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http://www.health.state.mn.us/

AT A GLANCE

- DH uses the best scientific data and methods available to guide policies and actions to promote healthy living in Minnesota and build a strong foundation to address health needs and concerns.
- In 2014, MDH received national public health accreditation after a rigorous site review by the Public Health Accreditation Board, meeting 98% of the National Public Health Accreditation Standards.
- In FY 2015, generated over $248 million in in federal funding to support public health activities in the state
- Administers $251 million outgoing grants from nearly 93 MDH grant programs, reaching 500 unique grantees.
- Has a workforce of approximately 1,500, including MDs, PHD's, nurses, health educators, biologists, chemist, epidemiologist and engineers.
- Direct appropriations account for 28% of the Department's budget in FY 2015.

PURPOSE

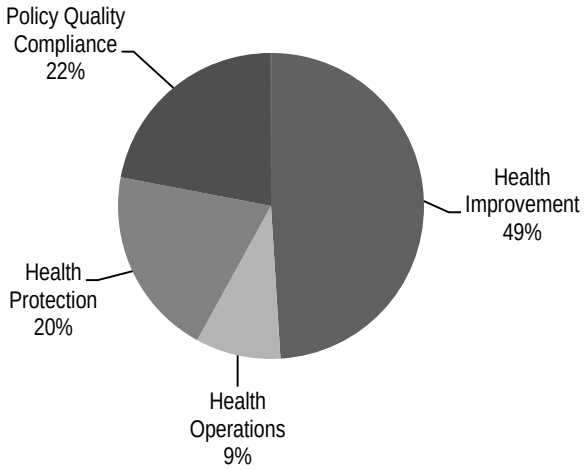
The mission of the Minnesota Department of Health (MDH) is to protect, maintain and improve the health of all Minnesotans. MDH is the state's lead public health agency, responsible for operating programs that prevent infectious and chronic diseases, and promotes clean water, safe food, quality health care and healthy living. The department also works to improve the equity of health outcomes in the state by incorporating health equity considerations into every decision or activity in which the department is engaged. MDH carries out its mission with close partnership with local public health departments, tribal governments, the federal government and many health-related organizations. In meeting its responsibilities, the department recognizes the strong relationship between population health and other government policies. As a result, MDH impacts many goals and outcomes for the state including:

- All Minnesotans have optimal health
- Strong and stable families and communities
- People in Minnesota are safe
- A clean, healthy environment with sustainable uses of natural resources
- Minnesotans have the education and skills needed to achieve their goals
- Efficient and accountable government services

BUDGET

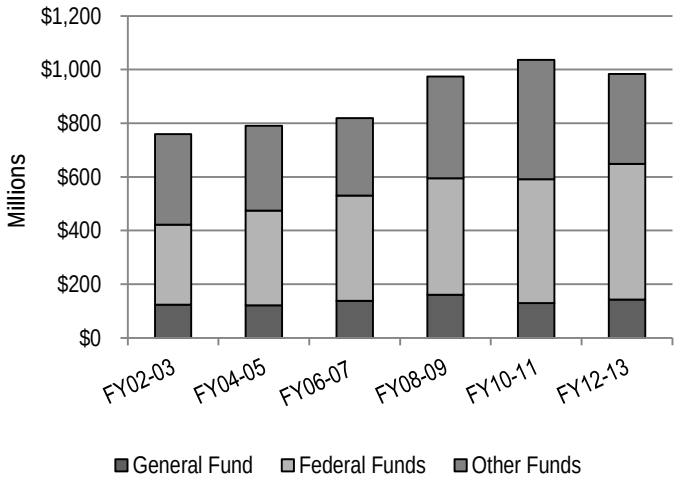
Note: The MDH budget structure for the FY 2016-17 Biennium restructures the four programs below into three: Health Improvement and Policy, Health Protection and Health Operations.

Spending by Program
FY 13 Actual



Source: SWIFT

Historical Spending



Source: Consolidated Fund Statement

STRATEGIES

Embedded in each strategy for improving the health of Minnesotans is the overarching goal of advancing health equity. A 2014 report issued by the department determined that, while Minnesota ranks as one of the healthiest states in the nation, there are significant and persistent disparities in health outcomes because the opportunity to be healthy is not equally available everywhere for everyone in the state. Eliminating inequities in health outcomes is a major priority for the department. Improving the health of those experiencing the greatest inequities will result in improved health outcomes for all.

MDH's Strategic Plan has six framework goals which focus on eliminating health problems before they occur.

- Prevent the occurrence and spread of diseases: to ensure that individuals and organizations in Minnesota understand how to prevent diseases and practice disease prevention and disease threats are swiftly detected and contained.
- Prepare and respond to disasters and emergencies: to ensure that emergencies are rapidly identified and evaluated, resources for emergency response are readily mobilized and Minnesota's emergency planning and response protects and restores health.
- Make physical environments safe and healthy: to ensure that Minnesotan's food and drinking water is safe, Minnesota's air, water and soils are safe and non-toxic, and the built environment in Minnesota supports safe and healthy living for all.
- Help all people get quality health care services: to ensure that health care in Minnesota is safe, family and patient-centered, effective and coordinated; that health care services are available throughout Minnesota and that all Minnesotans have affordable health coverage for the care they need.
- Promote health throughout the lifespan: to ensure that all Minnesotans are given a healthy start in life, Minnesotans make healthy choices and Minnesotans create social environments that support safe and healthy living at all ages.
- Assure strong systems for health: to ensure that Minnesota's infrastructure for health is strong, people-centered and continues to improve, that Minnesota's health systems are transparent, accountable and engage many diverse partners and that government policies and programs support health.

The Department of Health is governed by a number of Statutes. Most sections governing department activities are in Chapters 144, 145, 145A and 62J.

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	67,403	75,939	77,344	87,265	77,371	77,319	80,423	82,025
1100 - Medical Education & Research	55,494	53,329	79,788	76,250	75,053	75,053	75,053	75,053
1200 - State Government Special Rev	38,201	44,022	41,695	54,613	51,613	51,626	55,016	55,486
1201 - Health Related Boards	0	55	0	0	0	0	0	0
2000 - Restricted Misc Special Rev	5,591	7,179	6,476	10,981	5,231	5,231	5,231	5,231
2001 - Other Misc Special Rev	40,293	46,289	49,245	75,731	61,292	61,283	61,292	61,283
2050 - Environment & Natural Resource	259	140	0	0	0	0	0	0
2302 - Clean Water Fund	2,268	2,272	3,579	6,996	0	0	4,805	4,605
2360 - Health Care Access	24,202	12,638	25,865	35,561	28,743	28,143	28,837	28,332
2403 - Gift	14	10	12	161	0	0	0	0
2800 - Environmental	55	53	648	1,089	869	869	869	869
2801 - Remediation Fund	181	230	216	288	252	252	252	252
3000 - Federal	232,538	247,357	258,482	253,375	242,908	242,074	242,908	242,074
3001 - Federal TANF	10,450	13,149	11,098	19,797	11,763	11,763	11,763	11,763
6000 - Miscellaneous Agency		0	0	0	0	0	0	0
8201 - Drinking Water Revolving	536	560	548	237	200	200	200	200
Total	**477,483**	**503,223**	**554,997**	**622,343**	**555,294**	**553,811**	**566,648**	**567,171**
Biennial Change				196,634		(68,235)		(43,521)
Biennial % Change				20		(6)		(4)
Governor's Change from Base								24,714
Governor's % Change from Base								2

Expenditures by Program

Program: Health Improvement	323,171	329,755	362,628	390,371	360,744	359,167	363,738	363,781
Program: Health Protection	117,884	128,573	150,062	179,287	155,724	155,837	164,060	164,536
Program: Health Operations	36,428	44,894	42,307	52,685	38,825	38,807	38,849	38,854
Total	**477,483**	**503,223**	**554,997**	**622,343**	**555,294**	**553,811**	**566,648**	**567,171**

Expenditures by Category

Compensation	107,441	112,950	119,426	140,213	129,861	129,237	135,530	135,509
Operating Expenses	83,406	98,229	108,910	152,304	126,939	126,074	128,965	128,179
Other Financial Transactions	4,613	6,827	5,376	7,708	4,107	4,107	4,107	4,107
Grants, Aids and Subsidies	281,284	284,110	320,292	321,904	294,383	294,390	298,042	299,373
Capital Outlay-Real Property	738	1,107	992	214	3	3	3	3

(Dollars in Thousands)

Expenditures by Category

Total	**477,483**	**503,223**	**554,997**	**622,343**	**555,294**	**553,811**	**566,648**	**567,171**
Total Agency Expenditures	477,483	503,223	554,997	622,343	555,294	553,811	566,648	567,171
Internal Billing Expenditures	25,050	27,393	28,225	25,017	25,000	25,000	26,129	26,212
Expenditures Less Internal Billing	**452,434**	**475,829**	**526,772**	**597,326**	**530,294**	**528,812**	**540,519**	**540,960**
Full-Time Equivalents	**1,401.2**	**1,433.3**	**1,477.5**	**1,424.3**	**1,315.8**	**1,317.1**	**1,356.6**	**1,364.1**

(Dollars in Thousands)

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	11	3,971	743	3,872	55	28	55	28
Direct Appropriation	71,451	72,698	80,613	82,727	77,370	77,319	80,318	81,921
Receipts	1	3	0					
Net Transfers	(48)	222	30	(171)	(27)	(28)	77	76
Cancellations	127	785	171					
Expenditures	**67,403**	**75,939**	**77,344**	**87,265**	**77,371**	**77,319**	**80,423**	**82,025**
Balance Forward Out	3,884	170	3,872	55	28		28	
Biennial Change in Expenditures				21,267		(9,918)		(2,160)
Biennial % Change in Expenditures				15		(6)		(1)
Gov's Exp Change from Base								7,758
Gov's Exp % Change from Base								5
FTEs	134.1	145.3	142.1	136.1	129.8	130.7	134.0	138.1

1100 - Medical Education & Research

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	12,195	126	145	198				
Direct Appropriation			0	0	0	0	0	0
Receipts	49,438	49,447	75,054	71,266	71,266	71,266	71,266	71,266
Net Transfers	(6,013)	3,788	4,788	4,787	3,787	3,787	3,787	3,787
Expenditures	**55,494**	**53,329**	**79,788**	**76,250**	**75,053**	**75,053**	**75,053**	**75,053**
Balance Forward Out	126	32	198					
Biennial Change in Expenditures				47,215		(5,932)		(5,932)
Biennial % Change in Expenditures				43		(4)		(4)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

1200 - State Government Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	35	5,450	30	7,246				
Direct Appropriation	45,687	45,676	48,911	51,026	51,689	51,702	55,092	55,562
Open Appropriation	120	116	77	0	0	0	0	0
Receipts	(1)	(82)	0	0	0	0	0	0
Net Transfers	(553)	(227)	(77)	(77)	(77)	(77)	(77)	(77)
Cancellations	1,660	6,892		3,583				

1200 - State Government Special Rev

Expenditures	**38,201**	**44,022**	**41,695**	**54,613**	**51,613**	**51,626**	**55,016**	**55,486**
Balance Forward Out	5,429	18	7,246					
Biennial Change in Expenditures				14,086		6,930		14,193
Biennial % Change in Expenditures				17		7		15
Gov's Exp Change from Base								7,263
Gov's Exp % Change from Base								7
FTEs	285.7	261.3	285.5	287.5	274.1	274.4	283.9	287.7

1201 - Health Related Boards

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Direct Appropriation	0	0	0	0	0	0	0	0
Net Transfers		112						
Cancellations		57	0	0	0	0	0	0
Expenditures	0	**55**	0	0	0	0	0	0
Biennial Change in Expenditures				(55)		0		0
Biennial % Change in Expenditures				(100)		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	0	0.0	0	0	0	0	0	0

2000 - Restricted Misc Special Rev

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In	15,622	6,785	5,713	5,834	85	90	85	90
Receipts	5,012	4,508	5,295	4,007	4,007	4,007	4,007	4,007
Net Transfers	(12,482)	(5,320)	(2,635)	(2,709)	(2,710)	(2,710)	(2,710)	(2,710)
Expenditures	**5,591**	**7,179**	**6,476**	**10,981**	**5,231**	**5,231**	**5,231**	**5,231**
Balance Forward Out	6,498	2,732	5,834	85	90	95	90	95
Biennial Change in Expenditures				4,687		(6,995)		(6,995)
Biennial % Change in Expenditures				37		(40)		(40)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	37.5	34.7	37.8	38.3	38.3	38.3	38.3	38.3

2001 - Other Misc Special Rev

(Dollars in Thousands)

2001 - Other Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	10,423	15,664	13,906	14,855				
Direct Appropriation				0	0	0	0	0
Receipts	37,685	42,900	50,106	60,858	61,348	61,338	61,348	61,338
Internal Billing Receipts	25,048	27,393	28,225	25,000	25,000	25,000	25,000	25,000
Net Transfers	7,733	1,566	88	17	(58)	(58)	(58)	(58)
Expenditures	**40,293**	**46,289**	**49,245**	**75,731**	**61,292**	**61,283**	**61,292**	**61,283**
Balance Forward Out	15,553	13,844	14,855					
Biennial Change in Expenditures				38,395		(2,402)		(2,402)
Biennial % Change in Expenditures				44		(2)		(2)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	378.8	425.8	437.7	393.5	311.8	311.8	311.8	311.8

2050 - Environment & Natural Resource

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	404	145		0	0	0	0	0
Direct Appropriation	0	0	0	0	0	0	0	0
Cancellations		5	0	0	0	0	0	0
Expenditures	**259**	**140**	0	0	0	0	0	0
Balance Forward Out	145		0	0	0	0	0	0
Biennial Change in Expenditures				(399)		0		0
Biennial % Change in Expenditures				(100)		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

2302 - Clean Water Fund

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		789	1,821	2,063				
Direct Appropriation	2,988	3,050	4,635	4,935	0	0	4,805	4,605
Net Transfers		0	(290)	0				
Cancellations			525					
Expenditures	**2,268**	**2,272**	**3,579**	**6,996**	0	0	**4,805**	**4,605**
Balance Forward Out	720	1,566	2,063					
Biennial Change in Expenditures				6,034		(10,574)		(1,164)

2302 - Clean Water Fund

Biennial % Change in Expenditures				133		(100)		(11)
Gov's Exp Change from Base								9,410
FTEs	12.9	16.8	23.1	12.5			26.9	26.4

2360 - Health Care Access

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In	5,370	7,883	4,642	7,419				
Direct Appropriation	25,946	9,449	28,743	28,143	28,743	28,143	28,837	28,332
Open Appropriation	19	18	12	0	0	0	0	0
Receipts	138	0	0					
Net Transfers	2,800	530						
Cancellations	2,900	1,812	111					
Expenditures	**24,202**	**12,638**	**25,865**	**35,561**	**28,743**	**28,143**	**28,837**	**28,332**
Balance Forward Out	7,171	3,430	7,419					
Biennial Change in Expenditures				24,586		(4,541)		(4,258)
Biennial % Change in Expenditures				67		(7)		(7)
Gov's Exp Change from Base								283
Gov's Exp % Change from Base								0
FTEs	43.3	46.0	56.1	52.3	47.5	47.7	47.5	47.7

2403 - Gift

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In	150	149	156	161	0	0	0	0
Receipts	12	16	15					
Net Transfers	0		0					
Expenditures	**14**	**10**	**12**	**161**	**0**	**0**	**0**	**0**
Balance Forward Out	149	154	161	0	0	0	0	0
Biennial Change in Expenditures				148		(172)		(172)
Biennial % Change in Expenditures				617		(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

2800 - Environmental

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17

2800 - Environmental

Balance Forward In		2		221				
Direct Appropriation	0	0	0	0	0	0	0	0
Net Transfers	57	57	869	869	869	869	869	869
Cancellations		6						
Expenditures	**55**	**53**	**648**	**1,089**	**869**	**869**	**869**	**869**
Balance Forward Out	2		221					
Biennial Change in Expenditures				1,629		0		0
Biennial % Change in Expenditures				1,506		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	0.6	0.6	4.6	4.3	4.3	4.3	4.3	4.3

2801 - Remediation Fund

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		71		36				
Direct Appropriation	0	0	0	0	0	0	0	0
Net Transfers	252	252	252	252	252	252	252	252
Cancellations		93						
Expenditures	**181**	**230**	**216**	**288**	**252**	**252**	**252**	**252**
Balance Forward Out	71		36					
Biennial Change in Expenditures				93		(1)		(1)
Biennial % Change in Expenditures				23		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	2.1	2.4	2.3	2.3	2.3	2.3	2.3	2.3

3000 - Federal

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In	40	7,600	8,211	10,496				
Receipts	235,314	246,830	260,767	242,882	242,909	242,087	242,909	242,087
Expenditures	**232,538**	**247,357**	**258,482**	**253,375**	**242,908**	**242,074**	**242,908**	**242,074**
Balance Forward Out	2,816	7,072	10,496					
Biennial Change in Expenditures				31,962		(26,875)		(26,875)
Biennial % Change in Expenditures				7		(5)		(5)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

3000 - Federal

FTEs	499.6	491.5	481.5	490.8	500.9	500.9	500.9	500.9

3001 - Federal TANF

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		30		8,034				
Receipts	7,268	13,120	19,132					
Expenditures	**10,450**	**13,149**	**11,098**	**19,797**	**11,763**	**11,763**	**11,763**	**11,763**
Balance Forward Out			8,034					
Biennial Change in Expenditures				7,295		(7,369)		(7,369)
Biennial % Change in Expenditures				31		(24)		(24)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	1.8	3.3	2.1	2.1	2.1	2.1	2.1	2.1

6000 - Miscellaneous Agency

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		1	0					
Receipts	60	61	58	75	75	75	75	75
Net Transfers	(60)	(62)	(58)	(75)	(75)	(75)	(75)	(75)
Expenditures		0	0	0	0	0	0	0
Biennial Change in Expenditures				0		0		0
Biennial % Change in Expenditures				0		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

8201 - Drinking Water Revolving

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In				37				
Receipts	535	560	585	200	200	200	200	200
Expenditures	**536**	**560**	**548**	**237**	**200**	**200**	**200**	**200**
Balance Forward Out			37					
Biennial Change in Expenditures				(310)		(385)		(385)
Biennial % Change in Expenditures				(28)		(49)		(49)
Gov's Exp Change from Base								0

8201 - Drinking Water Revolving

Gov's Exp % Change from Base								0
FTEs	4.9	5.5	4.7	4.6	4.6	4.6	4.6	4.6

Change Item: Addressing Local Public Health Needs in Greater Minnesota

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	1,000	1,000	1,000	1,000
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	1,000	1,000	1,000	1,000
FTEs	0	0	0	0

Recommendation:

The Governor recommends investing $1 million per year from the General Fund to strengthen community health boards (CHBs) and tribal health departments in greater Minnesota. The proposal provides a 10% increase in the Local Public Health Grant to CHBs that are located outside the eleven-county metro area to address critical and emerging 21st century public health problems. The proposal also increases funding by 10% to Minnesota's tribal governments. It aims to increase CHBs' and tribal governments' ability to address community health priorities, improve the performance of the local and tribal public health systems, and shore up fragile links in the state, local and tribal public health system.

The proposal as a whole is a 4.5% increase over current base funding of $43,662,000 per biennium.

Rationale/Background:

Many public health issues are directly addressed at the local or regional level with guidance from the Minnesota Department of Health (MDH). This requires a coordinated effort between federal, state, local and tribal governments as well as other partners, such as the health care system. Success is not possible if one part of the system cannot effectively carry out its role.

The Legislature has vested significant public health responsibilities with CHBs to protect, maintain and improve health within their jurisdictions. The Local Public Health Grant was established as a state subsidy to share the costs of fulfilling those responsibilities. Accountability for the Local Public Health (LPH) Grant funds is achieved by annual reporting on a set of performance measures developed with guidance from the State Community Health Services Advisory Committee (SCHSAC) Performance Improvement Steering Committee. The LPH Grant is a valued source of funding that can be targeted to meet local needs. However, over time, a growing share of the burden of funding public health activities has shifted to CHBs and the cities and counties they serve. The LPH grant comprised less than 7% of local public health expenditures in 2013, compared to 22% in 1979.

According to the Trust for America's Health 2014 report, Minnesota's state investment in public health is 45th in the nation. Minnesota cannot remain one of the healthiest states in the nation without continued investment at the local level. Recent research demonstrates that investments in public health have a significant effect on preventable deaths.

