A bill for an act

relating to health; changing provisions for family visiting programs; appropriating money; amending Minnesota Statutes 2006, section 145A.17.

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

Section 1. Minnesota Statutes 2006, section 145A.17, is amended to read:

145A.17 FAMILY HOME VISITING PROGRAMS.

Subdivision 1. **Establishment; goals.** The commissioner shall establish a program to fund family home visiting programs designed to foster ~~a~~ healthy ~~beginning for children in families at or below 200 percent of the federal poverty guidelines~~ beginnings, promote improved pregnancy outcomes, promote school readiness, prevent child abuse and neglect, reduce juvenile delinquency, promote positive parenting and resiliency in children, and promote family health and economic self-sufficiency for children and families. The commissioner shall promote partnerships, collaboration, and multidisciplinary visiting done by teams of professionals and paraprofessionals from the fields of public health nursing, social work, and early childhood education. A program funded under this section must serve families at or below 200 percent of the federal poverty guidelines, and other families determined to be at risk, including but not limited to being at risk for child abuse, child neglect, or juvenile delinquency. Programs should begin prenatally whenever possible and must give priority for services to the lowest-income families ~~considered to be in need of services, including but not limited to~~, including those families at risk of long-term welfare dependency or family instability due to employment barriers and those families with:

(1) adolescent parents;

(2) a history of alcohol or other drug abuse;

(3) a history of child abuse, domestic abuse, or other types of violence;

(4) a history of domestic abuse, rape, or other forms of victimization;

(5) reduced cognitive functioning;

(6) a lack of knowledge of child growth and development stages;

(7) low resiliency to adversities and environmental stresses; ~~or~~

(8) insufficient financial resources to meet family needs;

(9) experiencing homelessness; or

(10) other risk factors as determined by the commissioner.

Subd. 3. **Requirements for programs; process.** (a) ~~Before a community health board or tribal government may receive an allocation under subdivision 2, a community health board or tribal government must submit a proposal to the commissioner that includes identification, based on a community assessment, of the populations at or below 200 percent of the federal poverty guidelines that will be served and the other populations that will be served. Each program that receives funds must~~ Community health boards and tribal governments that receive an allocation must write a plan to the commissioner describing a multidisciplinary approach to home visiting for families. At a minimum, programs receiving allocations must demonstrate the following:

(1) systematic outreach to families prenatally or at birth;

(2) seamless delivery of health, safety, and early learning services; and

(3) continuity of services when families move within the state.

(b) The multidisciplinary partners may include public health, ECFE, Head Start, community health workers, social workers, community home visiting programs, and other relevant partners. Each program that receives funds must accomplish the following program requirements:

(1) use ~~either~~ a ~~broad~~ community-based ~~or selective community-based~~ strategy to provide preventive and early intervention home visiting services;

(2) offer a home visit by a trained home visitor. If a home visit is accepted, the first home visit must occur prenatally or as soon after birth as possible and must include a public health nursing assessment by a public health nurse;

(3) offer, at a minimum, information on infant care, child growth and development, positive parenting, preventing diseases, preventing exposure to environmental hazards, and support services available in the community;

(4) provide information on and referrals to health care services, if needed, including information on health care coverage for which the child or family may be eligible; and provide information on preventive services, developmental assessments, and the availability of public assistance programs as appropriate;

(5) provide youth development programs when appropriate;

(6) recruit home visitors who will represent, to the extent possible, the races, cultures, and languages spoken by families that may be served;

(7) train and supervise home visitors in accordance with the requirements established under subdivision 4;

(8) maximize resources and minimize duplication by coordinating ~~activities~~ with or contracting local social and human services organizations, education organizations, and other appropriate governmental entities and community-based organizations and agencies; ~~and~~

(9) utilize appropriate racial and ethnic approaches to providing home visiting services; and

(10) connect eligible families, as needed, to additional resources available in the community including, but not limited to, high quality early care and education programs, health or mental health services, family literacy programs, employment agencies, social services, and child care resources and referral agencies.

When available, programs that receive funds must offer, refer to, or connect with center-based or group meetings at least once per month with greater frequency of services for those eligible families identified with additional needs to further enhance the information, activities, and skill-building addressed during home visitation, offer opportunities for parents to meet with and support each other, and to offer infants and toddlers a safe, nurturing, and stimulating environment for socialization and supervised play with qualified teachers.

~~(b)~~ (c) Funds available under this section shall not be used for medical services. The commissioner shall establish an administrative cost limit for recipients of funds. The outcome measures established under subdivision 6 must be specified to recipients of funds at the time the funds are distributed.

