

2.1 (b) Physicians, traditional midwives, and other licensed health care professionals
2.2 providing prenatal care to women must have available to women and their families
2.3 information about postpartum depression.

2.4 (c) Hospitals and other health care facilities in the state must provide departing new
2.5 mothers and fathers and other family members, as appropriate, with written information
2.6 about postpartum depression, including its symptoms, methods of coping with the illness,
2.7 and treatment resources.

2.8 (d) The commissioner of health, in collaboration with the commissioner of human
2.9 services and to the extent authorized by the federal Centers for Disease Control and
2.10 Prevention, shall reduce racial disparities in postpartum information reported in surveys
2.11 of maternal attitudes and experiences before, during, and after pregnancy, such as those
2.12 conducted by the commissioner of health.

2.13 Sec. 2. [145.907] MATERNAL DEPRESSION; DEFINITION.

2.14 "Maternal depression" means depression or other perinatal mood or anxiety disorder
2.15 experienced by a woman during pregnancy or during the first two years following the
2.16 birth of her child.

2.17 Sec. 3. Minnesota Statutes 2010, section 145A.17, subdivision 1, is amended to read:

2.18 Subdivision 1. **Establishment; goals.** The commissioner shall establish a program
2.19 to fund family home visiting programs designed to foster healthy beginnings, improve
2.20 pregnancy outcomes, promote school readiness, prevent child abuse and neglect, reduce
2.21 juvenile delinquency, promote positive parenting and resiliency in children, and promote
2.22 family health and economic self-sufficiency for children and families. The commissioner
2.23 shall promote partnerships, collaboration, and multidisciplinary visiting done by teams of
2.24 professionals and paraprofessionals from the fields of public health nursing, social work,
2.25 and early childhood education. A program funded under this section must serve families
2.26 at or below 200 percent of the federal poverty guidelines, and other families determined
2.27 to be at risk, including but not limited to being at risk for child abuse, child neglect, or
2.28 juvenile delinquency. Programs must begin prenatally whenever possible and must be
2.29 targeted to families with:

- 2.30 (1) adolescent parents;
2.31 (2) a history of alcohol or other drug abuse;
2.32 (3) a history of child abuse, domestic abuse, or other types of violence;
2.33 (4) a history of domestic abuse, rape, or other forms of victimization;
2.34 (5) reduced cognitive functioning;

- 3.1 (6) a lack of knowledge of child growth and development stages;
- 3.2 (7) low resiliency to adversities and environmental stresses;
- 3.3 (8) insufficient financial resources to meet family needs;
- 3.4 (9) a history of homelessness;
- 3.5 (10) a risk of long-term welfare dependence or family instability due to employment
- 3.6 barriers; ~~or~~
- 3.7 (11) a serious mental health disorder, including maternal depression as defined in
- 3.8 section 145.907; or
- 3.9 ~~(11)~~ (12) other risk factors as determined by the commissioner.

3.10 Sec. 4. Minnesota Statutes 2010, section 145A.17, is amended by adding a subdivision
3.11 to read:

3.12 Subd. 6a. **Practice standards; development.** The commissioner, in consultation
3.13 with others including representatives of family home visiting providers, community health
3.14 boards, tribal governments, and mental health services providers, shall develop practice
3.15 standards and a common set of measurable outcomes for family home visiting programs.
3.16 The practice standards must include screening of all primary caregivers for depression or
3.17 other serious mental illness who are not being successfully treated.

3.18 Sec. 5. Minnesota Statutes 2010, section 145A.17, subdivision 8, is amended to read:

3.19 Subd. 8. **Report.** By January 15, 2002, and January 15 of each even-numbered year
3.20 thereafter, the commissioner shall submit a report to the legislature on the family home
3.21 visiting programs funded under this section including data collected under subdivision 6,
3.22 and on the results of the evaluations conducted under subdivision 7.

3.23 Sec. 6. Minnesota Statutes 2010, section 256B.04, is amended by adding a subdivision
3.24 to read:

3.25 Subd. 22. **Maternal depression screening and referral.** (a) The commissioner
3.26 shall provide technical assistance to health care providers to improve maternal depression
3.27 screening and referral rates for medical assistance and MinnesotaCare enrollees. The
3.28 technical assistance must include, but is not limited to, the provision of information on
3.29 culturally competent practice, administrative and legal liability issues, and best practices
3.30 for discussing mental health issues with patients.

