

HOUSE RESEARCH

Bill Summary

FILE NUMBER: H.F. 595

DATE: February 21, 2007

Version: As amended by author's amendment (H0595A3)

Authors: Laine and others

Subject: Newborn Home Visiting Program

Analyst: Emily Cleveland, 651-296-5808

This publication can be made available in alternative formats upon request. Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance. Summaries are also available on our website at: www.house.mn/hrd.

Overview

This bill establishes a newborn visiting program and creates a grant program to fund certain family home visiting programs. It also appropriates money from the general fund to both of these programs.

Section

1

Family home visiting programs. Amends § 145A.17. Adds to the goals of the current family home visiting programs.

Subd. 1. Establishment; goals.

- Removes the provision that these visiting programs are directed at children in families at or below 200 percent the federal poverty guidelines.
- Requires the commissioner to promote collaboration among the teams of professionals that perform visits from the fields of public health nursing, social work and early childhood education.
- Requires that preference be given to the lowest-income families and families that fall under certain criteria. Adds homeless and other factors that may be determined by the commissioner.

Subd. 2. (Repealed under current law.)

Subd. 3. Requirements for programs; process.

(a) Requires an entity that receives funding to provide the commissioner with a written plan that describes its approach. States certain requirements that all entities must meet to receive funding.

(b) Lists certain multidisciplinary partners that may be included in the visiting program. States that the visiting programs must meet certain requirements, most of which are already in statute, except connecting families with other community resources is an added requirement. States that visiting programs must offer group meetings at least once per month, when possible, for families with additional needs.

Subd. 4. Training. Requires the commissioner to provide training for home visitors and lists seven requirements of that training, including the following:

- Building effective relationships with families
- Effective methods of parent education and home visit conduct
- Early childhood development to age five
- Diverse cultural practices
- Recruiting, supervising and retaining staff
- Increasing services to the underserved
- Child welfare and protective services

Subd. 5. Technical assistance. (No change to current law)

Subd. 6. Outcome and performance measures. Adds to the areas in which the commissioner must determine ways to measure outcomes, including the following:

- Rates of children accessing quality early care and education services
- Program retention rates
- Number of home visits performed versus the number planned
- Participant satisfaction

Subd. 7. Evaluation. Allows the commissioner to use 5 percent of the funds for this program to conduct required evaluations under the provisions of this program. Requires children participating in home visiting programs to receive a MARSS number, which are assigned by the department of education.

Subd. 8. Report. (No change to current law)

Subd. 9. No supplanting of existing funds. (No change to current law)

Subd. 10. Submitting plans. Sets out the requirements for the plans that must be submitted to the commissioner by programs that receive funding. Requires the commissioner to provide forms for these plans and states certain information that must be included on the forms.

2

Voluntary newborn visiting program. Adds § 145A.18. Creates a voluntary newborn visiting program and sets out certain requirements.

Subd. 1. Establishment. Directs the commissioner of health to create a program for visiting parents of newborns, either in the hospital or as soon as possible after birth. States that the visiting services must be provided by existing service providers, whenever possible.

Subd. 2. Program components. Requires the program provide culturally competent services and information by trained staff that reflect the demographics of the community, if possible.

- States types of information that must be provided to the parents, including information on the following:
 - Early childhood screenings
 - Local child care resource and referral network
 - Child care financial aid programs
 - Child abuse prevention
 - Infant care and child growth and development
 - Immunization schedules and pediatric preventive care
- Requires that the program provide referrals to community partners and additional community resources and offer follow-up visits.
- Requires that parents have the option to opt out of the program.

Subd. 3. Coordination. States that the program must not impede or obstruct the provision of medical care. Requires coordination between the program and other local groups to minimize duplication of services.

Subd. 4. Evaluation and accountability. Directs the commissioner to evaluate the effectiveness of the program and report the findings to the legislature biennially, beginning January 15, 2010.

Subd. 5. Training. Directs the commissioner to establish education requirements for visiting staff that include a bachelor's degree and experience working in culturally diverse communities.

Subd. 6. Distribution. Provides for funds to be given to community health boards and directs the health boards to contract with home visiting providers to provide these services.

3

Appropriations. Provides for two appropriations.

- Appropriates an unspecified amount of money from the general fund to the commissioner of health for the newborn visiting program for the 2008-2009 biennium.
- Appropriates an unspecified amount of money from the general fund to the commissioner of health for the family home visiting program for the 2008-2009 biennium. Allocates certain percentages of the appropriation for evaluations and training and technical assistance.