...... moves to amend H.F. No. 2910 as follows:

Page 21, after line 26, insert:

1.1

1.2

1.4

1.5

1.6

1.7

1.8

1.9

1.10

1.11

1.12

1.13

1.14

1.15

1.16

1.17

1.18

1.19

1.20

1.21

1.22

1.23

"Sec. 12. Minnesota Statutes 2022, section 245A.02, subdivision 2c, is amended to read:

Subd. 2c. **Annual or annually; family child care training requirements.** For the purposes of sections 245A.50 to 245A.53, "annual" or "annually" means the 12-month period beginning on the license effective date or the annual anniversary of the effective date and ending on the day prior to the annual anniversary of the license effective date each calendar year.

Sec. 27. Minnesota Statutes 2022, section 245A.50, subdivision 3, is amended to read:

Subd. 3. **First aid.** (a) Before initial licensure and before caring for a child, license holders, second adult caregivers, and substitutes must be trained in pediatric first aid. The first aid training must have been provided by an individual approved to provide first aid instruction. First aid training may be less than eight hours and persons qualified to provide first aid training include individuals approved as first aid instructors. License holders, second adult caregivers, and substitutes must repeat pediatric first aid training every two years. When the training expires, it must be retaken no later than the day before the anniversary of the license holder's license effective date. License holders, second adult caregivers, and substitutes must not let the training expire.

(b) Video training reviewed and approved by the county licensing agency satisfies the training requirement of this subdivision.

Sec. 28. Minnesota Statutes 2022, section 245A.50, subdivision 4, is amended to read:

Subd. 4. **Cardiopulmonary resuscitation.** (a) Before initial licensure and before caring for a child, license holders, second adult caregivers, and substitutes must be trained in

Sec. 28.

03/15/23 09:49 am	HOUSE RESEARCH	DP/MV	H2910A1

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

2.9

2.10

2.11

2.12

2.13

2.15

2.16

2.17

2.18

2.19

2.20

2.21

2.22

2.23

2.24

2.25

2.26

2.27

2.28

2.29

2.30

2.31

2.32

2.33

pediatric cardiopulmonary resuscitation (CPR), including CPR techniques for infants and children, and in the treatment of obstructed airways. The CPR training must have been provided by an individual approved to provide CPR instruction. License holders, second adult caregivers, and substitutes must repeat pediatric CPR training at least once every two years and must document the training in the license holder's records. When the training expires, it must be retaken no later than the day before the anniversary of the license holder's license effective date. License holders, second adult caregivers, and substitutes must not let the training expire.

- (b) Persons providing CPR training must use CPR training that has been developed:
- (1) by the American Heart Association or the American Red Cross and incorporates psychomotor skills to support the instruction; or
- (2) using nationally recognized, evidence-based guidelines for CPR training and incorporates psychomotor skills to support the instruction.
- Sec. 29. Minnesota Statutes 2022, section 245A.50, subdivision 5, is amended to read:
 - Subd. 5. Sudden unexpected infant death and abusive head trauma training. (a) License holders must ensure and document that before the license holder, second adult caregivers, substitutes, and helpers assist in the care of infants, they are instructed on the standards in section 245A.1435 and receive training on reducing the risk of sudden unexpected infant death. In addition, license holders must ensure and document that before the license holder, second adult caregivers, substitutes, and helpers assist in the care of infants and children under school age, they receive training on reducing the risk of abusive head trauma from shaking infants and young children. The training in this subdivision may be provided as initial training under subdivision 1 or ongoing annual training under subdivision 7.
 - (b) Sudden unexpected infant death reduction training required under this subdivision must, at a minimum, address the risk factors related to sudden unexpected infant death, means of reducing the risk of sudden unexpected infant death in child care, and license holder communication with parents regarding reducing the risk of sudden unexpected infant death.
 - (c) Abusive head trauma training required under this subdivision must, at a minimum, address the risk factors related to shaking infants and young children, means of reducing the risk of abusive head trauma in child care, and license holder communication with parents regarding reducing the risk of abusive head trauma.