3.31 (b) The commissioner, in consultation with the commissioners of health and
3.32 education, shall monitor: (1) maternal depression screening and referral rates based on
3.33 medical assistance and MinnesotaCare claims and Pregnancy Risk Assessment Monitoring

S.F. No. 2585, as introduced - 87th Legislative Session (2011-2012) [12-5301]

4.1 System (PRAMS) survey findings; and (2) the impact of improved screening and referral
4.2 rates on child well-being using a variety of methods, including but not limited to analyzing
4.3 trends in measures of children's school readiness. The information must be publicly
4.4 available and reported annually on the agency Web site.

4.5 (c) For purposes of this subdivision, "maternal depression" has the meaning provided
4.6 in section 145.907.

4.7 Sec. 7. Minnesota Statutes 2010, section 256B.055, subdivision 5, is amended to read:

4.8 Subd. 5. **Pregnant women; dependent unborn child.** Medical assistance may be
4.9 paid for a pregnant woman who has written verification of a positive pregnancy test from
4.10 a physician or licensed registered nurse, who meets the other eligibility criteria of this
4.11 section and who would be categorically eligible for assistance under the state's AFDC
4.12 plan in effect as of July 16, 1996, as required by the Personal Responsibility and Work
4.13 Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193, if the child
4.14 had been born and was living with the woman. For purposes of this subdivision, a woman
4.15 is considered pregnant for ~~60 days~~ two years postpartum.

4.16 **EFFECTIVE DATE.** This section is effective July 1, 2012, or upon federal
4.17 approval, whichever is later.

4.18 Sec. 8. Minnesota Statutes 2010, section 256B.055, subdivision 6, is amended to read:

4.19 Subd. 6. **Pregnant women; needy unborn child.** Medical assistance may be paid
4.20 for a pregnant woman who has written verification of a positive pregnancy test from a
4.21 physician or licensed registered nurse, who meets the other eligibility criteria of this
4.22 section and whose unborn child would be eligible as a needy child under subdivision 10 if
4.23 born and living with the woman. For purposes of this subdivision, a woman is considered
4.24 pregnant for ~~60 days~~ two years postpartum.

4.25 **EFFECTIVE DATE.** This section is effective July 1, 2012, or upon federal
4.26 approval, whichever is later.

4.27 Sec. 9. Minnesota Statutes 2010, section 256B.057, subdivision 1, is amended to read:

4.28 Subdivision 1. **Infants and pregnant women.** (a)(1) An infant less than one year of
4.29 age or a pregnant woman who has written verification of a positive pregnancy test from
4.30 a physician or licensed registered nurse is eligible for medical assistance if countable
4.31 family income is equal to or less than 275 percent of the federal poverty guideline for the
4.32 same family size. For purposes of this subdivision, "countable family income" means the

S.F. No. 2585, as introduced - 87th Legislative Session (2011-2012) [12-5301]

5.1 amount of income considered available using the methodology of the AFDC program
5.2 under the state's AFDC plan as of July 16, 1996, as required by the Personal Responsibility
5.3 and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193,
5.4 except for the earned income disregard and employment deductions.

5.5 (2) For applications processed within one calendar month prior to the effective date,
5.6 eligibility shall be determined by applying the income standards and methodologies in
5.7 effect prior to the effective date for any months in the six-month budget period before
5.8 that date and the income standards and methodologies in effect on the effective date for
5.9 any months in the six-month budget period on or after that date. The income standards
5.10 for each month shall be added together and compared to the applicant's total countable
5.11 income for the six-month budget period to determine eligibility.

5.12 (b)(1) [Expired, 1Sp2003 c 14 art 12 s 19]

5.13 (2) For applications processed within one calendar month prior to July 1, 2003,
5.14 eligibility shall be determined by applying the income standards and methodologies in
5.15 effect prior to July 1, 2003, for any months in the six-month budget period before July 1,
5.16 2003, and the income standards and methodologies in effect on the expiration date for any
5.17 months in the six-month budget period on or after July 1, 2003. The income standards
5.18 for each month shall be added together and compared to the applicant's total countable
5.19 income for the six-month budget period to determine eligibility.

