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l./	Section 1.	Minnesota	Statutes 2016,	, section 245A.1/5.	, is amended to read:

245A.175 CHILD FOSTER CARE TRAINING REQUIREMENT; MENTAL HEALTH TRAINING; FETAL ALCOHOL SPECTRUM DISORDERS TRAINING.

1.10 Prior to a nonemergency placement of a child in a foster care home, the child foster care

1.11 license holder and caregivers in foster family and treatment foster care settings, and all staff

- 1.12 providing care in foster residence settings must complete two hours of training that addresses
- 1.13 the causes, symptoms, and key warning signs of mental health disorders; cultural
- 1.14 considerations; and effective approaches for dealing with a child's behaviors. At least one
- 1.15 hour of the annual training requirement for the foster family license holder and caregivers,
- 1.16 and foster residence staff must be on children's mental health issues and treatment. Except
- 1.17 for providers and services under chapter 245D, the annual training must also include at least
- 1.18 one hour of training on fetal alcohol spectrum disorders within the first 12 months of
- 1.19 licensure. After the first 12 months of licensure, training on fetal alcohol spectrum disorders
- 1.20 may count, which must be counted toward the 12 hours of required in-service training per
- 1.21 year. Short-term substitute caregivers are exempt from these requirements. Training
- 1.22 curriculum shall be approved by the commissioner of human services.

- 1.8 Section 1. Minnesota Statutes 2016, section 245A.175, is amended to read:
- 1.9 245A.175 CHILD FOSTER CARE TRAINING REQUIREMENT; MENTAL
- 1.10 HEALTH TRAINING; FETAL ALCOHOL SPECTRUM DISORDERS TRAINING.
- 1.11 Prior to a nonemergency placement of a child in a foster care home, the child foster care
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- 1.16 hour of the annual training requirement for the foster family license holder and caregivers,
- 1.17 and foster residence staff must be on children's mental health issues and treatment. Except
- 1.18 for providers and services under chapter 245D, the annual training must also include at least
- 1.19 one hour of training on fetal alcohol spectrum disorders within the first 12 months of
- 1.20 licensure. After the first 12 months of licensure, training on fetal alcohol spectrum disorders
- 1.21 may count, which must be counted toward the 12 hours of required in-service training per
- 1.22 year. Short-term substitute caregivers are exempt from these requirements. Training
- 1.23 curriculum shall be approved by the commissioner of human services.

2.1 Sec. 2. Minnesota Statutes 2016, section 256M.41, subdivision 3, is amended to read:

2.2	Subd. 3. Payments based on performance. (a) The commissioner shall make paym	nents
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- 2.3 under this section to each county board on a calendar year basis in an amount determined
- 2.4 under paragraph (b) on or before July 10 of each year.
- 2.5 (b) Calendar year allocations under subdivision 1 shall be paid to counties in the following
 2.6 manner:

2.7 (1) 80 percent of the allocation as determined in subdivision 1 must be paid to counties 2.8 on or before July 10 of each year.

(2) ten percent of the allocation shall be withheld until the commissioner determines if 2.9 the county has met the performance outcome threshold of 90 percent based on face-to-face 2.10 contact with alleged child victims. In order to receive the performance allocation, the county 2.11 child protection workers must have a timely face to face contact with at least 90 percent of 2.12 2.13 all alleged child victims of sereened-in maltreatment reports. The standard requires that each initial face to face contact occur consistent with timelines defined in section 626.556, 2.14 subdivision 10, paragraph (i). The commissioner shall make threshold determinations in 2.15 January of each year and payments to counties meeting the performance outcome threshold 2.16 shall occur in February of each year. Any withheld funds from this appropriation for co 2.17 that do not meet this requirement shall be reallocated by the commissioner to those counties 2.18 2.19 meeting the requirement; and

