

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 1381

- 02/18/2019 Authored by Kunes-Podein, Hassan, Hamilton, Pinto, Edelson and others
The bill was read for the first time and referred to the Committee on Health and Human Services Policy
- 03/11/2019 Adoption of Report: Re-referred to the Committee on Government Operations
- 03/18/2019 Adoption of Report: Re-referred to the Committee on Ways and Means

1.1 A bill for an act

1.2 relating to health; establishing the community solutions for healthy child

1.3 development grant program; appropriating money; proposing coding for new law

1.4 in Minnesota Statutes, chapter 145.

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

1.6 Section 1. [145.9285] COMMUNITY SOLUTIONS FOR HEALTHY CHILD

1.7 DEVELOPMENT GRANT PROGRAM.

1.8 Subdivision 1. Establishment. The commissioner shall establish the community solutions

1.9 for healthy child development grant program. The purpose of the program is to:

1.10 (1) improve child development outcomes as related to the well-being of children of color

1.11 and American Indian children from prenatal to grade 3 and their families, including but not

1.12 limited to the goals outlined by the Department of Human Service's early childhood systems

1.13 reform effort: early learning; health and well-being; economic security; and safe, stable,

1.14 nurturing relationships and environments by funding community-based solutions for

1.15 challenges that are identified by the affected community;

1.16 (2) reduce racial disparities in children's health and development, from prenatal to grade

1.17 3; and

1.18 (3) promote racial and geographic equity.

1.19 Subd. 2. Commissioner's duties. The commissioner of health shall:

1.20 (1) develop a request for proposals for the healthy child development grant program in

1.21 consultation with the Community Solutions Advisory Council, the Center for Health Equity,

1.22 and the department's Maternal and Child Health Section;

2.1 (2) provide outreach, technical assistance, and program development support to increase
 2.2 capacity for new and existing service providers in order to better meet statewide needs,
 2.3 particularly in greater Minnesota and areas where services to reduce health disparities have
 2.4 not been established;

2.5 (3) review responses to requests for proposals, in consultation with the Community
 2.6 Solutions Advisory Council, and award grants under this section;

2.7 (4) ensure communication with the ethnic councils, Minnesota Indian Affairs Council,
 2.8 and the governor's early learning council on the request for proposal process;

2.9 (5) establish a transparent and objective accountability process, in consultation with the
 2.10 Community Solutions Advisory Council, focused on outcomes that grantees agree to achieve;

2.11 (6) provide grantees with access to data to assist grantees in establishing and
 2.12 implementing effective community-led solutions;

2.13 (7) maintain data on outcomes reported by grantees; and

2.14 (8) contract with an independent third-party entity to evaluate the success of the grant
 2.15 program and to build the evidence base for effective community solutions in reducing health
 2.16 disparities of children of color and American Indian children from prenatal to grade 3.

2.17 **Subd. 3. Community Solutions Advisory Council; establishment; duties;**
 2.18 **compensation.** (a) No later than October 1, 2019, the commissioner, in consultation with
 2.19 the Center of Health Equity and the department's Maternal and Child Health Section, shall
 2.20 appoint a 12-member Community Solutions Advisory Council as follows:

2.21 (1) two members representing the African Heritage community;

2.22 (2) two members representing the Latino community;

2.23 (3) two members representing the Asian-Pacific Islander community;

2.24 (4) two members representing the American Indian community;

2.25 (5) two parents of children of color or that are American Indian with children under nine
 2.26 years of age;

2.27 (6) one member with research or academic expertise in racial equity and healthy child
 2.28 development; and

2.29 (7) one member representing an organization that advocates on behalf of communities
 2.30 of color or American Indians.

3.1 (b) At least three of the 12 members of the advisory council must come from outside
 3.2 the seven-county metropolitan area.

3.3 (c) The Community Solutions Advisory Council shall:

3.4 (1) advise the commissioner on the development of the request for proposals for
 3.5 community solutions healthy child development grants. In advising the commissioner, the
 3.6 council must consider how to build on the capacity of communities to promote child and
 3.7 family well-being and address social determinants of healthy child development;

3.8 (2) review responses to requests for proposals and advise the commissioner on the
 3.9 selection of grantees and grant awards;

3.10 (3) advise the commissioner on the establishment of a transparent and objective
 3.11 accountability process focused on outcomes the grantees agree to achieve;

3.12 (4) advise the commissioner on ongoing oversight and necessary support in the
 3.13 implementation of the program; and

3.14 (5) support the commissioner on other racial equity and early childhood grant efforts.