5.20 (3) An amount equal to the amount of earned income exceeding 275 percent of
5.21 the federal poverty guideline, up to a maximum of the amount by which the combined
5.22 total of 185 percent of the federal poverty guideline plus the earned income disregards
5.23 and deductions allowed under the state's AFDC plan as of July 16, 1996, as required
5.24 by the Personal Responsibility and Work Opportunity Act of 1996 (PRWORA), Public
5.25 Law 104-193, exceeds 275 percent of the federal poverty guideline will be deducted for
5.26 pregnant women and infants less than one year of age.

5.27 (c) Dependent care and child support paid under court order shall be deducted from
5.28 the countable income of pregnant women.

5.29 (d) An infant born to a woman who was eligible for and receiving medical assistance
5.30 on the date of the child's birth shall continue to be eligible for medical assistance without
5.31 redetermination until the child's ~~first~~ second birthday.

5.32 **EFFECTIVE DATE.** This section is effective July 1, 2012, or upon federal
5.33 approval, whichever is later.

5.34 Sec. 10. Minnesota Statutes 2010, section 256B.0623, subdivision 2, is amended to
5.35 read:

6.1 Subd. 2. **Definitions.** For purposes of this section, the following terms have the
6.2 meanings given them.

6.3 (a) "Adult rehabilitative mental health services" means mental health services
6.4 which are rehabilitative and enable the recipient to develop and enhance psychiatric
6.5 stability, social competencies, personal and emotional adjustment, and independent living,
6.6 parenting, and community skills, when these abilities are impaired by the symptoms of
6.7 mental illness. Adult rehabilitative mental health services are also appropriate when
6.8 provided to enable a recipient to retain stability and functioning, if the recipient would
6.9 be at risk of significant functional decompensation or more restrictive service settings
6.10 without these services.

6.11 (1) Adult rehabilitative mental health services instruct, assist, and support the
6.12 recipient in areas such as: interpersonal communication skills, community resource
6.13 utilization and integration skills, crisis assistance, relapse prevention skills, health care
6.14 directives, budgeting and shopping skills, healthy lifestyle skills and practices, cooking
6.15 and nutrition skills, transportation skills, medication education and monitoring, mental
6.16 illness symptom management skills, household management skills, employment-related
6.17 skills, parenting, and transition to community living services.

6.18 (2) These services shall be provided to the recipient on a one-to-one basis in the
6.19 recipient's home or another community setting or in groups.

6.20 (b) "Medication education services" means services provided individually or in
6.21 groups which focus on educating the recipient about mental illness and symptoms; the role
6.22 and effects of medications in treating symptoms of mental illness; and the side effects of
6.23 medications. Medication education is coordinated with medication management services
6.24 and does not duplicate it. Medication education services are provided by physicians,
6.25 pharmacists, physician's assistants, or registered nurses.

6.26 (c) "Transition to community living services" means services which maintain
6.27 continuity of contact between the rehabilitation services provider and the recipient and
6.28 which facilitate discharge from a hospital, residential treatment program under Minnesota
6.29 Rules, chapter 9505, board and lodging facility, or nursing home. Transition to community
6.30 living services are not intended to provide other areas of adult rehabilitative mental health
6.31 services.

6.32 Sec. 11. **HEALTH CARE PROGRAM OUTREACH.**

6.33 \$..... is appropriated from the general fund to the commissioner of human services
6.34 for the fiscal year ending June 30, 2013, to award health care program outreach grants and

7.1 to fund the incentive program under Minnesota Statutes, section 256.962, subdivisions
7.2 2 and 5.

