

1 **AN ACT** *to amend* 48.983 (title), (4) (b) (title) and 1., 1m., 3., (6) (a) 1., (b) 1., (6g),
 2 (6m), (6r), (7) (a), (ag), (ar), (b), (c) and (8); and *to create* 48.983 (9) of the statutes;
 3 **relating to:** evidence-based home visiting programs.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

JOINT LEGISLATIVE COUNCIL PREFATORY NOTE: This bill draft was prepared for the Joint Legislative Council’s Special Committee on Infant Mortality.

The draft specifies that home visiting programs undertaken by the Department of Children and Families (DCF) must be evidence-based.

The draft also requires DCF to enter into a memorandum of understanding with the Department of Health Services that provides for collaboration between the 2 agencies in carrying out home visiting programs.

4 **SECTION 1.** 48.983 (title), (4) (b) (title) and 1., 1m., 3., (6) (a) 1., (b) 1., (6g), (6m), (6r),
 5 (7) (a), (ag), (ar), (b), (c) and (8) of the statutes are amended to read:

6 **48.983 (title) Child abuse and neglect prevention program and evidence-based**
 7 **home visiting.**

8 **(4) (b) *Home Evidence-based home visitation program services.*** 1. A county, private
 9 agency, or Indian tribe that is selected to participate in the program under this section shall
 10 offer all pregnant women in the county, the area in which that private agency is providing
 11 services, or the reservation of the tribe who are eligible for Medical Assistance under subch.
 12 IV of ch. 49 an opportunity to undergo an assessment through use of a risk assessment
 13 instrument to determine whether the person assessed presents risk factors for poor birth
 14 outcomes or for perpetrating child abuse or neglect. Persons who agree to be assessed shall
 15 be assessed during the prenatal period. The risk assessment instrument shall be developed by

1 the department and shall be based on risk assessment instruments developed by the department
2 for similar programs that are in operation. The department need not promulgate as rules under
3 ch. 227 the risk assessment instrument developed under this subdivision. A person who is
4 assessed to be at risk of poor birth outcomes or of abusing or neglecting his or her child shall
5 be offered evidence-based home visitation program services that shall be commenced during
6 the prenatal period. ~~Home~~ Evidence-based home visitation program services may be
7 provided to a family with a child identified as being at risk of child abuse or neglect until the
8 identified child reaches 3 years of age. If a family has been receiving evidence-based home
9 visitation program services continuously for not less than 12 months, those services may
10 continue to be provided to the family until the identified child reaches 3 years of age,
11 regardless of whether the child continues to be eligible for Medical Assistance under subch.
12 IV of ch. 49. If risk factors for child abuse or neglect with respect to the identified child
13 continue to be present when the child reaches 3 years of age, evidence-based home visitation
14 program services may be provided until the identified child reaches 5 years of age. ~~Home~~
15 Evidence-based home visitation program services may not be provided to a person unless the
16 person gives his or her written informed consent to receiving those services or, if the person
17 is a child, unless the child's parent, guardian, or legal custodian gives his or her written
18 informed consent for the child to receive those services.

19 1m. No person who is required or permitted to report suspected or threatened abuse or
20 neglect under s. 48.981 (2) may make or threaten to make such a report based on a refusal of
21 a person to receive or to continue receiving evidence-based home visitation program services
22 under subd. 1.

23 3. A county, private agency, or Indian tribe that is providing evidence-based home
24 visitation program services under subd. 1. shall provide to a person receiving those services

1 the information relating to shaken baby syndrome and impacted babies required under s.
2 253.15 (6).

3 (6) (a) 1. Information on how the applicant's home visitation program is
4 evidence-based, comprehensive, incorporates practice standards that have been developed
5 for home visitation programs by entities concerned with the prevention of poor birth outcomes
6 and child abuse and neglect and that are acceptable to the department, and incorporates
7 practice standards and critical elements that have been developed for successful home
8 visitation programs by a nationally recognized home visitation program model and that are
9 acceptable to the department.

10 (b) 1. 'Flexible fund for home visitation programs.' The applicant demonstrates in the
11 application that the applicant has established, or has plans to establish, if selected, a fund from
12 which payments totaling not less than \$250 per calendar year may be made for appropriate
13 expenses of each family that is participating in the evidence-based home visitation program
14 under sub. (4) (b) 1. or that is receiving home visitation services under s. 49.45 (44). The
15 payments shall be authorized by an individual designated by the applicant. If an applicant
16 makes a payment to or on behalf of a family under this subdivision, one-half of the payment
17 shall be from grant moneys received under this section and one-half of the payment shall be
18 from moneys provided by the applicant from sources other than grant moneys received under
19 this section.

