

**2023 Legislative & Policy Agenda**

**Goal I:**

**Increase resources and access to quality family home visiting programs and services.**

1. **Increase federal, state, and local funding for family home visiting services to improve health outcomes for families and young children.**

Voluntary family home visiting services, whether short term, mid-term or long-term have proven successful in stabilizing families and connecting them to critical community resources and services.

Funding to promote collaborative partnerships within and across communities to meet the needs of vulnerable families will help improve direct services to families. Resources will be designated within grants to build capacity within a community to improve coordination and collaboration in support of families. Additional resources will be targeted to professional development and training needs of staff to ensure quality programming.

Eligible entities include community health boards, tribal health agencies, nonprofit organizations and/or community partnerships that include early childhood educators operating family home visiting programs.

* 1. **Support the renewal and implementation of Community Solutions Grant Program.** Allowing communities of color and communities experiencing geographic inequities to identify their own needs and challenges related to maternal and child health will provide opportunities to develop locally driven solutions to help address inequities
  2. **Encourage interagency coordination through the Family First Prevention Services Act for home visiting services and infant and early childhood mental health services** and proactively encourage alignment between the Minnesota Departments of Health and Human Services definitions of evidence-based and evidence-informed home visiting programs as well as the release of resources to communities; and reduce unnecessary entry into the child welfare system.

1. **Expand and increase Medicaid reimbursement for home visits by trained or licensed professionals and paraprofessionals.** Home visits are conducted by a variety of professionals and paraprofessionals including community health workers, health educators, social workers, public health nurses and doulas. Work with DHS and policy makers to increase reimbursement rates and capacity of paraprofessionals to bill Medicaid.
   1. **Expand the list of recognized evidence-based and evidence-informed home visiting programs and Doula certified programs in Minnesota.** Expanding the list of recognized evidence-based and evidence-informed programs in Minnesota increases access to quality programming across the state and provides additional flexibility to target families who are currently not being served, e.g., pregnant individuals, parents who are incarcerated, second parent of a child, etc.
   2. **Medicaid reimbursement rates should set minimum reimbursement rates on PMAP contracts for home visiting services.** Reimbursement rates for home visits are inconsistent across health plans and communities. Minimum rates will improve access to Medicaid reimbursement and help service providers cover their costs and increase their reach to families.
   3. **Identify strategies to diversify the field of family home visiting professionals** to better reflect the families they serve in Minnesota through flexible credentials or shared recruitment strategies.

**Goal II:**

**Build a strong infrastructure to support quality family home visiting programs and services.**

1. **Support state funding for infant and early childhood mental health services and consultation to increase health and mental health outcomes of infants, toddlers and young families;** and to increase knowledge among professionals, paraprofessionals working with families with infants, toddlers and young children.
2. **Support federal and state legislation for continuous coverage and 12-month eligibility in Medicaid and CHIP programs** to increase health and mental health outcomes for infants and young children through age 6.
3. **Support paid family & medical leave** to increase health, mental health outcomes and stability for those who are pregnant and their families.
4. **Identify strategies to diversify the field of family home visiting professionals** to better reflect the families they serve in Minnesota through flexible credentials or shared recruitment strategies.
5. **Increase coordination and collaboration among home visiting services and early childhood programs and services in communities across the state of Minnesota** to better serve families with complex needs.

Increased coordination and collaboration will help families who have historically been underserved access services,e.g., parents who are incarcerated, fathers who want to, or are engaged with their children.

Recognition and promotion of successful collaboration and coordination efforts will encourage replication.

* 1. **Support the implementation of programming in state prisons and county jails** to give justice involved families’ opportunities to parent, increase their parent and child bond, and increase involvement in their children’s lives.