Data collected by MDH show that many of Minnesota's local health departments are currently unable to address important public health priorities in their communities. The problem is particularly acute for communities in greater Minnesota because they have historically received less in the way of state funding to support all of the activities expected of CHBs. Although CHBs in greater Minnesota carry out a community health assessment and work with their communities to identify priority public health needs, very few of those priorities can be addressed due to a lack of resources. In addition, CHBs also face the burden of paying for unexpected public health incidents. For example, responding to one tuberculosis case cost a central Minnesota county $30,000 in additional staff time alone, while responding to one public health nuisance cost a southwestern county $10,000. Health departments with already stretched budgets cannot easily absorb those costs. This response is even more challenging given that Minnesota's local health departments lost nearly 500 staff (15% of their workforce) between 2008 and 2012.

Minnesotans expect a capable and prepared public health system statewide, so that where a person lives does not determine how healthy they can be. However, performance measures collected by MDH show considerable differences between the highest and lowest performing CHBs. Over half of the community health boards in greater Minnesota cannot fully meet 35 selected performance measures. In order to address the key public health challenges, CHBs and tribal governments need additional financial support.

Proposal:

The proposal increases funding to CHBs in greater Minnesota by $1,787,454 per biennium and increases funding to Minnesota's tribal governments by $212,546 per biennium.

An increase of $2 million per biennium to the Local Public Health Grant and tribal governments will help greater Minnesota CHBs and tribes address health priorities in partnership with their communities. Providing additional funds will provide real benefits to Minnesotans. Potential impacts include:

- Increasing readiness to respond to public health emergencies and to prevent the spread of emerging infectious diseases,
- Developing new approaches to changing population demographics,
- Exploring adopting technology advances to support public health programs, and
- Partnering with health care systems to promote health and reduce health care costs.

Results:

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Quality	Percentage of CHBs that have implemented priorities identified in their community health improvement plans in partnership with community stakeholders.	25%	32%	2012-2013
Quality	Average percentage of public health performance measures fully met by MN CHBs	37%	51%	2012-2013
Quality	Percentage of CHBs satisfied with MDH support in program areas addressed by the funding proposal.	NA	Baseline unknown	2016

Figure 1

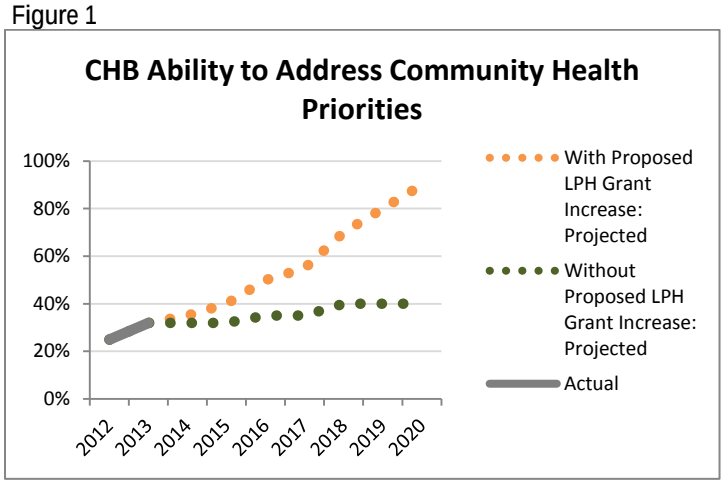
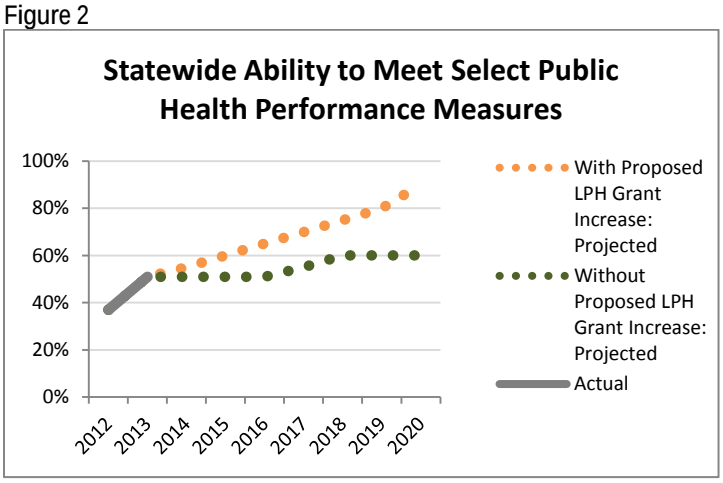


Figure 2



Statutory Change(s):

145A

Change Item: Evidence-Based Home Visiting

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	650	2,000	2,000	2,000
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	650	2,000	2,000	2,000
FTEs	0	0	0	0

Recommendation:

The Governor recommends $650,000 in FY 2016 and $2,000,000 each year thereafter to make a meaningful difference in the health and well-being of Minnesota's infants, young children, and their families. These funds will go to Community Health Boards and Tribal Nations to expand evidence- based home visiting programs to at-risk children and families.

Rationale/Background:

Prenatal to age three is the most critical time in brain development, with 80 percent of brain growth occurring prior to age three. Brain growth is highly dependent on the child's early experiences. Too many Minnesota children face adverse childhood experiences such as living in poverty, unstable housing, abuse and neglect, and/or parental substance abuse or mental illness. These factors can negatively impact brain growth and can significantly limit children from reaching their full potential. Supporting families very early through evidence-based home visiting services helps families become healthier and more self-sufficient, and prepares children for entering kindergarten ready to learn. While nearly one in five children under age six lives in poverty, over 60 percent of children under age six living in poverty are children of color or American Indian children, significantly contributing to disparities in outcomes and Minnesota's ability to advance health equity.

Decades of scientific research has shown home visiting improves child and family outcomes. Evidence-based home visiting programs have been shown to prevent child abuse and neglect, encourage positive parenting, promote child development and school readiness, and improve economic stability. Because family home visiting is a two-generation approach, it measurably improves outcomes for both children and their parents. Outcomes indicate that for every public health dollar invested, a return of up to $5.70 can be expected in savings to programs including Medicaid, TANF and food support.

Beginning with a public health nursing assessment, these voluntary, home-based services are ideally delivered prenatally through the child's early years. Ongoing visits by nurses and or highly trained home visitors are offered, as needed, to provide health and caregiving information and support. Depending on family needs, topics may include prenatal and infant care, child growth and development, effective parenting approaches, home safety, and preventing exposure to environmental hazards. Referrals to and from other health, education and social services are also coordinated ensuring that the child and family receive critical needed additional supports.

The state legislature directs $7,827,300 annually through a formula to all 50 Community Health Boards and 9 of the 11 federally recognized Tribal Governments to support home visiting, including evidence-based home visiting programs. In addition, the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program has provided an unprecedented opportunity to enhance Minnesota's evidence-based health home visiting efforts that improve the health and developmental outcomes for at-risk children. Authorized and funded through the Health Resources and Services Administration, a portion of this funding was rolled out to states and territories through a formula allocation. Minnesota's federal MIECHV allocation for federal fiscal year (FFY) 2014 was $1,250,187. Minnesota was also one of 10 states in FFY 2012 to be awarded a three-year MIECHV expansion grant that provided $7,424,000 in FFY 2014. Currently 19 Community Health Boards are funded through these two federal grants to provide evidence-based home visiting services in 28 counties. Current home visiting funding only allows Minnesota to reach a small fraction of the young children and their families who would receive long-term benefits from these services.

Proposal:

This proposal would allow Minnesota to offer evidence-based home visiting services to another 200-300 pregnant or parenting teens, at-risk pregnant women, or at risk families with children under age five. The funds will be awarded competitively to Community Health Boards and Tribal Nations. The addition of these funds will enhance Minnesota's ability to make a difference in the lives of young children and their families.

Results:

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Quantity	Families served in MIECHV supported evidence-based home visiting programs	841 families	1,482 families	FFY 2013 and FFY 2014
Quality	Percent of prenatal and postpartum women enrolled in MIECHV who were screened for domestic violence using a standardized tool.	63.6 percent of enrolled families	72.1 percent of enrolled families	FFY 2013 and FFY 2014
Results	Percent of parents enrolled in MIECHV with improved support for their child's learning and development as measured by higher overall NCAST Teaching Sub-scale scores.	63.3 percent of enrolled families	68.8 percent of enrolled families	FFY 2013 and FFY 2014

Federally-funded MIECHV (Maternal, Infant, and Early Childhood Home Visiting) program

Statutory Change(s):

None.

Change Item: Family Planning Special Projects

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	1,000	1,000	1,000	1,000
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	1,000	1,000	1,000	1,000
FTEs	0	0	0	0

Recommendation:

The Governor recommends an increase of $1,000,000 per year to the Family Planning Special Projects (FPSP) grants, which offer services and information that improve the number of pregnancies that are healthy. These funds will support continued statewide access to culturally appropriate family planning counseling and education, preconception care, STI screening, and laboratory testing. The funds will help to address disparities in terms of access to reproductive health information and services, as well as fetal and infant mortality rates.

Rationale/Background:

In 2012, there were nearly 70,000 new babies born to Minnesota residents. Sadly, 340 of those babies died before their first birthday. Fetal and infant death rates among African Americans are nearly double that of white mothers and rates among American Indians are 260 percent higher than whites. Family planning services can provide information and resources to families before a pregnancy to promote optimum health relative to pregnancy planning and contraception. Family planning services offer greater opportunities for parents to prepare physically and financially, take advantage of pre-pregnancy risk identification and management, and initiate needed changes in diet, exercise, smoking and drinking that can help ensure a health pregnancy. Unintended pregnancies are associated with economic hardship, poor child health and development, and child abuse and neglect. Family planning providers are uniquely situated to provide culturally appropriate care and translation services to populations with the most significant disparities.

Sexually transmitted infection rates, especially Chlamydia, are on the rise in Minnesota. Chlamydia rates increased by 7% between 2011 and 2012 alone. Chlamydia rates are ten times higher for African Americans and four times higher for American Indians in Minnesota than they are for whites. Asian and Pacific Islanders and Hispanics experience Chlamydia rates twice as high as that in the white population. Family planning visits include prevention, testing and treatment for sexually transmitted infections. Clients receiving services from FPSP grantees are disproportionately from communities of color.

The Family Planning Special Projects program has provided low-income, high-risk individuals with pre-pregnancy family planning services since 1979. Grants are awarded to cities, counties, tribal governments, and nonprofit organizations to provide family planning services, including STI screening, in communities located throughout the state. Funding is distributed on a population-based formula to eight regions of the state to assure statewide access. In SFY 2014, over 43,000 individuals received family planning counseling with over 33,000 individuals receiving family planning methods and an additional 24,928 individuals receiving chlamydia screening. For the 2013-2015 FPSP grant cycle, over $15.5 million in grant funds were requested but only $10.7 million was available for distribution.

Proposal:

This proposal increases funding to Family Planning Special Project grants by $1 million per year to strengthen statewide efforts to improve pregnancy outcomes and reduce disparities. Since grant applicants exceed current funding, the additional appropriation will allow MDH to meet more of the demonstrated need for FPSP grant funds.

Additional family planning information and services will help individuals maintain their overall health and improve family and community health by supporting men and women to have the healthiest pregnancies possible. This work in turn leads to better birth outcomes and healthier children. The increase in funding will allow low-income, high risk individuals to continue to be served and will continue to support critical statewide access to family planning services.

Results:

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Quantity	Number of clients receiving family planning counseling services from grantees	35,882	43,024	SFY2013-14
Results	Reduce the percentage of unintended pregnancies (PRAMS)	36.7%	31.5%	2008/ 2009-11
Results	Reduce the percent of unintended pregnancies for African American women (PRAMS).	58.6%	52.8%	2008/2009-11

Statutory Change(s):

None.

Change Item: Ebola Deficiency

Fiscal Impact ($000s)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
General Fund					
Expenditures	891	0	0	0	0
Revenues		0	0	0	0
Other Funds					
Expenditures					
Revenues					
Net Fiscal Impact = (Expenditures – Revenues)	891	0	0	0	0
FTEs		0	0	0	0

Recommendation:

The Governor recommends one-time funding of $891,000 from the General Fund in FY 2015 to cover a deficiency in the Department of Health (MDH) budget for unanticipated, statewide planning, coordination, preparation and response activities related to the Ebola outbreak in West Africa, for which no other source of funding is currently available.

Rationale/Background:

Ebola is a rare and deadly hemorrhagic fever disease with a high fatality rate (50-90 percent). There are no available medications to cure Ebola, and there is no vaccine or medicine to prevent Ebola at this time. Ebola is spread by direct contact with blood or other body fluids of an infected person who currently has symptoms of Ebola, or who has recently died from Ebola. The most effective way to protect the public from Ebola is to identify cases quickly and prevent the spread of the disease. Beginning in July 2014, an Ebola outbreak in West Africa greatly intensified and resulted in over 21,000 cases and more than 8,000 deaths worldwide (as of January 15th). Persons with potential exposures to Ebola are entering the United States on a daily basis.

In times of emergency and uncertainty involving a potential disease outbreak, MDH serves as the state's lead public health agency, to respond swiftly and provide effective leadership to protect the health of the public. The serious nature of Ebola and the spread of the disease to the U.S. has created an unprecedented public health threat in Minnesota and other states. Although infectious disease monitoring and emergency preparedness activities are part of MDH's core services, the extent of the activities required to respond to the Ebola threat has far exceeded existing resources for such activities.

MDH is currently engaged in a wide range of activities with a variety of partners to prepare for the possibility of an Ebola case in the state. In addition to MDH's executive office and legal and communications units, there are three sections of the Department working to prevent and prepare for a possible Ebola outbreak: Infectious Disease, Emergency Preparedness, and the Public Health Lab. MDH is engaged in the following ongoing activities related to Ebola preparedness and response:

- Monitoring returning travelers from three affected countries for up to 21 days using an on-call system. If the information on the individual is not correct or current, this becomes a labor and time-intensive process which often includes sending out a disease investigator to locate individuals;
- Following-up on suspected Ebola cases, including follow-up with persons who have had potential contact;
- Maintaining a phone hotline for providers, first responders, the public, and other stakeholders, and creating and maintaining an Ebola website;
- Responding to inquiries from health care providers, health care facilities, public, media, and community organizations;
- Developing educational materials, fact sheets, and public service announcements for the public and health care providers using diverse media resources and translated into multiple languages;
- Intensive planning and training with all hospitals and emergency response providers regarding infection control, waste management, medical consultation, and development of protocols, to ensure that patients, staff and the public are protected in the case of an outbreak;
- Working intensively with the four hospitals which have been identified as the treatment sites for a potential patient with Ebola.
- Providing logistics and support to personnel from the Centers for Disease Control (CDC) for site visits to four hospitals in Minnesota designated to care for suspected or confirmed Ebola patients in Minnesota;

- Purchasing and maintenance of personal protective equipment for health care workers at four designated hospitals;
- Providing guidance to local public health agencies, tribal governments and health care organizations as they develop plans and protocols for responding to public health threats;
- Implementation of an Ebola Zaire Detection assay to test suspect patient samples which includes initial training and continued competency assessment of staff;
- Establishing on-call staff for 24/7 testing and surge capacity for the Public Health Lab;
- Conducting laboratory exercises to practice mock samples and safety procedures, and to identify gaps in entire testing process from receipt of a specimen to reporting a result; and
- Coordination of efforts for the clinical laboratories of the four designated hospitals.

Wherever possible, MDH has redirected existing resources to cover the costs of the Ebola response. More than ninety percent of the funding MDH received for infectious disease and emergency preparedness activities in the current biennium is from federal funding sources. MDH receives those funds in the form of competitive and formula-based federal grants that obligate the Department to perform a variety of public health activities unrelated to the Ebola response. With limited state funding for this activity and significant restrictions on federal funds, MDH has limited flexibility to redirect resources to respond to unanticipated public health threats. In order to respond effectively to the Ebola outbreak, the Department has needed to temporarily reassign staff that are funded through federal funds to address other infectious disease issues. The obligations incurred when receiving federal funding must still be met and MDH does not currently have financial resources to meet those obligations. The penalty for not meeting those federal obligations is repayment of federal funds.

Proposal:

The U.S. Centers for Disease Control has permitted Minnesota and other states to use a small portion of the current federal Public Health Emergency Preparedness (PHEP) grant to cover some costs associated with Ebola preparedness and response activities. However, the expenditures incurred to date, as well as those expected to be incurred through the end FY 2015, are in excess of the amount of PHEP funding the Department is authorized to use for Ebola preparedness and response activities. The Department anticipates it will incur a total of $891,000 in costs through the end of FY 2015 above the allowable amount of PHEP funding. MDH is not able to cover these costs with other existing resources. This proposal requests a one-time General Fund appropriation to cover those costs. MDH is not adding any additional FTEs with this proposal.

Recently enacted federal budget legislation (H.R. 83, The Consolidated and Further Continuing Appropriations Act of 2015) includes federal funding for state and local governments to assist with costs related to Ebola preparedness and response activities. Minnesota has received an initial allocation of $122,000 from the federal government for Ebola-related costs. However, those funds are going to be split among a number of government entities including counties, and are likely to only be available for future expenses.

Change Item: Grants for Ebola Planning and Response Activities

Fiscal Impact ($000s)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
General Fund					
Expenditures	2,000	0	0	0	0
Revenues		0	0	0	0
Other Funds					
Expenditures	0	0	0	0	0
Revenues		0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	2,000	0	0	0	0
FTEs	0	0	0	0	0

Recommendation:

The Governor recommends a one-time appropriation of $2 million in Fiscal Year 2015 to provide grants to the four hospitals in the state that have been designated as Ebola treatment centers and the eight emergency medical services regional boards across the state. The funds shall be used to defray the costs associated with equipping, supplying, staffing, training, physical plant changes and providing emergency medical services to treat Ebola patients or suspected Ebola patients. The four hospitals eligible for the grants include:

- University of Minnesota Medical Center, West Bank Campus, Minneapolis
- Mayo Clinic Hospital – Rochester, Saint Mary's Campus
- Allina Health's Unity Hospital in Fridley
- Children's Hospitals and Clinics of Minnesota - St. Paul campus

The eight EMS regional systems serve to coordinate the delivery of emergency medical care throughout the state; identify and address common local, regional and state EMS system needs; provide public education and promote the exchange of information about emergency medical care; and establish and maintain training standards to ensure consistent quality of EMS throughout the state. The regional systems will distribute the grants to EMS providers who have incurred costs achieving and maintaining a state of readiness to treat potential Ebola patients.

Rationale/Background:

Ebola is a rare and deadly hemorrhagic fever disease with a high fatality rate (50-90 percent). There are no available medications to cure Ebola, and there is no vaccine or medicine to prevent Ebola at this time. Ebola is spread by direct contact with blood or other body fluids of an infected person who currently has symptoms of Ebola, or who has recently died from Ebola. The most effective way to protect the public from Ebola is to identify cases quickly and prevent the spread of the disease. Beginning in July 2014, an Ebola outbreak in West Africa greatly intensified and resulted in over 21,000 cases and more than 8,000 deaths worldwide (as of January 15th). Persons with potential exposures to Ebola are entering the United States on a daily basis.

The serious nature of Ebola and the spread of the disease to the U.S. has created an unprecedented public health threat in Minnesota and other states. Minnesota hospitals, EMS providers, and other health care providers throughout the state have responded by taking extraordinary measures to prepare the health care system for a possible Ebola cases in Minnesota.

In order to provide longer-term treatment of Ebola patients, the University of Minnesota Medical Center, Mayo Clinic Hospital, Unity Hospital and Children's Hospital in Saint Paul have been designated as Ebola treatment facilities in Minnesota. Ebola treatment centers must be staffed, equipped and have current capabilities, training and resources to provide the complex treatment necessary to care for a person with Ebola while minimizing risk to health care workers. In order to serve that function, the four hospitals have provided special training for staff on treating Ebola patients and preventing transmission of the disease, purchased equipment specifically designed to help manage Ebola cases, made physical plant changes to create a specific area for isolating potential Ebola patients, and otherwise maintained a constant state of readiness should an Ebola case emerge. Those efforts required a significant amount of spending by the four hospitals.

EMS providers may be the first group of medical professionals to respond a case of suspected Ebola, and as such, have a significant responsibility for treating and transporting a patient to a treatment facility while preventing further transmission of the disease. EMS services have had to use many of their own resources to maintain a high level of readiness for responding to the threat of Ebola. This has included ensuring that emergency medical professionals have appropriate training, that teams have appropriate supplies to treat suspected Ebola patients, and personal protective equipment is available to prevent transmission of the disease.

