

**Senate Counsel, Research,
and Fiscal Analysis**

G-17 STATE CAPITOL
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Senate

State of Minnesota

S.F. No. 2792 - Sex Offender Assessment Reimbursement Technical Correction

Author: Senator Jane B. Ranum

Prepared by: Chris Turner, Senate Research (651/296-4350) *CT*

Date: March 13, 2006

The bill makes a technical correction to Laws 2005, chapter 136, regarding reimbursement to counties for sex offender assessments by providing that counties or courts may be reimbursed by the Department of Corrections. This is necessary because in Hennepin County, the court is the fiscal agent that provides the assessment service.

CT:rer

Senators Ranum, Ortman, Skoglund, Foley and Limmer introduced—
S.F. No. 2792: Referred to the Committee on Finance.

A bill for an act
1.2 relating to public safety; making a technical correction to the sex offender
1.3 assessment reimbursement grant appropriation; amending Laws 2005, chapter
1.4 136, article 1, section 13, subdivision 3.

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

1.6 Section 1. Laws 2005, chapter 136, article 1, section 13, subdivision 3, is amended to
1.7 read:

1.8
1.9 Subd. 3. **Community Services** 103,556,000 103,369,000

Summary by Fund

1.11 General Fund 103,456,000 103,269,000

1.12 Special Revenue 100,000 100,000

1.13 **SHORT-TERM OFFENDERS. \$1,207,000**

1.14 each year is for costs associated with the
1.15 housing and care of short-term offenders.

1.16 The commissioner may use up to 20 percent
1.17 of the total amount of the appropriation
1.18 for inpatient medical care for short-term
1.20 offenders with less than six months to
1.21 serve as affected by the changes made to
1.22 Minnesota Statutes, section 609.105, in
2003. All funds remaining at the end of

2.1 the fiscal year not expended for inpatient
2.2 medical care shall be added to and distributed
2.3 with the housing funds. These funds shall
2.4 be distributed proportionately based on the
2.5 total number of days short-term offenders are
2.6 placed locally, not to exceed \$70 per day.
2.7 Short-term offenders may be housed in a
2.8 state correctional facility at the discretion of
2.9 the commissioner.

2.10 The Department of Corrections is exempt
2.11 from the state contracting process for the
2.12 purposes of Minnesota Statutes, section
2.13 609.105, as amended by Laws 2003, First
2.14 Special Session chapter 2, article 5, sections
2.15 7 to 9.

2.16 **GPS MONITORING OF SEX**

2.17 **OFFENDERS.** \$500,000 the first
2.18 year and \$162,000 the second year are for the
2.19 acquisition and service of bracelets equipped
2.20 with tracking devices designed to track
2.21 and monitor the movement and location of
2.22 criminal offenders. The commissioner shall
2.23 use the bracelets to monitor high-risk sex
2.24 offenders who are on supervised release,
2.25 conditional release, parole, or probation to
2.26 help ensure that the offenders do not violate
2.27 conditions of their release or probation.

2.28 **END OF CONFINEMENT REVIEWS.**

2.29 \$94,000 each year is for end of confinement
2.30 reviews.

2.31 **COMMUNITY SURVEILLANCE AND**

2.32 **SUPERVISION.** \$1,370,000 each year is
2.33 to provide housing options to maximize
2.34 community surveillance and supervision.

3.1 **INCREASE IN INTENSIVE**
3.2 **SUPERVISED RELEASE SERVICES.**

3.3 \$1,800,000 each year is to increase intensive
3.4 supervised release services.

3.5 **SEX OFFENDER ASSESSMENT**

3.6 **REIMBURSEMENTS.** \$350,000 each year
3.7 is to provide grants to counties or courts for
3.8 reimbursements for sex offender assessments
3.9 as required under Minnesota Statutes, section
3.10 609.3452, subdivision 1, which is being
3.11 renumbered as section 609.3457.

3.12 **SEX OFFENDER TREATMENT AND**

3.13 **POLYGRAPHS.** \$1,250,000 each year
3.14 is to provide treatment for sex offenders
3.15 on community supervision and to pay for
3.16 polygraph testing.

