



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

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

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

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

2.16 (6) collaboration among districts and service cooperatives;

2.17 (7) targeting early adolescents for prevention efforts, especially early adolescents  
2.18 whose personal circumstances may lead to violent or harassing behavior or assaults;

2.19 (8) opportunities for teachers to receive in-service training or attend other programs  
2.20 on strategies or curriculum designed to assist students in intervening in or preventing  
2.21 violence in school and at home; and

2.22 (9) administrative policies that reflect, and a staff that models, nonviolent behaviors  
2.23 that do not display or condone sexual, racial, or cultural harassment or violence or student  
2.24 hazing.

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

2.27 Subd. 2. **In-service training.** Each district is encouraged to provide training for  
2.28 district staff and school board members to help students identify violence in the family  
2.29 and the community so that students may learn to resolve conflicts in effective, nonviolent  
2.30 ways. The in-service training must be ongoing and involve experts familiar with sexual  
2.31 violence, domestic violence, and personal safety issues.

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

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

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

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

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

3.7 (3) coordinate implementation to achieve these goals and objectives within the  
3.8 existing state programs and services.

3.9 (b) The working group may propose recommendations to the governor for new state  
3.10 policies, programs, or services to advance the goals and objectives in paragraph (a), clause  
3.11 (2), and comment on proposals for new state policies, programs, or services initiated by  
3.12 the legislature or state agencies or commissions.

3.13 (c) The working group shall base its actions and recommendations on:

3.14 (1) evidence-based research and professional best practices;

3.15 (2) consultation with professional associations, community associations, nonprofit  
3.16 organizations, providers, and advocates including, but not limited to, those with experience  
3.17 in public health, health, criminal justice, judiciary, or corrections or who work with  
3.18 victims of sexual violence; and

3.19 (3) the Minnesota Department of Health five-year sexual violence prevention plan.

3.20 (d) The working group shall give priority consideration to the immediate and  
3.21 long-term benefits of reducing the impact of sexual violence on children and youth.

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

3.24 (1) the commissioner of health;

3.25 (2) the commissioner of human services;

3.26 (3) the commissioner of public safety;

3.27 (4) the commissioner of corrections;

3.28 (5) the commissioner of education;

3.29 (6) the commissioner of administration; and

3.30 (7) representatives from other state agencies or commissions as designated by the  
3.31 governor.

3.32 Subd. 3. **Consultation.** The working group may consult with professional  
3.33 associations, community associations, nonprofit organizations, providers, and advocates.  
3.34 These consultations may include, but are not limited to, advisory committees, community  
3.35 conferences, workshops, and forums.

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4.1            Subd. 4. **Reports.** Annually, beginning in 2013, by February 1, the working  
4.2 group shall report, in coordination with the governor, an illustrative summary of its key  
4.3 deliberations and initiatives to the chairs and ranking minority members of the legislative  
4.4 committees with jurisdiction over public safety, public health, judiciary, human services,  
4.5 education, and state government operations.

4.6            Subd. 5. **Resources; support.** The commissioner of health may solicit and accept  
4.7 contributions from government or private entities to hire staff or consultants and fund  
4.8 the working group.