

CHAPTER 256F

MINNESOTA FAMILY PRESERVATION ACT

256F.01	Public policy.	256F.08	Grants for placement prevention and family reunification: American Indian and minority children.
256F.02	Citation.	256F.10	Child welfare targeted case management.
256F.03	Definitions.	256F.11	Grant program for crisis nurseries.
256F.04	Duties of commissioner of human services.	256F.12	Grant program for respite care.
256F.05	Distribution of grants.	256F.13	Family services collaborative.
256F.06	Duties of county boards.	256F.14	Family group decision-making.
256F.07	Placement prevention and family reunification services.		

256F.01 PUBLIC POLICY:

The public policy of this state is to assure that all children live in families that offer a safe, permanent relationship with nurturing parents or caretakers. To help assure children the opportunity to establish lifetime relationships, public social services must strive to provide culturally competent services and be directed toward:

- (1) preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family if it is desirable and possible;
- (2) restoring to their families children who have been removed, by continuing to provide services to the reunited child and the families;
- (3) placing children in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate; and
- (4) assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption.

History: *1Sp1985 c 9 art 2 s 69; 1991 c 292 art 3 s 10; 1995 c 207 art 4 s 5*

256F.02 CITATION.

Sections 256F.01 to 256F.07 and 256F.10 may be cited as the "Minnesota Family Preservation Act."

History: *1Sp1985 c 9 art 2 s 70; 1991 c 292 art 3 s 11; 1995 c 207 art 4 s 6*

256F.03 DEFINITIONS.

Subdivision 1. **Scope.** For purposes of sections 256F.01 to 256F.07, the terms defined in this section have the meanings given them, unless the context clearly indicates otherwise.

Subd. 2. **Commissioner.** "Commissioner" means the commissioner of human services.

Subd. 3. **County plan.** "County plan" means the community social services plan required by section 256E.09.

Subd. 4. **County board.** "County board" means the board of county commissioners in each county.

Subd. 5. **Family-based services.** "Family-based services" means one or more of the services described in paragraphs (a) to (e) provided to families primarily in their own home for a limited time.

(a) **Crisis services.** "Crisis services" means professional services provided within 24 hours of referral to alleviate a family crisis and to offer an alternative to placing a child outside the family home. The services are intensive and time limited. The service may offer transition to other appropriate community-based services.

(b) **Counseling services.** "Counseling services" means professional family counseling provided to alleviate individual and family dysfunction; provide an alternative to placing a child outside the family home; or permit a child to return home. The

MINNESOTA STATUTES 2002

1263

MINNESOTA FAMILY PRESERVATION ACT 256F.05

duration, frequency, and intensity of the service is determined in the individual or family service plan.

(c) **Life management skills services.** "Life management skills services" means paraprofessional services that teach family members skills in such areas as parenting, budgeting, home management, and communication. The goal is to strengthen family skills as an alternative to placing a child outside the family home or to permit a child to return home. A social worker shall coordinate these services within the family case plan.

(d) **Mental health services.** "Mental health services" means the professional services defined in section 245.4871, subdivision 31.

(e) **Early intervention services.** "Early intervention services" means family-based intervention services designed to help at-risk families avoid crisis situations.

Subd. 6. **Human services board.** "Human services board" means a board established under section 402.02, Laws 1974, chapter 293, or Laws 1976, chapter 340.

Subd. 7. **Permanency planning.** "Permanency planning" means the systematic process of carrying out, within a short time, a set of goal-oriented activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers, and the opportunity to establish lifetime relationships.

Subd. 8. **Placement prevention and family reunification services.** "Placement prevention and family reunification services" means a continuum of services designed to help children remain with their families or to facilitate reunification of children with their parents. Placement prevention and family reunification services available to a minority family must reflect and support family models that are accepted within the culture of the particular minority.

Subd. 9. **Residential facility** "Residential facility" means a residential facility as defined in section 260C.212, subdivision 1.

Subd. 10. **Family preservation core services.** "Family preservation core services" means adequate capacity of crisis services as defined in subdivision 5, paragraph (a), plus either or both counseling services as defined in subdivision 5, paragraph (b), and mental health services as defined in subdivision 5, paragraph (e), plus life management skills services as defined in subdivision 5, paragraph (c).

History: 1Sp1985 c 9 art 2 s 71; 1988 c 689 art 2 s 208; 1991 c 292 art 3 s 12; 1995 c 207 art 4 s 7,8; 1999 c 139 art 4 s 2; 1999 c 245 art 8 s 10

256F.04 DUTIES OF COMMISSIONER OF HUMAN SERVICES.

Subdivision 1. **Family preservation fund.** The commissioner shall establish a family preservation fund to assist counties in providing placement prevention and family reunification services.

Subd. 2. **Forms and instructions.** The commissioner shall provide necessary forms and instructions to the counties for their community social services plan, as required in section 256E.09, that incorporate the information necessary to apply for a family preservation fund grant, and to exercise county options under section 256F.05, subdivision 8, paragraph (c).

