

## CHAPTER 145A

### LOCAL PUBLIC HEALTH BOARDS

145A.05 Local ordinances.  
145A.07 Delegation of powers and duties.

145A.15 Home visiting program.

#### 145A.05 LOCAL ORDINANCES.

*[For text of subds 1 to 7, see M.S.1994]*

Subd. 7a. **Curfew.** A county board may adopt an ordinance establishing a countywide curfew for unmarried persons under 18 years of age. If the county board of a county located in the seven-county metropolitan area adopts a curfew ordinance under this subdivision, the ordinance shall contain an earlier curfew for children under the age of 12 than for older children.

*[For text of subds 8 and 9, see M.S.1994]*

**History:** 1995 c 226 art 2 s 1

#### 145A.07 DELEGATION OF POWERS AND DUTIES.

Subdivision 1. **Agreements to perform duties of commissioner.** (a) The commissioner of health may enter into an agreement with any board of health to delegate all or part of the licensing, inspection, reporting, and enforcement duties authorized under sections 144.12; 144.381 to 144.387; 144.411 to 144.417; 144.71 to 144.74; 145A.04, subdivision 6; provisions of chapter 1031 pertaining to construction, repair, and abandonment of water wells; chapter 157; and sections 327.14 to 327.28.

(b) Agreements are subject to subdivision 3.

(c) This subdivision does not affect agreements entered into under Minnesota Statutes 1986, section 145.031, 145.55, or 145.918, subdivision 2.

*[For text of subds 2 and 3, see M.S.1994]*

**History:** 1995 c 186 s 43

#### 145A.15 HOME VISITING PROGRAM.

Subdivision 1. **Establishment.** The commissioner of health shall expand the current grant program to fund additional projects designed to prevent child abuse and neglect and reduce juvenile delinquency by promoting positive parenting, resiliency in children, and a healthy beginning for children by providing early intervention services for families in need. Grant dollars shall be available to train paraprofessionals to provide in-home intervention services and to allow public health nurses to do case management of services. The grant program shall provide early intervention services for families in need and will include:

(1) expansion of current public health nurse and family aide home visiting programs and public health home visiting projects which prevent child abuse and neglect, prevent juvenile delinquency, and build resiliency in children;

(2) early intervention to promote a healthy and nurturing beginning;

(3) distribution of educational and public information programs and materials in hospital maternity divisions, well-baby clinics, obstetrical clinics, and community clinics; and

(4) training of home visitors in skills necessary for comprehensive home visiting which promotes a healthy and nurturing beginning for the child.

Subd. 2. **Grant recipients.** The commissioner is authorized to award grants to programs that meet the requirements of subdivision 3 and include a strong child abuse and neglect prevention focus for families in need of services. Priority will be given to families considered to be in need of additional services. These families include, but are not limited to, families with:

- (1) adolescent parents;
- (2) a history of alcohol and other drug abuse;
- (3) a history of child abuse, domestic abuse, or other types of violence in the family of origin;
- (4) a history of domestic abuse, rape, or other forms of victimization;
- (5) reduced cognitive functioning;
- (6) a lack of knowledge of child growth and development stages;
- (7) low resiliency to adversities and environmental stresses; or
- (8) lack of sufficient financial resources to meet their needs.

**Subd. 3. Program requirements.** (a) The commissioner shall award grants, using a request for proposal system, to programs designed to:

(1) contact families at the birth of the child through a public health nurse or trained program representative who will meet the family, provide information, describe the benefits of the program, and offer a home visit to the family to occur during the first weeks of the newborn's life in the home setting;

(2) visit the family and newborn in the home setting at which time the public health nurse or trained individual will answer parents' questions, give information, including information on breast feeding, and make referrals to any other appropriate services;

(3) conduct a screening process to determine if families need additional support or are at risk for child abuse and neglect and provide additional home visiting services needed by the families including, but not limited to, education on: parenting skills, child development and stages of growth, communication skills, stress management, problem-solving skills, positive child discipline practices, methods to improve parent-child interactions and enhance self-esteem, community support services and other resources, and how to enjoy and have fun with your children;

(4) establish clear objectives and protocols for the home visits;

(5) determine the frequency and duration of home visits based on a risk-need assessment of the client; except that home visits may begin as early as the first trimester of pregnancy and continue based on the need of the client until the child reaches age six;

(6) refer and actively assist the family in accessing new parent and family education, self-help and support services available in the community;

(7) develop and distribute educational resource materials and offer presentations on the prevention of child abuse and neglect for use in hospital maternity divisions, well-baby clinics, obstetrical clinics, and community clinics; and

(8) coordinate with other local home visitation programs, particularly those offered by school boards under section 121.882, subdivision 2b, so as to avoid duplication.

(b) Programs must provide at least 40 hours of training for public health nurses, family aides, and other home visitors. Training must include information on the following:

(1) the dynamics of child abuse and neglect, domestic and nondomestic violence, and victimization within family systems;

(2) signs of abuse or other indications that a child may be at risk of abuse or neglect;

(3) what is child abuse and neglect;

(4) how to properly report cases of child abuse and neglect;

(5) sensitivity and respect for diverse cultural practices in child rearing and family systems, including but not limited to complex family relationships, safety, appropriate services, family preservation, family finances for self-sufficiency, and other special needs or circumstances;

(6) community resources, social service agencies, and family support activities or programs;

(7) healthy child development and growth;

(8) parenting skills;

(9) positive child discipline practices;

(10) identification of stress factors and stress reduction techniques;

- (11) home visiting techniques;
- (12) needs assessment measures; and
- (13) caring for the special needs of newborns and mothers before and after the birth of the infant.

Program services must be community-based, accessible, and culturally relevant and must be designed to foster collaboration among existing agencies and community-based organizations.

**Subd. 4. Evaluation.** Each program that receives a grant under this section must include a plan for program evaluation designed to measure the effectiveness of the program in preventing child abuse and neglect. On January 1, 1994, and annually thereafter, the commissioner of health shall submit a report to the legislature on all activities initiated in the prior biennium under this section. The report shall include information on the outcomes reported by all programs that received grant funds under this section in that biennium.

**History:** 1995 c 207 art 9 s 37

**NOTE:** The amendments to subdivisions 1 and 3 by Laws 1995, chapter 207, article 9, section 37, are effective July 1, 1996, for home health visiting programs that received a grant under section 145A.14 and that were in existence on December 31, 1994. See Laws 1995, chapter 207, article 9, section 62, subdivision 3.