This Document can be made available
in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH SESSION

HOUSE FILE NO. 1328

March 5, 2009
Authored by Thissen; Lanning; Murphy, E.; Bly; Abeler and others
The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight
April 6, 2009
Committee Recommendation and Adoption of Report:
To Pass as Amended and re-referred to the Committee on Finance

A bill for an act

relating to public health; addressing youth violence as a public health problem; coordinating and aligning prevention and intervention programs addressing risk factors of youth violence; proposing coding for new law in Minnesota Statutes, chapter 145.

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

Section 1. **[145.958] YOUTH VIOLENCE PREVENTION.**

Subdivision 1. **Findings.** The legislature finds that the Minneapolis Blueprint for Action on Youth Violence has had some remarkable success, leading to a 43 percent reduction in juvenile violent crime in certain neighborhoods. The legislature further finds that it would be beneficial for the state to recognize youth violence as a public health problem and to use public health methodologies in preventing youth violence. This approach should focus on:

(1) creating connections between at-risk youth and trusted adults;

(2) intervening at the first signs that a youth may be at risk; and

(3) rehabilitating youth who have been involved in violence.

Subd. 2. **Definition.** For purposes of this section, "at-risk youth" means adolescents and teenagers who are likely to be a threat to the health and well-being of themselves or others through gang involvement, alcohol and drug use, unsafe sexual activity, dropping out of school, or through violence and other criminal activity.

Subd. 3. **Violence prevention programs for at-risk youth.** (a) Community-based violence prevention programs may apply to the commissioner of health for technical assistance. The programs must be community-based efforts serving at-risk youth and must work in collaboration with local schools, law enforcement agencies, faith communities,

and community groups to provide a comprehensive approach to reducing youth violence by addressing the needs of at-risk youth.

(b) The programs must:

(1) ensure that there are trusted adults serving as role models and mentors for at-risk youth;

(2) intervene at the first signs that a youth may be at risk and strive to rehabilitate youth who are already involved in violence;

(3) work to strengthen families;

(4) work with schools in order to keep students engaged and help them prepare for higher education or job training; and

(5) teach self-respect and respect of others so that unsafe and unhealthy behaviors may be avoided.

(c) Violence prevention programs may include, but are not limited to:

(1) mentorship;

(2) job placement and support;

(3) youth violence prevention training;

(4) parent and family intervention and teaching parenting skills;

(5) school-related initiative involving police liaison officers, youth leadership, peer mediation systems, after-school activities, and intervention in truancy cases;

(6) chemical dependency and mental health intervention, screening, and assessment;

(7) assisting juvenile offenders in reconnecting with families and reintegrating into the community;

(8) working with youth to prevent sexual violence;

(9) working with youth to prevent pregnancy and sexually transmitted infections; and

(10) a youth helpline and street outreach workers to connect youth with needed services.

Subd. 4. **Coordination of prevention and intervention for programs for at-risk youth.** (a) The commissioner of health, in collaboration with the commissioners of public safety, human services, and education, shall identify five community-based violence prevention programs that meet the criteria described in this section. One of these programs identified must be serving the youth in Minneapolis, one program must be serving the youth in St. Paul, and the remaining three programs must be serving youth in outstate communities.

(b) The commissioner of health shall provide technical support, within existing department resources, to these community programs including, but not limited to, assistance in seeking and applying for federal grants and private foundation funding.

(c) The commissioner of health shall monitor the progress of these programs in terms of the impact on public health and reducing juvenile violent crime, and shall identify the effective aspects of each program in order to assist other programs in replicating these successful aspects.