Subd. 3. **Monitoring.** The commissioner shall design and implement methods for monitoring the delivery and evaluating the effectiveness of placement prevention and family reunification services. The commissioner shall monitor the provision of family-based services and conduct evaluations.

Subd. 4. **Training.** The commissioner shall provide training on family-based services.

History: 1Sp1985 c 9 art 2 s 72; 1991 c 292 art 3 s 13; 1995 c 207 art 4 s 9,10; 1997 c 7 art 2 s 47; 1997 c 203 art 5 s 12,13

256F.05 DISTRIBUTION OF GRANTS.

Subdivision 1. [Repealed, 1989 c 282 art 2 s 219]

MINNESOTA STATUTES 2002

Subd. 1a. **Development of family preservation core services.** The commissioner shall annually determine whether a county's family preservation core services, as defined in section 256F.03, subdivision 10, are developed for that calendar year. In making this determination for any given calendar year, the commissioner shall consider factors for each county such as which family preservation core services are included in its community services plan under section 256E.09, the ratio of expenditures on family preservation core services to expenditures on out-of-home placements, the availability of crisis services as defined in section 256F.03, subdivision 5, paragraph (a), and recent trends in out-of-home placements both within that county and statewide.

Subd. 2. **Money available for family preservation.** Money appropriated for family preservation under sections 256F.04 to 256F.07, together with an amount as determined by the commissioner of funds distributed to Minnesota according to United States Code, title 42, chapter 7, subchapter IV, part B, section 621, must be distributed to counties on a calendar year basis according to the formula in subdivision 3.

Subd. 2a. [Repealed, 1995 c 207 art 4 s 44]

Subd. 3. **Grant formula.** (a) The amount of money allocated to counties under subdivision 2 shall first be allocated in amounts equal to each county's guaranteed floor according to paragraph (b), and second, any remaining available funds allocated as follows:

(1) 50 percent of the funds shall be allocated based on the population of the county under age 19 years as compared to the state as a whole as determined by the most recent data from the state demographer's office;

(2) 20 percent of funds shall be allocated based on the county's percentage share of the unduplicated number of families who received family preservation services under section 256F.03, subdivision 5, paragraphs (a), (b), (c), and (e), in the most recent calendar year available as determined by the commissioner;

(3) ten percent of the funds shall be allocated based on the county's percentage share of the unduplicated number of children in substitute care in the most recent calendar year available as determined by the commissioner;

(4) ten percent of the funds shall be allocated based on the county's percentage share of the number of determined maltreatment reports in the most recent calendar year available as determined by the commissioner;

(5) five percent of the funds shall be allocated based on the county's percentage share of the number of American Indian children under age 18 residing in the county in the most recent calendar year as determined by the commissioner; and

(6) five percent of the funds shall be allocated based on the county's percentage share of the number of children of color receiving children's case management services as defined by the commissioner based on the most recent data as determined by the commissioner.

(b) Each county's grant guaranteed floor shall be calculated as follows:

(1) 90 percent of the county's allocation received in the preceding calendar year or \$25,000, whichever is greater; and

(2) when the amounts of funds available for allocation is less than the amount available in the previous year, each county's previous year allocation shall be reduced in proportion to the reduction in the statewide funding, for the purpose of establishing the guaranteed floor.

(c) The commissioner shall regularly review the use of family preservation fund allocations by county. The commissioner may reallocate unexpended or unencumbered money at any time among those counties that have expended or are projected to expend their full allocation.

Subd. 4. **Payments.** The commissioner shall make grant payments to each county whose biennial community social services plan has been approved under section 256F.04, subdivision 2. The grant shall be paid to counties in four installments per year. The commissioner may certify the payments for the first three months of a calendar

year. Subsequent payments shall be based on reported expenditures and may be adjusted for anticipated spending patterns.

Subd. 4a. [Repealed, 1995 c 207 art 4 s 44]

Subd. 5. [Repealed, 1997 c 203 art 5 s 38]

Subd. 6. **Termination of grant.** A grant may be reduced or terminated by the commissioner when the county agency has failed to comply with the terms of the grant or sections 256F.01 to 256F.07.

Subd. 7. [Repealed, 1997 c 203 art 5 s 38]

Subd. 8. **Uses of family preservation fund grants.** (a) A county which has not demonstrated that year that its family preservation core services are developed as provided in subdivision 1a, must use its family preservation fund grant exclusively for family preservation services defined in section 256F.03, subdivision 5, paragraphs (a), (b), (c), and (d).

(b) A county which has demonstrated that year that its family preservation core services are developed becomes eligible either to continue using its family preservation fund grant as provided in paragraph (a), or to exercise the expanded service option under paragraph (c).