Recently enacted federal budget legislation (H.R. 83, The Consolidated and Further Continuing Appropriations Act of 2015) includes federal funding to assist with costs related to Ebola preparedness and response activities. Those funds have not yet been made available to hospitals and it is unclear how far those funds will go in terms of reimbursing hospitals for the cost of Ebola activities, whether the funds are available for costs already incurred and whether the funds can be used for necessary changes to the physical plant.

Proposal:

This proposal provides grants to the University of Minnesota Medical Center, Mayo Clinic Hospital, Unity Hospital and Children's Hospital in Saint Paul, as well as the eight EMS regional boards to defray the costs associated with equipping, supplying, staffing, physical plant changes, and providing emergency medical services to treat Ebola patients or suspected Ebola patients. To qualify for a grant, the hospitals and EMS regional boards must provide documentation of expenses the grant would defray. The grants may not be used to defray costs that are reimbursable with available federal funding.

IT Related Proposals:

Statutory Change(s):

None

Change Item: Operating Adjustment

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	298	602	602	602
Revenues	0	0	0	0
Health Care Access Fund				
Expenditures	94	189	189	189
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	4.20	8.40	8.40	8.40

Recommendation:

The Governor recommends additional funding for compensation related costs associated with the delivery of agency services. This amount represents an annual increase of 1.8% for General Fund and Health Care Access Fund compensation costs.

Rationale/Background:

Each year, compensation costs rise due to labor contract settlements, and changes in employer-paid contributions for insurance, FICA, Medicare, retirement, and other factors. Absorbing this increase in compensation costs within existing agency base appropriations results in reduced staffing and/or reduced non-compensation spending.

Proposal:

The Governor recommends increasing agencies' general fund budgets for employee wage and benefit costs by 1.8% per year for FY 2016-17. Agencies were instructed to include a 1.8% increase to total compensation each year in their base budgets, based upon the compound annual compensation spending rate increase per FTE over the last ten years for executive branch employees. This recommendation is intended to allow agencies to maintain their current level of agency operations.

For non-General Fund direct appropriated funds, the Governor's budget recommendations also include an adjustment of 1.8% per year, where the amount can be supported by the source of revenue.

Results:

This proposal is intended to allow agencies to continue to provide current levels of service and information to the public.

Statutory Change(s):

N.A.

Change Item: Protecting Vulnerable Adults: Supplemental Nursing Services Agencies (SNSA)

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	147	147	147	147
Revenues	147	147	147	147
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	1.0 FTE	1.0 FTE	1.0 FTE	1.0 FTE

Recommendation:

The Governor recommends $147,000 per year from the state government special revenue fund to protect vulnerable adults in health care settings where staff from Supplemental Nursing Services Agencies (SNSAs) is used. With these funds, MDH will inspect SNSAs annually, investigate more complaints, and undertake more enforcement actions when warranted. Fees paid by SNSAs will be increased to cover the increased appropriation.

Rationale/Background:

Supplemental Nursing Services Agencies (SNSAs) supply nurses and nurse-aides as pool staffing for nursing homes, hospitals, boarding care homes, outpatient surgical centers, home care providers, housing with services establishments, and board and lodging with special services settings. Pool staffing is temporary employment to fill gaps in staffing as needed by the health care provider. SNSAs provide a valuable service to a very vulnerable population in long term and acute care settings. The most frequent users of pool staffing are nursing homes.

MDH regulation aims to protect vulnerable adults in health care settings by ensuring that SNSAs provide staff that is trained, qualified, and have passed a background check. MDH currently registers 73 SNSAs to operate in Minnesota. Current registration requirements are relatively limited, and the current program budget of $65,000 supports only one inspection every three years and few investigations or enforcement actions. To be registered as an SNSA in Minnesota, the agency must merely be the employer of the nurses and nurse-aides provided, ensure that staff have the requisite criminal background checks, maintain current and valid licenses, provide employer-sponsored insurance coverage, and pay a fee of $891 per year.

Limited regulatory requirements and infrequent inspections are no longer enough to protect vulnerable adults due to changes in SNSA organizational structures and increased demand for SNSA services. Use of pool staffing by health care providers has increased significantly over the last five years due to workforce shortages. SNSAs are a transient type of agency where a significant number of owners operate outside Minnesota with no formal presence within the state. The SNSAs who operate within Minnesota have been known to change the location of their business without notifying MDH. On several occasions, MDH has gone out to conduct a survey or investigation and found that the SNSA no longer operates a business at that location. Inspections conducted every 3 years are not sufficient to assure that SNSAs are operating at the location designated on their registration and complying with state regulation.

In the past year, MDH initiated a revocation action for one SNSA that failed to have a current background check in place for its employees. In that case, the SNSA sent a staff person who had been disqualified from providing health services because of a 4th degree assault conviction to a nursing home where he allegedly committed sexual abuse on a vulnerable adult by engaging in inappropriate touching. Although this type of situation is very rare, it demonstrates the serious consequences when SNSAs have few requirements and fewer MDH inspections to prevent this type of occurrence. Vulnerable adults who reside in licensed health care facilities should not worry about whether the person providing care has been properly vetted through registered SNSAs. Health care settings have to rely on SNSAs meeting basic requirements, and the patients and residents being cared for should be able to assume that everyone who cares for them will do so safely and competently.

Proposal:

This proposal enhances existing oversight of SNSAs in several ways:

- Increases inspection frequency to once a year from once every three years, and allows MDH to conduct more investigations. By adding investigation time and matching the annual inspection schedule for nursing homes, MDH can proactively identify issues with SNSA staffing in nursing homes before the issues become serious incidents. These changes require an additional full-time equivalent position (Nursing Evaluator), with half time devoted to inspections and half time to investigations.
- Supports more enforcement actions when inspections and investigations indicate SNSAs have failed to comply with state standards. The proposal includes $12,000 per year for legal fees, enough to support two enforcement actions per year. It also provides greater enforcement authority for MDH, including immediate suspension of registration.
- Requires SNSAs to allow immediate access to records at all times, not just during a scheduled inspection. Currently, inspections can stretch out for several months because SNSAs—particularly large, out-of-state corporations—fail to provide records on a timely basis. Similarly, investigations are hampered by the inability to access records. Without timely access to records, MDH cannot conduct inspections and investigations efficiently, or act quickly to protect vulnerable adults when SNSAs do not meet state standards. Under this proposal, failure of an SNSA to comply within established time frames will result in the immediate suspension of the registration process.

Increased inspection and enforcement would be supported by increasing the fee for SNSA registration from $891 to $2,035 per year.

Partners for this proposal include provider organizations such as Aging Services of Minnesota, MN Home Care Association, Care Providers of MN, DHS, and the Ombudsman's Office for Long Term Care.

IT Related Proposals:

No IT impact.

Results:

This proposal improves protection and safety of vulnerable adults who reside in health facilities receiving direct care services from SNSA staff by:

- Inspecting SNSAs annually, which will allows for timely actions/sanctions against SNSAs that fail to comply with state regulations.
- Requiring SNSAs to promptly provide records for inspection, which will decrease the risk of tampering with records and shorten the time required to complete an inspection.

Type of Measure	*Name of Measure*	*Current*	*Target*	*Dates*
Quantity	Frequency of inspections	3+ years	Annual	August 2017
Quantity	Time to complete inspections	3-4 months	30 days	January 2016

Statutory Change(s):

Sec. 144A.70, et seq
Sec. 144A.43, et seq
Ch. 144D
Ch. 144G
Ch. 144 and 144A

Change Item: Mortuary Science: Updating Establishments and Enhancing Practitioner Skills

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	187	187	187	187
Revenues	187	187	187	187
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	1.65	1.65	1.65	1.65

Recommendation:

The Governor recommends $187,000 per year from the state government special revenue fund to improve oversight of the mortuary science industry. This proposal enables MDH to inspect each mortuary science establishment once every two years, enhances training requirements for practitioners, and updates safety requirements for mortuary science establishments. Greater oversight of the mortuary science industry will protect consumers from deceptive pricing and financial practices, and protect the public from health hazards such as infectious waste, infectious remains, and hazardous embalming chemicals. Fees paid by the mortuary science industry will be increased to cover the increased appropriation.

Rationale/Background:

The Mortuary Science program licenses and regulates approximately 559 mortuaries, 59 crematories, and 2 alkaline hydrolysis facilities, and 1,278 morticians/funeral directors. MDH oversight protects consumers, practitioners, and the public and by ensuring:

- Proper training of practitioners;
- Updating of practitioner skills to keep up with changes in cultures served, societal mores, and technological advances;
- Proper disposition of infectious waste from processing remains;
- Protection of employees from remains infected with diseases such as HIV, tuberculosis, and Ebola;
- Safe handling of hazardous embalming chemicals such as formaldehyde and formalin; and
- Sanitary conditions within facilities and control of foul odors.

MDH oversight also protects consumers from unfair or deceptive financial practices, such as pre-selling funeral services (called “pre-need trusts”) and then not making those funds available or raising the cost of those services at the time of need.

Like many other health-related fields, the mortuary science industry is changing rapidly, creating challenges both for practitioners and MDH staff. Some of the most recent and noteworthy changes in the industry include the introduction of new technology, such as alkaline hydrolysis, and a push for more “green” funerals and burials. Additionally, the industry and its advocates are looking for opportunities for family members to be more involved in the final disposition of their loved ones. At the same time, the aging of many funeral homes and crematory establishments throughout the state is requiring owners to bring the various facilities up to new code requirements. Some of these codes require that the facility owner make significant changes in order to implement new technology to protect workers and the general public. Updated regulations and adequate staffing are vital for MDH to provide adequate oversight of the mortuary science industry amidst these changes.

Inadequate staffing in the Mortuary Science program has led to a significant backlog in inspections and an increase in consumer complaints. Of the 59 crematories in the state, only 19 have been inspected in the past two years. Less than half of Minnesota’s funeral homes were inspected in the past two years. Often, inspectors must educate practitioners about requirements and work with them to ensure that deficiencies and violations are corrected, which can be time-consuming. Licensed facilities and morticians are spread across the state so MDH staff must travel to various locations in order to conduct the required inspections and periodic investigations. Recently, MDH is receiving about one complaint a week, typically from families of decedents, other consumers, or mortuary science practitioners. Types of complaints include misidentification and viewing of the wrong decedent, pre-need trust funds not available at time of need, cremating without proper authorization, unlicensed practice, unprofessional conduct, and misleading the public. Depending on the complexity of the issue, investigating and resolving complaints can take up to six months due to inadequate staffing,

which is too slow to properly protect consumers and the public when practitioners and establishments are not complying with the law. Finally, rapid changes within the industry and evolving disease threats require research, active partnering with practitioners to gain insight and receive input, and often, the drafting and proposal of legislation to update regulatory requirements—all of which is challenging with limited staff.

Three inspectors/investigators are needed to meet the statutory requirement to inspect each facility every two years and to investigate and resolve complaints in a timely fashion. Yet the current appropriation of $354,000 per year supports only 1.35 FTE inspector/ investigator and 1.55 FTE for licensing, clerical and supervisory functions. MDH was able to add more inspectors temporarily with federal and other one-time funds, but cannot continue staffing at this level without additional ongoing funding.

Proposal:

To protect the public and consumers of mortuary services, this proposal addresses three key areas:

(1) Practitioner skills. This proposal ensures practitioner skills are current and maintained at a high level through continuing education by (i) requiring a waiting period before an examinee who fails the examination is allowed to retake the examination; (ii) tightening requirements for internships; and (iii) requiring continued education as a condition of licensure. Requiring a short waiting period before an examinee may retake the exam allows the examinee to learn, practice, and internalize the knowledge or skills that he or she lacked, which caused him or her to fail the exam. This will avoid the situation where an examinee simply learns what is necessary to pass the exam, then promptly abandons that practice after passing the examination. Current statute allows interns to cease working after completing the required number of embalmings and funerals. The intent of the internship is to allow extended supervised practice within the industry, prior to licensure. Changes to the statutory language will specify that an intern must complete an internship of at least 2,080 hours. Finally, rapid changes in the industry make it critical that practitioners continuously update their skills. This proposal makes continuing education a requirement for continued licensure by specifying practitioners complete a certain number of hours of continuing education to update their knowledge of practice areas that are changing rapidly or that have been associated with complaints.

(2) Appropriate staffing. This proposal supports sufficient staffing within the Mortuary Science program to meet the statutory inspection schedule and to investigate complaints in a timely fashion. This proposal supports an additional 1.65 full-time staff for inspections and investigations, bringing the total number of inspectors/investigators to three.

(3) Financial oversight. MDH currently regulates pre-need trusts by requiring funeral establishments to file reports with the department annually. While MDH validates that reports are received, Mortuary Science staff do not have the training, skills, and experience necessary to audit the reports. Hiring an individual with these skills would be very costly to the department. To ensure pre-need trust reports are accurate and complete, this proposal requires funeral establishments to pay an independent auditor to review trust accounts and submit the auditor's report as a condition of continued licensure.

These improvements would be supported by increasing Mortuary Science program fees as follows. Fees for this program were last increased in 2005.

Fee Type	Current	Period	Proposed
Intern - initial and renewal	$50	Annual	$75
Mort Sci Examination	$100	NA	$125
Mort Sci License - initial and renewal	$125	Annual	$200
Late renewal fee	$25	NA	$100
License by endorsement	$200	NA	$250
Funeral director renewal	$125	Annual	$200
Funeral Director late fee	$25	NA	$100
Funeral Establishment, Crematory, or Alkaline Hydrolysis Facility	$300	Annual	$425
Late fee for Funeral Establishment, Crematory, or Alkaline Hydrolysis Facility	$25	NA	$100

MDH will work with the following partners to implement this proposal:

- Owners of funeral establishments, crematories, alkaline hydrolysis facilities
- Mortuary science practitioners, funeral directors, morticians, interns
- University of Minnesota, Mortuary Science Program
- Consumers

IT Related Proposals:
No IT impact.

Results:

Type of Measure	*Name of Measure*	*Current*	*Proposed*	*Dates*
Quantity	Number of complaints per year	52	36	By 2020
Quantity	Average months for resolution of complaint	6	4	By 2017
Quantity	Number of statutory inspections conducted annually	130	325	By 2016
Quality	Percentage of facilities that have not had statutorily mandated updates	50%	15%	By 2020
Quality	Percentage of facilities inspected that require repeat inspections due to nature of violations/deficiencies	10%	2%	By 2020

Statutory Change(s):
This proposal will amend Chapter 149A as follows:

149A.20, subd. 5 — Add language to specify that an examinee who does not obtain a passing score on the State Exam, must wait a specified period of time (recommend three weeks) before retaking the exam.

149A.20, subd. 6 — Specify that an intern must complete an internship of at least 2080 hours, over no more than 3 years.

149A.40, subd. 11 — Move the practice of requiring continuing education into statute: specify a number of hours (recommend 25 in a two year period); and require a minimum number of CE hours in certain content areas.

Funeral Service Rules and Regulations (2 CE)

OHSA Blood Borne Pathogens (2 CE)

Funeral Service Law (2 CE)

Ethics (2 CE)

Pre-need Arrangements (2 CE)

149A.95 and 149A.941 — Provide that, at the time that ownership of a crematory or alkaline hydrolysis facility (facility) changes, the physical location of the crematory facility changes, or the building housing the crematory or facility is remodeled: (1) the crematory or alkaline hydrolysis facility will be inspected; (2) the crematory and its holding facility or the alkaline hydrolysis must be brought into compliance with any applicable codes and the minimum standards in this section; and (3) crematories will have a safety latch and it will be in working order.

149A.92 — Eliminate grandfathering requirement that is allowing certain licensees not to update their preparatory rooms.

149A.97 — Add a requirement to 149A.97 subd. 7 requiring the licensees to hire and pay for an independent third party auditor to conduct a pre-need audit every other year and submit the audit report to the MDH along with the required annual pre-need trusts report.

Change Item Title: Dementia Care Training Implementation

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures				
Revenues				
State Government Special Revenue Fund				
Expenditures	0	11	22	22
Revenues	0	2	4	4
Net Fiscal Impact = (Expenditures – Revenues)	0	9	18	18
FTEs	0	0	0	0

Recommendation:

The Governor recommends an increase in the State Government Special Revenue Fund appropriation of $11,000 in FY 2017 and $22,000 per year starting in FY 2018 to implement new dementia training requirements. This proposal results from a 2014 legislative directive to study new dementia care training requirements for personnel in MDH registered Housing with Services (HWS) settings, evaluate the enforceability of the new requirements and make recommendations about how to enforce the requirements.

Rationale/Background:

The 2014 Legislature set new dementia care training requirements for direct care supervisors, direct care workers, housing managers, maintenance workers, housekeeping staff, and food service staff in Housing with Services (HWS) establishments registered by MDH if the HWSs have special care units for residents with dementia or if they advertise they provide care for persons with dementia. The training requirements go into effect in January 2016. Before then, MDH will submit a report to the legislature in February 2015 about whether additional provider types should be included, what dementia training options are available in the marketplace, what existing training mandates exist in state and federal laws, and recommendations for enforcing the new training requirements.

Proposal:

There are three types of staff in HWS establishments who must obtain this new training: 1) direct-care providers; 2) non direct-care staff who are housekeepers, maintenance workers, and food service workers; and 3) housing with services managers. MDH already has authority to regulate the direct-care providers through its licensing of home care providers and this proposal will add clarifying language in statute specifying that MDH will conduct reviews of the new training requirements using its existing home care survey process. However, MDH does not have current authority to regulate housekeepers, maintenance workers, food service workers, or housing with services managers. Therefore, this proposal will add language to allow MDH to enforce the new training requirements as part of the HWS registration MDH administers.

The legislative report will also recommend that MDH provide technical assistance for the first year of implementation to all providers and staff who need the new training. The year of technical assistance will allow providers, and especially staff not currently regulated directly by a state agency, to adjust to the new requirements, and find available meaningful training that is workable and affordable for their settings and staff. This year of technical assistance will also allow MDH to evaluate the types of training available to providers, ensuring they are easily accessible, reasonably priced, and offer meaningful training.

To enforce the training requirements, this proposal includes new language stating that starting January 2017, MDH will have authority to assess a fine of $200 onto the home care licensee or the housing with services registrant for each staff person of theirs who did not obtain the training. Before imposition of the fine, MDH would offer another time period so that the provider has another chance to obtain the training for its staff. Since the fine is a form of an enforcement action, there would be an appeal right, though MDH does not anticipate that many providers would choose an appeal and expensive legal proceeding over simply having their staff obtain the training. We estimate there will be approximately 20 noncompliant staff per year, totaling $4,000 in fines revenue each year. We estimate two appeals of the fine per year at a cost of $10,000 for each contested case hearing, totaling $20,000 in new costs per year. The proposal will also include other clarifying language to enable MDH to enforce the new requirements and provide licensees and registrants with information about how to document the training on the HWS applications and during home care surveys.

Enforcing the new training requirements through existing home care surveys does not add expenses to the home care program, therefore there will be no fee change to home care licensees. Revenues from HWS fees exceed the current allocation for the HWS program, therefore existing HWS fees will cover the increased allocation of $20,000 per year without any fee change.

Finally, the proposal will add clarifying language about the new requirement that all HWS settings develop an emergency and disaster plan. The state fire marshal's office is assisting MDH in this effort and will provide technical assistance to MDH and its providers about how to meet the requirements when enforcement begins. There is no fiscal impact for this part of the proposal.

Results:

Type of Measure	*Name of Measure*	*Current*	*Target*	*Dates*
Quantity	Percent of staff obtaining new training	N/A	95%	By July 2018
Quality	Number of deficiencies issued against home care providers caring for residents with dementia after training requirement	N/A	Reduced by 75%	By July 2018

Statutory Change(s):

Minn. Stat. ch. 144A relating to home care licensing and regulation
Minn. Stat. ch. 144D relating to Housing with Services.
Minn. Stat. ch. 144G relating to Assisted Living.

