



Process and Timeline for Developing Policy & Legislative Positions

1. August 2016

1. Legislative Committee identified five key policy issues
2. Coalition Coordinator Developed draft policy and legislative positions based on Legislative Committee suggestions and previous platform
3. Legislative Committee members reviewed initial draft language and provided feedback
4. Executive Team reviewed initial draft language and provided feedback

2. September 2016

1. Bring initial draft policy and legislative positions during Coalition quarterly meeting and seek feedback and input
2. Legislative Committee reviews feedback and input from Coalition Collaborators and refines policy and legislative positions for the Coalition
3. Executive Committee will review revised policy and legislative positions
4. Coalition Collaborators, especially those who represent larger groups of people or organizations, will bring these draft positions to their own partners/collaborators for feedback and input. Feedback will be shared with the Legislative Committee and Executive Team in October.

3. October 2016

1. Legislative Committee reviews feedback and input from Coalition Collaborators, their affiliate partners and stakeholders, then refines policy and legislative positions for the Coalition and provides necessary evidence.
2. Executive Committee will review revised policy and legislative positions and necessary evidence.
3. Coalition will seek support from other coalitions, networks, state agencies, Governor's Office and others for policy and legislative positions.

4. November 2016

1. Coalition will seek support from other coalitions, networks, state agencies, Governor's Office and others for policy and legislative positions.



2017 Policy & Legislative Positions

All Minnesota families of children age prenatal to three who are at risk for poor mental health, physical health, social, and educational outcomes will have access to targeted, intensive home visiting services to help them succeed in school and in life. Services will be voluntary, high-quality, outcome-focused, and tailored to the resources in each community.

DRAFT - DO NOT Distribute

1. Increase resources for quality targeted home visiting programs and services

- 1. Increase funding for evidence-based and evidence-informed targeted home visiting programs (\$70 M).** Eligible entities include Community Health Boards, Tribal Health Agencies and nonprofit organizations operating evidence-based or evidence-informed targeted home visiting programs. Currently there are 99,000 children ages three and under living in poverty in MN. These resources will be used to target the families of these children, reach special populations (teens, people with special needs, people with mental health needs, people experiencing homelessness, incarcerated women), and first time moms.
- 2. Support increasing Medicaid reimbursement rates for all home visits (\$4.5 M).** Home visits are conducted by public health nurses, social workers and/or other trained professionals throughout the State of Minnesota. Reimbursement rates for these visits haven't kept pace with costs of providing home visits. Increasing MA reimbursement rates will help services providers cover their costs and increase their reach of families.
- 3. Advocate for funding (public and/or private)** to test the use of quality program standards/best practices in evidence-informed programs as a means of improving outcomes for families. Participation in this pilot is voluntary and available to existing targeted home visiting programs.
- 4. Expand the list of recognized evidence-based targeted home visiting programs by the Minnesota Department of Health (MDH).** Currently only three of seventeen evidence-based targeted home visiting programs (based on HRSA list of quality programs) are recognized and supported by the MDH. Expanding the list of recognized evidence-based programs increases access to quality programming across the State of Minnesota

2. Build a strong infrastructure to support quality targeted home visiting programs and services

- 1. Workforce development and training**
 - 1. Seek funding to implement base-line training for new home visitors** as authorized by the MN Legislature in 2015 (\$2.4 million annually)
 - 2. Seek funding to diversify the field of targeted home visiting professionals** serving families throughout the State of Minnesota.
- 2. Increase coordination, collaboration and/or integration of home visiting services**
 - 1. Work with MDH, Minnesota Department of Education and Coalition Collaborators to identify existing home visiting service providers** in communities across the State of Minnesota.
 - 2. Create a plan to better coordinate and collaborate around service delivery** at the state and local level and leverage existing resources and services.

Minnesota Coalition for Targeted Home Visiting

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