(c) The expanded service option permits an eligible county to use its family preservation fund grant for child welfare preventive services. For purposes of this section, child welfare preventive services are those services directed toward a specific child or family that further the goals of section 256F.01 and include assessments, family preservation services, service coordination, community-based treatment, crisis nursery services when the parents retain custody and there is no voluntary placement agreement with a child-placing agency, respite care except when it is provided under a medical assistance waiver, home-based services, and other related services. For purposes of this section, child welfare preventive services shall not include shelter care or other placement services under the authority of the court or public agency to address an emergency. To exercise this option, an eligible county must notify the commissioner in writing of its intention to do so or select this option in its county plan, as provided in section 256F.04, subdivision 2. Effective with the first day of the grant period in which this option is selected, the county must maintain its base level of expenditures for child welfare preventive services and use the family preservation fund to expand them. The base level of expenditures for a county shall be that established under section 256F.10, subdivision 7. For counties which have no such base established, a comparable base shall be established with the base year being the calendar year ending at least two calendar quarters before the first calendar quarter in which the county exercises its expanded service option. The commissioner shall, at the request of the counties, reduce, suspend, or eliminate either or both of a county's obligations to continue the base level of expenditures and to expand child welfare preventive services under extraordinary circumstances.

(d) Notwithstanding paragraph (a), a county that is participating in the child protection assessments or investigations community collaboration pilot program under section 626.556, or in the concurrent permanency planning pilot program under section 260C.213, may use its family preservation fund grant for those programs.

History: 1Sp1985 c 9 art 2 s 73; 1Sp1986 c 3 art 1 s 30; 1987 c 309 s 26; 1989 c 282 art 2 s 132,133; 1991 c 292 art 3 s 14; 1995 c 207 art 4 s 11-17; 1997 c 85 art 4 s 20; 1997 c 203 art 5 s 14-17; 1998 c 406 art 2 s 1; 1998 c 407 art 8 s 6; 1999 c 139 art 4 s 2; 1999 c 159 s 71,72; 1999 c 245 art 8 s 11; 2000 c 260 s 97

256F.06 DUTIES OF COUNTY BOARDS.

Subdivision 1. **Responsibilities.** A county board may, alone or in combination with other county boards, apply for a family preservation fund grant as provided in section 256F.04, subdivision 2. Upon approval of the grant, the county board may contract for or directly provide family-based and other eligible services. A county board may contract with or directly provide eligible services to children and families through a local collaborative.

Subd. 2. **Developing family preservation core services.** When a county can demonstrate that its family preservation core services are developed as provided in section 256F.05, subdivision 1a, a county board becomes eligible to exercise the expanded service option under section 256F.05, subdivision 8, paragraph (c).

Subd. 3. [Repealed, 1995 c 207 art 4 s 44]

Subd. 4. **Reporting.** The commissioner shall specify requirements for reports, including quarterly fiscal reports, according to section 256.01, subdivision 2, paragraph (17).

History: *1Sp1985 c 9 art 2 s 74; 1Sp1986 c 3 art 1 s 31; 1989 c 89 s 21; 1991 c 292 art 3 s 15; 1Sp1993 c 1 art 3 s 25; 1995 c 207 art 4 s 18-20; 1997 c 203 art 5 s 18,19*

256F.07 PLACEMENT PREVENTION AND FAMILY REUNIFICATION SERVICES.

Subdivision 1. **Preplacement review.** Each county board shall establish a preplacement procedure to review each request for substitute care placement and determine if appropriate community resources have been utilized before making a substitute care placement. Emergency placements shall be reviewed to determine services necessary to allow a child to return home. Placements shall be reviewed for compliance with the Minority Family Heritage Act, sections 259.29 and 260C.215; the Minnesota Minority Family Preservation Act, section 260C.193, subdivision 3; the Minnesota Indian Family Preservation Act, sections 260.751 to 260.781; and the Indian Child Welfare Act of 1978, United States Code, title 25, part 1901.

Subd. 2. **Procedure for placement.** When the preplacement review has determined that a substitute care placement is required because the child is in imminent risk of abuse or neglect; or requires treatment of an emotional disorder, chemical dependency, or mental retardation; the agency shall determine the level of care most appropriate to meet the child's needs in the least restrictive setting and in closest proximity to the child's family; and estimate the length of time of the placement, project a placement goal, and provide a statement of the anticipated outcome of the placement.

Placements must be in compliance with the Minority Family Heritage Act, sections 259.29 and 260C.212; the Minnesota Minority Family Preservation Act, section 260C.193, subdivision 3; the Minnesota Indian Family Preservation Act, sections 260.751 to 260.781; and the Indian Child Welfare Act of 1978, United States Code, title 25, part 1901.

Subd. 3. **Types of services.** Placement prevention and family reunification services include family-based services as defined in section 256F.03, subdivision 5.

Family-based services must be coordinated with additional services identified and funded in the county social service act plan to provide a comprehensive placement prevention and family reunification services program.

Subd. 3a. **Minority family services.** In addition to services listed in subdivision 3, placement prevention and family reunification services for minority children include:

- (1) development of foster and adoptive placement resources, including recruitment, licensing, and support;
- (2) advocacy in working with the county and private social service agencies, and activities to help provide access to agency services;
- (3) family and community involvement strategies to combat child abuse and chronic neglect of children;
- (4) coordinated child welfare and mental health services to minority families; and
- (5) other activities and services approved by the commissioner that further the goals of the minority heritage preservation act.

