

This Document can be made available in alternative formats upon request

State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-SEVENTH SESSION

H. F. No. 2698

03/05/2012 Authored by Abeler, Clark, Gunther, Slawik, McFarlane and others  
The bill was read for the first time and referred to the Committee on Jobs and Economic Development Finance  
03/19/2012 Adoption of Report: Pass and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to homeless children; creating the Visible Child Act; modifying the  
1.3 duties of the Interagency Council on Homelessness and the State Interagency  
1.4 Coordinating Council; developing a visible child plan; requiring reports;  
1.5 amending Minnesota Statutes 2010, sections 125A.27, subdivision 11; 125A.28;  
1.6 462A.29.

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. CITATION.

1.9 Sections 2 to 6 may be cited as the "Visible Child Act." This act establishes  
1.10 legislative findings regarding child homelessness, makes homeless children eligible for  
1.11 early intervention services, establishes the visible child task force, and requires an annual  
1.12 report to the legislature on homeless children and child well-being.

1.13 Sec. 2. LEGISLATIVE FINDINGS.

1.14 The legislature finds that:

1.15 (1) homelessness and accompanying trauma inhibit the physical, emotional,  
1.16 cognitive, social, and behavioral development of children;

1.17 (2) a child is homeless when the child lacks a fixed, regular, and adequate nighttime  
1.18 residence. Inadequate nighttime residences include: motels, hotels, trailer parks, camping  
1.19 grounds, emergency shelters, transitional housing, cars, buses, parks, public spaces,  
1.20 abandoned buildings, substandard housing, and bus or train stations;

1.21 (3) 4,500 children are homeless on any given night in Minnesota, and 18,920  
1.22 children experience homelessness during one year;

2.1 (4) young homeless children are disproportionately represented among homeless  
 2.2 Minnesotans; 52 percent of homeless children are age five or younger, and nine percent of  
 2.3 these children are less than one year old;

2.4 (5) homelessness and its resulting trauma impact a child throughout the child's  
 2.5 life span;

2.6 (6) early intervention services provided to children ages birth to three can reduce  
 2.7 the need for more costly remedial services later in childhood and adulthood, and can  
 2.8 improve future productivity;

2.9 (7) 34 percent of homeless parents first experienced homelessness as a child; and

2.10 (8) therefore, the state of Minnesota shall immediately address and respond to the  
 2.11 well-being of homeless children and shall end child homelessness by the year 2017.

2.12 Sec. 3. Minnesota Statutes 2010, section 125A.27, subdivision 11, is amended to read:

2.13 Subd. 11. **Interagency child find systems.** "Interagency child find systems"  
 2.14 means activities developed on an interagency basis with the involvement of interagency  
 2.15 early intervention committees and other relevant community groups using rigorous  
 2.16 standards to actively seek out, identify, and refer infants and young children, with, or at  
 2.17 risk of, disabilities, and their families, including a child under the age of three who: (1)  
 2.18 is involved in a substantiated case of abuse or neglect, ~~or~~ (2) is identified as affected by  
 2.19 illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure, to  
 2.20 reduce the need for future services, or (3) is homeless or has experienced homelessness.

2.21 Sec. 4. Minnesota Statutes 2010, section 125A.28, is amended to read:

2.22 **125A.28 STATE INTERAGENCY COORDINATING COUNCIL.**

2.23 An Interagency Coordinating Council of at least 17, but not more than 25 members  
 2.24 is established, in compliance with Public Law 108-446, section 641. The members  
 2.25 must be appointed by the governor. Council members must elect the council chair. The  
 2.26 representative of the commissioner may not serve as the chair. The council must be  
 2.27 composed of at least five parents, including persons of color, of children with disabilities  
 2.28 under age 12, including at least three parents of a child with a disability under age seven,  
 2.29 five representatives of public or private providers of services for children with disabilities  
 2.30 under age five, including a special education director, county social service director,  
 2.31 local Head Start director, and a community health services or public health nursing  
 2.32 administrator, one member of the senate, one member of the house of representatives, one  
 2.33 representative of teacher preparation programs in early childhood-special education or  
 2.34 other preparation programs in early childhood intervention, at least one representative of

3.1 advocacy organizations for children with disabilities under age five, one physician who  
3.2 cares for young children with special health care needs, one representative each from the  
3.3 commissioners of commerce, education, health, human services, a representative from the  
3.4 state agency responsible for child care, foster care, mental health, homeless coordinator  
3.5 of education of homeless children and youth, and a representative from Indian health  
3.6 services or a tribal council. Section 15.059, subdivisions 2 to 5, apply to the council.  
3.7 The council must meet at least quarterly.

3.8 The council must address methods of implementing the state policy of developing  
3.9 and implementing comprehensive, coordinated, multidisciplinary interagency programs of  
3.10 early intervention services for children with disabilities and their families.

3.11 The duties of the council include recommending policies to ensure a comprehensive  
3.12 and coordinated system of all state and local agency services for children under age five  
3.13 with disabilities and their families. The policies must address how to incorporate each  
3.14 agency's services into a unified state and local system of multidisciplinary assessment  
3.15 practices, individual intervention plans, comprehensive systems to find children in need  
3.16 of services, methods to improve public awareness, and assistance in determining the  
3.17 role of interagency early intervention committees. The council shall ensure that service  
3.18 providers have opportunities to learn about the special needs of and issues affecting  
3.19 homeless infants and toddlers.