Sec. 29. 2

3.1

3.2

3.3

3.4

3.5

3.6

3.7

3.8

3.9

3.10

3.11

3.12

3.13

3.14

3.15

3.16

3.17

3.18

3.19

3.20

3.24

3.25

3.26

3.27

3.28

3.29

3.30

3.31

3.32

(d) Training for family and group family child care providers must be developed by the commissioner in conjunction with the Minnesota Sudden Infant Death Center and approved by the Minnesota Center for Professional Development. Sudden unexpected infant death reduction training and abusive head trauma training may be provided in a single course of no more than two hours in length.

- (e) Sudden unexpected infant death reduction training and abusive head trauma training required under this subdivision must be completed in person or as allowed under subdivision 10, clause (1) or (2), at least once every two years. When the training expires, it must be retaken no later than the day before the anniversary of the license holder's license effective date. On the years when the individual receiving training is not receiving training in person or as allowed under subdivision 10, clause (1) or (2), the individual receiving training in accordance with this subdivision must receive sudden unexpected infant death reduction training and abusive head trauma training through a video of no more than one hour in length. The video must be developed or approved by the commissioner.
- (f) An individual who is related to the license holder as defined in section 245A.02, subdivision 13, and who is involved only in the care of the license holder's own infant or child under school age and who is not designated to be a second adult caregiver, helper, or substitute for the licensed program, is exempt from the sudden unexpected infant death and abusive head trauma training.
- Sec. 30. Minnesota Statutes 2022, section 245A.50, subdivision 6, is amended to read:
- 3.21 Subd. 6. Child passenger restraint systems; training requirement. (a) A license holder must comply with all seat belt and child passenger restraint system requirements under section 169.685.
 - (b) Family and group family child care programs licensed by the Department of Human Services that serve a child or children under eight years of age must document training that fulfills the requirements in this subdivision.
 - (1) Before a license holder, second adult caregiver, substitute, or helper transports a child or children under age eight in a motor vehicle, the person placing the child or children in a passenger restraint must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles. Training completed under this subdivision may be used to meet initial training under subdivision 1 or ongoing training under subdivision 7.

Sec. 30.

03/15/23 09:49 am	HOUSE RESEARCH	DP/MV	H2910A1

(2) Training required under this subdivision must be at least one hour in length, completed at initial training, and repeated at least once every five years. When the training expires, it must be retaken no later than the day before the anniversary of the license holder's license effective date. At a minimum, the training must address the proper use of child restraint systems based on the child's size, weight, and age, and the proper installation of a car seat or booster seat in the motor vehicle used by the license holder to transport the child or children.

- (3) Training under this subdivision must be provided by individuals who are certified and approved by the Department of Public Safety, Office of Traffic Safety. License holders may obtain a list of certified and approved trainers through the Department of Public Safety website or by contacting the agency.
- (c) Child care providers that only transport school-age children as defined in section 245A.02, subdivision 19, paragraph (f), in child care buses as defined in section 169.448, subdivision 1, paragraph (e), are exempt from this subdivision.
- Sec. 31. Minnesota Statutes 2022, section 245A.50, subdivision 9, is amended to read:
- Subd. 9. **Supervising for safety; training requirement.** (a) Courses required by this subdivision must include the following health and safety topics:
 - (1) preventing and controlling infectious diseases;
- 4.19 (2) administering medication;

4.1

4.2

4.3

4.4

4.5

4.6

4.7

4.8

4.9

4.10

4.11

4.12

4.13

4.14

4.18

- 4.20 (3) preventing and responding to allergies;
- 4.21 (4) ensuring building and physical premises safety;
- 4.22 (5) handling and storing biological contaminants;
- 4.23 (6) preventing and reporting child abuse and maltreatment; and
- 4.24 (7) emergency preparedness.
- 4.25 (b) Before initial licensure and before caring for a child, all family child care license 4.26 holders and each second adult caregiver shall complete and document the completion of 4.27 the six-hour Supervising for Safety for Family Child Care course developed by the 4.28 commissioner.
- 4.29 (c) The license holder must ensure and document that, before caring for a child, all
 4.30 substitutes have completed the four-hour Basics of Licensed Family Child Care for

