

1.1 A bill for an act  
1.2 relating to health; establishing a newborn home visiting program and a home  
1.3 visiting program; appropriating money; proposing coding for new law in  
1.4 Minnesota Statutes, chapter 145A.

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

1.6 Section 1. **[145A.18] UNIVERSAL NEWBORN VISITING PROGRAM.**

1.7 Subdivision 1. **Establishment.** The commissioner of health shall establish a  
1.8 program to provide newborn visiting services to parents of newborns either at the hospital  
1.9 or as soon after the birth as possible. Newborn visiting services must be performed by  
1.10 existing service providers, whenever possible.

1.11 Subd. 2. **Program components.** (a) The universal newborn visiting program must  
1.12 provide culturally competent services and information by trained staff who reflect the  
1.13 demographics of the community, whenever possible.

1.14 (b) The visits must include information in the following areas:

- 1.15 (1) early childhood services;  
1.16 (2) local child care resource and referral network;  
1.17 (3) early Head Start and Head Start programs;  
1.18 (4) early childhood screening;  
1.19 (5) early childhood family education;  
1.20 (6) child care financial aid programs;  
1.21 (7) family literacy resources;  
1.22 (8) child abuse prevention;  
1.23 (9) infant care, child growth, and child development;  
1.24 (10) the WIC program;

(11) immunization schedules and pediatric preventive care, including information on environmental hazards;

(12) public health nursing services; and

(13) health care programs and other public assistance programs for which the family may be eligible.

(c) The program must provide any referrals, as needed, to community partners and to additional resources available within the community, including early education programs, health care services, support services, and other social services. The program must also offer follow-up visits.

(d) The program must provide parents the opportunity to opt out of participating in the program.

Subd. 3. **Coordination.** (a) The universal newborn visiting program must coordinate with hospitals, and must not impede or obstruct the provision of medical care.

(b) Service providers must coordinate with community partners, including school districts, local public health departments, early childhood family education programs, health plans, and nonprofit agencies, to minimize duplication and to build on existing services.

Subd. 4. **Evaluation and accountability.** The commissioner shall evaluate the effectiveness of the newborn visiting program and report to the legislature biennially beginning January 15, 2010. The evaluation must take into consideration the following:

(1) parent satisfaction; and

(2) number of referrals made.

Subd. 5. **Training.** The commissioner shall establish education and training requirements for newborn visiting staff. These requirements must include:

(1) a bachelor's degree in nursing, early childhood development, or related field;

(2) experience in home visiting; and

(3) experience in working with families from diverse cultural communities.

Subd. 6. **Distribution.** The commissioner shall distribute funds to community health boards based on the average number of births in the past five years in each community health board jurisdiction multiplied by the cost of providing newborn visiting services. Community health boards shall provide the services directly or contract with new or existing home visiting service providers to provide these services.

## **Sec. 2. [145A.19] FAMILY HOME VISITING GRANT PROGRAM.**

Subdivision 1. **Administration.** The commissioner of health shall establish a grant program to award grants to programs that deliver early childhood home visitation

to low-income pregnant women and families of children from birth to age three designed to foster healthy beginnings, promote school readiness, prevent child abuse and neglect, promote positive parenting and resiliency in children, and promote family health and economic sufficiency. Programs shall use partnerships, collaboration, and a multidisciplinary team approach, utilizing the expertise of professionals from the fields of nursing, social work, and early education. Programs receiving a grant under this section must serve families at or below 250 percent of the federal poverty guidelines and other families determined to be at risk, as defined in section 145A.17, subdivision 1, or as determined by the commissioner. If a home visit is accepted, the first home visit must begin prenatally, if possible, and must give priority for services to teen mothers and to the lowest-income families.

