

MINNESOTA COALITION FOR TARGETED HOME VISITING

WHO IS INVOLVED?

Public and private home visiting providers, counties, children's advocacy organizations, health plans, foundations and funders.

COALITION PURPOSE:

To secure stable sources of public and private funding so targeted, intensive home visiting is available statewide for high risk parents on a voluntary basis.

OUR AIM:

To work together to: 1) preserve current state funding, 2) make the case for expanded state funding, 3) enhance the availability of health plan coverage for home visiting, and 4) position Minnesota for increased federal funding for home visiting

ABOUT TARGETED HOME VISITING:

It is widely recognized that brain development is at its peak prenatally and during the earliest months and years of life. Infant and child experiences during this time set the brain's capacity and patterns which affect child outcomes for the rest of life. The children at highest risk for poor outcomes have low-income mothers, many of whom are single or teen parents.

Home visiting is not new in Minnesota. It is a service delivery strategy frequently used to build relationships with parents and children to promote family health and wellness and increase parental competence and early childhood development. The Minnesota Department of Health study reveals there are many models and curriculums in use. Communities with larger populations often use multiple models.

Evidence for very positive ROI (return on investment) for home visiting, especially nurse home visiting, has been documented. Estimates vary, but the Minneapolis Federal Reserve estimates a 5:1 ROI. Other studies cite improved health outcomes, increased family financial stability, reduced child maltreatment, improved school success and graduation, and reduced crime.

WHY A COALITION IS NEEDED:

Home visiting is under-funded in Minnesota and current funding may be in jeopardy (again!) as the state addresses the budget shortfall. Prevention services are seldom fully funded and are often the first cuts made to balance the budget. In fact, funding for home visiting was cut by the State of Minnesota in 2003, and only partially restored last year.

In Minnesota, fully 40% of babies born each year are enrolled in Medicaid or MinnesotaCare. Minnesota has the opportunity to use these programs to increase funding and access to home visiting services. This will require working closely with health plans, the Minnesota Department of Human Services, the Minnesota Department of Health and home visiting providers to enhance this funding stream.

Increased funding for home visiting likely will be a priority of the new federal administration. The Obama stated goal is to expand programs to all low-income, first-time mothers. Minnesota needs to be ready to take advantage if this opportunity becomes a reality. We need to begin now so new federal funding is directed to evidence-based home visiting models that build trust with diverse communities and provide for local flexibility.

The Minnesota Department of Health recently received federal child abuse prevention funds to do home visiting planning for our state. As one of a handful of states to receive this funding, we should prepare to use it as a catalyst for securing new state and federal funding.

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