Subd. 4. **Rights of the child and family.** The child and the family may refuse placement prevention and family reunification services or appeal the denial of the services.

History: *1Sp1985 c 9 art 2 s 75; 1988 c 689 art 2 s 209; 1991 c 292 art 3 s 16-18; 1994 c 631 s 31; 1999 c 139 art 4 s 2*

256F.08 GRANTS FOR PLACEMENT PREVENTION AND FAMILY REUNIFICATION; AMERICAN INDIAN AND MINORITY CHILDREN.

Subdivision 1. **Grant program.** Within the limits of funds appropriated for this purpose, the commissioner shall establish a specialized grants program for placement prevention and family reunification for American Indian and minority children.

Subd. 2. **Request for proposals.** The commissioner shall request proposals for the development and provision of services listed in 256F.07, subdivisions 3 and 3a.

Subd. 3. **Grant applications.** Local social services agencies may apply for American Indian and minority children placement prevention and family reunification grants. Application may be made alone or in combination with neighboring local social services agencies.

Subd. 4. **Forms and instructions.** The commissioner shall provide necessary forms and instructions to the counties to apply for an American Indian and minority child placement prevention and family reunification grant.

Subd. 5. **Monitoring.** The commissioner shall design and implement methods for monitoring, delivering, and evaluating the effectiveness of placement prevention and family reunification services for American Indian and minority children.

History: 1989 c 282 art 2 s 134

256F.09 Subdivision 1. [Renumbered 119A.37, subdivision 1]

Subd. 1a. [Renumbered 119A.37, subd 2]

Subd. 2. [Renumbered 119A.37, subd 3]

Subd. 3. [Renumbered 119A.37, subd 4]

Subd. 4. [Repealed, 1995 c 207 art 4 s 44]

Subd. 5. [Renumbered 119A.37, subd 5]

256F.10 CHILD WELFARE TARGETED CASE MANAGEMENT.

Subdivision 1. **Eligibility.** Persons under 21 years of age who are eligible to receive medical assistance are eligible for child welfare targeted case management services under section 256B.094 and this section if they have received an assessment and have been determined by the local county or tribal social services agency to be:

(1) at risk of placement or in placement as described in section 260C.212, subdivision 1;

(2) at risk of maltreatment or experiencing maltreatment as defined in section 626.556, subdivision 10e; or

(3) in need of protection or services as defined in section 260C.007, subdivision 6.

Subd. 2. **Availability of services.** Child welfare targeted case management services are available from providers meeting qualification requirements and the certification standards specified in subdivision 4. Eligible recipients may choose any certified provider of child welfare targeted case management services.

Subd. 3. **Voluntary provider participation.** Providers may seek certification for medical assistance reimbursement to provide child welfare targeted case management services. The certification process is initiated by submitting a written statement of interest to the commissioner.

Certified providers may elect to discontinue participation by a written notice to the commissioner at least 120 days before the end of the final calendar quarter of participation.

Subd. 4. **Provider qualifications and certification standards.** The commissioner must certify each provider before enrolling it as a child welfare targeted case management provider of services under section 256B.094 and this section. The certification process shall examine the provider's ability to meet the qualification requirements and certification standards in this subdivision and other federal and state requirements of this service. A certified child welfare targeted case management provider is an enrolled

MINNESOTA STATUTES 2002

medical assistance provider who is determined by the commissioner to have all of the following:

- (1) the legal authority to provide public welfare under sections 393.01, subdivision 7, and 393.07 or a federally recognized Indian tribe;
- (2) the demonstrated capacity and experience to provide the components of case management to coordinate and link community resources needed by the eligible population;
- (3) administrative capacity and experience in serving the target population for whom it will provide services and in ensuring quality of services under state and federal requirements;
- (4) the legal authority to provide complete investigative and protective services under section 626.556, subdivision 10, and child welfare and foster care services under section 393.07, subdivisions 1 and 2, or a federally recognized Indian tribe;
- (5) a financial management system that provides accurate documentation of services and costs under state and federal requirements; and
- (6) the capacity to document and maintain individual case records under state and federal requirements.

Subd. 5. **Case managers.** Case managers are individuals employed by and authorized by the certified child welfare targeted case management provider to provide case management services under section 256B.094 and this section. A case manager must have:

- (1) skills in identifying and assessing a wide range of children's needs;
- (2) knowledge of local child welfare and a variety of community resources and effective use of those resources for the benefit of the child; and
- (3) a bachelor's degree in social work, psychology, sociology, or a closely related field from an accredited four-year college or university; or a bachelor's degree from an accredited four-year college or university in a field other than social work, psychology, sociology or a closely related field, plus one year of experience in the delivery of social services to children as a supervised social worker in a public or private social services agency.

Subd. 6. **Distribution of new federal revenue.** (a) Except for portion set aside in paragraph (b), the federal funds earned under this section and section 256B.094 by providers shall be paid to each provider based on its earnings, and must be used by each provider to expand preventive child welfare services.

