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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 1125

03/04/2013 Authored by Loeffler

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to health; making changes to the violence prevention education program
1.3 for school districts; establishing a prevention of sexual violence work group;
1.4 establishing grants; appropriating money; amending Minnesota Statutes 2012,
1.5 section 120B.22.

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

1.7 Section 1. Minnesota Statutes 2012, section 120B.22, is amended to read:

1.8 **120B.22 VIOLENCE PREVENTION EDUCATION.**

1.9 Subdivision 1. **Violence prevention curriculum.** (a) The commissioner of
1.10 education, in consultation with the commissioners of health and human services, public
1.11 safety, corrections, and human rights, state minority councils, battered women's and
1.12 domestic abuse programs, battered women's shelters, sexual assault centers, and advocate
1.13 programs, representatives of religious communities, and the assistant commissioner of
1.14 the Office of Drug Policy and Violence Prevention, shall assist districts on request in
1.15 developing or implementing a violence prevention plan and program for students in
1.16 kindergarten to grade 12 that can be integrated into existing curriculum. The purpose
1.17 of the plan and program is to help reduce bullying, harassment, and violence by
1.18 helping students learn how to resolve conflicts within their families and communities in
1.19 nonviolent, effective ways.

1.20 (b) Each district ~~is encouraged to integrate~~ shall have a plan for integrating into its
1.21 existing curriculum a program for violence prevention that includes at least:

1.22 (1) a comprehensive, accurate, and age appropriate curriculum on bullying
1.23 prevention, violence prevention, sexual abuse and assault prevention, nonviolent conflict
1.24 resolution, sexual, racial, and cultural harassment, self-protection, and student hazing

2.1 that promotes equality, respect, understanding, effective communication, individual
 2.2 responsibility, thoughtful decision making, positive conflict resolution, useful coping
 2.3 skills, critical thinking, listening and watching skills, and personal safety;

2.4 (2) planning materials, guidelines, and other accurate information on preventing
 2.5 bullying, physical and emotional violence, identifying and reducing the incidence of
 2.6 sexual, racial, and cultural harassment, identifying and reducing the incidence of sexual
 2.7 abuse and assault, and reducing child abuse and neglect;

2.8 (3) a special parent education component of early childhood family education
 2.9 programs to prevent child abuse and neglect and to promote positive parenting skills,
 2.10 giving priority to services and outreach programs for at-risk families;

2.11 (4) involvement of parents and other community members, including the clergy,
 2.12 business representatives, civic leaders, local public health officials, local elected officials,
 2.13 law enforcement officials, and the county attorney;

2.14 (5) collaboration with and linkage to local community services, agencies, and
 2.15 organizations that assist in violence intervention or prevention, including battered women's
 2.16 and domestic abuse programs, battered women's shelters, sexual assault centers, and
 2.17 advocate programs, family-based services, crisis services, life management skills services,
 2.18 case coordination services, mental health services, and early intervention services;

2.19 (6) collaboration with sexual assault assessment providers and a plan to link students
 2.20 who are part of incidents that involve bullying, sexual harassment, sexual assault, child
 2.21 abuse, or sexual abuse to sexual assault assessment providers;

2.22 ~~(6)~~ (7) collaboration among districts and service cooperatives;

2.23 ~~(7)~~ (8) targeting early adolescents for prevention efforts, especially early adolescents
 2.24 whose personal circumstances may lead to violent ~~or~~, bullying, harassing behavior or
 2.25 assaults;

2.26 ~~(8)~~ (9) routine opportunities for teachers to receive in-service training or attend
 2.27 other programs on strategies or curriculum designed to assist students in intervening in or
 2.28 preventing violence in school and at home; and

2.29 ~~(9)~~ (10) administrative policies that reflect, and a staff that models, nonviolent
 2.30 behaviors that do not display or condone sexual, racial, or cultural harassment or violence,
 2.31 bullying, or student hazing.

2.32 (c) The department may provide assistance at a neutral site to a nonpublic school
 2.33 participating in a district's program.

2.34 Subd. 2. **In-service training.** Each district ~~is encouraged to provide~~ shall have a
 2.35 plan for providing routine training for district staff and school board members to help
 2.36 students identify violence in the family and the community so that students may learn to

3.1 resolve conflicts in effective, nonviolent ways. The in-service training must be ongoing
 3.2 and involve experts familiar with bullying, sexual harassment, sexual violence, domestic
 3.3 violence, and personal safety issues.

3.4 Subd. 3. **Funding sources.** Districts may accept funds from public and private
 3.5 sources for violence prevention programs developed and implemented under this section.

3.6 Sec. 2. **PREVENTION OF SEXUAL VIOLENCE WORKING GROUP.**

3.7 Subdivision 1. **Creation; duties; recommendations.** (a) The commissioner of
 3.8 health shall convene a prevention of sexual violence working group. At a minimum,
 3.9 the working group shall:

3.10 (1) maintain an inventory of existing state programs and services that have an impact
 3.11 on sexual violence prevention;

3.12 (2) establish goals and strategic objectives for the prevention of sexual violence; and

3.13 (3) coordinate implementation of existing state programs and services to achieve
 3.14 these goals and objectives.