Change Item: Health Information Exchange Oversight Program

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	101	124	157	124
Revenues	95	124	157	124
Net Fiscal Impact = (Expenditures – Revenues)	6	0	0	0
FTEs	0.75	1	1.3	1

Recommendation:

The Governor recommends improving patient care and health outcomes by updating the Health Information Exchange (HIE) oversight program to address changes and growth in the HIE market, to better align with national HIE standards, and to provide needed clarity for HIE providers and the health care providers who use their services. Proposed changes will update definitions of health information exchange organizations to reflect current mechanisms through which exchange of health information occurs, streamline the certification process, and simplify the fee structure for HIE certifications and re-certifications. These changes require an increase in staffing which is offset by additional fee revenue.

Rationale/Background:

In order to improve quality of care for patients with complex needs, Minnesota's health care providers need to securely exchange health information to support care coordination across settings and between providers. In recognition of the critical need for secure exchange of health information, Minnesota established a requirement that all Minnesota health care providers must have an interoperable electronic health record system that is connected to a state-certified health information exchange entity by 2015 (M.S. 62J.495). Currently, fewer than half of hospitals, clinics and nursing homes have the ability to securely exchange data with unaffiliated partners that use different electronic health record systems. Several larger electronic health records vendors and health systems exchange data within their own networks but cannot exchange with providers outside their network.

To be a certified health information exchange entity in Minnesota, potential HIE service providers must demonstrate they can meet Minnesota's interoperability requirements in M.S. 62J.498 - 62J.4982, follow national standards, and exchange patient data securely and seamlessly to provide high quality, coordinated care at reduced cost. The process includes a public hearing and submission of detailed information on governance and staffing, financial solvency, strategic and operational plans, services provided and fees charged, technical capacity, compliance with privacy/security requirements, and business processes. MDH expects to certify or recertify approximately 10 to 13 HIE organizations in FY 2015. The current appropriation for this activity is $97,000 per year, which is supported by an estimated $91,000 per year in fee revenue.

When Minnesota's HIE oversight law was established, HIE was in its infancy, and it was not clear how the market would evolve to meet the demands of providers for different types of exchange. As demand has grown and shifted, and as new mechanisms for HIE have developed, Minnesota's 2009 HIE oversight law has become inadequate to address the wide variation in exchange models or to keep pace with market demand and rapidly changing privacy/security needs. Further, national certification is now available through voluntary mechanisms, such as Electronic Healthcare Network Accreditation Commission (EHNAC), rendering some Minnesota-specific requirements unnecessary.

In Minnesota's current market, only two of the six current mechanisms for health information exchange are covered by Minnesota's oversight law. Exchange occurring outside of the certification process means that the state has no means to ensure that necessary privacy, security, and interoperability goals and standards are met. Further, those organizations offering HIE services are unclear whether or not they fall under Minnesota's current definitions. As a result, health care organizations have expressed concern about potentially failing to meet Minnesota's interoperable electronic health records mandate through a connection with a state-certified health information exchange organization.

Proposal:

This proposal updates Minnesota's health information exchange oversight law to:

1. Update statutory definitions to recognize new mechanisms for HIE that have developed since the law was passed, and provide clarity to both providers of and users of these services.
2. Deem national certification and accreditation programs for HIE as meeting certain Minnesota certification requirements, decreasing administrative burden on applicants and reviewers.
3. Streamline the certification process for regional HIE organizations based on the current national standards for HIE products and services and simplify the fee structure. Under the current law, HIE organizations pay $24,500 for initial certification and $14,000 for recertification. Health Data Intermediaries (HDIs) pay $14,000 for initial certification and $7,000 for recertification. This proposal will create one fee structure for both types of organizations, with initial certification at $14,000 and recertification at $7,000.
4. Provide additional resources for certification, management and oversight of a resulting expansion in Minnesota's health information exchange market. As new providers seek certification based on the updated definitions, the HIE market in Minnesota is expected to expand from 10 providers in FY 2015 to 31 providers by FY 2018. With the number of certifications expected to triple, this proposal roughly doubles the current appropriation to accommodate the additional certification work. (FY2016 - 0 .75 FTE; FY2017 - 1.0 FTE; FY2018 – 1.3 FTE; FY2019 – 1 FTE).

Partners for this proposal include:

- The Minnesota e-Health Advisory Committee, a collaboration of public and private partners that advises the commissioner, represents key stakeholders, including a spectrum of health care providers, payers, and Minnesota communities.
- The committee's Health Information Exchange Workgroup comprises health care providers, health information organizations, vendors, consumers and other stakeholders knowledgeable about the health information exchange market.
- The Health Information Exchange Oversight Committee reviews all applications for certification and makes recommendations to the commissioner

These partners will continue to be critical in ensuring successful implementation of the HIE oversight program.

Results:

Type of Measure	*Name of Measure*	*Current*	*Target*	*Dates*
Quantity	Hospitals exchanging health information with unaffiliated partners	40%	75%	2013-16
Quality	Hospitals exchanging care summaries for transitions of care (HL7 and CCD standards)	42%	70%	2013-16
Quantity	Number of health information exchanges entities operating in Minnesota	10	31	2014-2018

Statutory Change(s):

M.S. 62J.498 – 62J.4982

Change Item: Protection from Lead and Radon Hazards

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	127	556	675	653
Revenues	0	618	611	644
Net Fiscal Impact = (Expenditures – Revenues)	127	(62)	64	9
FTEs	.35	3.6	5.0	5.0

Recommendation:

The Governor recommends an appropriation of $683,000 in FY 2016-17 and $1,329,000 in FY 2018-19 from the state government special revenue fund to protect Minnesotans from the harmful effects of lead and radon. Under this proposal, MDH will begin regulating the radon industry to ensure that radon-related work meets best practice standards, is of high quality, and effectively reduces the risk of lung cancer by minimizing radon exposures. The proposal will also improve and expand the state's lead safety program to ensure building contractors do not expose children and their families to lead. Fees paid by the radon and lead mitigation industries will be increased to cover the appropriation.

Rationale/Background:

Lead: While lead-based paints were banned in 1978, approximately 550,000 Minnesota homes built before that year still contain lead hazards from paint. Renovating or repairing homes containing lead-based paint can expose children and their families to toxic amounts of lead. According to the federal Centers for Disease Control, lead poisoning can cause learning disabilities, behavioral problems, and at very high levels, seizures and even death. Lead poisoning frequently goes unrecognized because it occurs with no obvious symptoms and children are at greatest risk for lead poisoning. To prevent the harmful effects of lead, renovation work conducted in pre-1978 housing and child-occupied facilities must be completed using lead-safe methods known to prevent lead poisoning.

Oversight of renovation contractors in Minnesota is currently provided by the federal Environmental Protection Agency (EPA). Due to limited resources, the EPA program cannot provide sufficient outreach and enforcement to ensure contractors are protecting the public from lead exposure. The EPA acknowledges their limited resources and recommends that oversight be moved to the state level in order to improve effectiveness. A state-run program would fill in major gaps by providing direct outreach and education, evaluation of work practices, and additional credentialing of lead professionals. Transferring the program to the state will also provide for more local control and use of Minnesota-specific strategies to reduce lead exposure.

Radon: Radon is a colorless, odorless radioactive gas that seeps up from the earth. When inhaled, it gives off radioactive particles that can damage the cells that line the lung. Radon is the number one cause of lung cancer in non-smokers and the second leading cause of lung cancer in smokers. In Minnesota, 2 in 5 homes have radon levels that pose a significant health risk, and nearly 80% of counties are rated high radon zones. Homes can have elevated radon levels whether they are old or new, well-sealed or drafty, and with or without a basement. Schools and other buildings can also have high levels of radon. There is no known, safe level and the greatest risk for exposure is where radon gas can concentrate--indoors. To prevent lung cancer from radon, it is necessary to have qualified contractors install radon-reduction systems in homes with high radon levels.

Enacted in 2013, the Minnesota Radon Awareness Act requires home buyers be provided disclosure and education about radon risks during real estate transactions. It has been successful, more than doubling radon mitigations to about 3,000 homes in 2014. Most of this increase is because of increased mitigation during real estate transactions. However, the Radon Awareness Act is only effective in reducing the harmful effects of radon exposure when qualified contractors install systems that work properly to reduce radon levels.

Regulating the radon industry will ensure that those completing the work on homes have the level of education and expertise needed to effectively reduce the level of cancer-causing radon gas in homes. It takes highly skilled contractors to evaluate homes and fix the

radon problem without harming homes or putting residents in jeopardy. Concerns from citizens continue to surface when companies complete substandard radon work in homes. Problems may include dangerous conditions that arise from unqualified contractors include: not checking the radon system air flow causing a deadly carbon monoxide level, not properly installing flashing penetrations through walls or a roof, not re-connecting sump systems leading to leaks or floods, and not using fire-rated materials or completing improper electrical work causing or increasing the spread of a fire. Families have also been charged for contracted work that did not reduce the level of radon in the home. Regulating the radon industry would ensure radon-related work meets best practices standards, is of high quality, and effectively reduces the risk of lung cancer by minimizing radon exposures. Ten other states have started regulating radon contractors for these reasons. Kansas, which recently began regulating radon contractors, found one contractor with over 100 violations.

Proposal:

Lead: To transfer the federal lead safety program to Minnesota, MDH must first adopt rules that are consistent with federal lead safety standards. M.S. 144.9508 already directs the Commissioner of Health to create rules for oversight of lead work, but that rule-making authority has expired and must be reauthorized. Under this proposal, MDH would develop rules during FY 2016 and seek federal authority to operate the lead safety program starting in FY 2017.

The program would be supported by a certification fee of $100 paid every two years by firms doing lead work. The proposed fee is lower than the current federal fee of $300 paid every five years. This proposal would also establish a training permit fee for lead training providers to ensure they properly train lead contractors to protect the public from lead poisoning. Initial training permits would cost $500 for lead safety trainers and $250 for refresher training, with renewals every two years costing half those amounts. Overall, the proposed fees would raise $326,000 per year when fully phased-in.

Program fees would support the 2.5 FTE staff needed to operate the state lead program, including 1.65 FTE industrial hygienist to conduct inspections and provide educational outreach; 0.5 FTE planner principal to provide educational outreach, stakeholder engagement, and manage regulatory updates; and 0.35 FTE supervisory and administrative support to manage the program. The budget also includes funds to update the IT system for processing applications, and other overhead costs. Although MDH will not start certifying lead firms and issuing training permits until FY 2017, the program will incur $127,000 in costs for 0.35 FTE to develop rules and build the program during FY 2016. These costs will be offset by fees collected in FY 2017 and beyond.

Partners for this proposal include local public health, medical professionals, assessing agencies (Minneapolis, St. Paul/Ramsey County, Hennepin County, Dakota County, City of Bloomington, St. Louis County Public Health), the Small Cities Development Program, various housing rehabilitation programs throughout Minnesota, the Department of Labor and Industry, the Builders Association of Minnesota (BAM) and 14 local builders associations who are affiliated with BAM, the Minnesota Environmental Contractors Association and the federal Environmental Protection Agency.

Radon: This is a new program that will meet the increasing public demand for qualified radon professionals. To implement a sustainable radon program, MDH must first develop rules that address radon safety standards. Under this proposal, MDH would develop rules during FY 2016 and will operate a full radon health, safety, and education program which includes radon contractor licensing in FY 2017.

The program will have a defined yearly licensing and fee structure that mirrors fees assessed in other states: Measurement and Mitigation Professionals $600 per year, Measurement and Mitigation Technician $300, Mitigation Companies $800, Testing Labs $500.00. Additional fees include $50.00 for each mitigation system installed and $125.00 for MDH Radon Measuring and Mitigation exams. No fees will be assigned to training providers.

Program fees would support the 2.5 FTE staff needed to operate the state radon program, including 1.0 FTE Industrial Hygienist 2 to engage in inspections and enforcement activities and assist in educational and outreach; 1.0 FTE Environmental Research Scientist to conduct research, implement rules and educate regulated parties, promote stakeholder engagement, and manage enforcement and inspection activities; and 0.50 FTE for administrative support for internal and external activities. The budget also includes funds to update the IT system for processing applications, and other overhead costs. MDH will begin licensing radon contractors in FY 2017 and the costs associated with the program's startup expenses will be offset through revenue generation in the following years.

Partners for this proposal include radon professionals, builders, local health departments, the University of Minnesota, local and state housing officials, housing organizations, and respiratory health advocates such as the American Lung Association and the Cancer Society.

IT Related Proposals:

The current data system processes certified firm applications for renovation contractors. It is an outdated and inefficient system which is prone to error and has high maintenance costs. Since the radon program is new, there is currently no system to track licensing, permits, inspection and enforcement. Efficient data systems will be required for the lead safety and radon programs.

Results:

Lead: MDH will measure the success of the lead safety program by:

- Quantity: Measuring the number of complaints received, number permits issued by local municipalities, number of inspections of renovation sites, auditing of permitted training course providers, and accurate tracking of blood lead cases related to renovation work.
- Quality: Measuring the number of violations observed per each inspection, enforcement actions taken, and the number of lead poisonings, most notably in children.
- Result: Tracking compliance rates for certified renovation firms and non-certified firms, as well as cases of high levels of lead in an individual, using the Blood Lead Information System (BLIS).
- Collecting data from certified firms as a requirement of their certification,
- Collecting data from building officials and local municipalities that require contractors to get project permits.
- Collecting compliance through inspections, compliance reviews, and follow-up surveys.
- Reporting results in mid-year and end of year reports to EPA, periodic newsletters for stakeholders, and during annual stakeholder meetings.

Radon: MDH will measure the success of the radon mitigation program by:

- Quantity: Measuring the number of licensees, permitted mitigations, records for the quality of testing equipment, teaching courses completed, and active inspections of contractors doing mitigations.
- Quality: Evaluating number of violations observed per inspection to evaluate compliance and MDH will actively inspect the quality of work in process.
- Result: Tracking radon levels pre- and post- radon mitigation to demonstrate that fewer Minnesotans are exposed to lung cancer-causing radon and diagnosed with radon-related lung cancer.
- Collecting data from licensees as a requirement of their license or through inspections, and publishing results public in annual reports.

Statutory Change(s):

Lead: Reauthorize rule-making authority in M.S. 144.9508; modify M.S. 144.9505 to include training permits in addition to existing certification fee for lead firms.

Radon: New statute.

Change Item: Retail Food Safety Unified Regulation

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	424	418	358	353
Revenues	513	513	513	513
Net Fiscal Impact = (Expenditures – Revenues)	(89)	(95)	(155)	(160)
FTEs	3	3	3	3

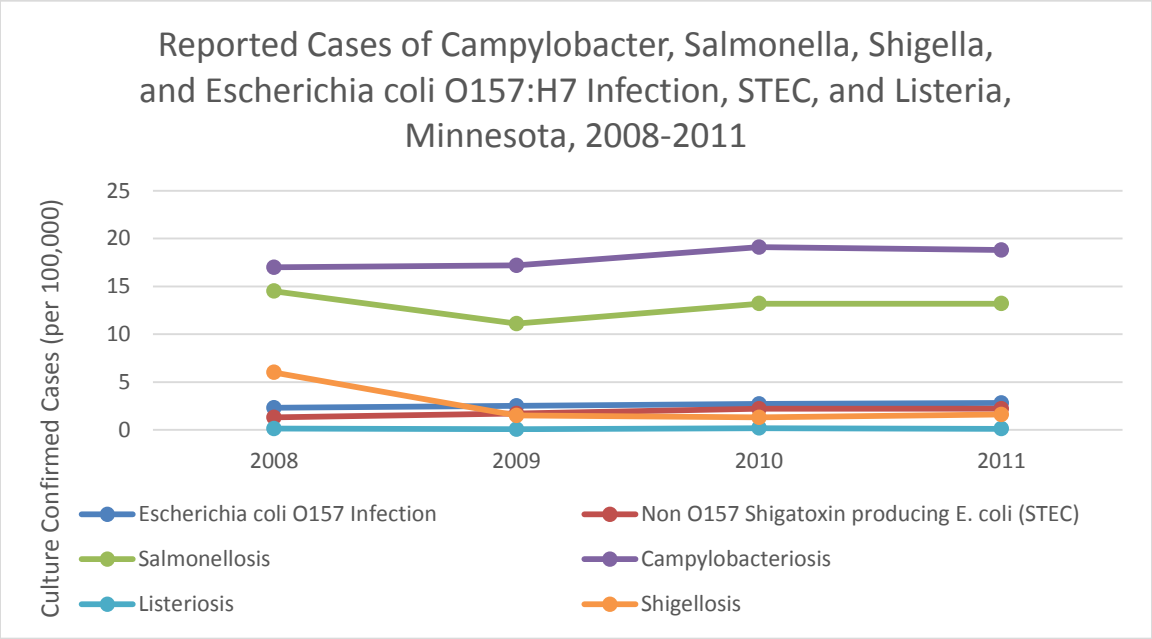
Recommendation:

The Governor recommends aligning the licensing categories for retail food establishments between the Minnesota departments of Health and Agriculture. A unified licensing structure improves food safety by reducing confusion for the public, industry, and state staff, as well as increases consistency in regulating retail food establishments. The departments already focus their oversight on establishments at highest risk to spread foodborne illness, but the current fee structures are different across the two agencies and do not completely reflect this risk-based approach. This proposal sets licensing fees for both departments based on how often an establishment must be inspected and the length of time an inspection takes to complete.

While no individual fee categories will be increased with this request, moving to the unified licensing structure increases revenue to the Department of Health by $513,000 in the state government special revenue fund. The Governor recommends investing $424,000 of the additional revenue in FY16 three new positions to coordinate further alignment of retail food inspection programs across the two departments. This reflects an overall 7.4% increase to the Food, Pools, and Lodging food inspection budget at MDH.

Rationale/Background:

State oversight of retail food establishments is a critical part of maintaining a safe food supply for Minnesotans. As demonstrated in the chart below, while the infection rate of some foodborne pathogens is steady or decreasing, others such as Campylobacteriosis and Listeriosis are increasing.



The Department of Health (MDH) and the Department of Agriculture (MDA) share responsibility for licensing and inspecting retail food establishments in Minnesota. Whether an establishment is inspected by MDA or MDH is based on each establishment's primary mode of business. Establishments are inspected by MDA if they sell more packaged grocery items and are inspected by MDH if customers consume more food on-site. In the past, food businesses were distinct enough that a retail food business could be considered one or the other (i.e. restaurant or grocery store). Over time, the retail food business model has changed so that this distinction has blurred. This has led to confusion and inconsistency during the licensing and inspection process.

To reduce the risk of injury and illness to the consumer, retail food establishments should be regulated the same regardless of which department licenses the facility and performs the inspection. So beginning in 2013, the departments began meeting to design a more efficient, effective and consistent way to regulate retail food establishments. Comparing the departments' retail food licensing and inspection programs revealed a number of large differences including different license terminology, fees, and effective date ranges; different policies and procedures for training inspection staff and performing inspections; different methods of obtaining compliance including tools used for performing inspections; and different methods and authorities of enforcement. Based on this analysis, the departments began developing a plan to align many aspects of our retail food licensing and inspection programs.

Proposal:

This proposal and the corresponding MDA proposal form the foundation for future alignment work to ensure the food inspection system in Minnesota is as efficient and effective as possible. It creates a new unified licensing structure shared by both departments that sets fees based on an establishment's level of risk and ensures adequate funding for future inspection and alignment work. The new licensing fee structure is based on MDH's current fee schedule, but instead of determining the cost of a license based on the size of the establishment, the new structure sets fees based on how often a retail food establishment must be inspected and how long individual inspections take.

To ensure an efficient and effective food safety system, MDH will add two business analysts and one project manager during the biennium to focus solely on aligning the policies, procedures, statutes, and rules regarding retail food safety in Minnesota. MDH staff will work closely with MDA staff throughout the process. Key stakeholders will also be consulted during this process including locally-delegated retail food inspection agencies, the Local Public Health Association, the Minnesota Hospitality Association, the Minnesota Grocers Association and other industry associations.

Work in FY 2016 will begin by involving key stakeholders to assist the departments in analyzing differences between the departments' regulation. Staff will perform a gap analysis on the policies and procedures in the areas of training, general inspection practices and procedures, tools and procedures used for enforcement, development of educational materials and outreach efforts, and other key areas of difference identified in the detailed analysis. During FY 2017, staff will work to align the policies and procedures identified in the gap analysis and stakeholder meetings. New statutory language to bring the departments in closer alignment will be introduced in the 2016 and 2017 sessions. The departments will then implement the new policies and procedures at the end of FY 2017 and beginning of FY 2018. After this alignment work is completed, funding for the alignment work will be repurposed to fill existing vacancies lost due to attrition. Filling these vacancies is necessary to ensure MDH can keep pace with required inspections and enforcement.