7.3 **ARTICLE 2**

7.4 **MISCELLANEOUS**

7.5 Section 1. Minnesota Statutes 2010, section 125A.27, subdivision 11, is amended to
7.6 read:

7.7 Subd. 11. **Interagency child find systems.** "Interagency child find systems" means
7.8 activities developed on an interagency basis with the involvement of interagency early
7.9 intervention committees and other relevant community groups using rigorous standards
7.10 to actively seek out, identify, and refer infants and young children, with, or at risk of,
7.11 disabilities, and their families, including a child under the age of three who:

7.12 (1) is involved in a substantiated case of abuse or neglect;~~or;~~

7.13 (2) is identified as affected by illegal substance abuse, or withdrawal symptoms
7.14 resulting from prenatal drug exposure, to reduce the need for future services; or

7.15 (3) has a parent with a diagnosis of depression or other serious mental illness within
7.16 the prior three years.

7.17 **EFFECTIVE DATE.** This section is effective July 1, 2012.

7.18 Sec. 2. Minnesota Statutes 2010, section 214.12, is amended by adding a subdivision
7.19 to read:

7.20 Subd. 4. **Parental depression.** (a) The health-related licensing boards that regulate
7.21 professions that serve caregivers at risk of depression, or their children, including
7.22 behavioral health and therapy, chiropractic, marriage and family therapy, medical practice,
7.23 nursing, psychology, and social work, shall require licensees to receive education on
7.24 the subject of parental depression and its potential effects on children if unaddressed,
7.25 including how to:

7.26 (1) screen mothers for depression;

7.27 (2) identify children who are affected by their mother's depression; and

7.28 (3) provide treatment or referral information on needed services.

7.29 (b) The health-related licensing boards shall require at least two hours of continuing
7.30 education credit each reporting period on delivery of culturally competent services to
7.31 parents with depression.

S.F. No. 2585, as introduced - 87th Legislative Session (2011-2012) [12-5301]

8.1 Sec. 3. Laws 2011, First Special Session chapter 9, article 10, section 3, subdivision 4,
8.2 is amended to read:

8.3 **Subd. 4. Grant Programs**

8.4 The amounts that may be spent from this
8.5 appropriation for each purpose are as follows:

8.6 **(a) Support Services Grants**

	Appropriations by Fund	
8.7		
8.8	General	8,715,000 8,715,000
8.9	Federal TANF	100,525,000 94,611,000

8.10 **MFIP Consolidated Fund Grants.** The
8.11 TANF fund base is reduced by \$10,000,000
8.12 each year beginning in fiscal year 2012.

8.13 **Subsidized Employment Funding Through**

8.14 **ARRA.** The commissioner is authorized to
8.15 apply for TANF emergency fund grants for
8.16 subsidized employment activities. Growth
8.17 in expenditures for subsidized employment
8.18 within the supported work program and the
8.19 MFIP consolidated fund over the amount
8.20 expended in the calendar year quarters in
8.21 the TANF emergency fund base year shall
8.22 be used to leverage the TANF emergency
8.23 fund grants for subsidized employment and
8.24 to fund supported work. The commissioner
8.25 shall develop procedures to maximize
8.26 reimbursement of these expenditures over the
8.27 TANF emergency fund base year quarters,
8.28 and may contract directly with employers
8.29 and providers to maximize these TANF
8.30 emergency fund grants.

8.31 **(b) Basic Sliding Fee Child Care Assistance**
8.32 **Grants**

37,144,000 38,678,000

8.33 **Base Adjustment.** The general fund base is
8.34 decreased by \$990,000 in fiscal year 2014
8.35 and \$979,000 in fiscal year 2015.

9.1 **Child Care and Development Fund**

9.2 **Unexpended Balance.** In addition to
 9.3 the amount provided in this section, the
 9.4 commissioner shall expend \$5,000,000
 9.5 in fiscal year 2012 from the federal child
 9.6 care and development fund unexpended
 9.7 balance for basic sliding fee child care under
 9.8 Minnesota Statutes, section 119B.03. The
 9.9 commissioner shall ensure that all child
 9.10 care and development funds are expended
 9.11 according to the federal child care and
 9.12 development fund regulations.

9.13	(c) Child Care Development Grants	774,000	774,000
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9.14 **Base Adjustment.** The general fund base is
 9.15 increased by \$713,000 in fiscal years 2014
 9.16 and 2015.

