

Targeted Family Home Visiting: Serving At-Risk Families to Promote Healthy Beginnings and Family Stability



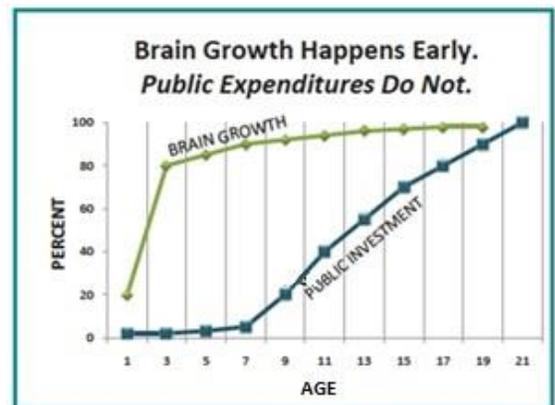
Minnesota's local public health departments are a primary provider of targeted family home visiting, an evidence-based practice serving at-risk children and families that supports healthy brain development, reduces child maltreatment, promotes school readiness and connects families to needed services for additional support. Services begin prenatally whenever possible.

Family home visiting improves early childhood outcomes and saves public dollars

- Minnesota's family home visiting programs improve maternal and newborn health, reduce child maltreatment, improve school readiness and parent-child relationships, reduce family domestic violence, and promote family economic self-sufficiency. (*MDH, "Minnesota Family Home Visiting Program, Report to the Legislature, 2016"*)
- Families who receive evidence-based family home visiting services require child protection services nearly 50% less than similar families with infants who did not receive services. (*Metro Alliance for Healthy Families, 2013*)
- Nurse Family Partnership, one of several evidence-based models implemented in Minnesota, has shown a return on investment of \$5.70 for every dollar spent. (*Kilburn, M.R., & Karoly, L.A., 2008*)

Early investments are essential to healthy development

- 85% of brain growth occurs before age 3, and brain growth is impacted greatly by a child's early experiences.
- Nearly 200,000 Minnesotan children under the age of 6 are at risk of poor physical and mental health outcomes due to factors such as teenage pregnancy, poverty, having less than a high school education, lack of prenatal care, history of substance abuse and homelessness. (*2015 Minnesota Early Childhood Risk & Reach report, Wilder Research*)



Minnesota is taking big strides to strengthen and expand family home visiting

In 2017, the Minnesota Legislature made significant investments in family home visiting: \$12 million was appropriated in FY18-19 for start-up and expansion of evidence-based home visiting programs targeting high-risk families; this investment increases to \$33 million beginning FY20-21. Medicaid reimbursements for evidence-based public health nurse home visits were increased to \$140, too.

Family home visiting programs receive additional support from previously existing funding sources, including Temporary Assistance for Needy Families (TANF) block grant, federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) and local tax levies.

The Minnesota Legislature also amended state data sharing practices in 2017 to better support coordination of services across education, public health, human services, corrections and housing sectors (see [2017 Session Law, Chapter 6, Article 7](#)). Local public health departments are leveraging these additional state investments and policy changes to expand services to more families in need and improve outcomes for children and families throughout the state.

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