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2.20	(3) ten percent of the allocation shall be withheld until the commissioner determines
2.21	that the county has met the performance outcome threshold of 90 percent based on
2.22	face-to-face visits by the case manager. In order to receive the performance allocation, the
2.23	total number of visits made by caseworkers on a monthly basis to children in foster care
2.24	and children receiving child protection services while residing in their home must be at least
2.25	90 percent of the total number of such visits that would occur if every child were visited
2.26	once per month. The commissioner shall make such determinations in January of each year
2.27	and payments to counties meeting the performance outcome threshold shall occur in February
2.28	of each year. Any withheld funds from this appropriation for counties that do not meet this
2.29	requirement shall be reallocated by the commissioner to those counties meeting the
2.30	requirement. For 2015, the commissioner shall only apply the standard for monthly foster
2.31	care visits.
2.32	(e) The commissioner shall work with stakeholders and the Human Services Performance
2.33	Council under section 402A.16 to develop recommendations for specific outcome measures
2.34	that counties should meet in order to receive funds withheld under paragraph (b), and include
3.1	in those recommendations a determination as to whether the performance measures under
3.2	paragraph (b) should be modified or phased out. The commissioner shall report the
3.3	recommendations to the legislative committees having jurisdiction over child protection
3.4	issues by January 1, 2018.
3.5	See 2 Minnagete Statutes 2016 agation 256M 41 is amanded by adding a subdivision
3.6	Sec. 3. Minnesota Statutes 2016, section 256M.41, is amended by adding a subdivision to read:
5.0	lo lead.
3.7	Subd. 4. County performance on child protection measures. The commissioner shall
3.8	set child protection measures and standards. The commissioner shall require an
3.9	underperforming county to demonstrate that the county designated sufficient funds and
3.10	implemented a reasonable strategy to improve child protection performance, including the
3.11	provision of a performance improvement plan and additional remedies identified by the
3.12	commissioner. The commissioner may redirect up to 20 percent of a county's funds under
3.13	this section toward the performance improvement plan for a county not meeting child
3.14	protection standards and not demonstrating significant improvement. Sanctions under section
3.15	256M.20, subdivision 3, related to noncompliance with federal performance standards also
3.16	apply.
3.17	Sec. 4. Minnesota Statutes 2016, section 256N.24, is amended by adding a subdivision to
3.18	read:
3.19	Subd. 2a. Minnesota assessment of parenting for children and youth (MAPCY)
3.20	revision. The commissioner, in consultation with representatives from communities of
3.21	color, including but not limited to advisory councils and ombudspersons, shall review and

3.22

3.23

revise the MAPCY tool and incorporate changes that take into consideration different

cultures and the diverse needs of communities of color.

2.1	Sec. 2. [260C.008] FOSTER CARE SIBLING BILL OF RIGHTS.	3.24	Sec. 5. [260C.008] FOSTER CARE SIBLING BILL OF RIGHTS.
2.2 2.3	Subdivision 1. Statement of rights. (a) A child placed in foster care who has a sibling has the right to:	3.25 3.26	Subdivision 1. Statement of rights. (a) A child placed in foster care who has a sibling has the right to:
2.4 2.5	(1) be placed in foster care homes with their siblings, when possible and when it is in the best interest of each sibling, in order to sustain family relationships;	3.27 3.28	(1) be placed in foster care homes with the child's siblings, when possible and when it is in the best interest of each sibling, in order to sustain family relationships;
2.6 2.7	(2) be placed in close geographical distance to their siblings, if placement together is not possible, to facilitate frequent and meaningful contact;	3.29 3.30	(2) be placed in close geographical distance to the child's siblings, if placement together is not possible, to facilitate frequent and meaningful contact;
2.8 2.9 2.10 2.11 2.12	(3) have frequent contact with their siblings in foster care and, whenever possible, with their siblings who are not in foster care, unless the responsible social services agency has documented that contact is not in the best interest of any sibling. Contact includes, but is not limited to, telephone calls, text messaging, social media and other Internet use, and video calls;	3.31 3.32 4.1 4.2 4.3	(3) have frequent contact with the child's siblings in foster care and, whenever possible, with the child's siblings who are not in foster care, unless the responsible social services agency has documented that contact is not in the best interest of any sibling. Contact includes, but is not limited to, telephone calls, text messaging, social media and other Internet use, and video calls;
2.13 2.14	(4) annually receive a telephone number, address, and e-mail address for all siblings in foster care, and receive updated photographs of siblings regularly, by regular mail or e-mail;	4.4 4.5	(4) annually receive a telephone number, address, and e-mail address for all siblings in foster care, and receive updated photographs of siblings regularly, by regular mail or e-mail;
2.15 2.16 2.17 2.18 2.19 2.20 2.21 2.22 2.23 2.24	(5) participate in regular face-to-face visits with their siblings in foster care and, whenever possible, with their siblings who are not in foster care. Participation in these visits shall not be withheld or restricted as a consequence for behavior, and shall only be restricted if the responsible social services agency documents that the visits are contrary to the safety or well-being of any sibling. Social workers, parents, foster care providers, and older children must cooperate to ensure regular visits and must coordinate dates, times, transportation, and other accommodations as necessary. The timing and regularity of visits shall be outlined in each sibling's service plan, based on the individual circumstances and needs of each child. A social worker need not give explicit permission for each visit or possible overnight visit, but foster care providers shall communicate with social workers about these visits;	4.6 4.7 4.8 4.9 4.10 4.11 4.12 4.13 4.14 4.15 4.16	(5) participate in regular face-to-face visits with the child's siblings in foster care and, whenever possible, with the child's siblings who are not in foster care. Participation in these visits shall not be withheld or restricted as a consequence for behavior, and shall only be restricted if the responsible social services agency documents that the visits are contrary to the safety or well-being of any sibling. Social workers, parents, foster care providers, and older children must cooperate to ensure regular visits and must coordinate dates, times, transportation, and other accommodations as necessary. The timing and regularity of visits shall be outlined in each sibling's service plan, based on the individual circumstances and needs of each child. A social worker need not give explicit permission for each visit or possible overnight visit, but foster care providers shall communicate with social workers about these visits;