9.17	(d) Child Support Enforcement Grants	50,000	50,000
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9.18 **Federal Child Support Demonstration**

9.19 **Grants.** Federal administrative
 9.20 reimbursement resulting from the federal
 9.21 child support grant expenditures authorized
 9.22 under section 1115a of the Social Security
 9.23 Act is appropriated to the commissioner for
 9.24 this activity.

9.25 **(e) Children's Services Grants**

9.26	Appropriations by Fund		
9.27	General	47,949,000	48,507,000
9.28	Federal TANF	140,000	140,000

9.29 **Adoption Assistance and Relative Custody**

9.30 **Assistance Transfer.** The commissioner
 9.31 may transfer unencumbered appropriation
 9.32 balances for adoption assistance and relative
 9.33 custody assistance between fiscal years and
 9.34 between programs.

10.1 **Privatized Adoption Grants.** Federal
 10.2 reimbursement for privatized adoption grant
 10.3 and foster care recruitment grant expenditures
 10.4 is appropriated to the commissioner for
 10.5 adoption grants and foster care and adoption
 10.6 administrative purposes.

10.7 **Adoption Assistance Incentive Grants.**
 10.8 Federal funds available during fiscal year
 10.9 2012 and fiscal year 2013 for adoption
 10.10 incentive grants are appropriated to the
 10.11 commissioner for these purposes.

10.12 **(f) Children and Community Services Grants** 53,301,000 53,301,000

10.13 **(g) Children and Economic Support Grants**

10.14	Appropriations by Fund		
10.15	General	16,103,000	16,180,000
10.16	Federal TANF	700,000	0

10.17 **Long-Term Homeless Services.** \$700,000
 10.18 is appropriated from the federal TANF
 10.19 fund for the biennium beginning July
 10.20 1, 2011, to the commissioner of human
 10.21 services for long-term homeless services
 10.22 for low-income homeless families under
 10.23 Minnesota Statutes, section 256K.26. This
 10.24 is a onetime appropriation and is not added
 10.25 to the base.

10.26 **Base Adjustment.** The general fund base is
 10.27 increased by \$42,000 in fiscal year 2014 and
 10.28 \$43,000 in fiscal year 2015.

10.29 **Minnesota Food Assistance Program.**
 10.30 \$333,000 in fiscal year 2012 and \$408,000 in
 10.31 fiscal year 2013 are to increase the general
 10.32 fund base for the Minnesota food assistance
 10.33 program. Unexpended funds for fiscal year
 10.34 2012 do not cancel but are available to the

11.1 commissioner for this purpose in fiscal year
11.2 2013.

11.3 **(h) Health Care Grants**

11.4	Appropriations by Fund		
11.5	General	26,000	66,000
11.6	Health Care Access	190,000	190,000

11.7 **Base Adjustment.** The general fund base is
11.8 increased by \$24,000 in each of fiscal years
11.9 2014 and 2015.

11.10	(i) Aging and Adult Services Grants	12,154,000	11,456,000
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11.11 **Aging Grants Reduction.** Effective July
11.12 1, 2011, funding for grants made under
11.13 Minnesota Statutes, sections 256.9754 and
11.14 256B.0917, subdivision 13, is reduced by
11.15 \$3,600,000 for each year of the biennium.
11.16 These reductions are onetime and do
11.17 not affect base funding for the 2014-2015
11.18 biennium. Grants made during the 2012-2013
11.19 biennium under Minnesota Statutes, section
11.20 256B.9754, must not be used for new
11.21 construction or building renovation.

11.22 **Essential Community Support Grant**
11.23 **Delay.** Upon federal approval to implement
11.24 the nursing facility level of care on July
11.25 1, 2013, essential community supports
11.26 grants under Minnesota Statutes, section
11.27 256B.0917, subdivision 14, are reduced by
11.28 \$6,410,000 in fiscal year 2013. Base level
11.29 funding is increased by \$5,541,000 in fiscal
11.30 year 2014 and \$6,410,000 in fiscal year 2015.

11.31 **Base Level Adjustment.** The general fund
11.32 base is increased by \$10,035,000 in fiscal
11.33 year 2014 and increased by \$10,901,000 in
11.34 fiscal year 2015.