Sec. 31. 4

03/15/23 09:49 am	HOUSE RESEARCH		H2910A1
113/13//3 11U·4U am	HOUSERESEARCH	DP/MV	H/UIIIA
V.)/ I.)/4.) V.// AIII	HOUSE RESEARCH	121/1010	114/10/

Substitutes course developed by the commissioner, which must include health and safety 5.1 topics as well as child development and learning. 5.2 (d) The family child care license holder and each second adult caregiver shall complete 5.3 and document: 5.4 5.5 (1) the annual completion of either: (i) a two-hour active supervision course developed by the commissioner; or 5.6 5.7 (ii) any courses in the ensuring safety competency area under the health, safety, and nutrition standard of the Knowledge and Competency Framework that the commissioner 5.8 has identified as an active supervision training course; and 5.9 (2) the completion at least once every five years of the two-hour courses Health and 5.10 Safety I and Health and Safety II. When the training is due for the first time or expires, it 5.11 must be taken no later than the day before the anniversary of the license holder's license 5.12 effective date. A license holder's or second adult caregiver's completion of either training 5.13 in a given year meets the annual active supervision training requirement in clause (1). 5.14 (e) At least once every three years, license holders must ensure and document that 5.15 substitutes have completed the four-hour Basics of Licensed Family Child Care for 5.16 Substitutes course. When the training expires, it must be retaken no later than the day before 5.17 the anniversary of the license holder's license effective date." 5.18 Page 31, delete section 3 5.19 Page 31, line 2, delete "process" and insert "program" 5.20 Page 31, line 5, after "establish" insert "the support beyond 21 grant program, to 5.21 distribute" 5.22 Page 31, line 12, after "funds" insert "to eligible youth" 5.23 Page 31, line 18, after "grantee" insert "or grantees" 5.24 Page 37, after line 10, insert: 5.25 "Sec. [260C.30] COMMUNITY RESOURCE CENTERS. 5.26 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions 5.27 apply: 5.28 (b) "Commissioner" means the commissioner of human services or the commissioner's 5.29 designee. 5.30

03/13/23 07:17 um	03/15/23 09:49 am	HOUSE RESEARCH	DP/MV	H2910A1
-------------------	-------------------	----------------	-------	---------

	(c) "Communities and families furthest from opportunity" means any community or
<u>f</u>	amily that experiences inequities in accessing supports and services due to the community's
<u>(</u>	or family's circumstances, including but not limited to racism, income, disability, language,
2	gender, and geography.
	(d) "Community resource center" means a community-based coordinated point of entry
t	hat provides culturally responsive, relationship-based service navigation and other supportive
S	ervices for expecting and parenting families and youth.
	(e) "Culturally responsive, relationship-based service navigation" means aiding families
i	n finding services and supports that are meaningful to them in ways that are built on trust
2	and that use cultural values, beliefs, and practices of families, communities, indigenous
f	amilies, and Tribal Nations for case planning, service design, and decision-making processes.
	(f) "Expecting and parenting family" means any configuration of parents, grandparents,
٤	guardians, foster parents, kinship caregivers, and youth who are pregnant or expecting or
<u>1</u>	have children and youth they care for and support.
	(g) "Protective factors" means conditions or attributes of individuals, families,
C	communities, and the larger society that mitigate risk and promote the healthy development
г	and well-being of children, youth, and families, and that are strengths that help buffer and
S	upport families.
	Subd. 2. Community resource centers established. The commissioner in consultation
`	vith other state agencies, partners, and the Community Resource Center Advisory Council
ľ	nay award grants to support planning, implementation, and evaluation of community
r	esource centers to provide culturally responsive, relationship-based service navigation,
ľ	parent, family, and caregiver supports to expecting and parenting families with a focus on
-	ensuring equitable access to programs and services that promote protective factors and
S	upport children and families.
	Subd. 3. Commissioner's duties; related infrastructure. The commissioner in
C	consultation with the Community Resource Center Advisory Council shall:
	(1) develop a request for proposals to support community resource centers;
	(2) provide outreach and technical assistance to support applicants with data or other
1	natters pertaining to equity of access to funding;
	(3) provide technical assistance to grantees including but not limited to skill building
2	and professional development, trainings, evaluation, communities of practice, networking,
8	and trauma informed mental health consultation;