3.20 On the date that Minnesota Part C Annual Performance Report is submitted to the  
3.21 federal Office of Special Education, the council must recommend to the governor and the  
3.22 commissioners of education, health, human services, commerce, and employment and  
3.23 economic development policies for a comprehensive and coordinated system.

3.24 Notwithstanding any other law to the contrary, the State Interagency Coordinating  
3.25 Council expires on June 30, 2014.

3.26 Sec. 5. Minnesota Statutes 2010, section 462A.29, is amended to read:

3.27 **462A.29 INTERAGENCY COORDINATION ON HOMELESSNESS.**

3.28 (a) The agency shall coordinate services and activities of all state agencies relating  
3.29 to homelessness. The agency shall coordinate an investigation and review of the current  
3.30 system of service delivery to the homeless. The agency may request assistance from other  
3.31 agencies of state government as needed for the execution of the responsibilities under this  
3.32 section and the other agencies shall furnish the assistance upon request.

3.33 (b) As part of the coordination required under this section, and in coordination  
3.34 with the commissioners of human services, health, the Housing Finance Agency, and  
3.35 education, the agency shall, after a 30-day public comment period, submit an annual report

4.1 beginning January 15, 2014, to the legislature on homeless children and child well-being  
 4.2 related to the implementation of the visible child plan under section 6. The report must  
 4.3 contain data including, but not limited to:

- 4.4 (1) the number and ages of children and youth experiencing homelessness;  
 4.5 (2) reasons for homelessness, including poverty and domestic violence;  
 4.6 (3) the number of homeless and formerly homeless children receiving assistance  
 4.7 under chapter 256J;  
 4.8 (4) frequency and duration of homelessness;  
 4.9 (5) current living arrangements of homeless children;  
 4.10 (6) child well-being indicators; and  
 4.11 (7) number of formerly homeless children annually accessing supportive housing.

4.12 **EFFECTIVE DATE.** This section is effective the day following final enactment.

4.13 Sec. 6. **VISIBLE CHILD PLAN.**

4.14 Subdivision 1. **Duties.** The Interagency Coordination on Homelessness under  
 4.15 Minnesota Statutes, section 462A.29, in collaboration with the commissioners of  
 4.16 education, health, human services, and the Housing Finance Agency, shall develop a  
 4.17 strategic plan, known as the visible child plan, for improving the well-being of homeless  
 4.18 children.

4.19 Subd. 2. **Consultation.** (a) In developing the visible child plan, the agency  
 4.20 shall consult family supportive housing providers, individuals who have experienced  
 4.21 homelessness, nonprofits, advocates, researchers, case workers, business leaders, and  
 4.22 philanthropists. Each consulted person or organization must have knowledge about or  
 4.23 expertise in homelessness and one or more of the following subjects:

- 4.24 (1) child protection;  
 4.25 (2) child care;  
 4.26 (3) early childhood development;  
 4.27 (4) children's mental health;  
 4.28 (5) public programs serving families and children;  
 4.29 (6) public safety;  
 4.30 (7) family home visiting;  
 4.31 (8) public assistance programs;  
 4.32 (9) adverse childhood experiences; and  
 4.33 (10) McKinney homeless student resources.

4.34 (b) The task force must consult people from rural, suburban, and urban counties  
 4.35 and school districts.

5.1 Subd. 3. **Strategic plan; development.** (a) The agency shall develop a strategic  
5.2 plan for improving the well-being of homeless children that focuses on housing stability,  
5.3 improved health outcomes, and educational success. The plan must address, but not be  
5.4 limited to, the following:

- 5.5 (1) safe housing and services;  
5.6 (2) emergency shelter and services statewide response;  
5.7 (3) integration of developmental screening into service delivery;  
5.8 (4) home visiting services;  
5.9 (5) child care;  
5.10 (6) early childhood programs;  
5.11 (7) access to primary and preventive health care services; and  
5.12 (8) identification of existing and potential future funding streams to support the  
5.13 plan's implementation.

5.14 (b) The strategic plan must:

5.15 (1) include an estimation of the return on investment for the programs listed under  
5.16 paragraph (a);

5.17 (2) include recommendations on improving the capacity of current information  
5.18 systems to identify homeless children, assess child well-being, and monitor access to  
5.19 services;

5.20 (3) identify data and outcome measures for assessing and monitoring child  
5.21 well-being related to the implementation of the statewide plan; and

5.22 (4) include recommendations on integrating evidence-based and evidence-informed  
5.23 practices and practice-based evidence into services provided to homeless and formerly  
5.24 homeless young children.

5.25 Subd. 4. **Report.** The agency shall submit the visible child plan under subdivision  
5.26 3 to the legislative committees with jurisdiction over education, health, housing, and  
5.27 human services by December 15, 2012.

5.28 **EFFECTIVE DATE.** This section is effective the day following final enactment.