If a county or tribal social services agency chooses to be a provider of child welfare targeted case management and if that county or tribal social services agency also joins a local children's mental health collaborative as authorized by the 1993 legislature, then the federal reimbursement received by the county or tribal social services agency for providing child welfare targeted case management services to children served by the local collaborative shall be transferred by the county or tribal social services agency to the integrated fund. The federal reimbursement transferred to the integrated fund by the county or tribal social services agency must not be used for residential care other than respite care described under subdivision 7, paragraph (d).

(b) The commissioner shall set aside a portion of the federal funds earned under this section to repay the special revenue maximization account under section 256.01, subdivision 2, clause (15). The repayment is limited to:

- (1) the costs of developing and implementing this section and sections 256B.094 and 256J.48;
- (2) programming the information systems; and
- (3) the lost federal revenue for the central office claim directly caused by the implementation of these sections.

Any unexpended funds from the set aside under this paragraph shall be distributed to providers according to paragraph (a).

Subd. 7. **Expansion of services and base level of expenditures.** (a) Counties and tribal social services must continue the base level of expenditures for preventive child welfare services from either or both of any state, county, or federal funding source, which, in the absence of federal funds earned under this section, would have been available for these services. The commissioner shall review the county or tribal social services expenditures annually using reports required under sections 245.482, 256.01, subdivision 2, paragraph 17, and 256E.08, subdivision 8, to ensure that the base level of expenditures for preventive child welfare services is continued from sources other than the federal funds earned under this section.

(b) The commissioner may reduce, suspend, or eliminate either or both of a county's or tribal social services' obligations to continue the base level of expenditures and to expand child welfare preventive services if the commissioner determines that one or more of the following conditions apply to that county or reservation:

(1) imposition of levy limits that significantly reduce available social service funds;

(2) reduction in the net tax capacity of the taxable property within a county or reservation that significantly reduces available social service funds;

(3) reduction in the number of children under age 19 in the county or reservation by 25 percent when compared with the number in the base year using the most recent data provided by the state demographer's office; or

(4) termination of the federal revenue earned under this section.

(c) The commissioner may suspend for one year either or both of a county's or tribal social services' obligations to continue the base level of expenditures and to expand child welfare preventive services if the commissioner determines that in the previous year one or more of the following conditions applied to that county or reservation:

(1) the total number of children in placement under sections 260C.212 and 393.07, subdivisions 1 and 2, has been reduced by 50 percent from the total number in the base year; or

(2) the average number of children in placement under sections 260C.212 and 393.07, subdivisions 1 and 2, on the last day of each month is equal to or less than one child per 1,000 children in the county or reservation.

(d) For the purposes of this section, child welfare preventive services are those services directed toward a specific child or family that further the goals of section 256F.01 and include assessments, family preservation services, service coordination, community-based treatment, crisis nursery services when the parents retain custody and there is no voluntary placement agreement with a child-placing agency, respite care except when it is provided under a medical assistance waiver, home-based services, and other related services. For the purposes of this section, child welfare preventive services shall not include shelter care placements under the authority of the court or public agency to address an emergency, residential services except for respite care, child care for the purposes of employment and training, adult services, services other than child welfare targeted case management when they are provided under medical assistance, placement services, or activities not directed toward a specific child or family. Respite care must be planned, routine care to support the continuing residence of the child with its family or long-term primary caretaker and must not be provided to address an emergency.

(e) For the counties and tribal social services beginning to claim federal reimbursement for services under this section and section 256B.094, the base year is the calendar year ending at least two calendar quarters before the first calendar quarter in which the provider begins claiming reimbursement. For the purposes of this section, the base level of expenditures is the level of county or tribal social services expenditures in the base year for eligible child welfare preventive services described in this subdivision.

Subd. 8. **Provider responsibilities.** (a) Notwithstanding section 256B.19, subdivision 1, for the purposes of child welfare targeted case management under section 256B.094 and this section, the nonfederal share of costs shall be provided by the provider of child

welfare targeted case management from sources other than federal funds or funds used to match other federal funds, except when allowed by federal law or agreement.

(b) Provider expenditures eligible for federal reimbursement under this section must not be made from federal funds or funds used to match other federal funds, except when allowed by federal law or agreement.

(c) The commissioner may suspend, reduce, or terminate the federal reimbursement to a provider that does not meet the reporting or other requirements of section 256B.094 and this section. The county or reservation is responsible for any federal disallowances. The county or reservation may share this responsibility with its contracted vendors.

Subd. 9. **Payments.** Payments to certified providers for child welfare targeted case management expenditures under section 256B.094 and this section shall only be made of federal earnings from services provided under section 256B.094 and this section. Payments to contracted vendors shall include both the federal earnings and the nonfederal share.

Subd. 10. **Centralized disbursement of medical assistance payments.** Notwithstanding section 256B.041, provider payments for the cost of child welfare targeted case management services shall not be made to the state treasurer. For the purposes of child welfare targeted case management services under section 256B.094 and this section, the centralized disbursement of payments to providers under section 256B.041 consists only of federal earnings from services provided under section 256B.094 and this section.