The unified fee structure and alignment work will result in more clear and consistent requirements for business owners and state staff, more consistent application of retail food safety regulations, and more effective communication between the departments to ensure an efficient and effective food safety system, which reduces rates of foodborne illness in Minnesota.

IT Related Proposals:

NA

Results:

As part of the alignment work, the departments will create new performance measures to assess how many differences between the departments were identified and changed. The departments will also survey key stakeholders including the regulated industry throughout the process to assess the impact of the alignment work and inform future alignment work efforts.

Performance Measure: Cross-Agency Alignment with FDA's Retail Food Regulatory Program Standards			
Program Standard	MDA Full Conformance (Self-Assessment)	MDH Full Conformance (Self-Assessment)	Percentage of Standard Alignment
Standard 1: Regulatory Foundation	Yes	Yes	TBD
Standard 2: Trained Regulatory Staff	No	Yes	TBD
Standard 3: Inspection Program Based on HACCP Principles	No	No	TBD
Standard 4: Uniform Inspection Program	No	No	TBD
Standard 5: Foodborne Illness and Food Defense Preparedness and Response	Yes	Yes	TBD
Standard 6: Compliance and Enforcement	No	Yes	TBD
Standard 7: Industry and Community Relations	Yes	Yes	TBD
Standard 8: Program Support and Resources	No	Yes	TBD
Standard 9: Program Assessment	No	No	TBD

Statutory Change(s):

Creation of a new joint retail food licensing statute and the modification of M.S. 157 and 28A.

Change Item: Drinking Water Protection

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
State Government Special Revenue				
Expenditures	2,417	2,417	2,417	2,417
Revenues	2,417	2,417	2,417	2,417
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	3	3	3	3

Recommendation:

The Governor recommends an increase of $2.417 million per year from the state government special revenue fund to maintain drinking water protection activities. With these funds, MDH will:

- Support 24-hour/365-day emergency response services to public water suppliers for drinking water system emergencies including contamination events; enhance electronic data transfers capabilities and support; and increase monitoring, information, and technical assistance to public water suppliers and the public.
- Increase funding available for Drinking Water Revolving Fund loans to public water suppliers for drinking water treatment, water main replacement, and other infrastructure needs by reducing MDH's reliance on revolving fund dollars.
- Assume greater responsibility from the Environmental Protection Agency for regulating contaminants in public drinking water supplies and for Minnesota-specific health-based contaminant issues.

Fees will be increased to cover the increased appropriation.

Rationale/Background:

The Drinking Water Protection Program protects public health by ensuring a safe and adequate supply of drinking water at all public water supply systems, which are municipalities, manufactured housing developments, businesses, schools, and other facilities that regularly serve water to more than 25 people. Protection activities include sampling and testing of public water supply systems, providing technical assistance, certifying water operators, informing the public and enforcing the federal Safe Drinking Water Act Maximum Contaminant Levels (MCLs). When public water systems do not comply with the Safe Drinking Water Act, the public is at risk of illnesses resulting from contaminated drinking water, including but not limited to gastrointestinal illness due to acute exposure and cancer due to chronic exposure to contaminants.

Minnesota maintains a consistently high level of compliance with the Federal Safe Drinking Water Act, but federal funding that supports 23% of the Drinking Water Protection Program is threatened. Implementation of the federal Water Infrastructure Finance and Innovation Authority will draw potential borrowers from the existing drinking water revolving fund program, thereby reducing the amount available in the fund. Minnesota's water system infrastructure is aging, so it is important to maximize the drinking water revolving fund dollars available to assist in replacing watermains, repairing storage tanks, and updating water treatment plants to be able to continue to provide safe public drinking water. A loss of federal funds to MDH from the drinking water revolving fund would reduce services and technical assistance to public water supply systems which would increase the number of violations, costs to public water suppliers, and risks to public health. Additional funds are also needed to provide emergency on-call services to public water systems, along with the ability to access drinking water quality results in an electronic format.

Funding sources for the Drinking Water Protection program include drinking water revolving funds, clean water funds, and service connection fees paid by customers of community public water supply systems. Funding to enhance services and offset declining drinking water revolving funds would come from increasing the service connection fee. The service connection fee provides $8.48 million of the total program budget of $17.695 million. The service connection fee was last increased in 2005 and has been increased about every ten years to keep pace with rising costs.

Proposal:

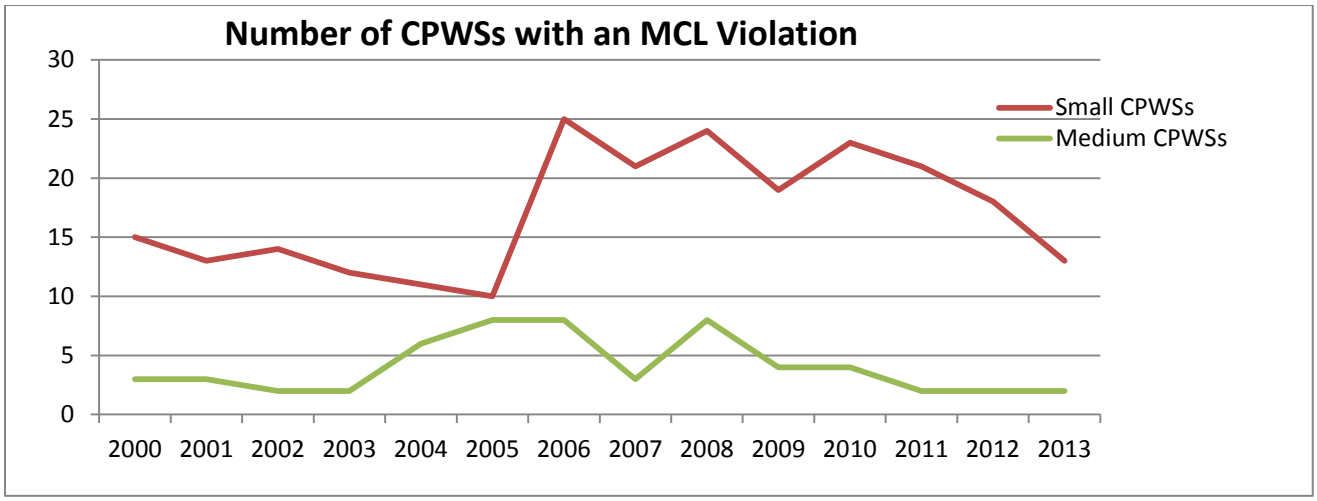
This proposal increases the public water service connection fee from $6.36 to $8.28 per year ($0.16 per household per month) starting July 1, 2015, which raises $2.417 million per year. These funds will maintain existing service levels in the face of rising costs and support three additional staff for emergency on call and upgraded electronic data transfer programs. Increased revenue will also reduce the reliance on federal drinking water revolving funds by shifting MDH program costs to service connection fees, freeing up to $980,000

annually for drinking water infrastructure loans to public water supply systems. Providing these resources not only prevents the public from drinking contaminated water during an emergency, but provides water quality results that assures the public that their drinking water meets drinking water standards. The proposal represents approximately a 13.7% increase, which is an increase of about 1.4% per year since fees were last increased. Interested parties include the public water suppliers, MN Rural Water Association, American Water Works Association – MN Chapter, Water Utility Council, and League of MN Cities.

IT Related Proposals:

None.

Results:



The graph above is a representation of the number of violations of federal drinking water standards at community public water supplies (CPWS). This is at a higher level of detail than the information provided in the Governor's dashboard measure. Through this program MDH provides sampling and technical assistance to public water supplies to assist in reducing the number and duration of violations of contaminant levels in drinking water provided by CPWS, lessening the potential for illness. Violations are primarily resolved through MDH technical assistance to and investment in treatment by the public water supplies. An increase in funding will allow MDH to continue to monitor public water supplies and support technical assistance to help public water suppliers address contaminant issues as soon as they are identified. While larger CPWS have sufficient financial resources to manage reduced service from MDH, medium and small CPWS already face significant challenges in meeting standards and would suffer from reduced service and technical assistance.

Statutory Change(s):

Minnesota Statutes, Section 144.3831, Subd. 1

Change Item: MDH Clean Water Fund Proposals

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	4,805	4,605	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	4,805	4,605	0	0
FTEs	26.90	26.40	0	0

Recommendation:

The Governor recommends investing $4.805 million in FY 2016 and $4.605 million in FY 2017 from the Clean Water Fund to support activities of the Department of Health to ensure that Minnesotans have access to clean, safe drinking water. These include ongoing activities for which the department has been funded from the Clean Water Fund in the current biennium as well as new initiatives.

This represents a 1.67% reduction from the amount of Clean Water Funds appropriated to MDH in FY 2014-15. Of the FTEs funded through this proposal, 25.4 represent ongoing activities.

Rationale/Background:

MDH ensures safe and sufficient drinking water across Minnesota through a series of strategic safeguards that begin with sources in rivers, lakes and groundwater and extend to taps in homes, businesses and other places. Clean Water Funds allow MDH to:

- Accelerate planning and implementation of source water protection activities and integrate groundwater protection activities into existing local watershed resource management. Source water protection provides a cost-effective approach to preventing contamination of public drinking water that supplies 80% of Minnesotans in their homes.
- Increase understanding of emerging (newer) contaminants (including viruses), develop new laboratory methods, provide advice to other agencies, and educate the public:
- Prevent contamination of groundwater by sealing unused private and public wells.
- Improve protection of the 20% of Minnesotans who drink from private wells through analysis of contaminant occurrence and innovative outreach and education.
- Promote wise water reuse by analyzing different approaches and developing a policy framework suitable for Minnesota.
- Improve models that predict when beaches may have disease-causing contamination.

Proposal:

This proposal invests in the following activities to ensure that Minnesotans have access to safe and sufficient drinking water:

- $1.9 million per year for Source Water Protection. This proposal is to strengthen protection of drinking water by 1) accelerating the development and implementation of wellhead or surface water intake protection plans for public water supply systems; 2) increase grant program for public water supply systems that was established using Legacy funding, 3) improve access to drinking water data that is needed to support public and private drinking water protection efforts, and 4) expand the level of technical assistance provided to public water suppliers relating to source water protection. The annual appropriation for this activity in FY 2014-15 was $1.615 million.

- $450,000 per year to Strengthen Local Groundwater Protection. This proposal strengthens protection of drinking water by 1) developing and delivering Groundwater Restoration and Protection Strategies (GRAPS) for use on a watershed scale, and 2) providing resources to local governments for drinking water source protection activities. This proposal builds on work done by MDH and other state agencies funded by the Clean Water Fund in FY 2015 to develop information and strategies for groundwater and drinking water protection efforts into GRAPS. This proposal is to continue that work to provide comprehensive groundwater information for use in local water planning efforts, as the groundwater counterpart to the surface

water Watershed Restoration and Protection Strategies (WRAPS) being developed for Minnesota's 81 major watersheds. The proposal supports planning and implementation of groundwater protection efforts by local government. The second component of this proposal is to provide pass-through funding for staff at watershed and Soil and Water Conservation Districts to increase staff capacity for planning of drinking water source protection activities and to work with landowners on implementation of local drinking water protection plans.

- $1.25 million per year for the Contaminants of Emerging Concern Program. Studies are finding unexpected chemicals in lakes, rivers, and groundwater, and health officials need to understand if people's exposures to these chemicals could pose a health risk. There are over 84,000 chemicals in use, with 700 new chemicals being introduced every year. Contaminants of emerging concern (CECs) are often chemicals that we know little about their potential impact on people's health. Since 2011, the MDH CEC Program has provided proactive evaluation of emerging contaminants including pharmaceuticals and personal care products in both groundwater and surface water. The MDH CEC program investigates and communicates the exposure potential and health risk of CECs in drinking water. MDH also initiates projects through contracts with scientific experts to support the program by collecting new data and developing new models and methods in risk assessment for emerging concerns in water. The program also works with the MDH Public Health Laboratory to ensure methods and expertise are available to test for CECs in water. A new focus for the coming biennium will be microbial risk assessment related to water reuse scenarios. The annual appropriation for this activity in FY 2014-15 was $1.15 million.

- $275,000 in FY 2016 and $75,000 in FY 2017 to study viruses in groundwater. This proposal will: 1) examine the occurrence of viruses in groundwater sources in Minnesota and 2) estimate the risk of acute gastrointestinal illness from consuming drinking water from groundwater sourced systems that do not disinfect. This proposal will build upon the extensive work funded in the last biennium and develop guidance and tools to predict conditions that might require taking action to prevent human exposure to viruses in drinking water. Through the collection of virus occurrence data, hydro-geologic data and contaminant information, health-based guidance and tools will be improved and developed to reduce the public health risk from groundwater drinking water sources. Additional funding is requested for water and statistical analysis (with associated staff costs) to provide a more comprehensive study. The annual appropriation for this activity in FY 2014-15 was $800,000.

- $375,000 per year for Private Well Protection. This proposal continues work funded in the previous biennium to reduce the health risk of drinking water for the one million Minnesotans who rely on a private (residential) well for their drinking water. In contrast to highly monitored water supplies that serve water to the public, the safety of water from a private well depends on the owner's initiative and vigilance. Based on information gathered through sampling of new wells and existing well information, guidance for well contractors will be developed to ensure new well placement and construction minimizes potential risks to well owners. Civic engagement and education efforts will be developed to increase the capacity of owners to identify and address potential well issues and ensure safe drinking water for their families. An evaluation of the effectiveness of education and outreach efforts will be conducted. This proposal is intended to result in a reduction of new wells exceeding drinking water standards and increased awareness and actions by private well owners to reduce potential health risks from private wells. The annual appropriation for this activity in FY 2014-15 was $325,000.

- $275,000 per year for Well-Sealing Cost-share Grants. The funds provide a 50 percent cost-share for sealing public and private wells and borings. Unused, unsealed wells, can pose a threat to groundwater quality and public health by providing a direct channel for contaminants to move from the land surface to groundwater. About 75% of Minnesotans use groundwater as their primary source of drinking water. An estimated 250 private wells and 30 public water supply wells will be sealed through this initiative. The annual appropriation for this activity in FY 2014-15 was $250,000.

- $105,000 per year for the Lake Superior Beach Monitoring and Notification Program. This proposal will allow MDH to continue to collaborate with local public health and other local and state organizations to protect all Minnesotans who use Lake Superior beaches and prevent the spread of infectious disease. Minnesota's Lake Superior shoreline is lined with almost 80 beaches, visited by thousands of people each year. These beaches can be contaminated by urban runoff, overflows from wastewater collection and treatment facilities, failing residential wastewater systems, and wastes from boats, swimmers, pets, and wildlife. This contaminated water can cause stomach upset and illness and many infectious diseases. The Program collects water samples at 40 of the most used beaches to watch for contaminants. When unhealthy levels of contaminants are found, beach advisories are posted at the beach locations as well as on the website www.MNBeaches.org. In addition, staff work with local and state partners to use beach data to identify the source of contamination and raise awareness of the impact of garbage disposal and littering on the water and beaches. The Clean Water Fund expands the work of the Program beyond public notification to develop models to reliably predict water quality without having to wait for laboratory test results. If the models are able to predict contamination of recreational water as well as or better than current laboratory methods, the

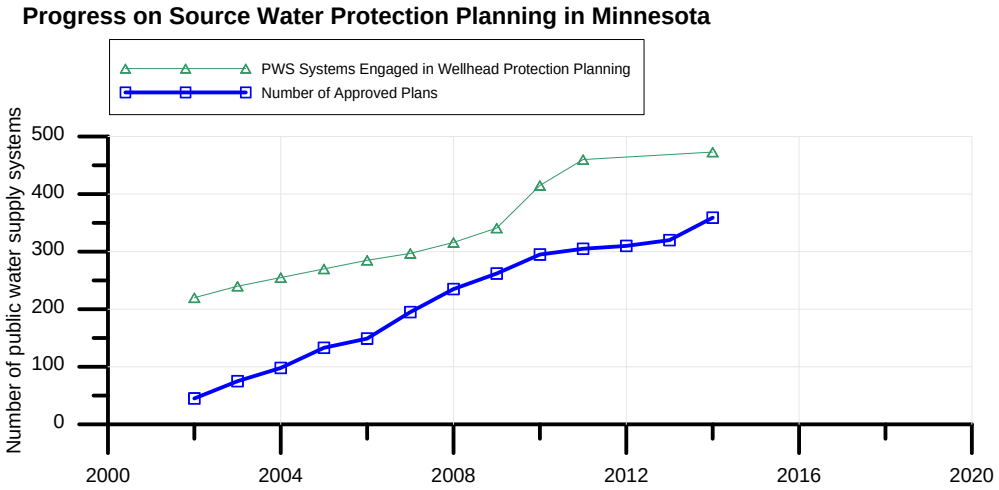
program could use the models to aid in decisions on posting beach advisories. Results could then be provided within two hours of data collection, and the beachgoer would have access to more timely information on current water-quality conditions. This proposal represents the same appropriation the department received for this activity in FY 2014-15.

- $175,000 per year for a Water Reuse Study. This is a new proposal to prepare a comprehensive study of and recommendations for regulatory and non-regulatory approaches to water reuse, to lead to development of policy, statutes, and rules for water reuse in Minnesota. There is increasing demand in Minnesota to implement water reuse strategies including harvested rainwater, storm water reuse, and reuse of gray water and reclaimed municipal wastewater. Water reuse has the potential to reduce demand on water resources, improving water resource sustainability. There are also potential risks to public health and the environment with reusing water. A variety of regulatory and non-regulatory approaches for reuse applications exist across the country. In Minnesota, there is not a comprehensive, statewide approach to developing a regulatory and non-regulatory framework to guide municipalities, industries, and other parties interested in implementing water reuse. This proposal will facilitate water reuse across Minnesota, where there are currently slight but insignificant annual increases in water reuse. This trend is partly due to a confusing regulatory system – clarifying regulatory requirements for reuse should help increase water reuse. The goal is to provide a set of recommendations that will lead municipalities, businesses, and citizens to increase reuse of water and reduce demand on ground and surface water resources, including drinking water supplies.

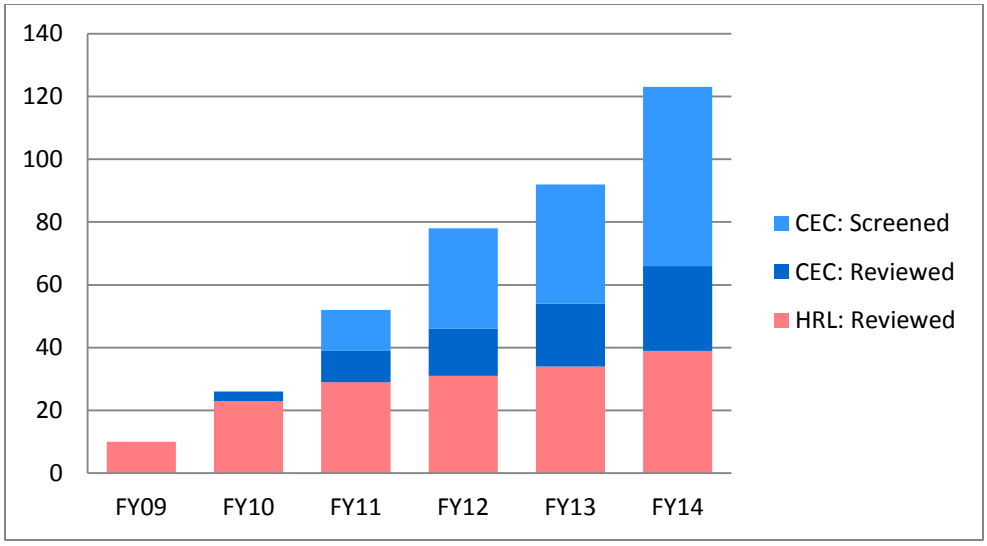
IT Related Proposals: NA

Results:
Safe drinking water is a key public health goals and a performance measure on the Minnesota Dashboard.