3.17 **INCREASED SUPERVISION OF SEX**
3.18 **OFFENDERS, DOMESTIC VIOLENCE**
3.19 **OFFENDERS, AND OTHER VIOLENT**
3.20 **OFFENDERS.** \$1,500,000 each year is for

3.21 the increased supervision of sex offenders
3.22 and other violent offenders, including
3.23 those convicted of domestic abuse. These
3.24 appropriations may not be used to supplant
3.25 existing state or county probation officer
3.26 positions.

3.27 The commissioner shall distribute \$1,050,000
3.28 in grants each year to Community Corrections
3.29 Act counties and \$450,000 each year to the
3.30 Department of Corrections Probation and
3.31 Supervised Release Unit. The commissioner
3.32 shall distribute the funds to the Community
3.33 Corrections Act counties according to the
3.34 formula contained in Minnesota Statutes,
3.35 section 401.10.

4.1 Prior to the distribution of these funds, each
 4.2 Community Corrections Act jurisdiction and
 4.3 the Department of Corrections Probation
 4.4 and Supervised Release Unit shall submit
 4.5 to the commissioner an analysis of need
 4.6 along with a plan to meet their needs and
 4.7 reduce the number of sex offenders and other
 4.8 violent offenders, including domestic abuse
 4.9 offenders, on probation officer caseloads.

4.10 **COUNTY PROBATION OFFICERS.**

4.11 \$500,000 each year is to increase county
 4.12 probation officer reimbursements.

4.13 **INTENSIVE SUPERVISION AND**
 4.14 **AFTERCARE FOR CONTROLLED**
 4.15 **SUBSTANCES OFFENDERS; REPORT.**

4.16 \$600,000 each year is for intensive
 4.17 supervision and aftercare services for
 4.18 controlled substances offenders released
 4.19 from prison under Minnesota Statutes,
 4.20 section 244.055. These appropriations are
 4.21 not added to the department's base budget.
 4.22 By January 15, 2008, the commissioner
 4.23 shall report to the chairs and ranking
 4.24 minority members of the senate and house
 4.25 of representatives committees and divisions
 4.26 having jurisdiction over criminal justice
 4.27 policy and funding on how this appropriation
 4.28 was spent.

4.29 **REPORT ON ELECTRONIC**
 4.30 **MONITORING OF SEX OFFENDERS.**

4.31 By March 1, 2006, the commissioner shall
 4.32 report to the chairs and ranking minority
 4.33 members of the senate and house of
 4.34 representatives committees and divisions
 4.35 having jurisdiction over criminal justice

5.1 policy and funding on implementing an
5.2 electronic monitoring system for sex
5.3 offenders who are under community
5.4 supervision. The report must address the
5.5 following:
5.6 (1) the advantages and disadvantages in
5.7 implementing this system, including the
5.8 impact on public safety;
5.9 (2) the types of sex offenders who should be
5.10 subject to the monitoring;
5.11 (3) the time period that offenders should be
5.12 subject to the monitoring;
5.13 (4) the financial costs associated with the
5.14 monitoring and who should be responsible
5.15 for these costs; and
5.16 (5) the technology available for the
5.17 monitoring.

5.18

5.19 **EFFECTIVE DATE. This section is effective retroactively from July 1, 2005.**

1.1 Senator moves to amend S.F. No. 2792 as follows:

1.2 Page 3, delete lines 7 and 8, and insert "is to ~~provide grants to~~ reimburse counties
1.3 or their designees, or courts for reimbursements for sex offender assessments "

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Last update: October 10, 2005 – 11:00 PM

Documenting a hidden crisis, case by case

Pam Louwagie and Dan Browning, Star Tribune

On any given day, the shy girls come one by one into Laurel Edinburgh's St. Paul medical office, some crying, some afraid, many ashamed.

They sit down and Edinburgh scoots up to them on a rolling stool, bending her small frame to meet them at eye level.

Quietly, she listens to their stories of horror.

A St. Paul pediatric nurse practitioner who examines child sexual-assault victims, Edinburgh, 36, has heard countless stories about brutal rapes. But when police started sending more Hmong girls her way in 2003, she noticed a difference.