S.F. No. 2585, as introduced - 87th Legislative Session (2011-2012) [12-5301]

12.1	(j) Deaf and Hard-of-Hearing Grants	1,936,000	1,767,000
12.2	(k) Disabilities Grants	15,945,000	18,284,000

12.3 **Grants for Housing Access Services.** In
12.4 fiscal year 2012, the commissioner shall
12.5 make available a total of \$161,000 in housing
12.6 access services grants to individuals who
12.7 relocate from an adult foster care home to
12.8 a community living setting for assistance
12.9 with completion of rental applications or
12.10 lease agreements; assistance with publicly
12.11 financed housing options; development of
12.12 household budgets; and assistance with
12.13 funding affordable furnishings and related
12.14 household matters.

12.15 **HIV Grants.** The general fund appropriation
12.16 for the HIV drug and insurance grant
12.17 program shall be reduced by \$2,425,000 in
12.18 fiscal year 2012 and increased by \$2,425,000
12.19 in fiscal year 2014. These adjustments are
12.20 onetime and shall not be applied to the base.
12.21 Notwithstanding any contrary provision, this
12.22 provision expires June 30, 2014.

12.23 **Region 10.** Of this appropriation, \$100,000
12.24 each year is for a grant provided under
12.25 Minnesota Statutes, section 256B.097.

12.26 **Base Level Adjustment.** The general fund
12.27 base is increased by \$2,944,000 in fiscal year
12.28 2014 and \$653,000 in fiscal year 2015.

12.29 **Local Planning Grants for Creating**
12.30 **Alternatives to Congregate Living for**
12.31 **Individuals with Lower Needs.** The
12.32 commissioner shall make available a total
12.33 of \$250,000 per year in local planning
12.34 grants, beginning July 1, 2011, to assist

13.1 lead agencies and provider organizations in
 13.2 developing alternatives to congregate living
 13.3 within the available level of resources for the
 13.4 home and community-based services waivers
 13.5 for persons with disabilities.

13.6 **Disability Linkage Line.** Of this
 13.7 appropriation, \$125,000 in fiscal year 2012
 13.8 and \$300,000 in fiscal year 2013 are for
 13.9 assistance to people with disabilities who are
 13.10 considering enrolling in managed care.

13.11 **(l) Adult Mental Health Grants**

13.12	Appropriations by Fund		
13.13	General	70,570,000	70,570,000
13.14	Health Care Access	750,000	750,000
13.15	Lottery Prize	1,508,000	1,508,000

13.16 **Funding Usage.** Up to 75 percent of a fiscal
 13.17 year's appropriation for adult mental health
 13.18 grants may be used to fund allocations in that
 13.19 portion of the fiscal year ending December
 13.20 31.

13.21 **Base Adjustment.** The general fund base is
 13.22 increased by \$200,000 in fiscal years 2014
 13.23 and 2015.

13.24 **(m) Children's Mental Health Grants** 16,457,000 16,457,000

13.25 **Funding Usage.** Up to 75 percent of a fiscal
 13.26 year's appropriation for children's mental
 13.27 health grants may be used to fund allocations
 13.28 in that portion of the fiscal year ending
 13.29 December 31.

13.30 **Base Adjustment.** The general fund base is
 13.31 increased by ~~\$225,000~~ \$..... in fiscal years
 13.32 2014 and 2015.

13.33 **(n) Chemical Dependency Nonentitlement**
 13.34 **Grants** 1,336,000 1,336,000

S.F. No. 2585, as introduced - 87th Legislative Session (2011-2012) [12-5301]

14.1 Sec. 4. Laws 2011, First Special Session chapter 11, article 7, section 2, subdivision 5,
14.2 is amended to read:

14.3 Subd. 5. **Head Start program.** (a) For Head Start programs under Minnesota
14.4 Statutes, section 119A.52:

14.5 \$ 20,100,000 2012

14.6 \$ ~~20,100,000~~ 2013

14.7 (b) As a condition of receiving an appropriation under this subdivision, a Head Start
14.8 program must provide training to its staff regarding maternal depression and other mental
14.9 illnesses that may affect the child's parent or guardian.

