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State of Minnesota

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HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 3265

- 03/01/2018 Authored by Kresha, Halverson, Zerwas, Bennett and Grossell
- The bill was read for the first time and referred to the Committee on Health and Human Services Reform
- 03/26/2018 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance
- 04/09/2018 Adoption of Report: Placed on the General Register as Amended
- Read for the Second Time
- 05/02/2018 Calendar for the Day
- Read for the Third Time
- Passed by the House and transmitted to the Senate
- 05/10/2018 Returned to the House as Amended by the Senate
- Refused to concur and a Conference Committee was appointed
- 05/17/2018 Read Third Time as Amended by Conference and repassed by the House
- 05/18/2018 Read Third Time as Amended by Conference and repassed by the Senate
- Presented to Governor
- 05/20/2018 Governor Approval

1.1 A bill for an act

1.2 relating to human services; modifying provisions governing MAPCY and child

1.3 foster care; establishing foster care sibling bill of rights; amending Minnesota

1.4 Statutes 2016, sections 245A.175; 256N.24, by adding a subdivision; proposing

1.5 coding for new law in Minnesota Statutes, chapter 260C.

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

1.7 Section 1. Minnesota Statutes 2016, section 245A.175, is amended to read:

1.8 **245A.175 CHILD FOSTER CARE TRAINING REQUIREMENT; MENTAL**

1.9 **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.

2.1 Sec. 2. Minnesota Statutes 2016, section 256N.24, is amended by adding a subdivision to
2.2 read:

2.3 Subd. 2a. **Minnesota assessment of parenting for children and youth (MAPCY)**
2.4 **revision.** The commissioner, in consultation with representatives from communities of
2.5 color, including but not limited to advisory councils and ombudspersons, shall review and
2.6 revise the MAPCY tool and incorporate changes that take into consideration different
2.7 cultures and the diverse needs of communities of color.

2.8 Sec. 3. **[260C.008] FOSTER CARE SIBLING BILL OF RIGHTS.**

2.9 Subdivision 1. **Statement of rights.** (a) A child placed in foster care who has a sibling
2.10 has the right to:

2.11 (1) be placed in foster care homes with the child's siblings, when possible and when it
2.12 is in the best interest of each sibling, in order to sustain family relationships;

2.13 (2) be placed in close geographical distance to the child's siblings, if placement together
2.14 is not possible, to facilitate frequent and meaningful contact;

2.15 (3) have frequent contact with the child's siblings in foster care and, whenever possible,
2.16 with the child's siblings who are not in foster care, unless the responsible social services
2.17 agency has documented that contact is not in the best interest of any sibling. Contact includes,
2.18 but is not limited to, telephone calls, text messaging, social media and other Internet use,
2.19 and video calls;

2.20 (4) annually receive a telephone number, address, and e-mail address for all siblings in
2.21 foster care, and receive updated photographs of siblings regularly, by regular mail or e-mail;

2.22 (5) participate in regular face-to-face visits with the child's siblings in foster care and,
2.23 whenever possible, with the child's siblings who are not in foster care. Participation in these
2.24 visits shall not be withheld or restricted as a consequence for behavior, and shall only be
2.25 restricted if the responsible social services agency documents that the visits are contrary to
2.26 the safety or well-being of any sibling. Social workers, parents, foster care providers, and
2.27 older children must cooperate to ensure regular visits and must coordinate dates, times,
2.28 transportation, and other accommodations as necessary. The timing and regularity of visits
2.29 shall be outlined in each sibling's service plan, based on the individual circumstances and
2.30 needs of each child. A social worker need not give explicit permission for each visit or
2.31 possible overnight visit, but foster care providers shall communicate with social workers
2.32 about these visits;

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

3.4 (7) be promptly informed about changes in sibling placements or circumstances, including
3.5 but not limited to new placements, discharge from placements, significant life events, and
3.6 discharge from foster care;

3.7 (8) be included in permanency planning decisions for siblings, if appropriate; and

3.8 (9) be informed of the expectations for and possibility of continued contact with a sibling
3.9 after an adoption or transfer of permanent physical and legal custody to a relative.

3.10 (b) Adult siblings of children in foster care shall have the right to be considered as foster
3.11 care providers, adoptive parents, and relative custodians for their siblings, if they choose
3.12 to do so.

3.13 Subd. 2. **Interpretation.** The rights under this section are established for the benefit of
3.14 siblings in foster care. This statement of rights does not replace or diminish other rights,
3.15 liberties, and responsibilities that may exist relative to children in foster care, adult siblings
3.16 of children in foster care, foster care providers, parents, relatives, or responsible social
3.17 services agencies.

3.18 Subd. 3. **Disclosure.** Child welfare agency staff shall provide a copy of these rights to
3.19 a child who has a sibling at the time the child enters foster care, to any adult siblings of a
3.20 child entering foster care, if known, and to the foster care provider, in a format specified
3.21 by the commissioner of human services. The copy shall contain the address and telephone
3.22 number of the Office of Ombudsman for Families and a brief statement describing how to
3.23 file a complaint with the office.

3.24 **EFFECTIVE DATE.** This section is effective for children entering foster care on or
3.25 after August 1, 2018. Subdivision 3 is effective August 1, 2018, and applies to all children
3.26 in foster care on that date, regardless of when the child entered foster care.