They were younger than the other girls -- many were 11 or 12 instead of in their teens. They told of large groups of boys lining up to rape them. They talked about threats of being killed. "These are some of the worst-abused children I've seen," she said. "The brutality ... was really different."

Thoughts of the girls kept creeping into her mind. She sought to figure out what could be done for them. She started talking to health professionals, and a professor told her she needed to document the problem to get funding. It set her on a months-long quest.

She spent days burrowing through files at her clinic, the Midwest Children's Resource Center, and compiled data on certain children seen there. At night, she would put her own kids to bed and go back to the office to read more files. She went in on weekends, too.

Edinburgh's research provides the only statistics available comparing Hmong victims to other sexual-abuse victims. Her numbers show that Hmong victims were six times more likely to have been raped by five or more people.

Her center, a division of Children's Hospitals and Clinics of Minnesota, has been awarded four grants totaling about \$84,000 to follow some of the girls. She, a staff member or students work with them and their parents, making sure they receive counseling and other follow-up care after the clinic examines them.

In January, she presented her findings in San Diego at an international conference on child mistreatment.

She hopes the health care community will take notice. Locally, she said, she already sees small differences: Government health agencies agreed to help two Hmong girls in January who probably would have slid under the radar a year ago.

One girl received mental health treatment because she kept running away with men who called her. Another was taken to court for child protection because her

parents hadn't made sure she was getting treatment for ailments.

"It's not by leaps and bounds, but it's by steps. But people are listening, whereas I think before, people weren't doing anything, it was sort of like head in the sand," Edinburgh said. "At the moment, I'm feeling hopeful."

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Methods: Annual PEs completed by second year pediatric residents rotating through the Division of Adolescent Medicine during calendar years 2002-2003 were included studied. Apart from the PE, each adolescent also completed a Beck Depression Inventory (BDI) under the guidance of a mental health clinician. Medical records from a sample of 31 PEs associated with a BDI screen of depressed (21 moderate, 10 severe) and 39 not-depressed (32 minimal, 6 mild) were reviewed for presenting complaints, psychiatric history, family history, substance use, arrests, medications, and school involvement. Any concerns regarding depression and action taken regarding this concern were noted. A Kappa score calculated for the agreement on depression between residents and the BDI. Chi square and t-tests were used to explore factors associated with resident and BDI agreement.

Results: Sixty-nine charts were reviewed, 55% female, 48% black, 44% Hispanic, and 6% non-Hispanic white with an average age of 16.9 years. Residents identified 15(71%) of the moderately and 8(80%) of the severely depressed adolescents. Kappa for agreement between residents and BDI was 0.476 ("fair agreement"). Adolescents on whom residents and BDI disagreed were significantly younger (15.2 vs 16.1 yrs, $p = .02$). No difference in agreement was noted by gender, ethnicity, psychiatric or family history, medication use, substance use, arrests, or school problems.

Conclusion: Residents rotating through adolescent medicine may require additional training in the identification of depression. Special emphasis should be placed on looking at symptoms of depression in the younger adolescent.

63.

A HOME VISITING INTERVENTION FOR VERY YOUNG, SEXUALLY EXPLOITED RUNAWAYS: PROGRAM DEVELOPMENT AND PRELIMINARY OUTCOMES

Laurel Edinburgh, MSN, RN, PNP, Elizabeth Saewyc, PhD, RN, PHN, Windy Solsvig, RN, Carolyn Levitt, MD. Midwest Children's Resource Center, Children's Hospital of Minnesota, St. Paul, Minnesota.

Purpose: An increase in sexually-exploited young teen runaways referred for clinical care prompted development of a pilot program to address these teens' complex health needs. The purpose of the program was to help the teens re-connect to families and schools, re-establish positive developmental trajectories, reduce traumatic responses, and improve health and coping behaviors.

