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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. **1606**

03/18/2013 Authored by Myhra, Moran, Loon, Selcer, Mariani and others

The bill was read for the first time and referred to the Committee on Health and Human Services Finance

03/20/2013 Returned to Author

1.1 A bill for an act  
1.2 relating to early childhood; establishing focused home visiting grants;  
1.3 appropriating money; amending Minnesota Statutes 2012, section 145A.17,  
1.4 subdivisions 1, 7.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2012, section 145A.17, subdivision 1, is amended to read:

1.7 Subdivision 1. **Establishment; goals.** The commissioner shall establish a program  
1.8 to fund family home visiting programs designed to foster healthy beginnings, improve  
1.9 pregnancy outcomes, promote school readiness, prevent child abuse and neglect, reduce  
1.10 juvenile delinquency, promote positive parenting and resiliency in children, and promote  
1.11 family health and economic self-sufficiency for children and families. The commissioner  
1.12 shall promote partnerships, collaboration, and multidisciplinary visiting done by teams of  
1.13 professionals and paraprofessionals from the fields of public health nursing, social work,  
1.14 and early childhood education.

1.15 Subd. 1a. **General criteria.** (a) Except as provided for early family development  
1.16 grants under subdivision 1b, a program funded under this section must serve families at  
1.17 or below 200 percent of the federal poverty guidelines, and other families determined  
1.18 to be at risk, including but not limited to being at risk for child abuse, child neglect,  
1.19 or juvenile delinquency.

1.20 (b) Programs must begin prenatally whenever possible and must be targeted to  
1.21 families with:

- 1.22 (1) adolescent parents;
- 1.23 (2) a history of alcohol or other drug abuse;
- 1.24 (3) a history of child abuse, domestic abuse, or other types of violence;

- 2.1 (4) a history of domestic abuse, rape, or other forms of victimization;  
2.2 (5) reduced cognitive functioning;  
2.3 (6) a lack of knowledge of child growth and development stages;  
2.4 (7) low resiliency to adversities and environmental stresses;  
2.5 (8) insufficient financial resources to meet family needs;  
2.6 (9) a history of homelessness;  
2.7 (10) a risk of long-term welfare dependence or family instability due to employment  
2.8 barriers; or  
2.9 (11) other risk factors as determined by the commissioner.

2.10 Subd. 1b. **Early family development grants.** (a) The commissioner shall establish  
2.11 early family development grants under this section and as provided in this subdivision.

2.12 (b) To be eligible for an early family development grant, a family home visiting  
2.13 program must serve families meeting the criteria and risk factors under subdivision 1a,  
2.14 except that the families served must:

2.15 (1) be at or below 185 percent of the federal poverty guidelines; and

2.16 (2) include an expecting parent or at least one child under the age of two.

2.17 (c) A family home visiting program that receives a grant under this subdivision must  
2.18 implement procedures so that, to the fullest extent feasible, families are identified and  
2.19 home visits commence prenatally.

2.20 (d) The commissioner shall allocate early family development grants in a manner  
2.21 that is regionally balanced throughout the state and that is proportional based on  
2.22 population or families available to be served.

2.23 Sec. 2. Minnesota Statutes 2012, section 145A.17, subdivision 7, is amended to read:

2.24 Subd. 7. **Evaluation.** (a) Using the qualitative goals and quantitative outcome and  
2.25 performance measures established under subdivisions 1, 1a, and 6, the commissioner shall  
2.26 conduct ongoing evaluations of the programs funded under this section. Evaluations must  
2.27 specifically include early family development grants under subdivision 1b.

2.28 (b) Community health boards and tribal governments shall cooperate with the  
2.29 commissioner in the evaluations and shall provide the commissioner with the information  
2.30 necessary to conduct the evaluations. As part of the ongoing evaluations, the commissioner  
2.31 shall rate the impact of the programs on the outcome measures listed in subdivision 6, and  
2.32 shall periodically determine whether home visiting programs are the best way to achieve  
2.33 the qualitative goals established under subdivisions 1, 1a, and 6. If the commissioner  
2.34 determines that home visiting programs are not the best way to achieve these goals, the  
2.35 commissioner shall provide the legislature with alternative methods for achieving them.

3.1       Sec. 3. **APPROPRIATION; EARLY FAMILY DEVELOPMENT.**

3.2               \$20,000,000 in fiscal year 2014 and \$20,000,000 in fiscal year 2015 are appropriated  
3.3 from the general fund to the commissioner of health for early family development grants  
3.4 under Minnesota Statutes, section 145A.17, subdivision 1b. The base appropriation  
3.5 for early family development grants is \$20,000,000 in each year, and is added to base  
3.6 appropriations for family home visiting under Minnesota Statutes, section 145A.17.