

2024 Legislative & Policy Platform Minnesota Coalition for Family Home Visiting

Position	Statement of Support	
Goal 1: Increase resources for quality family home visiting programs & services.		
I. Expand and increase Medicaid reimbursement for home visits by trained or licensed professionals and paraprofessionals, including community health workers, perinatal educators and social workers.	Family home visits are conducted by professionals and paraprofessionals including public health nurses, social workers and community health workers.Support increasing Medicaid reimbursement rates for all home visits to cover the cost of services. Reimbursement rates for home visits have not kept pace with the costs of providing these services. Increasing Medicaid reimbursement rates will help service providers cover their costs and improve their accessibility to families.	
II. 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.	
III. Support state funding for infant and early childhood mental health services and consultation.	Supporting infant and early childhood mental health services will 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.	
IV. Expand resources to support and diversify the family home visiting workforce in Minnesota.	Expanding capacity and recruiting, retaining, and diversifying the family home visiting field will ensure racially, ethnically and geographically diverse programs and delivery systems are available to best meet the needs of families with complex needs.	
V. Support voluntary universal home visiting services for pregnant and parenting families.	Supporting pregnant and parenting families as they rebuild from the public health pandemic will better stabilize their household and encourage child growth and development.	

VI. Increase flexibility in the types of home visiting programs eligible to apply for home visiting funding at MDH, DHS and/or MDE.	Expanded capacity and access to home visiting programs cannot be established until additional funding is made available.
VII. Expand the list of recognized evidence-based family home visiting programs in Minnesota. Expanding the list of recognized evidence-based programs in Minnesota increases access to quality programming across the state.	New, competitive state funding for family home visiting services to families living in poverty, targeting first time moms and families within special populations. Special populations may include teens, families with special needs, families with mental health needs, families experiencing homelessness and/or incarcerated women. Funding will promote collaborative partnerships within and across communities to meet the needs of vulnerable families living in poverty. 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 and nonprofit organizations operating family home visiting programs.
Goal 2: Build strong infrastructure to support quality family home visiting programs & services.	
I. Protect and expand current public health investments for	During the first three years of life, a positive, healthy relationship with a parent or caregiving figure is the most important factor for successful development. These relationships not only provide a safe and healthy environment for physical growth, but also positive interactions that

Without opportunities to achieve desired outcomes for children and families living in poverty, we can expect to see continued stress which can lead to negative health and educational outcomes for children.

visitors. Additional funding is needed to provide competitive wages to

these vital providers-the majority of whom are women-to adequately

support healthy emotional and social development, and learning.

Low wages and poor benefits for the field are main drivers of challenges with recruitment, retention, and high turnover of home

serve and support families in Minnesota.

II. Identify strategies to diversify and support the field of family home visiting professionals to better reflect the families they serve in Minnesota through flexible credentials or shared recruitment strategies.

pregnant people and infants,

in Minnesota.

including home visiting services