Methods: Young teens (ages 10-14) were invited to participate if they had experienced two or more episodes of extra-familial sexual assault and had run away from home during 2003 and 2004 (N=20). All participants were female and 90% were Hmong. Teens interacted at home visits with an advanced practice nurse 3 to 40 times during the program. Interactions involved providing access to reproductive health care, goal-setting,

normalizing traumatized lives, promoting access to developmentally appropriate opportunities, and working with parents as well as participants, using a strengths-based approach. As-needed additional case management and an optional girls' empowerment group were also provided. The young teens' demographic characteristics, abuse experiences, episodes of running away, truancy, health care practices and health outcomes were assessed at baseline and 6 to 12 months later.

Results: Prior to participation, the majority had been prostituted, and reported multiple assaults by multiple perpetrators, often "too many to count." Most had run away from home more than once 90%, and 100% had been truant from school. By the end of the program, 95% of the participants had no additional sexual assaults. Participation seemed to correlate with fewer, briefer and less dangerous episodes of running away. All of the girls returned to school, and truancy decreased markedly. None of the girls became pregnant during the program year. Chlamydia was diagnosed in 55% at baseline, but at 6 months only 15% had a repeat infection, and only 5% after 6 months. All participants could state how to access teen-based health care, and how to use two methods of contraception; all used contraception after entry to the program, most often condoms or depo-provera, and 10% were no longer sexually active. Although the majority reported substance use at baseline 90%, only 20% reported intermittent use of alcohol, marijuana, crystal methamphetamines or other drugs during the program; one entered chemical dependency treatment. There were no suicide attempts, but there was one hospitalization.

Conclusions: This type of intervention appears to be feasible and to have positive secondary prevention outcomes for these vulnerable teens. Future rigorous evaluation of the program should include longitudinal follow-up of both participants and a comparison group, although truly randomized intervention may not be ethically appropriate. However, since current public health interventions tend to focus on teens who are already pregnant or persistently street-involved, rather than earlier in the cycle of running away, health care providers may need to advocate for funding for this type of program.

64.

ADOLESCENT CONTACT WITH THE CRIMINAL JUSTICE SYSTEM IN AN INNER CITY COMMUNITY

Karen Soren, MD, Delaney Gracy MD, Shaofu Chen, MD, PhD, Lindsay A Thompson, MD, MS, Matilde Irigoyen, MD. General Pediatrics, Columbia University, New York, NY.

Purpose: In certain inner city communities, the rates of arrest and incarceration are very high. Little is known about the interaction of inner city youth with the police and the courts (criminal justice system) and how this affects their lives and well-being. We sought to assess the level of personal and indirect exposure to the criminal justice system among inner city youth, their perceptions of the police and court system, and the effects of this exposure on their lives.

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**S.F. No. 2915 - Pilot Program For Sexually Exploited
Youth**

Author: Senator Sandra L. Pappas

Prepared by: Chris Turner, Senate Research (651/296-4350) *CT/pt*

Date: March 13, 2006

The bill appropriates \$100,000 from the general fund to Ramsey County for a "safe harbor" project for sexually exploited youth.

The bill requires a January 15, 2008, report to the Legislature on the pilot project.

CT:rer

Senators Pappas and Ortman introduced-

S.F. No. 2915: Referred to the Committee on Finance.

1.1 A bill for an act
1.2 relating to public safety; appropriating money for a Ramsey County pilot project
1.3 to address the needs of sexually exploited youth.

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

1.5 Section 1. APPROPRIATION; SAFE HARBOR FOR SEXUALLY EXPLOITED
1.6 YOUTH; PILOT PROJECT.

1.7 (a) \$100,000 in fiscal year 2007 is appropriated from the general fund to Ramsey
1.8 County for implementation of the safe harbor for sexually exploited youth pilot project.
1.9 The project shall develop a victim services model to address the needs of sexually exploited
1.10 youth. The project must focus on intervention and prevention methods; training for law
1.11 enforcement, educators, social services providers, health care workers, advocates, court
1.12 officials, prosecutors, and public defenders; and programs promoting positive outcomes
1.13 for victims. The project must include development and implementation of a statewide
1.14 model protocol for intervention and response methods for professionals, individuals, and
1.15 agencies that may encounter sexually exploited youth. "Sexually exploited youth" include
1.16 juvenile runaways, truants, and victims of criminal sexual conduct, prostitution, labor
1.17 trafficking, sex trafficking, domestic abuse, and assault. This is a onetime appropriation.

