



## **Minnesota Prenatal to Three Coalition 2024 Policy & Legislative Priorities**

- 1. Invest in and increase access to trauma-informed and culturally responsive infant and early childhood mental health consultation and care—beginning prenatally and continuing through early childhood—to improve health, development and early learning outcomes.**
  - a. Increase access to culturally responsive, trauma informed, infant and early childhood mental health services beginning prenatally and continuing through early childhood.
  - b. Increase investment and access early childhood mental health training, education and consultation for Minnesota nurses, community health workers, doulas, home visitors, early childhood parent educators, and child care providers.
  
- 2. Increase funding and access to resources and services for parents and caregivers struggling with co-occurring disorders to allow parents to seek treatment and resources without fear of family separation.**
  - a. Increase investment, capacity and access to residential substance treatment programs that allow parents to bring their children with them to support families and decrease trauma and costs associated with out-of-home placement for children.
  - b. Seek clear guidance regarding substance use policies to be used across agencies and support cross-jurisdiction coordination and clarity.
  
- 3. Increase funding and access to high quality maternal and child health (MCH) programs to increase access to health care services for every infant, child, and birthing parent in Minnesota regardless of race, zip code or income level.**
  - a. Support the continuation and expansion of Community Solutions Grant Program. Allowing communities of color and communities experiencing geographic inequities to identify their own needs and challenges related to maternal and child health will provide opportunities to develop locally driven solutions to help address inequities
  - b. Invest in cross-jurisdiction coordination between federal, state, and local health agencies and agencies to help parents and families navigate the early childhood

health care system and connect with programs and resources to address health disparities that disproportionately impact communities of color.

- c. Promote increased access to prenatal care in rural communities which has been significantly reduced in Greater Minnesota and negatively impacts maternal and infant health outcomes.
- d. Protect access to the full spectrum of perinatal healthcare –including abortion services –for all pregnant persons in Minnesota, regardless of culture, zip code or income level.
- e. Increase access to culturally sensitive, evidence-based oral health care for young children regardless of family income or insurance status. Improving access to oral health in the first year of life and regular visits beyond positively impacts oral and overall health.
- f. Provide Medicaid coverage for donor pasteurized human milk to improve access to high quality food for infants and young children

**4. Investigate opportunities to make state refundable tax credits available on a more periodic (monthly/quarterly) basis so that they better serve low income families that can't wait until tax time to receive support.**

**5. Invest in child care and early education to expand capacity and provide developmental experiences that are interactive and stimulating to help infants and toddlers build the strong foundation needed for future success in school, the workforce, and life.**

- a. Create a permanent revenue stream for early childhood education programs and resources to address the discrepancies in existing provisional funding methods.

**6. Expand investment in the perinatal, infant, and early childhood care workforce to increase capacity and improve retention in the field.**

- a. Increase mental health training and certification within Black, Indigenous and communities of color to increase the number of BIPOC practitioners and promote cultural responsiveness and congruency.