

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



Targeted family home visiting is an evidence-based practice 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.

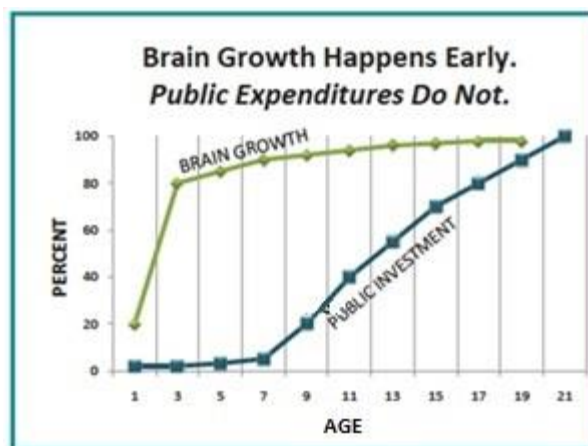
Minnesota's local public health departments are the primary provider of targeted family home visiting for at-risk women and families throughout our state. State-funded programs are governed by the Local Public Health Act (MN Stat. 145A.17).

Family home visiting programs improve birth outcomes, prevent child maltreatment, strengthen family stability and save public dollars

- A 2013 Minnesota study found families who received evidence-based family home visiting services by the Metro Alliance for Healthy Families required child protection services nearly 50% less than similar families with infants who did not receive services. (*Metro Alliance for Healthy Families*)
- 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*)

Minnesota needs to invest more in infants and toddlers

- 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. (*2015 Minnesota Early Childhood Risk & Reach report, Wilder Research*)
- Risk factors may include: teenage pregnancy, low income, having less than a high school education, lack of prenatal care and/or history of alcohol and drug abuse or homelessness.



HF1385 / SF1143 Supports increasing the MA reimbursement for public health nurse home visits, helping to maintain and strengthen family home visiting programs throughout Minnesota

- More than 42% of all Minnesota resident births in 2014 were paid for by Minnesota Health Care Programs (primarily MA). (*MDH and DHS Birth Certificate-Medicaid matched data set*)
- Current MA reimbursements fall far short of covering the cost of targeted family home visits, leaving counties to rely on local tax levies to fill the gaps.
- LPHA supports HF1385 / SF1143, which increases the minimum MA reimbursement rate for public health nurse family home visits to \$140, providing needed resources to maintain and strengthen programs that lessen the negative impacts of poverty and improve outcomes for children.

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