1.18 (b) By January 15, 2008, Ramsey County shall report to the chairs and ranking
1.19 minority members of the senate and house divisions having jurisdiction over criminal
1.20 justice funding and policy on the results of the pilot project.

1.21 EFFECTIVE DATE. This section is effective July 1, 2006.



Senate Public Safety Funding
Division
March 13, 2006

1



The Challenge

- Pervasive and growing
- Not confined to one case type
- Alternative approaches emerging

2



Problem-Solving Courts

A drug court uses the coercive power of the courtto closely monitor the defendant's progress toward sobriety and recovery through treatment, frequent drug testing, regular check-in court appearances, and intermediate sanctions and incentives to foster behavior change.

3



Current Drug Courts

- 18 Drug Courts:
 - Adult
 - Juvenile
 - DWI
 - Family
- 10 in planning

4



What T.F. Does Not Recommend

- Decriminalization of AOD offenses
- Automatic diversion of all AOD offenses
- Inclusion of Violent Offenders
- Modification of Aggressive DWI Prosecution

5



Recommendations

- Broad and fundamental shift in judicial branch dealings with AOD addicted offenders, including greater collaboration among participants
 - Focus on offender accountability
- Creation of comprehensive, multi-phased plan to institute changes
- Creation of collaborative, state-level team
- Designation of district and local level judicial leadership

6



Anticipated Outcomes

- Improved outcomes for AOD offenders
 - NY – 29% decrease in recidivism
- Reduction in costs
 - CA - \$14M investment avoided
\$43M cost
- Greater statewide consistency

7



Recommendation - Funding

FY 07 REQUEST: \$750,000

Provide resources for state and local efforts through multi-phased approach:

- Training for local and regional teams
- Study existing funding streams
- Fill critical gaps in available services
 - Multi-County Pilot Problem Solving Ct
 - Treatment Service Gaps

8



Recommendation - Funding

FY 07 REQUEST: \$150,000

Training for local and regional teams

9



Recommendation - Funding

FY 07 REQUEST: \$300,000

Study existing funding streams to recommend a more uniform and cost-effective structure for broader implementation of problem solving approaches

10



Recommendation - Funding

FY 07 Request: \$200,000:

Implementation of pilot multi-county collaborative problem solving effort

11



Recommendation - Funding

FY 07 Request: \$100,000:

Fill critical gaps in treatment service gaps

12



Conclusion

This challenge is an opportunity

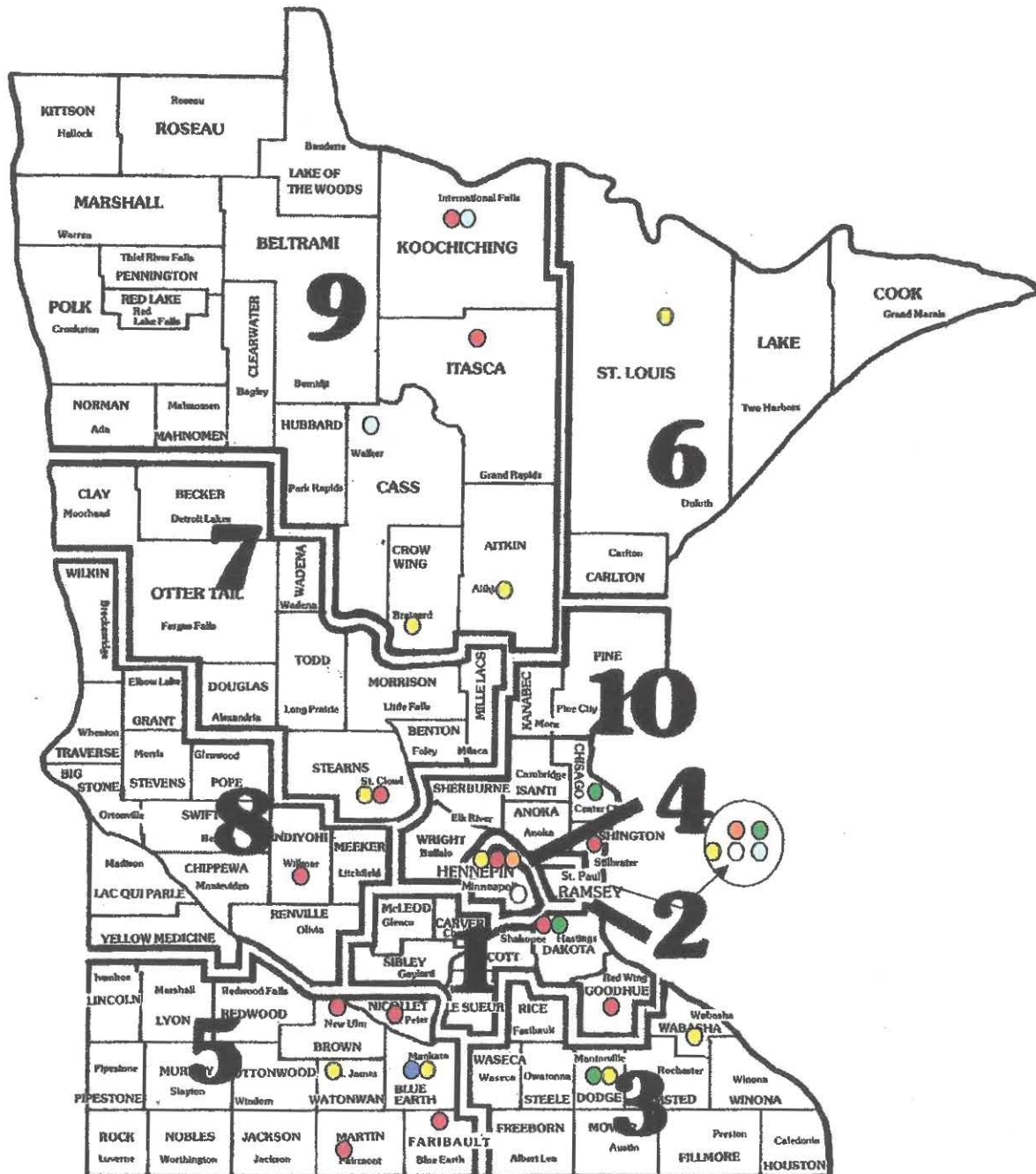
13

Operational Problem-Solving Courts

- Adult Drug Court
- Juvenile Drug Court
- Adult DWI Drug Court
- Family Drug Court
- Mental Health
- Community
- Truancy

● Counties **Planning** Drug Courts:
 (Included are: Adult, Juvenile, DWI, Family Dependency)

- Adult:** Brown
Itasca
Kandiyohi
Nicollet
Washington
Goodhue
- Family:** Martin
Faribault
Koochiching
- Adult DWI:** Hennepin



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**S.F. No. 2738 - Funding of Problem-Solving Court
Services**

Author: Senator Jane B. Ranum

Prepared by: Chris Turner, Senate Research (651/296-4350) *CT 12/12*

Date: March 13, 2006

The bill appropriates \$750,000 from the general fund to the Supreme Court to fund a study of the problem-solving court model, and for the training and implementation of such a court.

CT:rer

Senators Ranum, Foley, Berglin, Rosen and Neuville introduced-
S.F. No. 2738: Referred to the Committee on Finance.

A bill for an act
relating to public safety; appropriating money to allow courts to better address
alcohol and other drug addicted offenders.

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

Section 1. APPROPRIATION.

\$750,000 is appropriated for the fiscal year ending June 30, 2007, from the general
fund to the chief justice of the Supreme Court. Of this amount:

(1) \$..... is for training multidisciplinary teams on the problem-solving approach
for alcohol and other drug addicted offenders;

(2) \$..... is for a study to recommend a more uniform and cost-effective structure
for creating statewide applications of the problem-solving court model;

(3) \$..... is to augment treatment services for problem-solving courts; and

(4) \$..... is for development of a multicounty pilot problem-solving court.