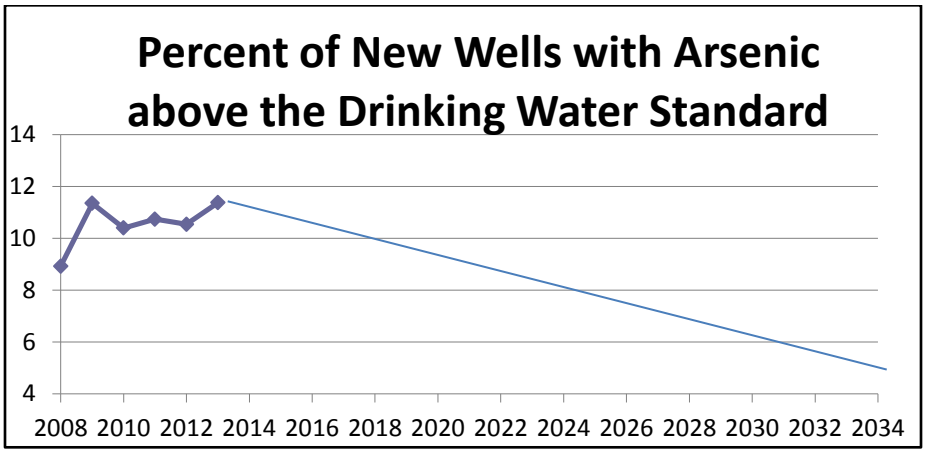
Source Water Protection: The goal is to have all of community water supply systems implementing wellhead protection plans by the year 2020.



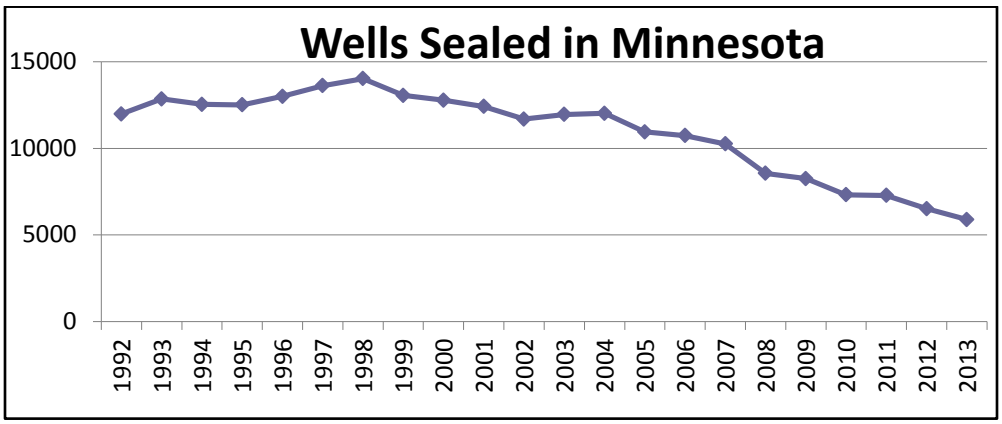
Contaminants of Emerging Concern Program: The goal is to do a full review of 20 CECs each biennium.



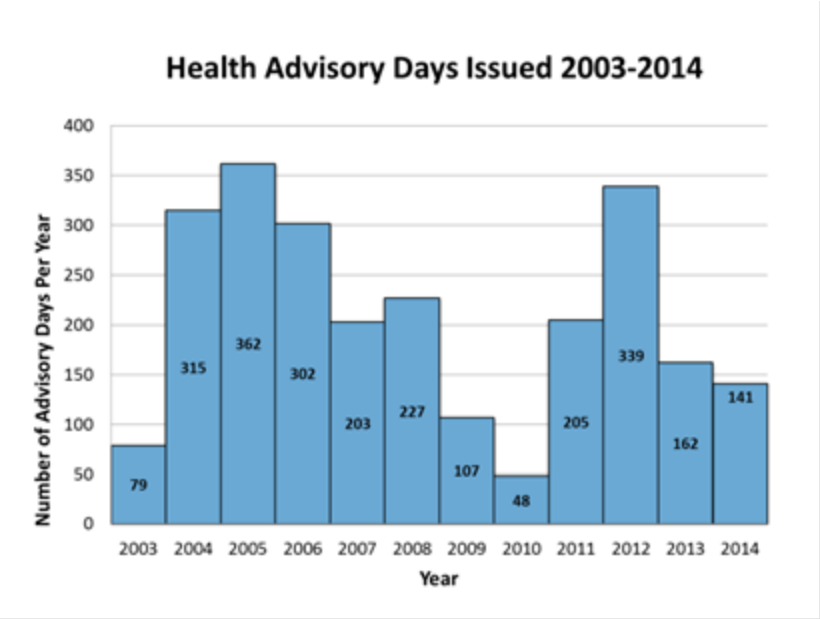
Private Well Protection: Increased understanding of where and why arsenic is found should help well contractors and owners either avoid or reduce arsenic in private wells.



Well-Sealing Cost-share Grants: An estimated 250 private wells and 30 public water supply wells will be sealed through this initiative.



Lake Superior Beach Monitoring Program: Monitor recreational beaches along Lake Superior for unsafe levels of bacteria and prevent disease outbreaks by providing public notice.



Statutory Change(s):

NA

Change Item: Toxic Free Kids Act Enhancements (Safer Consumer Products)

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	$543	$826	0	0
Revenues	0	0	0	0
Misc Special Revenue Fund				
Expenditures	0	0	$576	$562
Revenues	0	0	$908	$230
Net Fiscal Impact = (Expenditures – Revenues)	$543	$826	$(332)	$332
FTEs	3.3	4.0	4.0	4.0

Recommendation:

The Governor recommends a new appropriation of $543,000 in FY 2016 and $826,000 in FY 2017 from the General Fund to the Minnesota Pollution Control Agency's (MPCA) Environmental Assistance and Cross Media Program. The appropriation is one-time, and will be replaced by authority to spend receipts deposited to a new account in the Miscellaneous Special Revenue Fund in the next biennium.

The new funding is a joint initiative with MPCA, the Minnesota Department of Health (MDH) and the Minnesota Department of Commerce (Commerce). The initiative will increase available information, enhance consumer awareness, and give product manufacturers incentives to reduce problem chemicals in consumer products. The initiative will also fund assistance and compliance efforts to reduce the certain chemicals in products. This proposal will amend the Minnesota Toxic Free Kids Act (TFKA) to add reporting, fee payment, and other requirements for manufacturers or distributors of children's products that contain Priority Chemicals.

MPCA currently receives an annual appropriation of $89,000 from the Environmental Fund to implement provisions of the Toxic Free Kids Act enacted in 2009. Of this amount, MPCA transfers $57,000 annually to MDH for their efforts related to this act.

Rationale/Background:

Contaminants of concern are increasingly found in Minnesota's environment. Minnesotans have been found to carry toxic metals, endocrine active chemicals, and others in their bodies. Our exposure to these chemicals could play a role in increasing health problems, including infections, cancer, obesity, reproductive problems, and behavioral and learning disorders. In particular, chemicals with potential developmental, reproductive, or carcinogenic effects are being found in products marketed to children. Consumers are concerned about everyday exposures to potentially harmful chemicals in products. Information about product content to assist the public in avoiding these potentially harmful chemicals is not easily available. Minnesota businesses that develop safer product chemistries and market safer products should be promoted in Minnesota to address the above issues and support Minnesota jobs and our economy.

The TFKA was introduced out of concern for toxic substances in consumer products, particularly those used by children. The law passed in 2009 required MDH to identify Chemicals of High Concern to Children (CHCs) and identify a subset as Priority Chemicals. It also required MDH and MPCA to provide the Legislature with recommendations for how to reduce and phase out the use of Priority Chemicals in children's products and promote the use of safer alternatives.

That 2010 legislative report, *Options to Reduce and Phase-out Priority Chemicals in Children's Products and Promote Green Chemistry*, included five chemicals policy recommendations, including requiring manufacturers that produce or sell children's products in Minnesota that contain one or more PCs be subject to the reporting requirement, and directing state agencies to develop materials to educate Minnesotans about PCs, the concepts of risk and exposure, and ways Minnesotans can limit their exposure to PCs.

Proposal:

This proposal will amend the TFKA to require manufacturers and distributors of children's products that contain PCs to disclose this information to MPCA. The reporting requirement would be phased in over six years, starting with the manufacturers and distributors of children's products with the greatest sales revenue in Minnesota. MPCA will make the reported information available to the public. The level of detail required to be reported will increase after the first reporting cycle, to further discourage the use of PCs and enhance the amount of information available to consumers.

The proposal will also require that MDH and Commerce develop and implement an education effort regarding PCs in children's products. Amendments to the TFKA will give MPCA expanded authority to enforce the TFKA, and work with Commerce to coordinate their approach to compliance, assistance, and enforcement. Lastly, the three agencies will submit a joint report to the Legislature every three years summarizing the agencies' implementation of the TFKA, including recommendations for additional legislative policy addressing toxics in children's products.

To fund the agencies' efforts, and provide further incentive for discontinuing the use of PCs, the proposal would require manufacturers and distributors of children's products that contain PCs to pay a fee of $1,000 for each product category/PC combination reported to MPCA. The fee would ramp-up in successive reporting cycles. Any revenues collected in excess of those needed for the agencies' reporting, education, and compliance efforts would be made available as grants to accelerate the development of safer chemical alternatives to PCs and their incorporation into children's products as PC replacements.

The overall highlights of this proposal include:

- Increased information and empowerment for consumers interested in avoiding toxic chemicals in children's products.
- Reduced presence of PCs in children's products and reduced chance of exposure and potential health effects.
- Incentives to reduce the amount of PCs to which Minnesotans, our environment, and critical organisms are exposed.
- Places the responsibility and much of the cost of informing consumers and reducing chemical hazards in products with the companies that make and profit from them.
- Provides Minnesotans with information which is not available under any other state or federal statute, demonstrating Minnesota's leadership on product chemical safety issues.

FY2016:
Of the requested appropriation of $543,000, $104,000 will be transferred to MDH and $104,000 to Commerce for the cost of 1.0 FTE in each agency to accomplish the responsibilities for planning and communicating with manufacturers and the public on various aspects of the TFKA. MPCA will use the remaining funds for 1.3 FTE to work with the requirements of the TFKA and outreach efforts, and 1.5 FTE in MN.IT Services for the planning and development of the mechanism for manufacturers to report on product chemicals.

FY 2017:
Of the requested appropriation of $826,000, $104,000 will be transferred to MDH and $124,000 to Commerce for the cost of 1.0 FTE in each agency to continue the efforts started in the previous year. The additional funds transferred to Commerce are for costs related to educational outreach to multiple audiences, from manufacturers to consumers, on the provisions of the TFKA. MPCA will use the remaining funds for 2.0 FTE to work with the requirements of the TFKA, outreach efforts, compliance and enforcement, and 2.0 FTE in MN.IT Services for the development and implementation of the mechanism for manufacturers to report on product chemicals, and for this information to become available to the public.

IT Related Proposals:
New information technology resources (either new hires or contractors) equivalent to 1.5 FTE in FY 2016 and 2 FTE in FY 2017 would be required in the first two years to develop reporting, fee payment, and data management information technology systems. After that, the equivalent of 0.15 FTE of resources would be required for maintenance.

Results:
- Consumers have the information needed to make informed choices about the products they purchase for themselves and their families.
- Consumer demand drives improvement in products being produced and sold in Minnesota.
- Funding is available to leverage/catalyze the development of safer chemistries and new products, processes or approaches that reduce the use of or Minnesotans' exposure to problem chemicals.
- Businesses understand and comply with existing Minnesota statues and rules.
- Improved business climate for the development and production of safer products.

Potential measures:
- Trends in the number of children's products reported as containing PCs.
- Consumer survey regarding awareness of PCs and safer alternatives (before and after health education efforts).
- Number of safer alternatives (chemicals or products) developed by Minnesota companies.
- Product tests completed and data published.

- Rates of compliance with existing chemical bans.
- Priority chemicals replacement availability and tech-transfer to Minnesota companies.

The information will be collected via an on-line reporting system, grant reports, and agency data collection efforts. Measures will be reported via on-line program website that is linked among the three agencies, and also via a joint legislative report completed by the three agencies every three years.

Statutory Change(s):

116.9401-116.9406

Fiscal Impact Detail by Agency

Minnesota Pollution Control Agency	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	$335	$598	0	0
Transfers Out	$208	$228	0	0
Misc Special Revenue				
Expenditures	0	0	$348	$334
Transfers out	0	0	$228	$228
Revenues	0	0	$908	$230
Net Fiscal Impact	$543	$826	$(332)	$332
FTEs	1.3	2.0	2.0	2.0

Commerce	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	$104	$124	0	0
Transfers In	$104	$124	0	0
Misc Special Revenue				
Expenditures	0	0	$124	$124
Transfers In			$124	$124
Net Fiscal Impact	$0	$0	$0	$0
FTEs	1.0	1.0	1.0	1.0

Minnesota Department of Health	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	$104	$104	0	0
Transfers In	$104	$104	0	0
Misc Special Revenue				
Expenditures	0	0	$104	$104
Transfers In			$104	$104
Net Fiscal Impact	$0	$0	$0	$0
FTEs	1.0	1.0	1.0	1.0

Program: Health Improvement & Policy
Activity: Community and Family Health

http://www.health.state.mn.us/divs/cfh/program/cfh

AT A GLANCE

- Healthy food and nutrition services provided to more than 200,000 pregnant women and young children.
- Prenatal, parenting, child safety and other support services provided to more than 11,000 pregnant and parenting women. Preconception health assessments provided to more than 6,300 women.
- Family planning counseling services provided to more than 40,000 high-risk individuals.
- Home visiting services provided to more than 9,800 at-risk families.
- More than 27,900 children with special health needs and their families connected to supports and services.
- Teen pregnancy prevention efforts reached more than 28,000 teens.
- Commodity foods provided to 15,000 low-income seniors.

PURPOSE & CONTEXT

Evidence shows individuals' health outcomes can be greatly influenced by their early-life experiences. The Community and Family Health Division works to improve long-term health outcomes by providing early services to Minnesota children and families. The division's services focus on populations with the poorest outcomes: families living in poverty, families of color, American Indian families, and children and adolescents with special health care needs. The division seeks to improve those factors that predict a child's success: being born healthy; raised in a safe, stable and nurturing environment; early identification of problems and appropriate intervention; avoiding teen pregnancy and substance use; and graduating from high school.

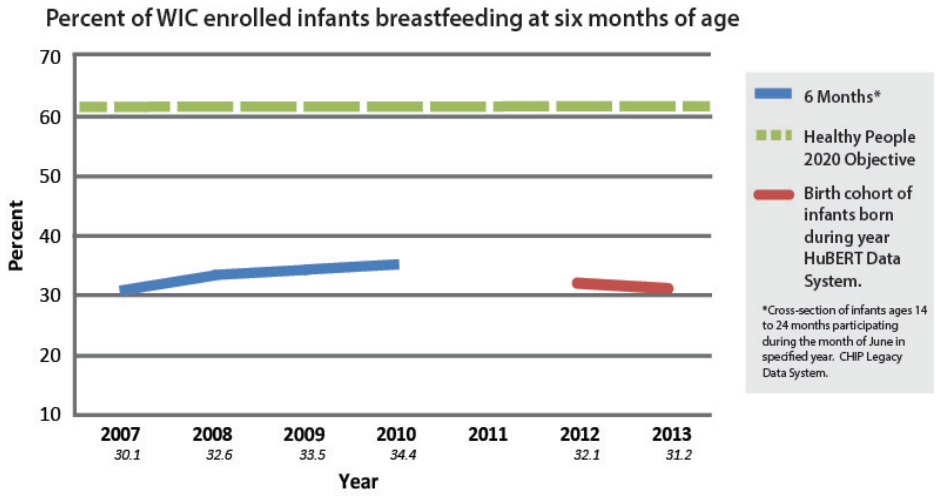
SERVICES PROVIDED

- Improve outcomes for young children by giving them the healthy food they need for a strong body and brain. The WIC program improves the health and nutritional status of pregnant and postpartum women, infants, and children, setting the stage for a healthy life. WIC provides funds, best practices, including breastfeeding support and monitoring of local WIC clinics located throughout the state. The program also authorizes, trains, and monitors Minnesota WIC food retailers.
- Increase the ratio of planned pregnancies to all pregnancies, so families are better prepared to raise a child. The Maternal and Child Health program provides pre-pregnancy family planning funds, oversight and technical assistance to community-based grantees. The program ensures that family planning services are available to low-income and high risk individuals across the state.
- Support adolescents and their families so adolescents are better prepared to do well in school and to graduate. In partnership with grantees, local public health and youth-serving organizations, the Maternal and Child Health program offers teen and parent education, trains providers on supporting healthy behaviors and works with communities to support families in their development of strong, caring relationships with youth.
- Identify children with special needs early so that they can receive services and support to help them perform better in school and in life. The Children and Youth with Special Health Needs program develops standards, trains providers and provides funds to local public health agencies so that infants and children can access early, ongoing screening, intervention and follow-up services. Children with health, developmental, or social emotional challenges that are identified early and who receive appropriate support services are better able to catch up with their peers.
- Support families at risk for child abuse and neglect, poor health, and poor school performance. The Maternal and Child Health program funds and provides grant oversight, training on best practices, and evaluation of public health efforts to improve the health and development of Minnesota's infants and young children. Evidenced-based home visiting programs have been shown to reduce child abuse and neglect, improve maternal and child health, improve a child's readiness for school and improve family economic stability.
- Help children and youth with special health care needs reach their full potential. The Children and Youth with Special Health Needs program follows infants and young children with special needs, including 46 specific birth defects, those who are deaf or hard of hearing or have an inherited condition to ensure they are connected to public health, primary and specialty care and community resources. Children and families connected early to appropriate services do better than if they receive services later in life.

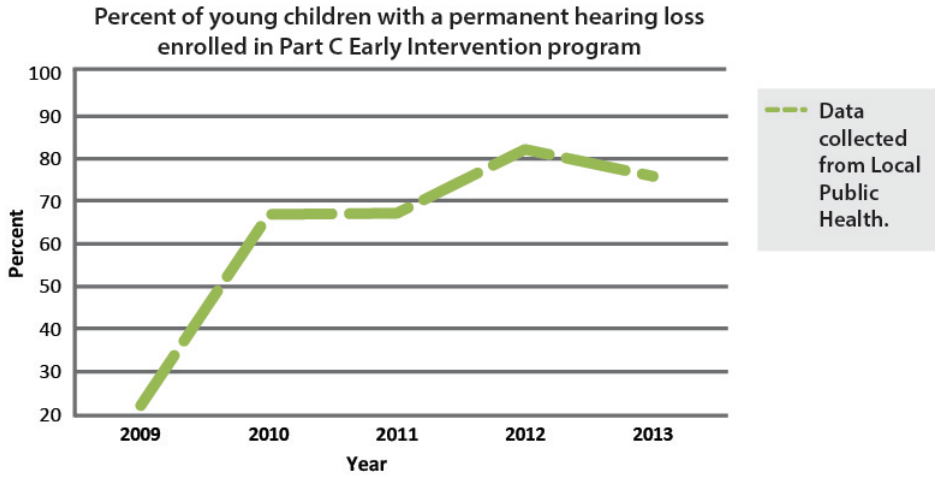
- Help young children develop the skills they need to be ready for kindergarten. The Children and Youth with Special Health Needs and Maternal and Child Health programs provide trainings and clinical assistance to health care providers to screen children for developmental and mental health delays, and screen their mothers for depression. The programs have established policies and clinical protocols and provide educational materials for clinics and others.
- Improve the health of women so that babies are born healthy. The Maternal and Child Health program encourages early access to prenatal care, provides necessary support services to high-risk pregnant women, and encourages preventive care and increased knowledge of healthy behaviors prior to and during pregnancy. The program collects, analyzes and reports data, trains and shares best practices with providers, and develops standards and protocols.

RESULTS

Breastfeeding:
Breastfed babies are less likely to suffer from serious illnesses, such as asthma and ear infections. There is a 15-30 percent reduction in adolescent and adult obesity rates if any breastfeeding occurred in infancy. The WIC program serves 40 percent of infants born in Minnesota. The Minnesota WIC Program provides breastfeeding training and works in partnership with others to help create an environment supportive of breastfeeding.