~~(c)~~ (d) Data collected on individuals served by the home visiting programs must remain confidential and must not be disclosed by providers of home visiting services without a specific informed written consent that identifies disclosures to be made. Upon request, agencies providing home visiting services must provide recipients with information on disclosures, including the names of entities and individuals receiving the information and the general purpose of the disclosure. Prospective and current recipients of home visiting services must be told and informed in writing that written consent for disclosure of data is not required for access to home visiting services.

Subd. 4. **Training.** The commissioner shall establish training requirements for home visitors and minimum requirements for supervision ~~by a public health nurse~~. The

requirements for nurses must be consistent with chapter 148. The commissioner must provide training for home visitors. Training ~~must~~ shall include ~~child development, positive parenting techniques, screening and referrals for child abuse and neglect, and diverse cultural practices in child rearing and family systems~~ the following:

(1) effective relationships for engaging and retaining families and ensuring family health, safety, and early learning;

(2) effective methods of implementing parent education, conducting home visiting, and promoting quality early childhood development;

(3) early childhood development from birth to age five;

(4) diverse cultural practices in child rearing and family systems;

(5) recruiting, supervising, and retaining qualified staff;

(6) increasing services for underserved populations; and

(7) relevant issues related to child welfare and protective services, with information provided being consistent with state child welfare agency training.

Subd. 5. **Technical assistance.** The commissioner shall provide administrative and technical assistance to each program, including assistance in data collection and other activities related to conducting short- and long-term evaluations of the programs as required under subdivision 7. The commissioner may request research and evaluation support from the University of Minnesota.

Subd. 6. **Outcome and performance measures.** The commissioner shall establish ~~outcomes~~ measures to determine the impact of family home visiting programs funded under this section on the following areas:

(1) appropriate utilization of preventive health care;

(2) rates of substantiated child abuse and neglect;

(3) rates of unintentional child injuries;

(4) rates of children who are screened and who pass early childhood screening; ~~and~~

(5) rates of children accessing high quality early care and educational services;

(6) program retention rates;

(7) number of home visits provided compared to the number of home visits planned;

(8) participant satisfaction; and

(9) any additional qualitative goals and quantitative measures established by the commissioner.

Subd. 7. **Evaluation.** Using the qualitative goals and quantitative outcome and performance measures established under subdivisions 1 and 6, the commissioner shall conduct ongoing evaluations of the programs funded under this section. Community health boards and tribal governments shall cooperate with the commissioner in the

evaluations and shall provide the commissioner with the information necessary to conduct the evaluations. As part of the ongoing evaluations, the commissioner shall rate the impact of the programs on the outcome measures listed in subdivision 6, and shall periodically determine whether home visiting programs are the best way to achieve the qualitative goals established under subdivisions 1 and 6. If the commissioner determines that home visiting programs are not the best way to achieve these goals, the commissioner shall provide the legislature with alternative methods for achieving them. Children participating in the home visiting programs must be assigned a MARSS number.

Subd. 8. **Report.** By January 15, 2002, and January 15 of each even-numbered year thereafter, the commissioner shall submit a report to the legislature on the family home visiting programs funded under this section and on the results of the evaluations conducted under subdivision 7.

Subd. 9. **No supplanting of existing funds.** Funding available under this section may be used only to supplement, not to replace, nonstate funds being used for home visiting services as of July 1, 2001.

Subd. 10. **Submitted plans.** Plans must be submitted on forms provided by the commissioner and must include the following information:

(1) a description of the community demographics;

(2) a plan for meeting outcome measures; and

(3) a proposed work plan that includes:

(i) a coordination plan to ensure nonduplication of services for children and families;

(ii) a description of the strategies to ensure that children and families at greatest risk receive appropriate services; and

(iii) a plan for collaboration with partnering multidisciplinary agencies, organizations, and school districts.

Letters of intent from partnering multidisciplinary agencies, organizations, and school districts must be submitted with the plan.

Sec. 3. **APPROPRIATIONS.**

$..... is appropriated for the biennium beginning July 1, 2007, from the general fund to the commissioner of health for the family home visiting grant program. The commissioner shall distribute funds to community health boards and tribal governments using a formula developed in conjunction with the State Community Health Services Advisory Committee and tribal governments. The commissioner may use five percent of the funds appropriated in each fiscal year to conduct the ongoing evaluations required under Minnesota Statutes, section 145A.17, subdivision 7, and may use ten percent of the

funds appropriated each fiscal year to provide training and technical assistance as required under Minnesota Statutes, section 145A.17, subdivisions 4 and 5.