

1.1 moves to amend H.F. No. 2684 as follows:

1.2 Page 1, after line 5, insert:

1.3 "Section 1. **[145A.18] TARGETED HOME VISITING; EVALUATION; GRANT**
1.4 **PROGRAM.**

1.5 Subdivision 1. **Establishment.** (a) The commissioner shall develop a three year
1.6 pilot program to evaluate statewide practice and quality standards for targeted home
1.7 visiting programs. The program shall evaluate the effectiveness of evidence-informed
1.8 targeted home visiting programs in order to improve the quality of targeted home visiting
1.9 and increase access to quality, culturally relevant programs for at-risk families.

1.10 (b) For purposes of this section, an "evidence-informed targeted home visiting
1.11 program" means a targeted home visiting program that uses promising practices based on
1.12 research and evaluation.

1.13 (c) For purposes of this section, "at-risk families" include families:

1.14 (1) who may have poor outcomes related to maternal and newborn health;

1.15 (2) whose children may be at risk of sustaining injuries, maltreatment, or emergency
1.16 room visits; and

1.17 (3) who may be at risk of losing economic self-sufficiency or are not economically
1.18 self-sufficient.

1.19 Subd. 2. **Grants.** (a) The commissioner shall award grants to nonprofit
1.20 organizations, community health boards, and tribal governments to expand existing
1.21 evidence-informed targeted home visiting programs that provide home visiting services
1.22 to at-risk families, ... percent of the grants awarded under this pilot program must be
1.23 awarded to nonprofit organizations.

1.24 (b) The commissioner shall select up to ten program sites representing both urban
1.25 and rural areas of the state. Each pilot site must serve up to 25 at-risk families for three
1.26 years. Services may begin prior to the birth of the child and must continue for three years.

1.27 (c) Each pilot site must:

2.1 (1) use the targeted home visiting practice standards developed or designated by the
 2.2 commissioner of health, in consultation with home visiting stakeholders;

2.3 (2) have access to ongoing training for home visitors that meets the baseline training
 2.4 and coaching developed or designated by the commissioner of health, in consultation with
 2.5 home visiting stakeholders; and

2.6 (3) participate in a learning collaborative.

2.7 Subd. 3. **Evaluation.** (a) The commissioner shall identify measures to determine
 2.8 the effectiveness of the programs receiving a grant under this section.

2.9 (b) Each pilot site must track program implementation and progress measures using
 2.10 the standards developed by the commissioner and must report their activities and progress
 2.11 to the commissioner at the time and in the manner specified by the commissioner. To the
 2.12 extent practicable, the commissioner shall coordinate these reporting requirements with
 2.13 the department's existing family home visiting reporting and evaluation system.

2.14 (c) At the end of the three year grant period, the commissioner shall conduct an
 2.15 evaluation of the targeted home visiting programs that received grant funds under this
 2.16 section to determine whether the programs met the outcome measures.

2.17 (d) By January 15, 2019, the commissioner shall submit a report on the results of the
 2.18 evaluation of the chairs and ranking minority members of the house and senate policy and
 2.19 finance committees with jurisdiction over health, human services, and education.

2.20 Subd. 4. **Supplemental funds.** Funding available under this section must only be
 2.21 used to supplement, and must not supplant, current state and federal funding used for
 2.22 family home visiting programs. Pilot sites receiving funds under this section must use the
 2.23 funds to expand existing home visiting programs.

2.24 **EFFECTIVE DATE.** This section is effective July 1, 2016, and expires June 30,
 2.25 2019.

2.26 Sec. 2. **APPROPRIATION.**

2.27 \$..... is appropriated in fiscal year 2017 from the general fund to the commissioner
 2.28 of health for grants for evidence-informed targeted home visiting programs. Of this
 2.29 appropriation, the commissioner may use no more than ... percent for administrative
 2.30 and program evaluation costs. Base level funding for the 2018-2019 biennium shall be
 2.31 \$..... per fiscal year."

2.32 Renumber the sections in sequence and correct the internal references

2.33 Amend the title accordingly