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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 479

01/28/2019 Authored by Becker-Finn, Morrison, Moller, Moran, Zerwas and others
The bill was read for the first time and referred to the Committee on Ways and Means

1.1 A bill for an act
1.2 relating to public health; establishing a domestic violence and sexual assault
1.3 prevention program; requiring reports; appropriating money; proposing coding
1.4 for new law in Minnesota Statutes, chapter 145.

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

1.6 Section 1. [145.987] DOMESTIC VIOLENCE AND SEXUAL ASSAULT
1.7 PREVENTION PROGRAM.

1.8 Subdivision 1. Program establishment. The commissioner of health, through the
1.9 Department of Health's injury and violence prevention unit, shall administer the domestic
1.10 violence and sexual assault prevention program as established under this section.

1.11 Subd. 2. Grant criteria. (a) The commissioner shall award grants to nonprofit
1.12 organizations for the purpose of funding programs that incorporate community-driven and
1.13 culturally relevant practices to prevent domestic violence and sexual assault. Grants made
1.14 pursuant to this section may either (1) encourage the development and deployment of new
1.15 prevention efforts, or (2) enhance, sustain, or expand existing prevention efforts.

1.16 (b) The commissioner of health shall award grants to nonprofit organizations supporting
1.17 activities that:

1.18 (1) promote the general development of domestic violence and sexual assault prevention
1.19 programs and activities;

1.20 (2) implement prevention activities through community outreach that address the root
1.21 causes of domestic violence and sexual assault;

- 2.1 (3) identify risk and protective factors for developing domestic violence and sexual
2.2 assault prevention strategies and outreach activities;
- 2.3 (4) provide trauma-informed domestic violence and sexual assault prevention services;
- 2.4 (5) educate youth and adults about healthy relationships and changing social norms;
- 2.5 (6) develop culturally and linguistically appropriate domestic violence and sexual assault
2.6 prevention programs for historically underserved communities;
- 2.7 (7) work collaboratively with educational institutions, including school districts, to
2.8 implement domestic violence and sexual assault prevention strategies for students, teachers,
2.9 and administrators; or
- 2.10 (8) work collaboratively with other nonprofit organizations, for-profit organizations,
2.11 and other community-based organizations to implement domestic violence and sexual assault
2.12 prevention strategies within their communities.

2.13 Subd. 3. **Definition.** For purposes of this section, "domestic violence and sexual assault"
2.14 includes, but is not limited to, the following:

- 2.15 (1) intimate partner violence, including emotional, psychological, and economic abuse;
- 2.16 (2) sex trafficking as defined in section 609.321, subdivision 7a;
- 2.17 (3) domestic abuse as defined in section 518B.01, subdivision 2;
- 2.18 (4) any criminal sexual conduct crime in sections 609.342 to 609.3453;
- 2.19 (5) abusive international marriage; and
- 2.20 (6) forced marriage.

2.21 Subd. 4. **Promotion; administration.** The commissioner may spend up to 15 percent
2.22 of the total program funding for each fiscal year to promote and administer the program
2.23 authorized under this section and to provide technical assistance to program grantees.

2.24 Subd. 5. **Nonstate sources.** The commissioner may accept contributions from nonstate
2.25 sources to supplement state appropriations for the program authorized under this section.
2.26 Contributions received under this subdivision are appropriated to the commissioner for
2.27 purposes of this section.

2.28 Subd. 6. **Program evaluation.** (a) The commissioner of health shall report by February
2.29 28 of each even-numbered year to the legislative committees with jurisdiction over health
2.30 detailing the expenditures of funds authorized under this section. The commissioner shall

3.1 use the data to evaluate the effectiveness of the program. The commissioner must include
3.2 in the report:

3.3 (1) the number of organizations receiving grant money under this section;

3.4 (2) the number of individuals served by the grant program;

3.5 (3) a description and analysis of the practices implemented by program grantees; and

3.6 (4) best practices recommendations to prevent domestic violence and sexual assault,
3.7 including best practices recommendations that are culturally relevant to historically
3.8 underserved communities.

3.9 (b) Any organization receiving grant money under this section must collect and make
3.10 available to the commissioner of health aggregate data related to the activity funded by the
3.11 grant program under this section.

3.12 (c) The commissioner of health shall use the information and data from the program
3.13 evaluation under paragraph (a), including best practices and culturally specific responses,
3.14 to inform the administration of existing Department of Health programming and the
3.15 development of Department of Health policies, programs, and procedures.

3.16 **Sec. 2. APPROPRIATION; DOMESTIC VIOLENCE AND SEXUAL ASSAULT**
3.17 **PREVENTION PROGRAM.**

3.18 \$2,500,000 in fiscal year 2020 and \$2,500,000 in fiscal year 2021 are appropriated from
3.19 the general fund to the commissioner of health for purposes of the domestic violence and
3.20 sexual assault prevention program under Minnesota Statutes, section 145.987.