History: *1Sp1993 c 1 art 3 s 26; 1999 c 139 art 4 s 2; 1999 c 159 s 73; 1999 c 245 art 8 s 12-18; 2001 c 178 art 1 s 44; 2002 c 277 s 26*

256F.11 GRANT PROGRAM FOR CRISIS NURSERIES.

Subdivision 1. **Crisis nurseries.** The commissioner of human services shall establish a grant program to assist private and public agencies and organizations to provide crisis nurseries to offer temporary care for children who are abused, neglected, and those children at high risk of abuse and neglect, and children who are in families receiving child protective services. This service shall be provided without fee for a maximum of 30 days in any year. Crisis nurseries shall provide referral to support services and provide family support services as needed.

Subd. 2. **Fund distribution.** In distributing funds, the commissioner shall give priority consideration to agencies and organizations with experience in working with abused or neglected children and their families, and with children at high risk of abuse and neglect and their families, and serve communities which demonstrate the greatest need for these services. Funds shall be distributed to crisis nurseries according to a formula developed by the commissioner in consultation with the Minnesota crisis nursery association. This formula shall include funding for all existing crisis nursery programs that meet program requirements as specified in paragraph (a), and consideration of factors reflecting the need for services in each service area, including, but not limited to, the number of children 18 years of age and under living in the service area, the percent of children 18 years of age and under living in poverty in the service area, and factors reflecting the cost of providing services, including, but not limited to, the number of days of service provided in the previous year. At least 25 percent of available funds for state fiscal year 1998 shall be set aside to accomplish any of the following: establish new crisis nursery programs; increase statewide availability of crisis nursery services; and enhance or expand services at existing crisis nursery programs.

(a) The crisis nurseries must:

- (1) be available 24 hours a day, seven days a week;
- (2) provide services for children up to three days at any one time;
- (3) make referrals for parents to counseling services and other community resources to help alleviate the underlying cause of the precipitating stress or crisis;
- (4) provide services without a fee for a maximum of 30 days in any year;
- (5) provide services to children from birth to 12 years of age;

(6) provide an initial assessment and intake interview conducted by a skilled professional who will identify the presenting problem and make an immediate referral to an appropriate agency or program to prevent maltreatment and out-of-home placement of children;

(7) maintain the clients' confidentiality to the extent required by law, and also comply with statutory reporting requirements which may mandate a report to child protective services;

(8) contain a volunteer component;

(9) provide preservice training and ongoing training to providers and volunteers;

(10) evaluate the services provided by documenting use of services, the result of family referrals made to community resources, and how the services reduced the risk of maltreatment;

(11) provide age appropriate programming;

(12) provide developmental assessments;

(13) provide medical assessments as determined by using a risk screening tool;

(14) meet United States Department of Agriculture regulations concerning meals and provide three meals a day and three snacks during a 24-hour period; and

(15) provide appropriate sleep and nap arrangements for children.

(b) The crisis nurseries are encouraged to provide:

(1) on-site support groups for facility model programs, or agency sponsored parent support groups for volunteer family model programs;

(2) parent education classes or programs that include parent-child interaction; and

(3) opportunities for parents to volunteer, if appropriate, to assist with child care in a supervised setting in order to enhance their parenting skills and self-esteem, in addition to providing them the opportunity to give something back to the program.

(c) Parents shall retain custody of their children during placement in a crisis facility.

The crisis nurseries are encouraged to include one or more parents who have used the crisis nursery services on the program's multidisciplinary advisory board.

Subd. 3. [Repealed, 1997 c 7 art 2 s 67]

History: *1Sp1993 c 1 art 3 s 27; 1994 c 529 s 14; 1997 c 203 art 5 s 20*

256F.12 GRANT PROGRAM FOR RESPITE CARE.

Subdivision 1. **Respite care program.** The commissioner of human services shall establish a grant program to provide respite care services to families or caregivers who are under stress and at risk of abusing or neglecting their children, families with children suffering from emotional problems, and families receiving child protective services.

Subd. 2. **Service goals.** Respite care programs shall provide temporary services for families or caregivers in order to:

(1) allow the family to engage in the family's usual daily activities;

(2) maintain family stability during crisis situations;

(3) help preserve the family unit by lessening pressures that might lead to divorce, institutionalization, neglect, or child abuse;

(4) provide the family with rest and relaxation;

(5) improve the family's ability to cope with daily responsibilities; and

(6) make it possible for individuals with disabilities to establish independence and enrich their own growth and development.

Subd. 3. **Definition.** "Respite care" means in-home or out-of-home temporary, nonmedical child care for families and caregivers who are under stress and at risk of abusing or neglecting their children, and families with children suffering from emotional problems. Respite care shall be available for time periods varying from one hour to two weeks.

In-home respite care is provided in the home of the person needing care.

Out-of-home respite care will be given in the provider's home or other facility. In these cases, the provider's home or facility must be currently licensed for day care or foster home care.