20 (6g) CONFIDENTIALITY. (a) Except as permitted or required under s. 48.981 (2), no
21 person may use or disclose any information concerning any individual who is selected for an
22 assessment under sub. (4) (b), including an individual who declines to undergo the assessment,
23 or concerning any individual who is offered services under a an evidence-based home
24 visitation program funded under this section, including an individual who declines to receive

1 those services, unless the use or disclosure is connected with the administration of the
2 evidence-based home visitation program or the administration of the Medical Assistance
3 program under ss. 49.43 to 49.497 or unless the individual has given his or her written
4 informed consent to the use or disclosure.

5 (b) A county, private agency, or Indian tribe that is selected to participate in the program
6 under this section shall provide or shall designate an individual or entity to provide an
7 explanation of the confidentiality requirements under par. (a) to each individual who is offered
8 an assessment under sub. (4) (b) or who is offered services under the evidence-based home
9 visitation program of the county, private agency, or Indian tribe.

10 **(6m) NOTIFICATION OF PARENT PRIOR TO MAKING ABUSE OR NEGLECT REPORT.** If a person
11 who is providing services under a an evidence-based home visitation program under sub. (4)
12 (b) 1. determines that he or she is required or permitted to make a report under s. 48.981 (2)
13 about a child in a family to which the person is providing those services, the person shall, prior
14 to making the report under s. 48.981 (2), make a reasonable effort to notify the child's parent
15 that a report under s. 48.981 (2) will be made and to encourage the parent to contact a county
16 department to request assistance. The notification requirements under this subsection do not
17 affect the reporting requirements under s. 48.981 (2).

18 **(6r) ~~HOME~~ EVIDENCE-BASED HOME VISITATION PROGRAM INFORMATIONAL MATERIALS.** Any
19 informational materials about a an evidence-based home visitation program under sub. (4) (b)
20 1. that are distributed to a person who is offered or who is receiving home visitation program
21 services under that program shall state the sources of funding for the program.

22 **(7) ~~HOME~~ EVIDENCE-BASED HOME VISITATION PROGRAM EVALUATION.** (a) The
23 department shall conduct or shall select an evaluator to conduct an evaluation of the
24 evidence-based home visitation program. The evaluation shall measure all of the following

1 criteria in families that have participated in the home visitation program and that are selected
2 for evaluation:

3 1. The number of poor birth outcomes and substantiated reports of child abuse and
4 neglect.

5 2. The number of emergency room visits for injuries to children.

6 3. The number of out-of-home placements of children.

7 4. Immunization rates of children.

8 5. The number of services provided under s. 49.46 (2) (a) 2. to children.

9 6. Any other items that the department determines to be appropriate for evaluation.

10 (ag) The department shall evaluate the availability of evidence-based home visitation
11 programs in the state and determine whether there are gaps in home visitation services in the
12 state. The department shall cooperate with counties, private agencies, and Indian tribes
13 providing evidence-based home visitation programs to address any gaps in services
14 identified.

15 (ar) Each county, private agency, and Indian tribe providing a an evidence-based home
16 visitation program shall collect and report data to the department, as required by the
17 department. The department shall require each county, private agency, and Indian tribe
18 providing a an evidence-based home visitation program to collect data using forms prescribed
19 by the department.

20 (b) In the evaluation, the department shall determine the number of families who
21 remained in the evidence-based home visitation program for the time recommended in the
22 family's case plan.

23 (c) Each county, private agency, and Indian tribe providing a an evidence-based home
24 visitation program shall develop a plan for evaluating the effectiveness of its program for

1 approval by the department. The plan shall demonstrate how the county, private agency, or
2 Indian tribe will use the evaluation of its program to improve the quality and outcomes of the
3 program and to ensure continued compliance with the home visitation program criteria under
4 sub. (6) (a). The plan shall demonstrate how the outcomes will be tracked and measured.
5 Under the plan, the extent to which all of the following outcomes are achieved shall be tracked
6 and measured:

7 1. Parents receiving evidence-based home visitation services acquiring knowledge of
8 early learning and child development and interacting with their children in ways that enhance
9 the children's development and early learning.

10 2. Children receiving evidence-based home visitation services being healthy.

11 3. Children receiving evidence-based home visitation services living in a safe
12 environment.

13 4. Families receiving evidence-based home visitation services accessing formal and
14 informal support networks.

15 5. Children receiving evidence-based home visitation services achieving milestones in
16 development and early learning.

17 6. Children receiving evidence-based home visitation services who have
18 developmental delays receiving appropriate intervention services.

19 **(8) TECHNICAL ASSISTANCE AND TRAINING.** The department shall provide technical
20 assistance and training to counties, private agencies, and Indian tribes that are selected to
21 participate in the program under this section. The training may not be limited to a particular
22 evidence-based home visitation model. The training shall include training in best practices
23 regarding basic skills, uniform administration of screening and assessment tools, the issues

1 and challenges that families face, and supervision and personnel skills for program managers.

2 The training may also include training on data collection and reporting.

3 **SECTION 2.** 48.983 (9) of the statutes is created to read:

4 48.983 (9) The department shall enter into a memorandum of understanding with the
5 department of health services that provides for collaboration between the two agencies in
6 carrying out evidence-based home visiting programs.

7 (END)