03/15/23 09:49 am	HOUSE RESEARCH	DP/MV	H2910A1

7.1	(4) provide data collection and IT support; and
7.2	(5) provide grant coordination and management focused on promoting equity and
7.3	accountability.
7.4	Subd. 4. Grantee duties. At a minimum, grantees shall:
7.5	(1) provide culturally responsive, relationship-based service navigation and supports for
7.6	expecting and parenting families;
7.7	(2) improve community engagement and feedback loops to support continuous
7.8	improvement and program planning to better promote protective factors;
7.9	(3) demonstrate community-based planning with multiple partners;
7.10	(4) develop or use an existing parent and family advisory council consisting of community
7.11	members with lived expertise to advise the work of the grantee; and
7.12	(5) participate in program evaluation, data collection, and technical assistance activities
7.13	Subd. 5. Eligibility. (a) Organizations eligible to receive grant funding under this section
7.14	include:
7.15	(1) community-based organizations, Tribal Nations, urban Indian organizations, local
7.16	and county government agencies, schools, nonprofit agencies or any cooperative of these
7.17	organizations; and
7.18	(2) organizations or cooperatives supporting communities and families furthest from
7.19	opportunity.
7.20	(b) Funds must not be used to supplant any state or federal funds received by any grantee
7.21	Subd. 6. Community Resource Center Advisory Council; establishment and
7.22	duties. (a) The commissioner, in consultation with other relevant state agencies, shall appoin
7.23	members to the Community Resource Center Advisory Council.
7.24	(b) Membership must be demographically and geographically diverse and include:
7.25	(1) parents and family members with lived experience and who are furthest from
7.26	opportunity;
7.27	(2) community-based organizations serving families furthest from opportunity;
7.28	(3) Tribal and urban American Indian representatives;
7.29	(4) county government representatives;
7.30	(5) school and school district representatives; and

03/13/23 03.43 aiii 11003E RESEARCII DI/MV 112310A	03/15/23 09:49 am	HOUSE RESEARCH	DP/MV	H2910A1
--	-------------------	----------------	-------	---------

8.1	(6) state partner representatives.
8.2	(b) Duties of the Community Resource Center Advisory Council shall include but are
8.3	not limited to:
8.4	(1) advising the commissioner on the development and funding of a network of
8.5	community resource centers;
8.6	(2) advising the commissioner on the development of requests for proposals and grant
8.7	award processes;
8.8	(3) advising the commissioner on the development of program outcomes and
8.9	accountability measures; and
8.10	(4) advising the commissioner on ongoing oversight and necessary support in the
8.11	implementation of the community resource centers.
8.12	Subd. 7. Grantee reporting. Grantees must report program data and outcomes in a
8.13	manner determined by the commissioner and the Community Resource Center Advisory
8.14	Council.
8.15	Subd. 8. Evaluation. The commissioner, in partnership with the Community Resource
8.16	Center Advisory Council, shall develop an outcome and evaluation plan. A biannual report
8.17	must be developed that reflects the duties of the Community Resource Center Advisory
8.18	Council in subdivision 6 and may describe outcomes and impacts related to equity,
8.19	community partnerships, program and service availability, child development, family
8.20	well-being, and child welfare system involvement."
8.21	Page 37, line 13, delete "planing" and insert "planning"
8.22	Page 38, lines 6 and 11, delete "256.4791" and insert "256.4792"
8.23	Page 50, delete section 28
8.24	Page 83, line 16, after "by" insert "federal"
8.25	Page 85, line 5, after "(4)" insert "the" and delete the second "the"
8.26	Page 104, delete section 43
8.27	Page 105, after line 8, insert:

03/15/23 09:49 am	HOUSE RESEARCH	DP/MV	H2910A1
03/13/23 07.77 am	HOUSE RESEARCH	D1 / 1V1 V	114/10/11

9.1 "ARTICLE 59.2 HOMELESSNESS

9.3

9.4

9.5

9.6

9.7

9.8

9.9

9.10

9.11

9.12

9.13

9.14

9.15

9.25

9.26

9.27

9.28

Section 1. Minnesota Statutes 2022, section 145.4716, subdivision 3, is amended to read:

- Subd. 3. **Youth eligible for services.** Youth 24 years of age or younger shall be eligible for all services, support, and programs provided under this section and section 145.4717, and all shelter, housing beds, and services provided by the commissioner of human services to sexually exploited youth and youth at risk of sexual exploitation under section 256K.47.
- Sec. 2. Minnesota Statutes 2022, section 256K.45, subdivision 3, is amended to read:
- Subd. 3. **Street and community outreach and drop-in program.** Youth drop-in centers must provide walk-in access to crisis intervention and ongoing supportive services including one-to-one case management services on a self-referral basis. Street and community outreach programs must locate, contact, and provide information, referrals, and services to homeless youth, youth at risk of homelessness, and runaways. Information, referrals, and services provided may include, but are not limited to:
 - (1) family reunification services;
- 9.16 (2) conflict resolution or mediation counseling;
- 9.17 (3) assistance in obtaining temporary emergency shelter;
- 9.18 (4) assistance in obtaining food, clothing, medical care, or mental health counseling;
- 9.19 (5) counseling regarding violence, sexual exploitation, substance abuse, sexually transmitted diseases, and pregnancy;
- 9.21 (6) referrals to other agencies that provide support services to homeless youth, youth at risk of homelessness, and runaways;
- 9.23 (7) assistance with education, employment, and independent living skills;
- 9.24 (8) aftercare services;
 - (9) specialized services for highly vulnerable runaways and homeless youth, including teen but not limited to youth at risk of discrimination based on sexual orientation or gender identity, young parents, emotionally disturbed and mentally ill youth, and sexually exploited youth; and
- 9.29 (10) homelessness prevention.

Sec. 3. Minnesota Statutes 2022, section 256K.45, subdivision 7, is amended to read:

- Subd. 7. **Provider repair or improvement grants.** (a) Providers that serve homeless youth under this section may apply for a grant of up to \$200,000 \$500,000 under this subdivision to make minor or mechanical repairs or improvements to a facility providing services to homeless youth or youth at risk of homelessness.
- (b) Grant applications under this subdivision must include a description of the repairs or improvements and the estimated cost of the repairs or improvements.
- 10.8 (c) Grantees under this subdivision cannot receive grant funds under this subdivision
 10.9 for two consecutive years.

Sec. 4. [256K.47] SAFE HARBOR SHELTER AND HOUSING GRANT PROGRAM.

- Subdivision 1. Grant program established. The commissioner of human services shall establish the safe harbor shelter and housing grant program and award grants to providers who are committed to serving sexually exploited youth and youth at risk of sexual exploitation. The grant program is to provide street and community outreach programs, emergency shelter programs, and supportive housing programs, consistent with the program descriptions in this section in order to address the specialized outreach, shelter, and housing needs of sexually exploited youth and youth at risk of sexual exploitation.
- Subd. 2. Youth eligible for services. Youth 24 years of age or younger shall be eligible
 for all shelter, housing beds, and services provided under this section and all services,
 support, and programs provided by the commissioner of health to sexually exploited youth
 and youth at risk of sexual exploitation under sections 145.4716 and 145.4717.
 - Subd. 3. Street and community outreach. Street and community outreach programs receiving grants under this section must locate, contact, and provide information, referrals, and services to eligible youth. Information, referrals, and services provided by street and community outreach programs may include but are not limited to:
 - (1) family reunification services;
- 10.27 (2) conflict resolution or mediation counseling;
- 10.28 (3) assistance in obtaining temporary emergency shelter;
- 10.29 (4) assistance in obtaining food, clothing, medical care, or mental health counseling;
- 10.30 (5) counseling regarding violence, sexual exploitation, substance use, sexually transmitted 10.31 infections, and pregnancy;