Subd. 4. **Sliding fee scale.** The commissioner shall establish a sliding fee scale that takes into account family income, expenses, and ability to pay. Grant funds shall be used to subsidize the respite care of children. Funded projects must:

- (1) prevent and reduce mental, physical, and emotional stress on parents and children;
- (2) provide training for caregivers;
- (3) establish a network of community support groups and resources for families;
- (4) conduct an intake assessment in order to identify the presenting problems and make appropriate referrals;
- (5) provide age appropriate programming; and
- (6) ensure that respite care providers complete at least 120 hours of training in child development, child care, and related issues.

Subd. 5. [Repealed, 1997 c 7 art 2 s 67]

History: *1Sp1993 c 1 art 3 s 28*

256F.13 FAMILY SERVICES COLLABORATIVE.

Subdivision 1. **Federal revenue enhancement.** (a) **Duties of commissioner of human services.** The commissioner of human services may enter into an agreement with one or more family services collaboratives to enhance federal reimbursement under Title IV-E of the Social Security Act and federal administrative reimbursement under Title XIX of the Social Security Act. The commissioner may contract with the department of children, families, and learning for purposes of transferring the federal reimbursement to the commissioner of children, families, and learning to be distributed to the collaboratives according to clause (2). The commissioner shall have the following authority and responsibilities regarding family services collaboratives:

- (1) the commissioner shall submit amendments to state plans and seek waivers as necessary to implement the provisions of this section;
- (2) the commissioner shall pay the federal reimbursement earned under this subdivision to each collaborative based on their earnings. Payments to collaboratives for expenditures under this subdivision will only be made of federal earnings from services provided by the collaborative;
- (3) the commissioner shall review expenditures of family services collaboratives using reports specified in the agreement with the collaborative to ensure that the base level of expenditures is continued and new federal reimbursement is used to expand education, social, health, or health-related services to young children and their families;
- (4) the commissioner may reduce, suspend, or eliminate a family services collaborative's obligations to continue the base level of expenditures or expansion of services if the commissioner determines that one or more of the following conditions apply:
 - (i) imposition of levy limits that significantly reduce available funds for social, health, or health-related services to families and children;
 - (ii) reduction in the net tax capacity of the taxable property eligible to be taxed by the lead county or subcontractor that significantly reduces available funds for education, social, health, or health-related services to families and children;
 - (iii) reduction in the number of children under age 19 in the county, collaborative service delivery area, subcontractor's district, or catchment area when compared to the number in the base year using the most recent data provided by the state demographer's office; or
 - (iv) termination of the federal revenue earned under the family services collaborative agreement;

(5) the commissioner shall not use the federal reimbursement earned under this subdivision in determining the allocation or distribution of other funds to counties or collaboratives;

(6) the commissioner may suspend, reduce, or terminate the federal reimbursement to a provider that does not meet the reporting or other requirements of this subdivision;

(7) the commissioner shall recover from the family services collaborative any federal fiscal disallowances or sanctions for audit exceptions directly attributable to the family services collaborative's actions in the integrated fund, or the proportional share if federal fiscal disallowances or sanctions are based on a statewide random sample; and

(8) the commissioner shall establish criteria for the family services collaborative for the accounting and financial management system that will support claims for federal reimbursement.

(b) **Family services collaborative responsibilities.** The family services collaborative shall have the following authority and responsibilities regarding federal revenue enhancement:

(1) the family services collaborative shall be the party with which the commissioner contracts. A lead county shall be designated as the fiscal agency for reporting, claiming, and receiving payments;

(2) the family services collaboratives may enter into subcontracts with other counties, school districts, special education cooperatives, municipalities, and other public and nonprofit entities for purposes of identifying and claiming eligible expenditures to enhance federal reimbursement, or to expand education, social, health, or health-related services to families and children;

(3) the family services collaborative must continue the base level of expenditures for education, social, health, or health-related services to families and children from any state, county, federal, or other public or private funding source which, in the absence of the new federal reimbursement earned under this subdivision, would have been available for those services, except as provided in subdivision 1, paragraph (a), clause (4). The base year for purposes of this subdivision shall be the four-quarter calendar year ending at least two calendar quarters before the first calendar quarter in which the new federal reimbursement is earned;

(4) the family services collaborative must use all new federal reimbursement resulting from federal revenue enhancement to expand expenditures for education, social, health, or health-related services to families and children beyond the base level, except as provided in subdivision 1, paragraph (a), clause (4);

(5) the family services collaborative must ensure that expenditures submitted for federal reimbursement are not made from federal funds or funds used to match other federal funds. Notwithstanding section 256B.19, subdivision 1, for the purposes of family services collaborative expenditures under agreement with the department, the nonfederal share of costs shall be provided by the family services collaborative from sources other than federal funds or funds used to match other federal funds;

(6) the family services collaborative must develop and maintain an accounting and financial management system adequate to support all claims for federal reimbursement, including a clear audit trail and any provisions specified in the agreement; and

(7) the family services collaborative shall submit an annual report to the commissioner as specified in the agreement.