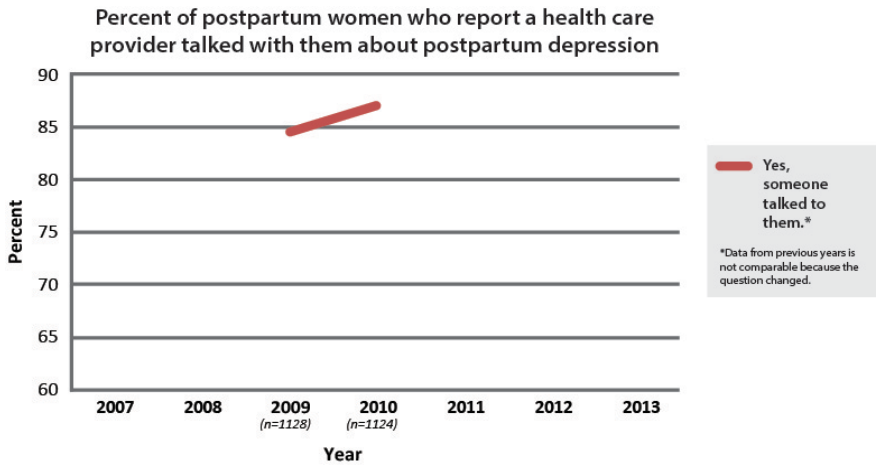


Families Connected to Family Support
Research shows that infants identified by 6 months of age and who receive early intervention services have significantly larger vocabularies and have better language skills than those whose hearing loss is discovered after six months. MDH actively follows up with families to assure they understand the importance of early identification and get optimal development. MDH works to improve the system resulting in timely connection to support services for every child born with a hearing loss.



Maternal Depression

One of the most common complications of having a child is maternal depression. A mother with maternal depression has an increased risk for other health problems. Maternal Depression can reduce the mother's interaction with her child, leading to delays in expected development. MDH assists clinics in implementing maternal depression screening of mothers during well-child visits. The family home visiting program administers maternal depression screenings, connecting at-risk mothers to further assessment and treatment.



Statutes governing CFH Activities:

144.2215 Minnesota Birth Defects Information System
144.574 Dangers of Shaking Infants and Young Children
144.966 Early Hearing Detection and Intervention Program
145.4235 Positive Abortion Alternatives Program
145.4243 Woman's Right to Know Printed Information
145.88 Maternal and Child Health
145.891 Maternal and Child Health Nutrition Act of 1975
145.898 Sudden Infant Death
145.899 WIC Vouchers for Organics
145.901 Maternal Death Studies
145.905 Location for Breast-Feeding
145.906 Postpartum Depression Education and Information
145.925 Family Planning Grants
145.9255 Minnesota Education Now and Babies Later
145.9261 Abstinence Education Grant Program
145.9265 Fetal Alcohol Syndrome Effects; Drug Exposed Infant
145A.14, Subd. 2a Tribal Governments
145A.17 Family Home Visiting Program

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	32,984	34,747	39,512	35,510	34,713	34,713	37,407	38,803
1200 - State Government Special Rev	780	918	1,104	1,153	1,033	1,033	1,033	1,033
2000 - Restricted Misc Special Rev	320	535	934	1,152	771	771	771	771
2001 - Other Misc Special Rev	26	21	32	109	86	86	86	86
2360 - Health Care Access	1,337	1,951						
2403 - Gift	1	3	4	46	0	0	0	0
3000 - Federal	144,353	155,631	148,869	148,365	148,365	148,352	148,365	148,352
3001 - Federal TANF	9,238	10,426	9,290	16,386	9,763	9,763	9,763	9,763
Total	**189,039**	**204,232**	**199,745**	**202,721**	**194,731**	**194,718**	**197,425**	**198,808**
Biennial Change				9,196		(13,017)		(6,233)
Biennial % Change				2		(3)		(2)
Governor's Change from Base								6,784
Governor's % Change from Base								2

Expenditures by Category

Compensation	8,586	9,877	9,234	10,191	9,469	9,462	9,513	9,552
Operating Expenses	8,220	10,067	8,547	18,231	20,169	20,163	20,169	20,163
Other Financial Transactions	2,640	2,657	3,076	2,154	2,154	2,154	2,154	2,154
Grants, Aids and Subsidies	169,557	181,632	178,888	172,145	162,939	162,939	165,589	166,939
Capital Outlay-Real Property	34							
Total	**189,039**	**204,232**	**199,745**	**202,721**	**194,731**	**194,718**	**197,425**	**198,808**
Total Agency Expenditures	189,039	204,232	199,745	202,721	194,731	194,718	197,425	198,808
Internal Billing Expenditures	2,763	3,644	3,147	3,926	4,031	4,031	4,031	4,031
Expenditures Less Internal Billing	**186,276**	**200,588**	**196,598**	**198,795**	**190,700**	**190,687**	**193,394**	**194,777**
Full-Time Equivalents	**108.4**	**117.4**	**111.7**	**111.6**	**117.1**	**117.1**	**117.6**	**118.1**

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		774		319				
Direct Appropriation	33,885	34,581	39,941	34,721	34,713	34,713	37,407	38,803
Net Transfers	(59)	(302)	(9)					
Cancellations	83	307	101					
Expenditures	**32,984**	**34,747**	**39,512**	**35,510**	**34,713**	**34,713**	**37,407**	**38,803**
Balance Forward Out	759		319					
Biennial Change in Expenditures				7,292		(5,596)		1,188
Biennial % Change in Expenditures				11		(7)		2
Gov's Exp Change from Base								6,784
Gov's Exp % Change from Base								10
FTEs	21.7	24.8	26.7	24.6	23.0	23.0	23.5	24.0

1200 - State Government Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		253		49				
Direct Appropriation	1,033	1,033	1,033	1,033	1,033	1,033	1,033	1,033
Net Transfers		(50)	120	121				
Cancellations		318		49				
Expenditures	**780**	**918**	**1,104**	**1,153**	**1,033**	**1,033**	**1,033**	**1,033**
Balance Forward Out	253		49					
Biennial Change in Expenditures				560		(191)		(191)
Biennial % Change in Expenditures				33		(8)		(8)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	5.3	6.7	6.9	8.1	6.7	6.7	6.7	6.7

2000 - Restricted Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	695	634	366	382				
Receipts	158	211	949	770	770	770	770	770
Net Transfers	(57)							
Expenditures	**320**	**535**	**934**	**1,152**	**771**	**771**	**771**	**771**
Balance Forward Out	476	310	382					
Biennial Change in Expenditures				1,230		(544)		(544)

2000 - Restricted Misc Special Rev

Biennial % Change in Expenditures				144		(26)		(26)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	2.8	4.0	5.1	5.1	5.1	5.1	5.1	5.1

2001 - Other Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		6	30	23				
Receipts	28	45	25	86	86	86	86	86
Net Transfers	4	0						
Expenditures	**26**	**21**	**32**	**109**	**86**	**86**	**86**	**86**
Balance Forward Out	6	30	23					
Biennial Change in Expenditures				95		31		31
Biennial % Change in Expenditures				202		22		22
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

2360 - Health Care Access

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		382						
Direct Appropriation	1,719	1,719						
Cancellations		150						
Expenditures	**1,337**	**1,951**						
Balance Forward Out	382							
Biennial Change in Expenditures				(3,288)				
Biennial % Change in Expenditures				(100)				
FTEs	6.8	6.3	0.3	0.3	0.3	0.3	0.3	0.3

2403 - Gift

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	150	35	43	46				
Receipts	4	9	10					
Net Transfers	(118)		(3)					
Expenditures	**1**	**3**	**4**	**46**	0	0	0	0
Balance Forward Out	35	41	46					

2403 - Gift

Biennial Change in Expenditures		46	(50)	(50)
Biennial % Change in Expenditures		1,161	(100)	(100)
Gov's Exp Change from Base				0
Gov's Exp % Change from Base				0

3000 - Federal

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	40	6,995	327					
Receipts	146,675	148,636	148,541	148,365	148,365	148,365	148,365	148,365
Expenditures	**144,353**	**155,631**	**148,869**	**148,365**	**148,365**	**148,352**	**148,365**	**148,352**
Balance Forward Out	2,361							
Biennial Change in Expenditures				(2,751)		(517)		(517)
Biennial % Change in Expenditures				(1)		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	70.0	72.3	70.6	71.5	79.9	79.9	79.9	79.9

3001 - Federal TANF

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In				6,623				
Receipts	6,455	10,426	15,913					
Expenditures	**9,238**	**10,426**	**9,290**	**16,386**	**9,763**	**9,763**	**9,763**	**9,763**
Balance Forward Out			6,623					
Biennial Change in Expenditures				6,012		(6,150)		(6,150)
Biennial % Change in Expenditures				31		(24)		(24)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	1.8	3.3	2.1	2.1	2.1	2.1	2.1	2.1

Program: Health Improvement & Policy
Activity: Health Promotion & Chronic Disease

http://www.health.state.mn.us/divs/hpcd/index.html

AT A GLANCE

- Registered 28,217 newly-diagnosed invasive cancers in 2011 in the Minnesota Cancer Surveillance System.
- Screened 16,091 low-income women for breast and/or cervical cancer in 2013, and detected 166 cancers.
- Provided grant funding to the Minnesota Brain Injury Association, which provided medical follow-up, employment, education, and family counseling services in 2013 to 16,422 Minnesotans with a traumatic brain or spinal cord injury.
- Reached 645 health professionals statewide in 2013 with educational programs about diabetes prevention and management.
- Provided grant funding to the Poison Control System, which responded to 51,000 calls in 2013 regarding patients who either were or were in danger of being poisoned.

PURPOSE & CONTEXT

In the last 50 years, chronic diseases and injury have emerged as the greatest threat to the overall health and well-being of people in Minnesota. Chronic diseases and injuries are among the leading causes of death and years of potential life lost in Minnesota, and they also contribute significantly to long-term disability and poor quality of life. Chronic diseases accounted for the seven leading causes of death in Minnesota. They also exact a substantial toll on the health of the population by shortening life.

The occurrence and consequences of chronic diseases and injuries are not equally distributed across the population, but vary by gender, socioeconomic status, race and ethnicity, age, insurance status, geography, and sexual orientation.

The annual cost to the health care system of treating chronic diseases in Minnesota is more than $5 billion, and the cost to Minnesota employers for missed workdays and lower employee productivity is more than $17 billion. However, the greatest burden of chronic diseases falls on those who become ill and their families.

The Health Promotion and Chronic Disease Division (HPCD) provides leadership in the prevention and management of chronic diseases and injury, promotes health equity, and reduces health disparities in chronic disease and injury.

HPCD accomplishes its purpose by:

- Monitoring the burden of chronic diseases and injury, as well as their associated risk factors
- Using data to drive all its activities
- Improving the effective delivery and use of clinical services to prevent and manage chronic diseases and injury
- Ensuring that communities support and health systems refer patients to programs that improve management of chronic conditions

SERVICES PROVIDED

HPCD helps health systems implement changes that support the delivery of high-quality care for all patients, with targeted efforts for those most likely to be disabled or die from chronic diseases and injuries, by:

- Promoting collaboration among public health, health systems, and primary care clinics to advance systems changes that improve the delivery of cancer screening and other clinical preventive services.
- Developing and promoting the adoption of proven chronic disease management tools such as the interactive Asthma Action Plan in health and clinic systems.
- Supporting guidelines and quality measures for early identification and management of risk factors for chronic diseases such as obesity, asthma, pre-diabetes, diabetes, hypertension, and high cholesterol in health and clinic systems.
- Providing grants to improve health care, such as school-based dental sealant programs, clinic-based cancer screening, and poison control.
- Paying health care providers to offer free breast, cervical and colorectal cancer screening, follow-up cancer diagnostic services, and counseling to low-income, uninsured Minnesotans.

HPCD facilitates community-clinical linkages to improve the management of chronic conditions, by:

- Disseminating self-care and management education programs statewide, such as the Diabetes Prevention, Chronic Disease Self-Management, and Matter of Balance programs.
- Developing curriculum to train Community Health Workers to work effectively with underserved and at-risk populations to prevent and manage chronic diseases.
- Supporting health care providers and systems, public health agencies, and community-based organizations to implement statewide plans for heart disease, stroke, cancer, diabetes, asthma, oral health, and injury and violence prevention.
- Providing a grant for medical follow-up, employment, education, and family counseling sessions to Minnesotans with a traumatic brain or spinal cord injury.

HPCD develops, collects, and disseminates data, including data on health disparities, to inform chronic disease and injury prevention and management initiatives, by:

- Operating a statewide registry of all newly-diagnosed cancer cases.
- Analyzing and reporting on the prevalence, disparities, and trends related to deaths and disabilities related to heart disease, stroke, cancer, asthma, arthritis, diabetes, oral diseases, injuries, violence, and poisoning.
- Collecting, analyzing, and reporting on occupational health, to identify rates and trends of workplace hazards, illnesses, and injuries and establish priorities for educational and intervention programs.
- Using environmental public health tracking and biomonitoring technologies to identify possible linkages between chronic diseases and environmental exposures.

RESULTS

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Results	Average number of school days missed per year by children with asthma in HPCD's RETA program[1]	7	1	Before/after intervention
Results	Percent of callers to the poison control center funded by HPCD who were treated at the site of exposure[2]	92%	92%	2003/2013
Results	Percent of patients in HPCD's stroke registry hospitals receiving appropriate therapy[3]	35%	87%	2008/2013
Results	Percent of people served by the traumatic brain injury/spinal cord injury services program funded by HPCD who report being helped by the services and doing better in their life situation[4]	10%	88.7%	2006/2013
Results	Average percent bodyweight lost by people participating in MDH-sponsored lifestyle intervention programs to prevent type 2 diabetes.[5]	5.3%	4.5%	2007-09/ 2012-13

[1]Reducing Environmental Triggers of Asthma program evaluation data, average number of days of school missed by children in the program before participation in the program and at the 12-month follow-up visit
[2] Minnesota Poison Control System, 2003 and 2013 Annual Reports
[3] Minnesota Stroke Registry, 2008 and 2013, percent of eligible patients treated at participating hospitals and receiving tPA therapy
[4] Minnesota Brain Injury Alliance program data, 2006 and 2013. Life situations are defined as school, work, family, and community.
[5] Diabetes Prevention Program data, 2007-2009 and 2012-2013. In people with prediabetes, losing 5% of their body weight cuts the risk of developing type 2 diabetes in half.

144.05 subd. 5 (https://www.revisor.mn.gov/statutes/?id=144.05) Firearms Data
144.492 (https://www.revisor.mn.gov/statutes/?id=144.492) Stroke Centers and Stroke Hospitals
144.497 ST Elevation Myocardial Infarction
144.6586 Notice of Rights to Sexual Assault Victim
144.661 – 144.665 (https://www.revisor.mn.gov/statutes/?id=144.661) Traumatic Brain and Spinal Cord Injuries
144.671 - 144.69 (https://www.revisor.mn.gov/statutes/?id=144.671) Cancer Surveillance System
144.995 - 144.998 (https://www.revisor.mn.gov/statutes/?id=144.995) Environmental Health Tracking and Biomonitoring
145.4711 – 145.4713 (https://www.revisor.mn.gov/statutes/?id=145.4711) Sexual Assault Victims
145.4715 (https://www.revisor.mn.gov/statutes/?id=145.4715) Reporting Prevalence of Sexual Violence
145.4716 – 145.4718 (https://www.revisor.mn.gov/statutes/?id=145.4716) Safe Harbor for Sexually Exploited Youth
145.56 (https://www.revisor.mn.gov/statutes/?id=145.56) Suicide Prevention
145.867(https://www.revisor.mn.gov/statutes/?id=145.867) Persons Requiring Special Diets
145.93 (https://www.revisor.mn.gov/statutes/?id=145.93) Poison Control System
145.958 (https://www.revisor.mn.gov/statutes/?id=145.958) Youth Violence Prevention
256B.057 subd. 10 (https://www.revisor.mn.gov/statutes/?id=256B.057) Certain Persons Needed Treatment for Breast or Cervical Cancer

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	4,112	4,871	5,024	7,115	6,737	6,787	6,796	6,907
2000 - Restricted Misc Special Rev	1,034	1,205	1,242	1,227	730	730	730	730
2001 - Other Misc Special Rev	17	31	58	199	167	167	167	167
2800 - Environmental	0		438	836	637	637	637	637
3000 - Federal	16,625	14,518	13,660	13,932	13,932	13,932	13,932	13,932
Total	**21,788**	**20,624**	**20,421**	**23,309**	**22,202**	**22,252**	**22,261**	**22,372**
Biennial Change				1,318		724		903
Biennial % Change				3		2		2
Governor's Change from Base								179
Governor's % Change from Base								0

Expenditures by Category

Compensation	8,905	9,222	9,536	10,653	9,977	9,977	10,036	10,097
Operating Expenses	4,221	4,218	4,630	5,565	6,114	6,114	6,114	6,114
Other Financial Transactions	144	126	67	46	46	46	46	46
Grants, Aids and Subsidies	8,457	7,052	6,185	7,042	6,063	6,113	6,063	6,113
Capital Outlay-Real Property	61	7	3	3	3	3	3	3
Total	**21,788**	**20,624**	**20,421**	**23,309**	**22,202**	**22,252**	**22,261**	**22,372**
Total Agency Expenditures	21,788	20,624	20,421	23,309	22,202	22,252	22,261	22,372
Internal Billing Expenditures	2,012	1,804	2,091	2,113	2,113	2,113	2,113	2,113
Expenditures Less Internal Billing	**19,776**	**18,820**	**18,330**	**21,196**	**20,089**	**20,139**	**20,148**	**20,259**
Full-Time Equivalents	**120.2**	**115.6**	**116.8**	**116.9**	**134.2**	**135.1**	**134.8**	**136.4**

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		391		594				
Direct Appropriation	4,460	4,417	5,800	6,850	6,751	6,801	6,810	6,921
Receipts	1	3	0					
Net Transfers	79	278	(134)	(329)	(15)	(15)	(15)	(15)
Cancellations	37	219	47					
Expenditures	**4,112**	**4,871**	**5,024**	**7,115**	**6,737**	**6,787**	**6,796**	**6,907**
Balance Forward Out	390		594					
Biennial Change in Expenditures				3,156		1,385		1,564
Biennial % Change in Expenditures				35		11		13
Gov's Exp Change from Base								179
Gov's Exp % Change from Base								1
FTEs	27.5	30.6	28.1	24.9	25.4	26.3	26.1	27.6

2000 - Restricted Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	2	11	467	497				
Receipts	1,043	1,607	1,272	730	730	730	730	730
Expenditures	**1,034**	**1,205**	**1,242**	**1,227**	**730**	**730**	**730**	**730**
Balance Forward Out	11	414	497					
Biennial Change in Expenditures				231		(1,010)		(1,010)
Biennial % Change in Expenditures				10		(41)		(41)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	2.5	2.9	5.2	5.4	5.4	5.4	5.4	5.4

2001 - Other Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		31	39	32				
Receipts	24	38	51	166	166	166	166	166
Net Transfers	25	(1)						
Expenditures	**17**	**31**	**58**	**199**	**167**	**167**	**167**	**167**
Balance Forward Out	31	38	32					
Biennial Change in Expenditures				208		77		77
Biennial % Change in Expenditures				431		30		30

2001 - Other Misc Special Rev

Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	0.1	0.1	0.4	0.4	0.4	0.4	0.4	0.4

2800 - Environmental

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In				199				
Direct Appropriation	0	0	0	0	0	0	0	0
Net Transfers			637	637	637	637	637	637
Expenditures	0		**438**	**836**	**637**	**637**	**637**	**637**
Balance Forward Out			199					
Biennial Change in Expenditures				1,274		0		0
Biennial % Change in Expenditures						0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	0	0	2.8	2.8	2.8	2.8	2.8	2.8

3000 - Federal

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In			49	0				
Receipts	16,625	14,519	13,611	13,932	13,932	13,932	13,932	13,932
Expenditures	**16,625**	**14,518**	**13,660**	**13,932**	**13,932**	**13,932**	**13,932**	**13,932**
Balance Forward Out			0					
Biennial Change in Expenditures				(3,551)		272		272
Biennial % Change in Expenditures				(11)		1		1
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	90.0	82.0	80.3	83.4	100.2	100.2	100.2	100.2

Program: Health Improvement & Policy
Activity: Minnesota Center for Health Equity

The Minnesota Center for Health Statistics, (http://www.health.state.mn.us/divs/chs/)
Office of Minority and Multicultural Health, (http://www.health.state.mn.us/ommh/)
Advancing Health Equity (http://www.health.state.mn.us/divs/chs/healthequity/)

AT A GLANCE

- Increase attention to health inequities--released a major report in 2014 that received widespread recognition in Minnesota and nationally documenting the structural inequities that result in poor health in some communities.
- Distribute $10 million in grants biannually to community-based organizations serving populations of color and American Indians through the Eliminating Health Disparities Initiative (EHDI).
- Provide technical assistance to more than 150 community-based organizations from populations of color and American Indian communities, and to Minnesota's 48 community health boards.
- Conduct the Minnesota Student Survey and the Behavioral Risk Factor Surveillance System to interface with over 162,000 students and 15,000 adults to gauge the health status of Minnesotans and analyze health trends in Minnesota.

