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2019 Home Visiting Legislation Comparisons

February 5, 2019

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| **Coalition Approved 2019 Legislative Language**  **(12/19)** | **Proposed by House Research based on MCTHV language**  **(12/18)** | **Amended by MDH**  **(1/19)** | **Preferred Language of MCTHV and LPHA for Delete All Amendment**  **(2/1/19)** |
| (c) **~~Evidence-Based~~ Home Visiting to Pregnant Women and Families with Young Children.** $6,000,000 in fiscal year 2018 and $6,000,000 in fiscal year 2019 are from the general fund to start up or expand ~~evidence-based~~ home visiting programs to pregnant women and families with young children. The commissioner shall award grants to community health boards, nonprofits, or tribal nations in urban and rural areas of the state. Grant funds must be used to start up or expand evidence-based or culturally, ethnically or geographically targeted home visiting programs in the county, reservation, or region to serve families, such as parents with high risk or high needs, parents with a history of mental illness, domestic abuse, or substance abuse, or first-time mothers prenatally until the child is four years of age, who are eligible for medical assistance under Minnesota Statutes, chapter 256B, or the federal Special Supplemental Nutrition Program for Women, Infants, and Children. For fiscal year 2020, the commissioner shall allocate at least 75 percent of the grant funds not yet awarded to evidence-based home visiting programs and up to 25 percent of the grant funds not yet awarded to other culturally, ethnically or geographically targeted home visiting programs in order to promote innovation and serve high-need families. Priority for grants to rural areas shall be given to community health boards, nonprofits, and tribal nations that expand services within regional partnerships that provide the evidence-based home visiting programs. This funding shall only be used to supplement, not to replace, funds being used for evidence-based or culturally, ethnically or geographically targeted home visiting services as of June 30, 2017. Up to seven percent of the appropriation may be used for training, technical assistance, evaluation, and other costs to administer the grants. The general fund base for this program is $16,500,000 in each fiscal year 2020 and $~~16,500,000 in fiscal year~~ 2021 and $27,000,000 in fiscal year 2022 and 2023. Beginning in fiscal year 2020, the commissioner shall allocate at least 75 percent of the grant funds to evidence-based home visiting programs and up to 25 percent of the grant funds to culturally, ethnically or geographically targeted home visiting programs. This rider does not expire. | Section 1. [145.87] HOME VISITING FOR PREGNANT WOMEN AND FAMILIES WITH YOUNG CHILDREN.  Subdivision 1.Grants for home visiting programs. (a) The commissioner shall award grants to community health boards, nonprofit organizations, and tribal nations to start up or expand home visiting programs serving pregnant women and families with young children. Grant funds must be used:  (1) to start up or expand evidence-based home visiting programs, or home visiting programs that are culturally or ethnically targeted to the county, reservation, or region of operation; and  (2) to serve families with young children or pregnant women who are high risk or have high needs; parents who have a history of mental illness, domestic abuse, or substance abuse; first-time mothers; or families who are eligible for medical assistance or the federal Special Supplemental Nutrition Program for Women, Infants, and Children.  (b) If a home visiting program serves first-time mothers, the program must provide services prenatally until the child is three years of age in order to receive grant funds under this section. | Subdivision 1.**Grants for home visiting programs.**  (a) The commissioner shall award grants to community health boards, nonprofit organizations, and tribal nations to start up or expand home visiting programs serving pregnant women and families with young children. Home visiting programs supported under this section shall provide home visits by early childhood and health professionals including nurses, social workers, early childhood educators, or trained paraprofessionals.  Grant funds must be used:  (1) to start up or expand evidence-based or evidence-informed home visiting programs that address health equity; and  (2) to serve families with young children or pregnant women who are high risk or have high needs; parents who have a history of mental illness, domestic abuse, or substance abuse; first time-mothers; or families who are eligible for medical assistance or the federal Special Supplemental Nutrition Program for Women, Infants, and Children.  (b) If a home visiting program serves first-time mothers, the program may provide services prenatally until the child is four years of age in order to receive grant funds under this section. | Section 1. **[145.87] HOME VISITING FOR PREGNANT WOMEN AND FAMILIES** **WITH YOUNG CHILDREN.**  Subdivision 1.**Grants for home visiting programs.** (a) The commissioner shall award grants to community health boards, nonprofit organizations, and tribal nations to start up or expand home visiting programs serving pregnant women and families with young children. Home visiting programs supported under this section shall provide home visits by early childhood and health professionals including nurses, social workers, early childhood educators, or trained paraprofessionals. Grant funds shall ~~must~~ be used:  (1) to start up or expand evidence-based ~~home visiting programs,~~ or evidence-informed home visiting programs that address health equity ~~are culturally or ethnically targeted to the county, reservation, or region of operation~~; and  (2) to serve families with young children or pregnant women who are high risk or have high needs; high risk may include but is not limited to low income families, parents with ~~who have a history of~~ mental illness, experiencing domestic abuse, or substance abuse~~; first time-mothers; or families who are eligible for medical assistance or the federal Special Supplemental Nutrition Program for Women, Infants, and Children~~.  ~~(b) If a home visiting program serves first-time mothers, the program must provide services prenatally until the child is four years of age in order to receive grant funds under this section.~~ |