14.10 (c) \$..... of the fiscal year 2013 appropriation under paragraph (a) must be reserved
14.11 and used only for early Head Start programs.

14.12 (d) The appropriation base for this program for fiscal year 2014 and later is \$.....

14.13 **EFFECTIVE DATE.** This section is effective July 1, 2012.

14.14 Sec. 5. **INSTRUCTIONS TO COMMISSIONERS; PLAN.**

14.15 (a) By January 15, 2013, the commissioners of human services, health, and
14.16 education shall develop a joint plan to reduce the prevalence of parental depression and
14.17 other serious mental illness and the potential impact of unaddressed parental mental
14.18 illness on children. The plan must include specific goals, outcomes, and recommended
14.19 measures to determine the impact of interventions on the incidence of parental depression
14.20 and child well-being, including early childhood screening and the school readiness of
14.21 high-risk children. The plan shall address ways to encourage a multigenerational approach
14.22 to adult mental health and child well-being in public health, health care, adult and child
14.23 mental health, child welfare, and other relevant programs and policies, and include
14.24 recommendations to increase public awareness about untreated parental depression and
14.25 its potential harmful impact on children.

14.26 (b) The commissioners shall convene a multisector, multidisciplinary task force
14.27 to identify key goals and objectives to be included in the plan. The task force shall
14.28 include, but not be limited to, health providers, mental health providers, researchers, early
14.29 childhood professionals, and advocates.

14.30 (c) Jointly prepared biennial reports must be submitted to the legislature beginning
14.31 December 15, 2014. The reports must address progress on plan implementation, budget
14.32 and policy recommendations, and data on access to relevant services and resources
14.33 reported by race, geography, and income. The reports must address progress in achieving
14.34 goals established by Minnesota Milestones.

S.F. No. 2585, as introduced - 87th Legislative Session (2011-2012) [12-5301]

16.1 (1) MFIP participants who are employed or in job search and meet the requirements
16.2 of section 119B.10;

16.3 (2) persons who are members of transition year families under section 119B.011,
16.4 subdivision 20, and meet the requirements of section 119B.10;

16.5 (3) families who are participating in employment orientation or job search, or
16.6 other employment or training activities that are included in an approved employability
16.7 development plan under section 256J.95;

16.8 (4) MFIP families who are participating in work job search, job support,
16.9 employment, or training activities as required in their employment plan, or in appeals,
16.10 hearings, assessments, or orientations according to chapter 256J;

16.11 (5) MFIP families who are participating in social services activities under chapter
16.12 256J or mental health treatment as required in their employment plan approved according
16.13 to chapter 256J;

16.14 (6) families who are participating in services or activities that are included in an
16.15 approved family stabilization plan under section 256J.575;

16.16 (7) MFIP child-only cases under section 256J.88. MFIP child-only cases may be
16.17 authorized to receive up to 12 hours of MFIP child care assistance per week as approved
16.18 by the county, if the child's primary caregiver has a diagnosis of depression or other
16.19 serious mental illness and is exempt from work requirements because of the primary
16.20 caregiver's disability;

16.21 ~~(7)~~ (8) families who are participating in programs as required in tribal contracts
16.22 under section 119B.02, subdivision 2, or 256.01, subdivision 2; and

16.23 ~~(8)~~ (9) families who are participating in the transition year extension under section
16.24 119B.011, subdivision 20a.

16.25 Sec. 3. Minnesota Statutes 2011 Supplement, section 119B.13, subdivision 7, is
16.26 amended to read:

16.27 Subd. 7. **Absent days.** (a) Licensed child care providers and license-exempt centers
16.28 must not be reimbursed for more than ten full-day absent days per child, excluding
16.29 holidays, in a fiscal year. However, licensed child care providers and license-exempt
16.30 centers may be reimbursed for an additional absent days per child, excluding
16.31 holidays, in a fiscal year if a parent or guardian has a diagnosis of mental illness and
16.32 is receiving documented mental health services. Legal nonlicensed family child care
16.33 providers must not be reimbursed for absent days. If a child attends for part of the time
16.34 authorized to be in care in a day, but is absent for part of the time authorized to be in care
16.35 in that same day, the absent time must be reimbursed but the time must not count toward

17.1 the ten absent day limit. Child care providers must only be reimbursed for absent days
17.2 if the provider has a written policy for child absences and charges all other families in
17.3 care for similar absences.