CRIME STOPPERS, INC. STRATEGIC PARTNERSHIP PROPOSAL

FIGHTING DRUG AND METH ABUSE

EXECUTIVE SUMMARY

Recent headlines say it all: “**Meth’s shared toll is growing**” and “**Crime on the rise**”. Many criminals are drug dealers and users and they resort to crime to support their addiction. This means our lives are in constant danger. Now this menace has a new adversary that only requires additional resources to increase its presence and effectiveness. The one fighter with a significant and successful history on the frontlines against crime and drugs is Crime Stoppers, Inc. which relies heavily on its reputation as a crime fighting organization to mobilize citizens in community wide partnership efforts.

This is why Crime Stoppers, Inc. seeks a \$199,475 Strategic Drug Fighting Partnership Grant from the State of Minnesota to implement a unique meth and drug abuse fighting program that will utilize the organization’s crime fighting ability. Crime Stoppers will unite the community through new, proactive and innovative outreach programs that will focus on the organization’s core strengths: Developing area-wide mobilizing partnerships; Creating innovative media and marketing opportunities through these partnerships; and Providing a recognized outlet for citizen participation through an anonymous tip line where callers receive a reward for tips that lead to the arrest and conviction of those involved.

This program of citizen participation and mobilization through area-wide partnerships has the potential to positively impact millions of lives throughout the greater Twin Cities and across Minnesota by reducing the number of individuals on the street manufacturing, selling and using meth and drugs and serve as a role model for millions of citizens in Minnesota. People will be empowered to have an impact on their own future because they will learn that they, as individuals can make a difference.

A distinct advantage to this Crime Stoppers, Inc. \$199,475 grant is it will be greatly supplemented by \$3,089,000 in in-kind grants and services, a 15-1 return ratio on the grant investment. This is because the Strategic Drug Fighting Partnership program is divided into nine core partnership elements: Schools; Organizations; Businesses; Government Agencies; Ethnic Organizations; Law Enforcement; Religious Denominations, Media and other Crime Stoppers organizations. Many of the 1,300 Crime Stoppers organizations in the US and Canada have effective programs fighting meth and drug abuse and will be called upon for guidance and support as we develop the details of our area-wide effort.

The success of this program will be the delivery of four outcomes which serve as an integral part of our plan. The cumulative effect of this program will create ongoing and replicable community-wide awareness of the opportunities each citizen has to prevent and solve crime and drug abuse here in the Twin Cities, which will serve as a role model for the rest of the state. The four outcomes are:

OUTCOME #1: Development of a creative marketing and media campaign to fight crime and meth and drug abuse in the seven county metropolitan area and other Minnesota cities.

OUTCOME #2: Creation of new and unique partnerships with six major service club organizations, major businesses, government agencies, five ethnic organizations, 33 police departments, 25 education districts, each religious denomination and the media to fight crime and drug and methamphetamine abuse.

OUTCOME #3: Reduction in the sale, manufacture and use of drugs and methenphetomines.

OUTCOME #4: Increase in the arrests of those responsible for the manufacture, sale and use of drugs and methamphetomines in the Twin Cities seven county area.

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**S.F. No. 2946 - Media Campaign Fighting Crime and
Drug Abuse**

Author: Senator Jane B. Ranum

Prepared by: Chris Turner, Senate Research (651/296-4350) *CT*

Date: March 13, 2006

The bill makes a blank appropriation from the general fund to the Commissioner of Public Safety for a grant to a nonprofit community-based organization to develop a media campaign to fight crime and drug abuse.

CT:rer

37
02/28/06

Senators Ranum, Belanger and Michel introduced—
S.F. No. 2946: Referred to the Committee on Finance.

1.1 A bill for an act
1.2 relating to public safety; providing for a media campaign to fight crime and drug
1.3 abuse; appropriating money.

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

1.5 Section 1. APPROPRIATION.

1.6 \$..... is appropriated to the commissioner of public safety from the general fund
1.7 for the fiscal year ending June 30, 2007, for a grant to a nonprofit community-based
1.8 organization that works with law enforcement, the community, and the media, in a
1.9 cooperative effort to solve and prevent crime. The grant recipient shall use the money to
1.10 develop a creative marketing and media campaign to fight crime and methamphetamine
1.11 and other drug abuse throughout Minnesota.