|  | Subd. 2.**Grant awards.** (a) The commissioner shall award grants to entities in urban and rural areas of the state. In awarding grants in rural areas, the commissioner shall give priority to community health boards, nonprofit organizations, and tribal nations seeking to expand home visiting services within regional partnerships that provide home visiting services.  (b) The commissioner shall allocate at least 75 percent of the grant funds awarded each grant cycle to evidence-based home visiting programs and up to 25 percent of the grant funds awarded each grant cycle to culturally or ethnically targeted home visiting programs. | Subd. 2. **Grant prioritization.** (a) In awarding grants, the commissioner shall give priority to community health boards, nonprofit organizations, and tribal nations seeking to expand home visiting services with regional partnerships.  (b) The commissioner shall allocate at least 75 percent of the grant funds awarded each grant cycle to evidence-based home visiting programs that address health equity and up to 25 percent of the grant funds awarded each grant cycle to evidence-informed home visiting programs that address health equity. | Subd. 2. **Grant ~~awards~~ prioritization.** (a) ~~The commissioner shall award grants to entities in urban and rural areas of the state.~~ In ~~awarded~~ awarding grants ~~in rural areas~~, the commissioner shall give priority to community health boards, nonprofit organizations, and tribal nations seeking to expand home visiting services with~~in~~ community or regional partnerships ~~that provide home visiting services~~.  (b) The commissioner shall allocate at least 75 percent of the grant funds awarded each grant cycle to evidence-based home visiting programs that address health equity and up to 25 percent of the grant funds awarded each grant cycle to evidence-informed ~~culturally or ethnically targeted~~ home visiting programs that address health equity. |
|  |  | Subd. 3 Definitions:  (a) Evidence-based programs are based on a clear, consistent program or model that is research-based and grounded in relevant, empirically based knowledge. Evidence-based programs are linked to program-determined outcomes and are associated with a national organization, institution of higher education, or national or state public health institute. Evidence-based programs have comprehensive home visitation standards that ensure high-quality service delivery and continuous quality improvement, have demonstrated significant, sustained positive outcomes, and either have been evaluated using rigorous randomized controlled research designs and the evaluation results have been published in a peer-reviewed journal or are based on quasi-experimental research using 2 or more separate, comparable client samples.  (b) Evidence-Informed programs have data or evidence demonstrating effectiveness at achieving positive outcomes for pregnant women and young children. There must be an active evaluation of each evidence-informed program, or there must be a plan and timeline for that evaluation. (c) Health equity means everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential; | Subd. 3 Definitions:  (a) Evidence-based programs are based on a clear, consistent program or model that is research-based and grounded in relevant, empirically based knowledge. Evidence-based programs are linked to program-determined outcomes and are associated with a national organization, institution of higher education, or national or state public health institute. Evidence-based programs have comprehensive home visitation standards that ensure high-quality service delivery and continuous quality improvement, have demonstrated significant, sustained positive outcomes, and either have been evaluated using rigorous randomized controlled research designs and the evaluation results have been published in a peer-reviewed journal or are based on quasi-experimental research using 2 or more separate, comparable client samples.  (b) Evidence-Informed programs have data or evidence demonstrating effectiveness at achieving positive outcomes for pregnant women and young children. There must be an active evaluation of each evidence-informed program, or there must be a plan and timeline for that evaluation.  (c) Health equity means everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential. |
|  | Subd. 3.**No supplanting of existing funds.** Funding awarded under this section shall only be used to supplement, and not to replace, funds being used for evidence-based or culturally or ethnically targeted home visiting services as of June 30, 2017. | Subd. 4. **No supplanting of existing funds.** Funding awarded under this section shall only be used to supplement, and not to replace, funds being used for evidence-based or evidence-informed home visiting services as of June 30, 2017. | Subd. ~~3~~4. **No supplanting of existing funds.** Funding awarded under this section shall only be used to supplement, and not to replace, funds being used for evidence-based or ~~culturally or ethnically targeted~~ evidence-informed home visiting services ~~as of June 30, 2017~~. |
|  | Subd. 4.**Administrative costs.** The commissioner may use up to seven percent of the annual appropriation under this section to provide training and technical assistance and to administer and evaluate the program. | Subd. 5. **Administrative costs.** The commissioner may use up to ten percent of the annual appropriation under this section to provide training and technical assistance and to administer and evaluate the program. The commissioner of health may contract for training, technical assistance, and evaluation support from the University of Minnesota. | Subd. 45. **Administrative costs.** The commissioner may use up to ~~seven~~ ten percent of the annual appropriation under this section to provide training and technical assistance and to administer and evaluate the program. The commissioner of health may contract for training, capacity building support for grantees or potential grantees, technical assistance, and evaluation support. |
|  | Sec. 2. **APPROPRIATIONS.**  $23,000,000 in fiscal year 2020 and $41,600,000 in fiscal year 2021 are appropriated from the general fund to the commissioner of health for grants for home visiting services under Minnesota Statutes, section 145.87. This amount is in addition to base appropriations, and $56,500,000 is added to the base in each year for fiscal years 2022 and after. | No proposed changes | Sec. 2. **APPROPRIATION; HOME VISITING FOR PREGNANT WOMEN AND**  **FAMILIES WITH YOUNG CHILDREN.**  $23,000,000 in fiscal year 2020 and $41,600,000 in fiscal year 2021 are appropriated from the general fund to the commissioner of health for grants for home visiting services under Minnesota Statutes, section 145.87. This amount is in addition to base appropriations, and $56,500,000 is added to the base in each year for fiscal years 2022 and after. |