17.4 (b) Child care providers must be reimbursed for up to ten federal or state holidays
17.5 or designated holidays per year when the provider charges all families for these days
17.6 and the holiday or designated holiday falls on a day when the child is authorized to be
17.7 in attendance. Parents may substitute other cultural or religious holidays for the ten
17.8 recognized state and federal holidays. Holidays do not count toward the ten absent day
17.9 limit.

17.10 (c) A family or child care provider must not be assessed an overpayment for an
17.11 absent day payment unless (1) there was an error in the amount of care authorized for the
17.12 family, (2) all of the allowed full-day absent payments for the child have been paid, or (3)
17.13 the family or provider did not timely report a change as required under law.

17.14 (d) The provider and family shall receive notification of the number of absent days
17.15 used upon initial provider authorization for a family and ongoing notification of the
17.16 number of absent days used as of the date of the notification.

17.17 Sec. 4. **TASK FORCE ON LOW-INCOME FAMILIES.**

17.18 **Subdivision 1. Purpose.** A task force on low-income families is established to
17.19 review the adequacy of state programs and tax policies to support low-income families.

17.20 **Subd. 2. Membership.** The task force shall include the following members:

17.21 (1) the commissioner of economic development or designee;

17.22 (2) the commissioner of health or designee;

17.23 (3) the commissioner of human services or designee;

17.24 (4) the commissioner of education or designee;

17.25 (5) the commissioner of revenue or designee;

17.26 (6) two county representatives appointed by the governor;

17.27 (7) two advocates for low-income families appointed by the governor;

17.28 (8) two members of the house of representatives, one from the majority party and
17.29 one from the minority party, appointed by the speaker of the house; and

17.30 (9) two members of the senate, one from the majority party and one from the
17.31 minority party, appointed by the Subcommittee on Committees of the Committee on
17.32 Rules and Administration.

17.33 **Subd. 3. Staff.** The Department of Employment and Economic Development shall
17.34 provide staff support for the task force.

18.1 Subd. 4. **Duties.** Within the context of the state's projected workforce and economic
18.2 development needs, the task force shall review state programs and tax policies affecting
18.3 low-income families. The task force shall consider the return on investment to the public
18.4 and private sectors of family support policies such as paid sick leave, parental leave, early
18.5 childhood programs, and family tax policies. The task force shall make recommendations
18.6 to the legislature by January 15, 2014, to modify state programs and tax policies to improve
18.7 family economic security and child outcomes, including future worker productivity. The
18.8 recommendations must be related to the Minnesota Milestones goals and measures.

18.9 Subd. 5. **Expiration.** The task force under this section expires June 30, 2013.

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

18.11 Sec. 5. **APPROPRIATIONS.**

18.12 Subd. 1. **School readiness service agreements.** \$..... is appropriated from the
18.13 general fund to the commissioner of human services in fiscal year 2013 for the purposes of
18.14 school readiness service agreements under Minnesota Statutes, section 119B.231.

18.15 Subd. 2. **MFIP family stabilization services.** \$..... is appropriated from the
18.16 general fund to the commissioner of human services in fiscal year 2013 to provide counties
18.17 with sufficient funding to implement provisions of the MFIP family stabilization services
18.18 under Minnesota Statutes, section 256J.575, to help families access mental health and
18.19 other services, and to provide state technical assistance to counties regarding ways to help
18.20 families access child care when parents have a serious mental illness.

18.21 Sec. 6. **REPEALER.**

18.22 Minnesota Statutes 2010, section 256J.24, subdivision 6, is repealed.

APPENDIX
Article locations in 12-5301

ARTICLE 1	HEALTH CARE	Page.Ln 1.19
ARTICLE 2	MISCELLANEOUS	Page.Ln 7.3
ARTICLE 3	CHILDREN AND FAMILY SERVICES	Page.Ln 15.12