

DRAFT —
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1.1 A bill for an act
1.2 relating to public health; developing a pilot program for targeted home visiting
1.3 programs to evaluate the effectiveness of evidence-informed programs compared
1.4 to evidence-based programs; appropriating money.

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

1.6 Section 1. **TARGETED HOME VISITING EVALUATION GRANT PROGRAM.**

1.7 Subdivision 1. **Establishment.** The commissioner shall develop a pilot program to
1.8 evaluate statewide practice and quality standards for targeted home visiting programs over
1.9 a period of three years. The program shall evaluate the effectiveness of evidence-informed
1.10 targeted home visiting programs in improving the quality of targeted home visiting
1.11 programs across the state and increasing access for at-risk families to quality, culturally
1.12 relevant programs.

1.13 Subd. 2. **Grants.** (a) The commissioner of health shall award grants to
1.14 nonprofit organizations, community health boards, and tribal governments to expand
1.15 evidence-informed targeted home visiting programs that provide home visiting services
1.16 to at-risk families.

1.17 (b) The commissioner shall select up to ten program sites in both metropolitan and
1.18 rural areas of the state. Each pilot site must serve up to 25 at-risk families from prenatal
1.19 through the age of three.

1.20 (c) Each pilot site must:

1.21 (1) use the practice standards developed by the commissioner of health in
1.22 consultation with home visiting stakeholders;

2.1 (2) have access to ongoing training for home visitors that meets the baseline training
2.2 and coaching developed by the commissioner of health, in consultation with home visiting
2.3 stakeholders; and

2.4 (3) participate in a learning collaborative.

2.5 Subd. 3. **Evaluation.** (a) The commissioner shall identify measures to determine
2.6 the impact of the programs receiving a grant under this section.

2.7 (b) Each pilot site must track program implementation, output, and outcomes
2.8 using the standards identified by the commissioner and shall report their activities and
2.9 progress towards the outcomes to the commissioner in a format and time specified by
2.10 the commissioner.

2.11 (c) Each site receiving a grant shall be accountable for making progress toward
2.12 the measurable outcomes.

2.13 (d) At the end of three years, the commissioner shall conduct an evaluation of
2.14 the home visiting programs receiving grants under this section and shall evaluate the
2.15 impact of the programs on the outcome measures. The commissioner shall submit a
2.16 report of the results of the evaluation to the chairs and ranking minority members of the
2.17 legislative policy and finance committees with jurisdiction over health and human services
2.18 and education. The report shall include the commissioner's assessment on whether
2.19 evidence-informed home visiting programs are at least as effective in achieving qualitative
2.20 outcomes as evidence-based home visiting programs.

2.21 Subd. 4. **Supplantation of funds.** Funding available under this section may only be
2.22 used to supplement, not replace current state and federal funding used for family home
2.23 visiting programs. Pilot sites receiving funds under this section must use the funds to
2.24 expand existing home visiting programs or develop new programs.

2.25 Sec. 2. **APPROPRIATION.**

2.26 \$1,750,000 is appropriated in fiscal years 2017, 2018, and 2019 from the general
2.27 fund to the commissioner of health to implement and evaluate the targeted home visiting
2.28 grant program. This appropriation shall not become part of the base.