

Phase 4 Evidence-Based Home Visiting State Funding

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Background

- 2017 Legislature and Governor Dayton passed \$6 million (SFY 18-19) and \$16.5 million (SFY 20-21 and going forward) for start-up or expansion of evidence-based home visiting services
- Original plan was to award funding in 3 phases, but 4th Phase is now needed.

2019 Evidence-Based Home Visiting

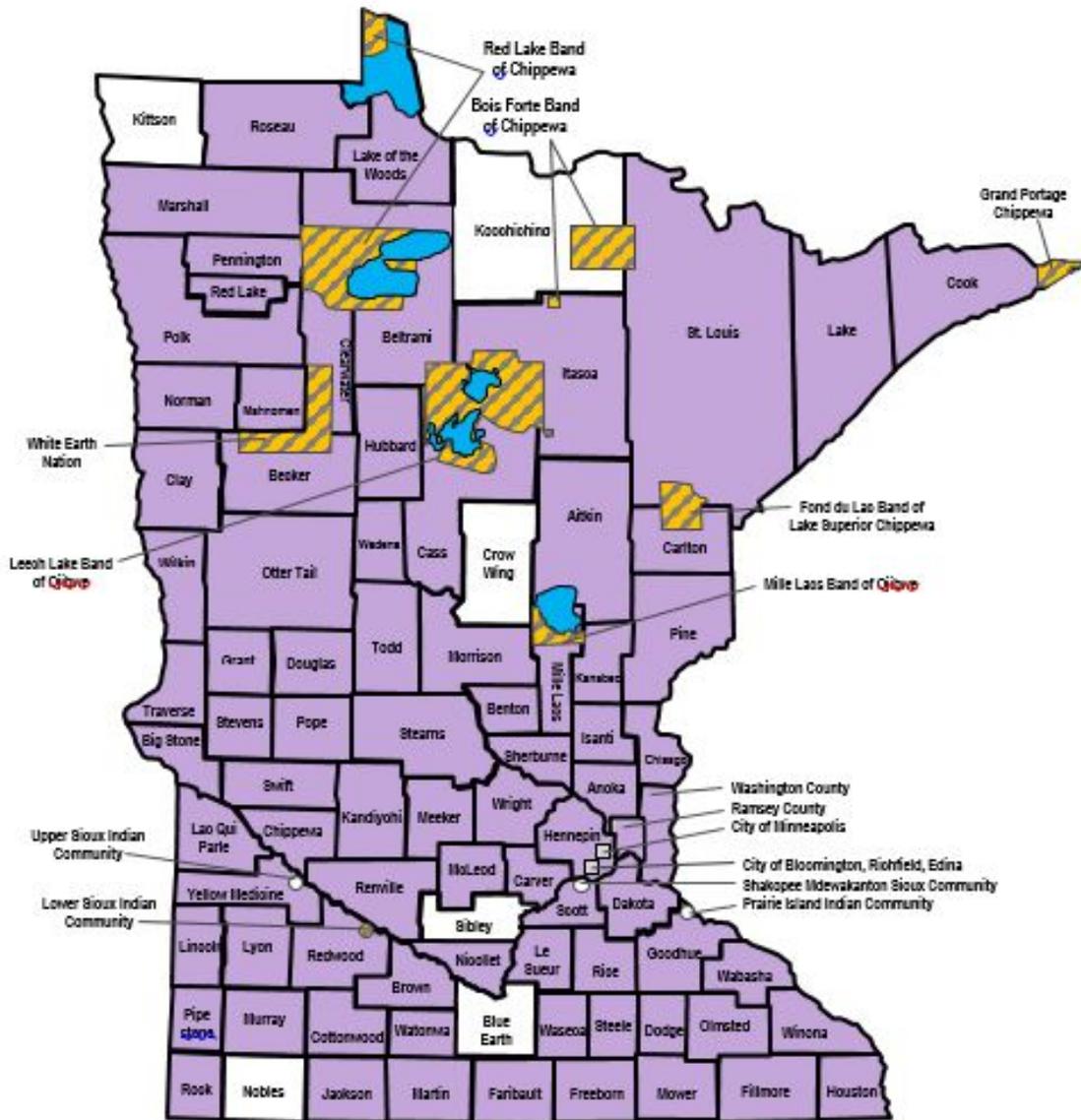
Need: 102,000 children 0-4 under 200% Federal Poverty Level.

12% of this need met through MDH funded programs (evidence-based and traditional public health home visiting);

4% of need is met through Evidence-based Home Visiting

Current spread of evidence-based home visiting (funded by MDH): 81 Counties, 8 tribes, 23 non-profits

New funding will serve approximately 2200 families each year



Funding Period

- January 1, 2020 to December 30, 2022
- Approximately \$6.5 million or \$2.2 million/year

Timeline

Grant	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
NFP		Yellow	Yellow	Yellow	Yellow	Yellow	Orange	Orange					
Phase 1			Light Green	Light Green	Light Green								
Phase 2				Grey	Grey	Grey	Grey	Grey					
MIECHV			Light Blue	Light Blue	Light Blue	Dark Blue	Dark Blue	Dark Blue					
Phase 3					Dark Blue	Dark Blue	Dark Blue	Dark Blue					
Phase 4						Light Green	Light Green	Light Green					
Combined State									Green	Green	Green	Green	Green

Goals

Target remaining funding to

- Targeted expansion of services to unserved regions and high priority populations.
- Innovations that will increase infrastructure of current grantees to successfully implement evidence-based programs
- Data Interoperability and decreased burden for data entry

Phase 4

1. Interoperability of data collection systems.
2. Counties/Tribes who do not have an evidence-based home visiting program
3. Expansion for priority populations.
4. Supporting infrastructure and success of current evidence-based grantees.

Data Interoperability

- Targeted RFP to current grantees to make their systems interoperable with MDH's system or the model developers system.
- Decrease or eliminate double or triple data entry.
- Point of service is the main data entry time point.
- Grantees have the control of who they send their data to (e.g. MDH, Model Developer, etc.)

Targeted Counties and Tribal Nations

- 6 Counties and 3 Tribal Nations do not have evidence-based home visiting programs.
- MDH would be looking for an entity to provide services in these regional areas.
- Opportunities to build off of current surrounding programs.

Expansion of Services to Priority Populations

- American Indian, particularly prenatally
- African American, particularly prenatally
- Families with a history of Substance Abuse
- Families involved with or at risk of involvement with Child Protection
- Other priority populations identified by needs assessment at state or local level.

Innovations Supporting Infrastructure

- Centralized Intake – pilot with Help Me Grow
- Specialized Outreach
- Systems Innovations
- Model supports at local level that assist with implementation
- Technology that assists families or home visitors
- Trainings that build capacity for evidence-based home visiting services



Discussion



Next Steps

Further Ideas or Questions

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