3.15 (b) The working group shall base its actions and recommendations on:

3.16 (1) evidence-informed research and professional best practices;

3.17 (2) consultation with professional associations, community associations, and
 3.18 providers, including, but not exclusive to, those with experience in public health, health,
 3.19 criminal justice, judiciary, corrections, or victim services; and

3.20 (3) the Minnesota Department of Health Five-Year Sexual Violence Prevention Plan.

3.21 The working group may give priority consideration to the immediate and long-term
 3.22 benefits of reducing the impact of sexual violence on children and youth.

3.23 (c) The commissioner must convene the first meeting of this working group by
 3.24 August 1, 2013. The working group is subject to Minnesota Statutes, section 15.059.

3.25 Subd. 2. **Membership.** The working group consists of the following members
 3.26 or their designees:

3.27 (1) the commissioner of health;

3.28 (2) the commissioner of human services;

3.29 (3) the commissioner of public safety;

3.30 (4) the commissioner of corrections;

3.31 (5) the commissioner of education;

3.32 (6) the commissioner of human rights;

3.33 (7) the commissioner of administration; and

3.34 (8) representatives from other state agencies or commissions as designated by the
 3.35 governor.

4.1 Subd. 3. **Consultation.** The working group may consult with professional
4.2 associations, community associations, nonprofit organizations, providers, advocates,
4.3 and members of the legislature. These consultations may include, but are not limited to,
4.4 advisory committees, community conferences, workshops, and forums.

4.5 Subd. 4. **Reports.** (a) By February 1, 2014, the working group shall submit an
4.6 initial report, in coordination with the governor, to summarize its key deliberations and
4.7 initiatives to the chairs and ranking minority members of the house of representatives and
4.8 senate committees with jurisdiction over public safety, public health, judiciary, human
4.9 services, education, and state governmental operations.

4.10 (b) The working group may propose recommendations to the governor for new
4.11 state policies, programs, or services to advance the goals and objectives identified under
4.12 subdivision 1, and comment on proposals for new state policies, programs, or services
4.13 initiated by the legislature or state agencies or commissions.

4.14 Subd. 5. **Expiration.** This working group expires June 30, 2016.

4.15 Sec. 3. **SEXUAL VIOLENCE PREVENTION DEMONSTRATION**
4.16 **PARTNERSHIP GRANTS.**

4.17 Subdivision 1. **Definition.** As used in this section, "community sexual violence
4.18 prevention partnership" is an alliance of local governments, colleges and universities,
4.19 school districts, and nonprofit, civic, and business groups organized for the purpose of
4.20 sexual violence prevention, including, but not exclusive to, entities with experience in
4.21 public health, health, criminal justice, judiciary, corrections, or victim services.

4.22 Subd. 2. **Community sexual violence prevention partnership demonstration**
4.23 **grants.** (a) The commissioner of health shall award competitive grants to community
4.24 health boards established pursuant to Minnesota Statutes, section 145A.09, and tribal
4.25 governments to fund partnerships. The commissioner shall award up to five grants per
4.26 year, taking into account geographic balance.

4.27 (b) Grants may be used for the following activities:

4.28 (1) improving the coordination of existing programs, services, and activities that
4.29 support sexual violence prevention;

4.30 (2) initiating new programs, services, and activities that support sexual violence
4.31 prevention;

4.32 (3) supporting outreach, education, and technical assistance for other localities
4.33 seeking to undertake similar programs, services, and activities; and

4.34 (4) supporting the reporting and evaluation of sexual violence.

5.1 Grant recipients shall give priority consideration to the immediate and long-term benefits
 5.2 of reducing the impact of sexual violence on children and youth.

5.3 (c) To receive a grant under this section, community health boards and tribal
 5.4 governments must:

5.5 (1) submit proposals to the commissioner;

5.6 (2) collaborate with one or more local nonprofit or government agencies that receive
 5.7 sexual assault advocate grants from the Department of Public Safety Office of Justice
 5.8 Programs;

5.9 (3) demonstrate that grant activities are:

5.10 (i) based on evidence informed by research and professional best practices for sexual
 5.11 violence prevention;

5.12 (ii) based on assessment of community sexual violence prevention need and capacity;

5.13 (iii) based on community input; and

5.14 (iv) consistent with the Department of Health Five-Year Sexual Violence Prevention
 5.15 Plan; and

5.16 (4) provide a local match of ten percent of the total funding allocation.

5.17 The local match may include grants or donations from federal or private entities expressly
 5.18 for the purposes of this grant.

5.19 (d) The commissioner may award grants under this section to a community health
 5.20 board or tribal government for a term of up to, but not to exceed, 60 consecutive months,
 5.21 based upon the availability of state or federal funds to support the purposes of these grants.

5.22 Subd. 3. **Technical assistance.** The commissioner shall contract with private or
 5.23 nonprofit providers to deliver technical assistance services to grant recipients.

5.24 **Sec. 4. APPROPRIATIONS.**

5.25 (a) \$100,000 each year is appropriated to the commissioner of health for working
 5.26 group administration and activities. The commissioner may solicit and accept contributions
 5.27 from government or private entities to hire staff or consultants to fund the working group.

5.28 (b) \$750,000 each year is appropriated to the commissioner of health to fund
 5.29 community sexual violence prevention partnership demonstration grants. The
 5.30 commissioner may use up to six percent of this appropriation for administration and up to
 5.31 six percent of this appropriation for technical assistance.