**MINNESOTA COALITION FOR TARGETED HOME VISITING**

**Minutes for June 6, 2016**

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| **AGENDA TOPIC** | **DISCUSSION** |
| Welcome & Introductions |  |
| 2016 Legislative Session Review – | The 2016 Legislative Session ended May 23rd with mixed reviews. They passed a supplemental budget bill and tax bill but failed to pass a bonding or transportation bill this session. The Governor is considering a special session to complete the bonding and transportation bill and he is consider vetoing the supplemental budget bill so they can add or make some final changes.  **Coalition Priorities**  Increase quality among all providers of targeted home visiting services and increase access to high quality targeted home visiting services for families at risk (e.g. teens, children at risk of abuse/neglect)  **Other Home Visiting Legislation**   * Advocate for funding of pilot projects to expand targeted home visiting services using new statewide quality standards in evidence-informed programs. * Seek funding to implement baseline training for new home visitors. * Support increasing Medicaid reimbursement rate for evidence-based targeted home visiting   **Key Bills**   * SF 998 - Increase MA Reimbursement Rates for model home visiting programs in MN – Nurse Family Partnership was the lead on this * SF 3061 Coalition demonstration pilots for standards * SF 2411/ HF 2670 [ABC Act, MinneMinds] – Parent Aware, early learning scholarships, demonstration pilots for home visiting - the pilot language did not make it into the Omnibus bill however good conversation was generated * SF 2438 ECFE Levy Increase * HF 2749 Omnibus supplemental budget bill   The Governor signed the Omnibus bill.  **What Passed? Who’s Leaving Senate/House?**  See Handout: 2016 Legislative Updates  **What does this mean for the Coalition?**  With the possible changes to the legislature coalition members will have to reeducate those running for office on Home Visiting and what the coalition is trying to accomplish.  **What information do coalition members need to feel confident when talking to legislators?**   * Resources that help to articulate the argument * Members may be more comfortable reaching out to legislators from their particular program rather than as a member of the coalition. |
|  | * More information on activities by members and how the information is received * How to blend the priorities of the coalition with Home Visiting in general * Send a survey on how people are using the coalition information   **Specific programs were more likely to get funding:**   * Funding for the Parent-Child home visiting program received $350,000 in 2016 and $2.3 million for 2017. * Early Childhood Family Education increases the levy and allows ECFE to receive aid based on a new levy formula. * MN Dept. of Health will establish a grant program to provide culturally competent programs to screen and treat pregnant women and women who have given birth in the preceding 12 months for pre- and postpartum mood and anxiety disorders.   **The Coalition is as strong as it is active.**  **What is the Coalition doing to reach legislators from greater Minnesota?** Although the meeting seems Metro centric – there are members from greater Minnesota but it is much harder for them to physically get to the meeting , they are encouraged to participate online. |
| Panel Discussion: Systems-Level Implications of Home Visiting Standards –  Facilitated by Laura LaCroix-Dalluhn | The Coalition has been working on Home Visiting Standards that would create a baseline standard for programs not operating on a model program recognized by the State of Minnesota.  Minnesota has three federally recognized model programs supported through local public health – Nurse Family Partnership, Healthy Families America (HFA), and Family Spirit. There are other evidence based programs not receiving federal dollars – they receive other funding but not federal dollars.  See Handouts: Home Visiting Standards and Prologue for details on the Standards.  This legislative session the coalition wanted to pilot the Standards however this did not go through.  **Purpose:**  1. Discuss systems-level opportunities and challenges related to adopting and implementing standards  2. Ask questions and learn from colleagues  **Panelists:**  1. Dawn Reckinger, MN Department of Health  2. Ronel Robinson, Way to Grow  3. Carol Miller, Hennepin County, Early Childhood  4. Joan Brandt, St. Paul-Ramsey County Public Health  5. Chera Sevcik, Faribault-Martin County Human Services |
|  | **When communicating the purposes and goals of targeted home visiting standards, what questions arise for you and/or others when you think about the standards we are trying to push forward?**   * Provides a starting point or guide for new programs. * Who’s going to inforce the standards? If the state is to inforce the standards, how would they go about it? What outcomes can you show? The Models have statistics behind them. Need clarity on how the standards were developed. Is there equal access across the state? Was there a university or developer behind these standards or can we get a university to back the standards? * How do the standards fit into the bigger system * What and where is the need for the standards in MN? If we have evidence based models why would we fund something new? Standards very close to HFA, what are the proprietary implications? * Worries regarding funding and capacity. * How did the group decide on these standards, are the flexible or set in stone? What are they based on? Do all programs need to be the same – what about local variation? How is this different from child protection? How will this make a difference for children?   **Can you talk about - if you were to implement these standards locally, what would you need for infrastructure?**   * Looking at what ifs that may come up in programming, looking at the area demographics. How do outreach to the new immigrant/refugee communities? How do you not duplicate services? * MDH’s role is capacity building. The standards would be like MN developing their own model? How would the state keep up with implementation? * Ramsey County already implements NFP and HFA and Ramsey County could implement the standards but does not see a need. * Are the current models used flexible enough to serve all families? Would the standards fill the gap for families who do not meet the criteria of the current models? * The purpose of the standards is to lift quality across the board for programs currently not receiving funding and to fill in the gaps of the model programs, not to replace or take away from these models. |
| Coalition Strategic Planning | See Handout: Strategic Planning and Coalition Governance |