdale, Jackson, Lenawee, Livingston, Monroe, Washtenaw	Southeast Prosperity Region	2	3		6	20	6
10 – Macomb, Oakland, Wayne	Detroit Metro Prosperity Region	2	3	2	10	66	7

Table 2: Evidence-Based Home Visiting Models in Michigan Funded Through State Appropriations

Home Visiting Model	Model Description	Funding Source	Federal Funding	State Funding
Early Head Start (The Administration for Children and Families Federal funding that supports most EHS programs are distributed directly to the grantees and do not flow through the state budget. Those funds are not included in this total).	Early Head Start Home Visiting (EHS) targets low-income pregnant women and families with children from birth to age three years. Continuous early, comprehensive child development and support services are delivered through home visits. *Fidelity: This model has established performance standards and other regulations that are monitored for compliance and fidelity to the standards every three years by the Office of the Administration for Children and Families.*	Maternal, Infant, Early Childhood Home Visiting Program (MIECHV)	$691,262*	
Healthy Families America	Healthy Families America (HFA) is a nationally recognized evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. HFA services begin prenatally or right after the birth of a baby and are offered voluntarily, intensively and over the long-term (3 to 5 years after the birth of the baby). *Fidelity: This model has established standards and accreditation procedures. Monitoring for compliance with the standards and fidelity to the model is completed by the national Healthy Families America model every three years.*	MIECHV	$794,826*	
		Community-Based Child Abuse Prevention – Title II of the Child Abuse Prevention and Treatment Act (CBCAP/CAPTA) Children's Trust Fund (CTF) Private Dollars	$220,000*	
		State School Aid, Section 32p		$224,975*

Home Visiting Model	Model Description	Funding Source	Federal Funding	State Funding
Maternal Infant Health Program (MIHP)	The Maternal Infant Health Program (MIHP) is a Home Visiting program for pregnant women and infants with Medicaid insurance. MIHP provides support services to women and to parents so they have healthy pregnancies, good birth outcomes, and healthy infants. *Fidelity: MDCH MIHP consultants monitor and certify MIHP providers for quality assurance purposes and adherence to the MIHP Operations Manual. Once fully certified, an MIHP provider undergoes periodic recertification reviews in two 18-month cycles for as long as they are providers.*	Medicaid	$13,724,316***	$7,390,017***
Nurse Family Partnership (NFP)	The Nurse-Family Partnership (NFP) is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. *Fidelity: NFP has rigorous program standards. The NFP National Service Office monitors submitted outcome data which is used to inform adjustments to program practice that may be needed to ensure service provision is occurring according to the 18 NFP Model Elements.*	MIECHV	$1,487,500*	
		State General Fund		$1,550,000*
		Medicaid	$1,037,853*	

Home Visiting Model	Model Description	Funding Source	Federal Funding	State Funding
Parents as Teachers	Helps organizations and professionals deliver home visits to parents during the critical early years of their children's lives, to help their children develop optimally during the crucial early years of life. *Fidelity: Modified fidelity standards go into effect January 2014. Currently, PAT does not provide monitoring. Each program submits an annual Affiliate Performance Report.*	State School Aid, Section 32d, Section 32p		$2,083,662*
		CBCAP/CAPTA CTF private dollars	$238,674*	

***State Fiscal Year 2013**

****State Fiscal Year 2012**

*****April 2012-March 2013**

Table 3: Promising Practices in Michigan

Home Visiting Model	Model Description	Funding Source	Federal Funding	State Funding
Infant Mental Health	Infant mental health provides home-based parent-infant support and intervention services to families where the parent's condition and life circumstances, or the characteristics of the infant, threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. *Fidelity: Many Infant Mental Health programs are implemented by Community Mental Health agencies. Program and performance standards are in the process of being developed. Consistent statewide model monitoring requirements have yet to be established.*	Medicaid	$327,619****	
		State General Fund		$170,358**

****State Fiscal Year 2012**

******State Fiscal Year 2011**

Table 4: Evidence of Effectiveness of Home Visiting Models in Michigan

Outcome	Early Head Start Home Visiting[1]	Healthy Families America[1]	Maternal Infant Health Program[2]	Nurse Family Partnership[1]	Parents as Teachers[1]
Child Development and School Readiness	X	X		X	X
Maternal Health		X	X	X	
Child Health		X	X	X	
Family Economic Self-Sufficiency	X	X		X	X
Linkages and Referrals	X	X			
Positive Parenting Practices	X	X		X	X
Reductions in Child Maltreatment		X		X	X
Reductions in Juvenile Delinquency, Family Violence, and Crime		X		X	

Citations

[1] Home Visiting Evidence of Effectiveness. U.S. Department of Health and Human Services. Administration for Children and Families. http://homvee.acf.hhs.gov/HomVEE_Executive_Summary_2013.pdf

[2] "A Quasi-Experimental Population-Based Evaluation of the Michigan Maternal Infant Health Program Summary Report". MDCH, March 2013. http://www.michigan.gov/documents/mdch/MIHP_Quasi_Exp_Eval_MSU_2013-SummaryReport_04-09_ver3_417097_7.pdf