

# Annual Report on Evidence-Based Voluntary In-Home Visiting Services

(FY2012 Appropriation Bill - Public Act 63 of 2011)

February 1, 2012

**Section 1849:** (1) The department shall use at least 50% of the funds allocated for voluntary in-home visiting services for evidence-based models or models that conform to a promising approach that are in the process of being evaluated through a process that meets the requirements described in subsection (2) with the goal of being evidence-based by January 1, 2013. (2) As used in this section: (a) "Evidence-based" means a model or practice that meets all of the following requirements: (i) The model or practice is governed by a program manual or protocol that specifies the purpose, rigorous evaluation requirements, and duration and frequency of service that constitutes the model. (ii) Scientific research using methods that meet scientific standards, evaluated using either randomized controlled research designs, or quasi-experimental research designs with equivalent comparison groups. The effects of such programs must have been demonstrated with 2 or more separate client samples that the program improves client outcomes central to the purpose of the program; and the model or practice monitors program implementation for fidelity to the specified model. (b) "In-home visiting services" means a service delivery strategy that is carried out in the homes of families or children from conception to school age that provides culturally sensitive face-to-face visits by nurses, or other professionals or paraprofessionals trained to promote positive parenting practices, enhance the socio-emotional and cognitive development of children, improve health of the family, and empower the family to be self-sufficient. (3) By February 1 of the current fiscal year, the department shall submit to the house and senate appropriations subcommittees on community health an annual report on evidence-based voluntary in-home visiting services, including a full accounting of administrative expenditures from the prior fiscal year, and a summary detailing the demographic characteristics of Medicaid families served. (4) No later than September 30, 2011, the department shall submit a report to the senate and house appropriations subcommittees on community health on its plan to establish an integrated benefit for Medicaid evidence-based home visitation services to be provided by Medicaid health plans for eligible beneficiaries. The report shall include information on the potential methods used to assure continuity of care and continuity of ongoing relationships with providers and their potential effectiveness. It is the intent of the legislature that the integrated benefit must be provided by evidence-based service delivery models or practices in a manner that achieves fidelity to the evidence based model.

*Michigan Department  
of Community Health*



**Rick Snyder, Governor**

**Olga Dazzo, Director**

## **Michigan Department of Community Health Boilerplate Report - Section 1849(3)**

The Maternal Infant Health Program (MIHP) is Michigan's largest home visiting program for Medicaid-eligible pregnant women and infants through the first year of life. MIHP is an evidence-based, statewide home visiting program jointly administered by the MDCH Medical Services Administration and the Public Health Administration. The program supports Medicaid beneficiaries to promote healthy pregnancies, positive birth outcomes, and infant health and development. MIHP provides home-based care coordination and intervention services focusing on the mother-infant dyad. A statewide network of certified MIHP providers (registered nurses, licensed social workers, registered dietitians, and infant mental health specialists) work collaboratively with Medicaid Health Plans, local public health departments, and other entities to ensure appropriate communication and coordination of services. MIHP providers employ evidence-based interventions to educate women, offer support and encouragement as women endeavor to make positive changes, and facilitate referrals for community-based services and supports, as needed.

MDCH collaborated with the Michigan Public Health Institute and researchers at Michigan State University to develop evidence-based screening and intervention protocols. All aspects of the program are clearly delineated in the MIHP Operations Manual to ensure that the program is delivered consistently across the state.

In partnership with Michigan State University, MDCH conducts an ongoing, comprehensive evaluation of MIHP services to assess patterns of screening, service delivery, and cost. In addition, beneficiary record reviews are completed to assess and ensure program consistency and fidelity throughout the state.

### **1. Fiscal Year (FY) 2011 Program Data**

MIHP FY2011 program data includes the following:

- 52,892 Medicaid births occurred during this time period, 81% were in managed care and 19% were in fee-for-service.
- The MIHP engaged and served 33% (17,304) of the pregnant women who gave birth during the FY.
- The total program (Medicaid paid claims) cost for maternal MIHP services during FY 2011 was \$9,702,682.40.
- The average cost per pregnant women was \$560.72.

## 2. FY2011 Demographic Data

The following tables summarize demographic characteristics of MIHP recipients:

**Table 1**

Race/Ethnicity	Program Recipients (% of total)
Asian	1
American Indian	1.1
Black/African American	36.4
Hispanic	8.4
Native Hawaiian	<1
White	39.9
Arabic	1.2
Refused	<1
Multi	10.8

**Table 2**

Age Group	% of total
12-19	21.6
20-29	58.8
30-39	15.2
40-44	1.1
45-49	<1
DOB missing or inaccurate	3.2

**Table 3**

Marital Status	% of total
Married	18.9
Not married	69.9
Refused/other	11.2

**Table 4**

Education Level	% of total
Junior high/middle school	24.7
High school/GED	55.1
Associates degree	5.7
Bachelors degree	2.7
Refused/other	11.8

MDCH is in the process of demonstrating MIHP adherence to Federal Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) standards, which require that home visiting programs are: (1) in existence for at least three years, (2) research-based and grounded

in empirically-based knowledge, (3) linked to program-determined outcomes, and (4) associated with a national organization or institution of higher education.

Michigan State University researchers are currently working with MDCH (and in consultation from the Pew Foundation) to study MIHP outcomes using a quasi-experimental design to meet federal research requirements.