Subd. 2. **Program components.** (a) Each program must meet the requirements in section 145A.17, subdivision 3, and must offer information on:

- (1) the local child care resource and referral network;
- (2) early Head Start and Head Start programs;
- (3) early childhood screening;
- (4) early childhood family education;
- (5) early childhood special education;
- (6) child care financial aid programs;
- (7) family literacy resources;
- (8) child abuse prevention;
- (9) infant care, child growth, and child development;
- (10) the WIC program;
- (11) immunizations and pediatric preventive health care services, including environmental hazards;
- (12) public health nurse services; and
- (13) health care programs and other public assistance programs for which the family may be eligible.

(b) The program must provide any referrals, as needed, to additional resources available within the community served by the program, including early education programs, health care services, mental health services, employment agencies, and social services.

(c) The program must offer center-based or group meetings at least once a month to families identified with additional needs to:

- (1) further enhance the information, activities, and skill building addressed during home visitation;

4.1 (2) offer opportunities for families to meet with and support other families; and  
4.2 (3) offer infants and toddlers a safe, nurturing, and stimulating environment for  
4.3 socialization and supervised play.

4.4 Subd. 3. **Training and technical assistance.** The commissioner shall provide  
4.5 training and technical assistance directly or by contract to programs on:

4.6 (1) effective methods of implementing parent education, conducting home visiting,  
4.7 and promoting child development;

4.8 (2) strategies for helping families with special needs and families coping with crisis;

4.9 (3) recruiting, supervising, and retaining qualified staff;

4.10 (4) increasing services to underserved populations;

4.11 (5) positive parenting methods to help families respond to their children's needs  
4.12 and behaviors;

4.13 (6) implementation of ongoing program quality improvement and evaluation of  
4.14 activities and outcomes; and

4.15 (7) relevant issues on child welfare and protective services.

4.16 Subd. 4. **Evaluation and accountability.** The commissioner shall conduct biennial  
4.17 evaluations beginning January 15, 2009, of the programs funded under this section using  
4.18 the evaluation measures established in section 145A.17, subdivisions 6 and 7. The  
4.19 commissioner of education shall assign an unduplicated MARRS number by the school  
4.20 district to children participating in programs funded under this section.

4.21 Subd. 5. **Applications.** (a) Applicants must submit a plan to the commissioner  
4.22 describing the multidisciplinary team visiting approach that will be utilized. At a  
4.23 minimum, programs receiving grants must coordinate multidisciplinary visiting teams with  
4.24 one or more of the following: local public health, early childhood family education, Head  
4.25 Start, social workers, and community health workers to accomplish program requirements.

4.26 (b) Applicants must demonstrate experience and ability in providing culturally  
4.27 competent home visiting program components to eligible families.

4.28 (c) Applications must be submitted on forms provided by the commissioner. The  
4.29 application must include:

4.30 (1) a description of the service community demographics;

4.31 (2) a proposed work plan describing a coordination plan, which ensures  
4.32 nonduplication of services for eligible families, and describing the strategies in place to  
4.33 ensure that families at greatest risk receive appropriate services;

4.34 (3) letters of intent from partnering agencies, organizations, and school districts;

4.35 (4) a description of the supervision methods to be used; and

4.36 (5) a description of the family identification process.

5.1            Subd. 6. **No supplanting of existing funds.** Funding available under this section  
5.2            may only supplement, not replace, nonstate funds being used for home visiting services.

5.3            Sec. 3. **APPROPRIATIONS.**

5.4            (a) \$..... is appropriated for the biennium beginning July 1, 2007, from the  
5.5            general fund to the commissioner of health for the universal newborn visiting program  
5.6            in Minnesota Statutes, section 145A.18.

5.7            (b) \$..... is appropriated for the biennium beginning July 1, 2007, from the general  
5.8            fund to the commissioner of health for the family home visiting grant program. The  
5.9            commissioner may use five percent of the funds appropriated in each fiscal year to conduct  
5.10           the ongoing evaluations required under Minnesota Statutes, section 145A.19, subdivision  
5.11           4, and may use ten percent of the funds appropriated each fiscal year to provide training and  
5.12           technical assistance as required under Minnesota Statutes, section 145A.19, subdivision 3.