

**SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION**

S.F. No. 2361

(SENATE AUTHORS: EATON)

DATE
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OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to health; establishing a pilot program to address trauma resulting from
1.3 gun violence; requiring a report; appropriating money.

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

1.5 Section 1. **TRAUMA-INFORMED GUN VIOLENCE REDUCTION; PILOT**
1.6 **PROGRAM.**

1.7 Subdivision 1. Pilot program. (a) The commissioner of health shall establish a pilot
1.8 program to aid in the reduction of trauma resulting from gun violence and address the root
1.9 causes of gun violence by making the following resources available to professionals and
1.10 organizations in health care, public health, mental health, social service, law enforcement,
1.11 and victim advocacy and other professionals who are most likely to encounter individuals
1.12 who have been victims, witnesses, or perpetrators of gun violence occurring in a community,
1.13 or in a domestic or other setting:

1.14 (1) training on recognizing trauma as both a result and a cause of gun violence;

1.15 (2) developing skills to address the effects of trauma on individuals and family members;

1.16 (3) investments in community-based organizations to enable high-quality, targeted
1.17 services to individuals in need. This may include resources for additional training, hiring
1.18 of specialized staff needed to address trauma-related issues, management information
1.19 systems to facilitate data collection, and expansion of existing programming;

1.20 (4) replication and expansion of effective community-based gun violence prevention
1.21 initiatives, such as Project Life, the Minneapolis Group Violence Intervention initiative, to

2.1 connect at-risk individuals to mental health services, job readiness programs, and employment
2.2 opportunities; and

2.3 (5) education campaigns and outreach materials to educate communities, organizations,
2.4 and the public about the relationship between trauma and gun violence.

2.5 (b) The pilot program shall address the traumatic effects of gun violence exposure using
2.6 a holistic treatment modality.

2.7 Subd. 2. **Program guidelines and protocols.** (a) The commissioner, with advice from
2.8 an advisory panel knowledgeable about gun violence and its traumatic impact, shall develop
2.9 protocols and program guidelines that address resources and training to be used by
2.10 professionals who encounter individuals who have perpetrated or been impacted by gun
2.11 violence. Educational, training, and outreach material must be culturally appropriate for the
2.12 community and provided in multiple languages for those with limited English language
2.13 proficiency. The materials developed must address necessary responses by local, state, and
2.14 other governmental entities tasked with addressing gun violence. The protocols must include
2.15 a method of informing affected communities and local governments representing those
2.16 communities on effective strategies to target community, domestic, and other forms of gun
2.17 violence.

2.18 (b) The commissioner may enter into contractual agreements with community-based
2.19 organizations or experts in the field to perform any of the activities under this section.

2.20 Subd. 3. **Report.** By November 15, 2021, the commissioner shall submit a report on the
2.21 progress of the pilot program to the chairs and ranking minority members of the committees
2.22 with jurisdiction over health and public safety.

2.23 Sec. 2. **APPROPRIATION; TRAUMA-INFORMED GUN VIOLENCE REDUCTION.**

2.24 \$100,000 in fiscal year 2022 is appropriated from the general fund to the commissioner
2.25 of health for the purposes of the trauma-informed gun violence reduction pilot program.