Subd. 2. **Agreements with family services collaboratives.** At a minimum, the agreement between the commissioner and the family services collaborative shall include the following provisions:

- (1) specific documentation of the expenditures eligible for federal reimbursement;
- (2) the process for developing and submitting claims to the commissioner;
- (3) specific identification of the education, social, health, or health-related services to families and children which are to be expanded with the federal reimbursement;

MINNESOTA STATUTES 2002

(4) reporting and review procedures ensuring that the family services collaborative must continue the base level of expenditures for the education, social, health, or health-related services for families and children as specified in subdivision 2, clause (3);

(5) reporting and review procedures to ensure that federal revenue earned under this section is spent specifically to expand education, social, health, or health-related services for families and children as specified in subdivision 2, clause (4);

(6) the period of time, not to exceed three years, governing the terms of the agreement and provisions for amendments to, and renewal of the agreement; and

(7) an annual report prepared by the family services collaborative.

Subd. 3. Waiver of rule requirements. (a) Requesting waivers of state or federal rules. Local family services collaboratives, including collaboratives in Becker, Cass, and Ramsey counties, shall be encouraged to seek waivers of state or federal rules, as necessary to carry out the purposes of this section.

(b) **Waiver of state rules.** In order to receive a waiver of the requirements of any state rule; the collaborative shall submit a request for a variance to the appropriate commissioner. The request shall contain assurances that the waiver will not affect client entitlements to services, will not abridge any rights guaranteed to the client by state or federal law, and will not jeopardize the health or safety of the client. The commissioner shall grant or deny all waiver requests within 30 days of receiving those requests, by notice to the collaborative and published notice in the State Register.

(c) **Waiver of federal rules.** A local collaborative seeking a waiver from a federal rule shall submit a request, in writing, to the appropriate commissioner who shall submit the waiver request to the relevant policy committees of the legislature. If the legislative committees approve the request, they shall direct the appropriate state agency to make a reasonable effort to negotiate a waiver of the federal rule. If the legislative committees deny the request for a waiver, they shall jointly notify the local collaborative of the reason for denying the waiver. If a waiver request is approved for submission to federal authorities, the commissioner shall submit all necessary materials to the appropriate federal authorities. The commissioner shall notify the collaborative and the legislative committees of the outcome of the federal waiver request. In every instance in which a federal waiver is granted, the commissioner shall publish notice of receipt of the waiver in the State Register.

History: *1Sp1993 c 1 art 3 s 29; 1Sp1993 c 6 s 40; 1Sp1995 c 3 art 16 s 6; 1999 c 159 s 74; 2002 c 277 s 27*

256F.14 FAMILY GROUP DECISION-MAKING.

Subdivision 1. Definitions. (a) For purposes of this section, family includes relatives of the child. "Relative" means an adult who is a stepparent, grandparent, brother, sister, uncle, aunt, or other extended family member of the minor by blood, marriage, or adoption. Relative also includes anyone with whom the child has resided or had a significant relationship.

For an Indian child, "relative" includes members of the extended family as defined by the law or custom of the Indian child's tribe or, in the absence of law or custom, nieces, nephews, or first or second cousins, as provided in the Indian Child Welfare Act of 1978, United States Code, title 25, section 1903.

(b) For purposes of this section, "relative care" means one or more of the following: respite care, a monitoring agreement, a designated caregiver agreement under chapter 257A, access to information about a child, the right to make decisions about a child's residence, education, religious training, or health care, a custody consent decree under section 257C.07, or joint or sole legal or physical custody of a child. Relative care may also mean the voluntary establishment of an order permanently placing the child away from the care of the parent under section 260C.201, subdivision 11.

(c) For purposes of this section, "relative care agreement" means an agreement regarding the care of a child that has been reached by the parents and interested

MINNESOTA STATUTES 2002

1275

MINNESOTA FAMILY PRESERVATION ACT 256F.14

relatives of the child after the parents and interested relatives have participated in a family group decision-making meeting under this section. It may include relative care, the provision of services by the responsible social services agency, or any other legally available plan that protects the safety and stability of the child.

Subd. 2. Family group decision-making meeting. A responsible social services agency may proceed under this section if it appears at any point in a particular case that a family group decision-making meeting may be in the best interests of the child. The responsible social services agency may select a facilitator to convene and facilitate such a meeting.

The purpose of the family group decision-making meeting is to have the parent or parents and relatives of a child develop a plan to provide for the safety and stability of the child. The outcome of a family group decision-making meeting may be a relative care agreement or any other agreement between the parents, the relatives, and, where appropriate, the child and the responsible social services agency that addresses the safety and permanency needs of the child including an agreement to voluntarily establish an order permanently placing the child out of the care of the parent under section 260C.201, subdivision 11.

Subd. 3. Facilitator training; immunity. A facilitator must receive 12 hours of training in family group decision-making or similar training prior to facilitating a family group decision-making meeting. A facilitator who complies with the training requirement of this subdivision and acts in good faith has immunity from criminal or civil liability that might otherwise arise from the actions of the facilitator in convening or facilitating a family group decision-making meeting.

History: 2001 c 178 art 1 s 3; 2002 c 304 s 13