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State of Minnesota

HOUSE OF REPRESENTATIVES H. F. No. 1258

NINETY-FIRST SESSION

| 02/14/2019 | Authored by Moran, Albright, Morrison, Kresha, Pinto and others |
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| | The bill was read for the first time and referred to the Committee on Health and Human Services Policy |
| 03/11/2019 | Adoption of Report: Re-referred to the Committee on Government Operations |

| 1.1 | A bill for an act |
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| 1.2 1.3 | relating to human services; establishing a task force on childhood trauma-informed policy and practices; requiring reports. |
| 1.4 | BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA: |
| 1.5 | Section 1. TASK FORCE ON CHILDHOOD TRAUMA-INFORMED POLICY AND |
| 1.6 | PRACTICES. |
| 1.7 | Subdivision 1. Establishment. The commissioner of human services must establish and |
| 1.8 | appoint a task force on trauma-informed policy and practices to prevent and reduce children's |
| 1.9 | exposure to adverse childhood experiences (ACEs) consisting of the following members: |
| 1.10 | (1) the commissioners of human services, public safety, health, and education or the |
| 1.11 | commissioners' designees; |
| 1.12 | (2) two members representing law enforcement with expertise in juvenile justice; |
| 1.13 | (3) two members representing county social services agencies; |
| 1.14 | (4) four members of the legislature, two members of the senate, one appointed by the |
| 1.15 | majority leader and one appointed by the minority leader, and two members of the house |
| 1.16 | of representatives, one appointed by the speaker of the house and one appointed by the |
| 1.17 | minority leader; |
| 1.18 | (5) two members representing tribal social services providers; |
| 1.19 | (6) two members with expertise in prekindergarten through grade 12 education; |
| 1.20 | (7) three licensed health care professionals with expertise in the neurobiology of |
| 1.21 | childhood development representing public health, mental health, and primary health; |

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| 2.1 | (8) one member representing family service or children's mental health collaboratives; |
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| 2.2 | (9) two parents who had ACEs; |
| 2.3 | (10) two experts in childhood trauma-informed policies and ACEs; |
| 2.4 | (11) two ombudspersons from the Minnesota Office of Ombudsperson for Families; and |
| 2.5 | (12) representatives of any other group the commissioner of human services deems |
| 2.6 | appropriate to complete the duties of the task force. |
| 2.7 | Subd. 2. Staff. The commissioner of human services must provide meeting space, support |
| 2.8 | staff, and administrative services for the task force. |
| 2.9 | Subd. 3. Duties. The task force must perform the following duties: |
| 2.10 | (1) engage the human services, education, public health, juvenile justice, and criminal |
| 2.11 | justice systems in the creation of trauma-informed policy and practices in each of these |
| 2.12 | systems to prevent and reduce ACEs and to support the health and well-being of all families; |
| 2.13 | and |
| 2.14 | (2) identify social determinants of the health and well-being of all families and |
| 2.15 | recommend solutions to eliminate racial and ethnic disparities in the state. |
| 2.16 | Subd. 4. Report. The task force must submit a report on the results of its duties outlined |
| 2.17 | in subdivision 3 and any policy recommendations to the chairs and ranking minority members |
| 2.18 | of the legislative committees with jurisdiction over health and human services, public safety, |
| 2.19 | judiciary, and education by January 15 of each year. |
| 2.20 | EFFECTIVE DATE. This section is effective the day following final enactment. |