10.1

10.2

10.3

10.4

10.5

10.6

10.7

10.10

10.11

10.12

10.13

10.14

10.15

10.16

10.17

10.22

10.23

10.24

10.25

10.26

11.1	(6) referrals to other agencies that provide support services to sexually exploited youth
11.2	and youth at risk of sexual exploitation;
11.3	(7) assistance with education, employment, and independent living skills;
11.4	(8) aftercare services;
11.5	(9) specialized services for sexually exploited youth and youth at risk of sexual
11.6	exploitation, including youth experiencing homelessness and youth with mental health
11.7	needs; and
11.8	(10) services to address the prevention of sexual exploitation and homelessness.
11.9	Subd. 4. Emergency shelter program. (a) Emergency shelter programs must provide
11.10	eligible youth with referral and walk-in access to emergency, short-term residential care.
11.11	The program shall provide eligible youth with safe, dignified shelter, including private
11.12	shower facilities, beds, and meals each day; and shall assist eligible youth with reunification
11.13	with the family or legal guardian when required or appropriate.
11.14	(b) The services provided at emergency shelters may include but are not limited to:
11.15	(1) specialized services to address the trauma of sexual exploitation;
11.16	(2) family reunification services;
11.17	(3) individual, family, and group counseling;
11.18	(4) assistance obtaining clothing;
11.19	(5) access to medical and dental care and mental health counseling;
11.20	(6) counseling regarding violence, sexual exploitation, substance use, sexually transmitted
11.21	infections, and pregnancy;
11.22	(7) education and employment services;
11.23	(8) recreational activities;
11.24	(9) advocacy and referral services;
11.25	(10) independent living skills training;
11.26	(11) aftercare and follow-up services;
11.27	(12) transportation; and
11.28	(13) services to address the prevention of sexual exploitation and homelessness.

03/15/23 09:49 am HOUSE RESEARCH DP/MV H2910/A
--

12.1	Subd. 5. Supportive housing programs. Supportive housing programs must help eligible
12.2	youth find and maintain safe, dignified housing and provide related supportive services and
12.3	referrals. The program may also provide rental assistance. Services provided in supportive
12.4	housing programs may include but are not limited to:
12.5	(1) specialized services to address the trauma of sexual exploitation;
12.6	(2) education and employment services;
12.7	(3) budgeting and money management;
12.8	(4) assistance in securing housing appropriate to needs and income;
12.9	(5) counseling regarding violence, sexual exploitation, substance use, sexually transmitted
12.10	infections, and pregnancy;
12.11	(6) referral for medical services or chemical dependency treatment;
12.12	(7) parenting skills;
12.13	(8) self-sufficiency support services and independent living skills training;
12.14	(9) aftercare and follow-up services; and
12.15	(10) services to address the prevention of sexual exploitation and homelessness
12.16	prevention.
12.17	Subd. 6. Funding. Funds appropriated for this section may be expended on programs
12.18	described under subdivisions 3 to 5, technical assistance, and capacity building to meet the
12.19	greatest need on a statewide basis.
12.20	Sec. 5. [256K.48] MINOR CONNECT GRANT PROGRAM.
12.21	Subdivision 1. Grant program established. The commissioner of human services shall
12.22	establish a grant program for the development, implementation, and evaluation of services
12.23	to increase housing stability for unaccompanied minors who are experiencing homelessness
12.24	or who are at risk of homelessness and not currently receiving child welfare services.
12.25	Subd. 2. Definitions. (a) The definitions in this subdivision apply to this section and
12.26	have the meanings given.
12.27	(b) "Child welfare services" means services provided to children by a local social services
12.28	agency or a Tribal social services agency.
12.29	(c) "Commissioner" means the commissioner of human services.

