State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 3600

03/24/2016 Authored by Mullery
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

A bill for an act

relating to health; modifying criteria for family home visiting programs funded through grants administered by the commissioner of health; appropriating money; amending Minnesota Statutes 2014, section 145A.17, subdivisions 1, 3.

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

Section 1. Minnesota Statutes 2014, section 145A.17, subdivision 1, is amended to read:

Subdivision 1. **Establishment; goals.** The commissioner shall establish a program to fund family home visiting programs designed to foster healthy beginnings, improve 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 must begin prenatally whenever possible and must be targeted to families ~~with~~ who:

(1) are adolescent parents;

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

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

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

(5) have reduced cognitive functioning;

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

(7) have low resiliency to adversities and environmental stresses;

(8) have insufficient financial resources to meet family needs;

(9) have a history of homelessness;

(10) have a risk of long-term welfare dependence or family instability due to employment barriers;

(11) have a serious mental health disorder, including maternal depression as defined in section 145.907; ~~or~~

(12) are from a community of color; or

(13) have other risk factors as determined by the commissioner.

Programs must also serve family, friend, and neighbor child care providers who care for children from families eligible for or receiving home visiting services from a program funded under this section.

Sec. 2. Minnesota Statutes 2014, section 145A.17, subdivision 3, is amended to read:

Subd. 3. **Requirements for programs; process.** (a) Community health boards and tribal governments that receive funding under this section must submit a plan to the commissioner describing a multidisciplinary approach to targeted home visiting for families and family, friend, and neighbor child care providers. The plan must be submitted on forms provided by the commissioner. At a minimum, the plan must include the following:

(1) a description of outreach strategies to families prenatally or at birth;

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

(3) methods to promote continuity of services when families move within the state;

(4) a description of the community demographics;

(5) a plan for meeting outcome measures; and

(6) a proposed work plan that includes:

(i) coordination to ensure nonduplication of services for children ~~and~~, families, and their child care providers;

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

(iii) collaboration with multidisciplinary partners including public health, ECFE, Head Start, community health workers, social workers, community home visiting programs, school districts, and other relevant partners. Letters of intent from multidisciplinary partners must be submitted with the plan.

(b) Each program that receives funds must accomplish the following program requirements:

(1) use a 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, developmental screenings and 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 and assistance in applying for 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 or contracting with local social and human services organizations, education organizations, and other appropriate governmental entities and community-based organizations and agencies;

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

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

(c) When available, programs that receive funds under this section must offer or provide the family or the family's child care provider with a referral to center-based or group meetings that meet at least once per month for those families identified with additional needs. The meetings must focus on further enhancing the information, activities, and skill-building addressed during home visitation; offering opportunities for parents and child care providers to meet with and support each other; and offering infants and toddlers a safe, nurturing, and stimulating environment for socialization and supervised play with qualified teachers.

(d) 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.

(e) 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.

(f) Upon initial contact with a family, programs that receive funding under this section must receive permission from the family to share with other family service providers information about services the family is receiving and unmet needs of the family in order to select a lead agency for the family and coordinate available resources. For purposes of this paragraph, the term "family service providers" includes local public health, social services, school districts, Head Start programs, health care providers, and other public agencies.

Sec. 3. **RECOMMENDATIONS OF THE CENTER FOR LAW AND SOCIAL POLICY.**

In expanding home visiting services funded through grants under Minnesota Statutes, section 145A.17, to family, friend, and neighbor child care providers who care for children from families eligible for or receiving home visiting services, the commissioner of health shall consider the recommendations of the Center for Law and Social Policy related to home visiting programs.

Sec. 4. **APPROPRIATION; FAMILY HOME VISITING PROGRAMS.**

$..... in fiscal year 2017 is appropriated from the general fund to the commissioner of health for grants to family home visiting programs under Minnesota Statutes, section 145A.17.