- 2.25 (6) be actively involved in each other's lives and share celebrations, if they choose to
- 2.26 do so, including but not limited to birthdays, holidays, graduations, school and extracurricular
- 2.27 activities, cultural customs in the siblings' native language, and other milestones;

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- 4.19 activities, cultural customs in the siblings' native language, and other milestones;

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2.28	(7) be promptly informed about changes in sibling placements or circumstances, including
2.29	but not limited to new placements, discharge from placements, significant life events, and
2.30	discharge from foster care;
2.31	(8) be included in permanency planning decisions for siblings, if appropriate; and
2.32	(9) be informed of the expectations for and possibility of continued contact with a sibling
2.33	after an adoption or transfer of permanent physical and legal custody to a relative.
3.1	(b) Adult siblings of children in foster care shall have the right to be considered as foster
3.2	care providers, adoptive parents, and relative custodians for their siblings, if they choose
3.3	to do so.
3.4	Subd. 2. Interpretation. The rights under this section are established for the benefit of
3.5	siblings in foster care. This statement of rights does not replace or diminish other rights,
3.6	liberties, and responsibilities that may exist relative to children in foster care, adult siblings
3.7	of children in foster care, foster care providers, parents, relatives, or responsible social
3.8	services agencies.
3.9	Subd. 3. Disclosure. Child welfare agency staff shall provide a copy of these rights to
3.10	a child who has a sibling at the time the child enters foster care, to any adult siblings of a
3.11 3.12	child entering foster care, if known, and to the foster care provider, in a format specified by the commissioner of human services. The copy shall contain the address and telephone
3.12	number of the Office of Ombudsman for Families and a brief statement describing how to
3.14	file a complaint with the office.
2.11	
3.15	EFFECTIVE DATE. This section is effective for children entering foster care on or
3.16	after August 1, 2018. Subdivision 3 is effective August 1, 2018, and applies to all children
3.17	in foster care on that date, regardless of when the child entered foster care.

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4.20	but not limited to new placements, discharge from placements, significant life events, and
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5.9	in foster care on that date, regardless of when the child entered foster care.
5.10	Sec. 6. AFRICAN AMERICAN CHILD WELFARE WORK GROUP.
5.11	The commissioner of human services shall form an African American child welfare
5.12	work group within the implementation work group for the Governor's Child Protection Task
5.13	Force to help formulate policies and procedures relating to African American child welfare
5.14	services and to ensure that African American families are provided with all possible services
5.15	and opportunities to care for their children in their homes. The work group shall include
5.16	child welfare policy and social work professionals and paraprofessionals, community
5.17	members, community leaders, and parents representing all regions of the state. By February
5 18	1 2019 the work group shall report its findings and recommendations to the chairs and

5.19 ranking minority members of the legislative committees with jurisdiction over child
 5.20 protection issues.

Senate Language S2902-1