02/15/22 00 40	HOUSE DECEADOR	DD/MI	TT2010 A 1
03/15/23 09:49 am	HOUSE RESEARCH	DP/MV	H2910A1

13.1	(d) "Community-based provider" means an organization that provides services to
13.2	unaccompanied minors who are experiencing homelessness or who are at risk of
13.3	homelessness.
13.4	(e) "Local social services agency" means a local agency under the authority of a county
13.5	welfare or human services board or county board of commissioners that is responsible for
13.6	human services.
13.7	(f) "Tribal social services agency" means the unit under the authority of the governing
13.8	body of a federally recognized Indian Tribe in Minnesota that is responsible for human
13.9	services.
13.10	(g) "Unaccompanied minor" means a person 17 years of age or younger who is alone
13.11	without the person's parent or guardian.
13.12	Subd. 3. Grant eligibility and uses. (a) Eligible applicants include local social services
13.13	agencies, Tribal social services agencies, and community-based providers.
13.14	(b) The commissioner must award grants to eligible applicants for the development,
13.15	implementation, and evaluation of activities and services that increase housing stability for
13.16	unaccompanied minors who are experiencing homelessness or who are at risk of
13.17	homelessness and not currently receiving child welfare services. Eligible uses of grant
13.18	money include:
13.19	(1) identifying and addressing structural factors that contribute to unaccompanied minors
13.20	who are experiencing homelessness or who are being at risk of homelessness;
13.21	(2) identifying and implementing strategies to reduce racial disparities in service delivery
13.22	and outcomes for unaccompanied minors who are experiencing homelessness or who are
13.23	at risk of homelessness;
13.24	(3) providing culturally appropriate services that increase housing stability to an
13.25	unaccompanied minor. Culturally appropriate services must be based on the minor's cultural
13.26	values, beliefs, and practices and the cultural values, beliefs, and practices of the minor's
13.27	family, community, and Tribe;
13.28	(4) using placement and reunification strategies to maintain and support an
13.29	unaccompanied minor's relationships with the minor's parents, siblings, children, kin,
13.30	significant others, and Tribe; and
13.31	(5) supporting an unaccompanied minor and the minor's family in the minor's community
13 32	to safely avoid entering the child welfare system whenever possible

	03/15/23 09:49 am	HOUSE RESEARCH	DP/MV	H2910A1
14.1	(c) The commissioner may give price	ority to grants that involv	e collaboratior	ı between
14.2	local social services agencies, Tribal so	cial services agencies, ar	nd community-	based
14.3	providers.			
14.4	Subd. 4. Reporting. Local social se	rvices agencies, Tribal so	ocial services a	gencies and
14.5	community-based agencies must report	quarterly to the commiss	sioner:	
14.6	(1) the number and identity of unacc	companied minors that th	e agencies ser	ve who are
14.7	experiencing homelessness or who are	at risk of homelessness;		
14.8	(2) the actions that the agency has tal	ken to increase housing st	ability for unac	companied
14.9	minors who are experiencing homeless:	ness or who are at risk of	`homelessness	<u>.</u>
14.10	(3) any patterns identified by the ag	ency that contribute to a	lack of housing	g stability
14.11	for unaccompanied minors who are exp	periencing homelessness	or who are at r	isk of
14.12	homelessness; and			
14.13	(4) the changes needed in the comm	unity to prevent unaccon	npanied minor	s from
14.14	experiencing homelessness or being at	risk of homelessness."		
14.15	Page 109, after line 21, insert:			
14.16	"Subd. 3. Central Office; Operations			
14.17	Appropriations by Fund			
14.18	General	<u></u> "		
14.19	Page 109, line 26, after "(a)" insert	Review of child suppor	t guidelines."	
14.20	Page 109, line 27, delete "from the	general fund"		
14.21	Page 109, after line 33, insert:			
14.22	"Subd. 7. Central Office; Behavioral	Health,		
14.23	Housing, and Deaf and Hard of Hear	ring		
14.24	Services			
14.25	Appropriations by Fund			
14.26	General	<u></u> "		
14.27	Page 110, delete lines 8 to 14			