3.15 (d) Each advisory council member shall be compensated in accordance with section
 3.16 15.059, subdivision 3.

3.17 Subd. 4. **Eligible grantees.** Organizations eligible to receive grant funding under this
 3.18 section include:

3.19 (1) organizations or entities that work with communities of color and American Indian
 3.20 communities;

3.21 (2) tribal nations and tribal organizations as defined in section 658P of the Child Care
 3.22 and Development Block Grant Act of 1990; and

3.23 (3) organizations or entities focused on supporting healthy child development.

3.24 Subd. 5. **Strategic consideration and priority of proposals; eligible populations;**
 3.25 **grant awards.** (a) The commissioner, in consultation with the Community Solutions
 3.26 Advisory Council and the Center of Health Equity, shall develop a request for proposals
 3.27 for healthy child development grants. In developing the proposals and awarding the grants,
 3.28 the commissioner shall consider building on the capacity of communities to promote child
 3.29 and family well-being and address social determinants of healthy child development.
 3.30 Proposals must focus on increasing racial equity and healthy child development and reducing
 3.31 health disparities experienced by children of color and American Indian children from
 3.32 prenatal to grade 3 and their families.

4.1 (b) In awarding the grants, the commissioner shall provide strategic consideration and
 4.2 give priority to proposals from:

4.3 (1) organizations or entities led by people of color and serving communities of color;

4.4 (2) organizations or entities led by American Indians and serving American Indians,
 4.5 including tribal nations and tribal organizations;

4.6 (3) organizations or entities with proposals focused on healthy development from prenatal
 4.7 to age three;

4.8 (4) organizations or entities with proposals focusing on multigenerational solutions;

4.9 (5) organizations or entities located in or with proposals to serve communities located
 4.10 in counties that are moderate to high risk according to the Wilder Research Risk and Reach
 4.11 Report; and

4.12 (6) community-based organizations that have historically served communities of color
 4.13 and American Indians and have not traditionally had access to state grant funding.

4.14 The advisory council may recommend additional strategic considerations and priorities to
 4.15 the commissioner.

4.16 (c) The first round of grants must be awarded no later than April 15, 2020. Grants must
 4.17 be awarded annually thereafter. Grants are awarded for a period of three years.

4.18 Subd. 6. **Geographic distribution of grants.** The commissioner and the advisory council
 4.19 shall ensure that grant funds are prioritized and awarded to organizations and entities that
 4.20 are within counties that have a higher proportion of people of color and American Indians
 4.21 than the state average, to the extent possible.

4.22 Subd. 7. **Report.** Grantees must report grant program outcomes to the commissioner on
 4.23 the forms and according to the timelines established by the commissioner.

4.24 Sec. 2. **APPROPRIATION; COMMUNITY SOLUTIONS FOR HEALTHY CHILD**
 4.25 **DEVELOPMENT GRANT PROGRAM.**

4.26 (a) \$2,719,000 in fiscal year 2020 and \$5,219,000 in fiscal year 2021 are appropriated
 4.27 from the general fund to the commissioner of health for the community solutions for healthy
 4.28 child development grant program under Minnesota Statutes, section 145.9285.

4.29 (b) Of the 2020 fiscal year amount: (1) up to \$2,000,000 is for planning grants of
 4.30 \$100,000 for up to 20 organizations; (2) \$94,000 is for administrative costs including
 4.31 advisory council expenses; (3) up to \$125,000 is for an independent third-party evaluator

5.1 under Minnesota Statutes, section 145.9285, subdivision 2, clause (8); and (4) up to \$100,000
5.2 is for grantee training and capacity building.

5.3 (c) Of the amount appropriated in fiscal year 2021: (1) up to \$3,000,000 is for no more
5.4 than ten grants of \$300,000; (2) up to \$1,500,000 is for no more than ten grants of \$150,000;
5.5 (3) up to \$94,000 is for administrative costs and advisory council expenses; (4) up to
5.6 \$125,000 is for an independent third-party evaluator under Minnesota Statutes, section
5.7 145.9285, subdivision 2, clause (8); and (5) up to \$100,000 is for grantee training and
5.8 capacity building.