14.28

14.2914.30

Page 110, after line 16, insert:

"Subd. 7. Grant Programs; Support Services
Grants

15.1	<u>-</u>	Appropriations by Fund	
15.2	General	8,715,000	8,715,000
15.3	Federal TANF	96,311,000	96,311,000"
15.4	Page 111, 1	ine 1, after "This" insert "	' <u>is a</u> "
15.5	Page 111, 1	ine 2, after "appropriation	n" insert "and"
15.6	Page 111, 1	ines 16, 25, and 31, delete	e " <u>is</u> " and insert " <u>in</u> "
15.7	Page 111, 1	ine 17, delete "from the g	general fund"
15.8	Page 111, 1	ines 26 and 32, delete "fre	om the general fund to" and insert "for"
15.9	Page 112, 1	ines 3 and 7, delete "from	n the general fund"
15.10	Page 112, 1	ine 6, after " <u>(e)</u> " insert " <u>k</u>	Kinship navigator services."
15.11	Page 112, 1	ine 12, after " <u>(f)</u> " insert "	Family first prevention and early intervention
15.12	grants."		
15.13	Page 112, 1	ine 17, after " <u>(g)</u> " insert "	Family first prevention services."
15.14	Page 112, 1	ine 26, after "(h)" insert "	Out-of-home placement assessment."
15.15	Page 112, 1	ine 32, after "(<u>i)</u> " insert " <u>s</u>	STAY in the community program."
15.16	Page 112, 1	ine 33, delete "from the"	
15.17	Page 112, 1	ine 34, delete "general fu	<u>nd</u> "
15.18	Page 113, 1	ine 4, after " <u>(j)</u> " insert " <u>S</u>	upport beyond 21 program."
15.19	Page 113, 1	ines 5 and 16, delete "from	m the"
15.20	Page 113, 1	ine 6, delete "general fund	<u>d</u> "
15.21	Page 113, 1	ine 10, after "(k)" insert "	Minor connect program."
15.22	Page 113, 1	ines 11 and 30, delete "fro	om the general fund"
15.23	Page 113, 1	ine 13, delete " <u>256K.47</u> "	and insert " <u>256K.48</u> "
15.24	Page 113, 1	ine 15, after " <u>(1)</u> " insert " <u>F</u>	Reduction of extended foster care caseload size."
15.25	Page 113, 1	ine 17, delete "general fu	nd to provide" and insert "for"
15.26	Page 113, 1	ine 22, after "(m)" insert	"Public private adoption initiative."
15.27	Page 113, 1	ine 28, delete the semicol	on and insert a period
15.28	Page 114, 1	ine 8, after "(a)" insert " <u>F</u>	raud prevention program." and delete "from the"

16.1	Page 114, line 9, delete "general fund to the commissioner"
16.2	Page 114, line 12, after "This" insert "is a"
16.3	Page 114, line 13, after "appropriation" insert "and"
16.4	Page 114, line 17, delete "from the"
16.5	Page 114, line 18, delete "general fund" and insert "is"
16.6	Page 114, line 27, delete "from the general fund"
16.7	Page 114, line 34, delete "support grants" and insert "shelf program"
16.8	Page 115, line 1, delete "from the general fund"
16.9	Page 115, line 8, delete "from the general fund" and insert "for"
16.10	Page 115, delete subdivision 14
16.11	Renumber the subdivisions in sequence
16.12	Page 117, delete section 3
16.13	Renumber the sections in sequence and correct the internal references
16.14	Amend the title accordingly