PURPOSE & CONTEXT

Minnesota's population is increasingly diverse. Some groups face significant social, economic and environmental barriers such as structural racism and a widespread lack of economic and educational opportunities. To fulfill the MDH mission of protecting, maintaining and promoting the health of all Minnesotans, the opportunity for health for all must be created.

The Minnesota Center for Health Equity (MCHE) was created in 2014 to build the capacity of the Minnesota Department of Health (MDH) to provide statewide leadership and support with regard to achieving health equity. The purpose of MCHE is to:

- Monitor and analyze health disparities and how they relate to health equity,
- Recommend changes to policies and systems, both within MDH and throughout the state, to better address health inequities, and
- Use data to analyze and track the impact of state policies on health equity; and
- Identify and invest in best practices for local public health, health care, and community partners to provide culturally responsive services and advance health equity.

SERVICES PROVIDED

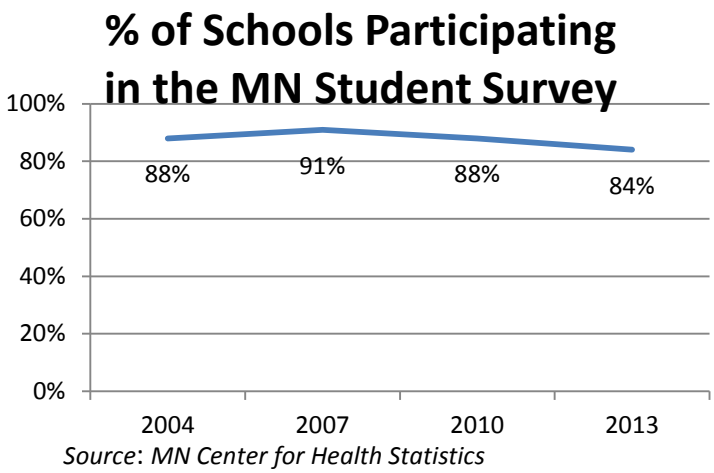
The Minnesota Center for Health Equity (MCHE) serves as a technical resource for the department and state and community partners. The Center provides services in the following areas:

- Collaborates with Minnesota communities experiencing health inequities to improve outcomes. This collaboration includes strengthening the capacity of Minnesota communities to influence their opportunities for health by supporting community participation in decision-making processes at MDH and increasing the capacity of MDH and local health departments to develop relationships and work effectively with populations experiencing the greatest health inequities. The Center also increases understanding and awareness about health disparities and health equity in Minnesota through a variety of methods including presentations, conferences, reports, etc.
- Collects, analyzes and communicates health-related data through the Minnesota Center for Health Statistics (MCHS). The MCHS coordinates health data collection efforts at the state and local level to make vital statistics available to the public and researchers across the state and the nation. It also builds the capacity of MDH programs and partners to collect and use health equity data, including support for the collection and analysis of specific race, ethnicity, preferred language, social and economic determinants, and sexual preference data in relevant data sets.
- Supports efforts to advance health equity through the Eliminating Health Disparities Initiative (EHDI) grants and new opportunities to improve health for all Minnesotans. Working with EHDI grantees, MDH identifies, evaluates, and shares successful evidence- and practice-based culturally relevant approaches for working with populations of color and American Indians.

Key partners for MCHE include community stakeholder groups (ie. MCHE Advisory Committee, Healthy Minnesota Partnership, Tribal Health Directors, State and Community Health Services Advisory Committee, and other Department advisory stakeholder groups), community-based organizations, EHDI grantees, Minnesota tribes, local health departments, the federal Office of Minority Health, other MDH programs, and other Minnesota state agencies.

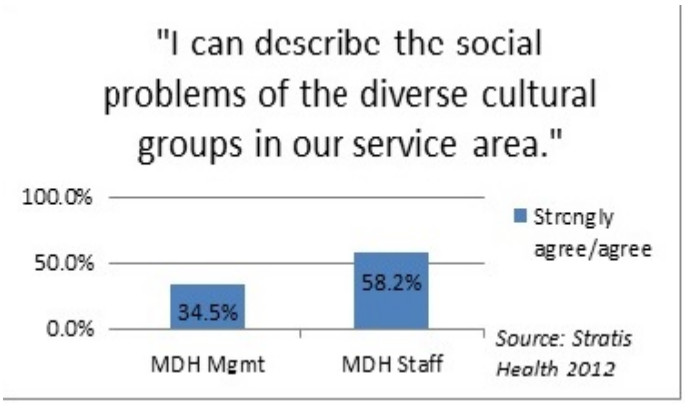
RESULTS

Measure 1



Survey participation rates: The Minnesota Student Survey provides information about the student population to school districts, local health departments, university researchers, state agencies, non-profit community groups, and others. The findings inform legislation, program design and planning, and provide information for community forums on topics of interest to teachers, students, and community members. The Minnesota Center for Health Statistics, in partnership with the Minnesota Department of Education, has maintained a high level of participation by Minnesota's school districts to ensure that the data collected are as comprehensive as possible.

Measure 2



Recognition of structural inequities and the social and economic factors that contribute to disparities in health outcomes: A 2012 assessment found that only 35% of management and 58% of staff at MDH reported they could describe the social problems, such as poverty and unsafe housing, of the diverse cultural groups in their service area. This lack of knowledge impacts the development of health programs since social and economic factors are significant contributors to health outcomes. The Minnesota Center for Health Equity works to improve this capacity at MDH and to strengthen communities to create their own healthy futures through meaningful partnerships with diverse communities. Data will continue to be collected on this measure over time to show a trend.

Minnesota Statutes, section 145.928.

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	3,627	3,778	3,604	4,389	3,749	3,749	3,761	3,772
2000 - Restricted Misc Special Rev	1	68	0	53	53	53	53	53
2403 - Gift	0	0	0	5	0	0	0	0
3000 - Federal	24	3	44	215	215	215	215	215
3001 - Federal TANF	1,212	2,723	1,808	3,411	2,000	2,000	2,000	2,000
Total	**4,864**	**6,572**	**5,455**	**8,073**	**6,017**	**6,017**	**6,029**	**6,040**
Biennial Change				2,093		(1,495)		(1,460)
Biennial % Change				18		(11)		(11)
Governor's Change from Base								35
Governor's % Change from Base								0

Expenditures by Category

Compensation	469	415	362	589	440	440	452	463
Operating Expenses	47	56	143	2,420	2,415	2,415	2,415	2,415
Other Financial Transactions	161	75	115	20	20	20	20	20
Grants, Aids and Subsidies	4,188	6,025	4,836	5,044	3,142	3,142	3,142	3,142
Total	**4,864**	**6,572**	**5,455**	**8,073**	**6,017**	**6,017**	**6,029**	**6,040**
Total Agency Expenditures	4,864	6,572	5,455	8,073	6,017	6,017	6,029	6,040
Internal Billing Expenditures	1	0						
Expenditures Less Internal Billing	**4,862**	**6,572**	**5,455**	**8,073**	**6,017**	**6,017**	**6,029**	**6,040**
Full-Time Equivalents	**5.9**	**5.0**	**4.4**	**4.4**	**4.4**	**4.4**	**4.5**	**4.6**

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		170		140				
Direct Appropriation	3,879	3,879	3,749	4,250	3,749	3,749	3,761	3,772
Net Transfers	(72)	(180)		(1)				
Cancellations	7	91	5					
Expenditures	**3,627**	**3,778**	**3,604**	**4,389**	**3,749**	**3,749**	**3,761**	**3,772**
Balance Forward Out	173		140					
Biennial Change in Expenditures				588		(495)		(460)
Biennial % Change in Expenditures				8		(6)		(6)
Gov's Exp Change from Base								35
Gov's Exp % Change from Base								0
FTEs	5.8	5.0	4.4	4.4	4.4	4.4	4.5	4.6

2000 - Restricted Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Receipts		68		53	53	53	53	53
Expenditures	**1**	**68**	0	**53**	**53**	**53**	**53**	**53**
Biennial Change in Expenditures				(16)		53		53
Biennial % Change in Expenditures				(23)		100		100
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

2403 - Gift

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		5	5	5				
Net Transfers	5							
Expenditures	0	0	0	**5**	0	0	0	0
Balance Forward Out	5	5	5					
Biennial Change in Expenditures				5		(5)		(5)
Biennial % Change in Expenditures						(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

3000 - Federal

3000 - Federal

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Receipts	24	3	44	215	215	215	215	215
Expenditures	**24**	**3**	**44**	**215**	**215**	**215**	**215**	**215**
Biennial Change in Expenditures				232		171		171
Biennial % Change in Expenditures				874		66		66
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	0.0							

3001 - Federal TANF

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		30		1,411				
Receipts	813	2,693	3,219					
Expenditures	**1,212**	**2,723**	**1,808**	**3,411**	**2,000**	**2,000**	**2,000**	**2,000**
Balance Forward Out			1,411					
Biennial Change in Expenditures				1,283		(1,219)		(1,219)
Biennial % Change in Expenditures				33		(23)		(23)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

Program: Health Improvement & Policy
Activity: Office of Statewide Health Improvement Initiatives

http://www.health.state.mn.us/divs/oshii/

AT A GLANCE

- Statewide Health Improvement Program (SHIP) provides $17.5 million per year in funding and support to cities, counties and tribes across the state to create policy, systems, and environmental change that improves health.
- Tobacco-Free Communities provides $ 3.2 million per year to counties, tribes and community organizations across the state to reduce tobacco use among youth in Minnesota and to promote statewide and local tobacco prevention activities
- OSHII manages $6.15 million per year in federal grants to address tobacco, obesity and alcohol.
- OSHII oversees 19 technical assistance contracts and grants to support the work of local grantees.

PURPOSE & CONTEXT

The Office of Statewide Health Improvement Initiatives supports all Minnesotans in leading healthier lives and building healthier communities by preventing chronic diseases well before they start. Success is achieved by leveraging local and state partnerships; strengthening communities' capacity; offering the best evidence-based strategies in policies, systems and environmental changes; and evaluating the effectiveness of these strategies.

Chronic diseases such as heart disease, stroke, diabetes and cancer are among the most common, costly and preventable of all health problems in U.S. In our state:

- 63 percent of all Minnesota adults are overweight or obese. 23 percent of 11th graders are overweight or obese; 16 percent of third grade students are overweight and 13 percent are obese. 16 percent of all Minnesota adults smoke. More than 25 percent of Minnesota's high school students use tobacco products.
- 22 percent of Minnesota adults report binge drinking behaviors, compared to 15.5 percent nationally.
- Minnesota spends $2.9 billion in annual medical costs (2007) as a result of tobacco
- The economic cost associated with obesity in Minnesota is $2.8 billion (2009) and is $5.06 billion (2007) for alcohol.

SERVICES PROVIDED

OSHII supports all Minnesotans in leading healthier lives, raising healthier families and building healthier communities by preventing chronic disease through these activities:

- Providing grants and technical assistance to support local and tribal public health agencies in implementing evidence-based strategies to increase physical activity improve nutrition and reduce tobacco use.

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Quantity	Number of technical assistance requests fulfilled by OSHII staff.	-	1,826	FY14
Quantity	Number of technical assistance trainings (webinars, in-person, conference call)	-	150	FY14
Quantity	Number of grantee monitoring calls	-	324	FY14
Results	Number of schools in Minnesota that worked on Safe Routes to School programs	117	221 (accumulative)	FY11/ FY12/ FY13
Results	Number of school sites working on Farm to School program	360	494 (accumulative)	FY11/ FY12/FY13
Results	Number of multi-unit housing units that became smoke-free	-	6,963	FY12/FY13

Results	Number of employees benefitting from worksite wellness initiatives through SHIP	-	29,886	FY12/FY13
Results	Number of students benefitting from healthy school food strategies through SHIP	-	226,886	FY12/FY13

- Contracting with regional and state-level partnerships to implement policy and systems changes in collaboration with local organizations.
- Supporting local control by helping communities advance their work to make healthy food options more available, increase physical activity and decrease tobacco use and exposure in school, community, worksite and health care settings.
- Providing technical assistance and support for statewide policy development to address healthy eating, tobacco use and alcohol misuse.

RESULTS

The types of measures labeled results represent intermediate steps toward reducing chronic conditions by providing Minnesotans with greater access to healthy foods, indoor environments that are free of toxins, and opportunities and incentives to exercise.

M.S. 145.986 Minnesota Statewide Health Improvement Initiatives: https://www.revisor.mn.gov/statutes/?id=145.986

M.S. 144.396 Tobacco-Free Communities in Minnesota: https://www.revisor.mn.gov/statutes/?id=144.396

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	3,348	3,340	3,348	3,350	3,349	3,349	3,352	3,354
2000 - Restricted Misc Special Rev	45	53	51	122				
2001 - Other Misc Special Rev	7	3	0	15	15	15	15	15
2360 - Health Care Access	12,901	1,189	14,749	22,346	17,500	17,500	17,522	17,544
2403 - Gift	0	3	2	0	0	0	0	0
3000 - Federal	10,049	9,201	8,297	8,174	8,173	8,173	8,173	8,173
Total	**26,350**	**13,789**	**26,446**	**34,007**	**29,037**	**29,037**	**29,062**	**29,086**
Biennial Change				20,314		(2,379)		(2,305)
Biennial % Change				51		(4)		(4)
Governor's Change from Base								74
Governor's % Change from Base								0

Expenditures by Category

Compensation	2,769	3,246	3,938	3,766	3,764	3,764	3,789	3,813
Operating Expenses	3,370	3,061	2,897	2,521	2,419	2,419	2,419	2,419
Other Financial Transactions	595	919	498	1,314	1,314	1,314	1,314	1,314
Grants, Aids and Subsidies	19,617	6,563	19,114	26,406	21,540	21,540	21,540	21,540
Capital Outlay-Real Property	0							
Total	**26,350**	**13,789**	**26,446**	**34,007**	**29,037**	**29,037**	**29,062**	**29,086**
Total Agency Expenditures	26,350	13,789	26,446	34,007	29,037	29,037	29,062	29,086
Internal Billing Expenditures	861	720	1,023	1,023	1,023	1,023	1,023	1,023
Expenditures Less Internal Billing	**25,490**	**13,069**	**25,424**	**32,984**	**28,014**	**28,014**	**28,039**	**28,063**
Full-Time Equivalents	**38.0**	**42.1**	**45.3**	**45.2**	**37.2**	**37.2**	**37.3**	**37.3**

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		1		1				
Direct Appropriation	3,353	3,353	3,349	3,349	3,349	3,349	3,352	3,354
Net Transfers	(4)	(4)						
Cancellations	1	10						
Expenditures	**3,348**	**3,340**	**3,348**	**3,350**	**3,349**	**3,349**	**3,352**	**3,354**
Balance Forward Out	1		1					
Biennial Change in Expenditures				10		0		8
Biennial % Change in Expenditures				0		0		0
Gov's Exp Change from Base								8
Gov's Exp % Change from Base								0
FTEs	1.5	1.5	1.4	1.3	1.3	1.3	1.3	1.3

2000 - Restricted Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	175	173	171	123				
Receipts	78	50	3					
Net Transfers	(35)							
Expenditures	**45**	**53**	**51**	**122**				
Balance Forward Out	173	170	123					
Biennial Change in Expenditures				76		(173)		(173)
Biennial % Change in Expenditures				78		(100)		(100)
FTEs	0.1	0.6	0.0	0.0	0.0	0.0	0.0	0.0

2001 - Other Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		3	0	0				
Receipts				15	15	15	15	15
Net Transfers	11							
Expenditures	**7**	**3**	**0**	**15**	**15**	**15**	**15**	**15**
Balance Forward Out	3	0	0					
Biennial Change in Expenditures				5		15		15
Biennial % Change in Expenditures				43		99		99
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

2001 - Other Misc Special Rev

2360 - Health Care Access

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		2,267	2,096	4,847				
Direct Appropriation	15,000	0	17,500	17,500	17,500	17,500	17,522	17,544
Receipts	138							
Expenditures	**12,901**	**1,189**	**14,749**	**22,346**	**17,500**	**17,500**	**17,522**	**17,544**
Balance Forward Out	2,237	1,078	4,847					
Biennial Change in Expenditures				23,005		(2,095)		(2,029)
Biennial % Change in Expenditures				163		(6)		(5)
Gov's Exp Change from Base								66
Gov's Exp % Change from Base								0
FTEs	4.5	7.7	11.5	11.3	11.3	11.3	11.3	11.3

2403 - Gift

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		5	2	0				
Net Transfers	5							
Expenditures	**0**	**3**	**2**	0	0	0	0	0
Balance Forward Out	5	2	0					
Biennial Change in Expenditures				(2)		(2)		(2)
Biennial % Change in Expenditures				(47)		(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

3000 - Federal

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In			207	1				
Receipts	10,050	9,408	8,091	8,173	8,173	8,173	8,173	8,173
Expenditures	**10,049**	**9,201**	**8,297**	**8,174**	**8,173**	**8,173**	**8,173**	**8,173**
Balance Forward Out		207	1					
Biennial Change in Expenditures				(2,780)		(124)		(124)
Biennial % Change in Expenditures				(14)		(1)		(1)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

3000 - Federal

FTEs	31.9	32.3	32.4	32.6	24.7	24.7	24.7	24.7

Program: Health Improvement & Policy
Activity: Performance Improvement

http://www.health.state.mn.us/divs/opi/

AT A GLANCE

- Maintains the strong public health partnership between state and local governments
- Supports effective governance and administration of Minnesota's 48 community health boards (CHBs)
- Builds foundational skills and supports innovations and quality in public health practice-- for Minnesota's 2,800 member local public health workforce, and within MDH
- Administers the $43 million Local Public Health Grant

PURPOSE & CONTEXT

The Office of Performance Improvement (OPI) exists to ensure that Minnesota has a strong and effective state and local public health system to keep people healthy. It works to build capacity, improve performance, and ensure that public health activities are closely coordinated, are non-duplicative and leverage the unique strengths of each level of government. OPI provides support to Minnesota's community health boards (CHBs) through training and consultation. Since 2011, 32 of Minnesota's 48 CHBs have had a change in leadership. This has significantly increased the need for OPI support to new public health leaders, in order to maintain strong local public health services in communities around the state.

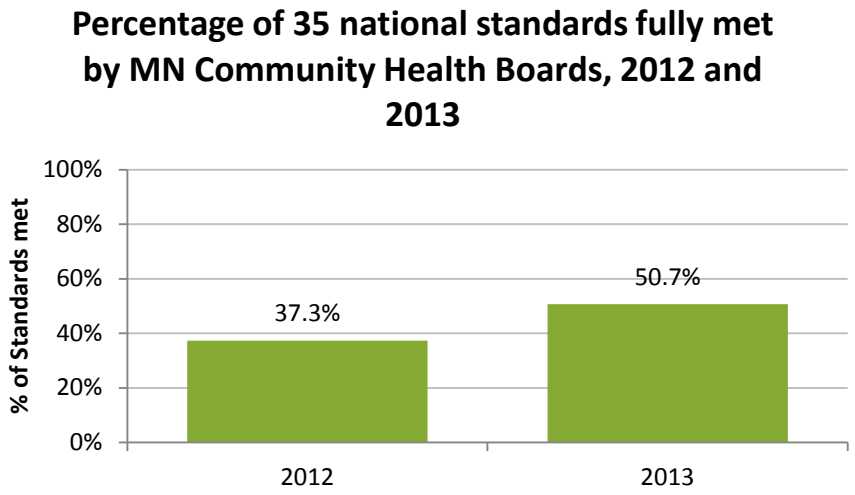
SERVICES PROVIDED

Key Services provided by the Performance Improvement activity include:

- Providing oversight and leadership for Minnesota's state and local public health system, in compliance with Minnesota Statutes, chapter 145A.
- With the State Community Health Advisory Committee, developing common approaches, policies, practices, and guidance so that public health services are delivered in the most efficient way at the appropriate level.
- Supporting consistent, strong public health leadership statewide.
- Providing agency-level performance management, quality improvement and facilitation/coaching of select quality improvement projects to embed continuous quality improvement within MDH, and supporting local health departments in doing the same.
- Providing consultation, technical assistance, tools and training on best practices so that community health boards, MDH and Tribal health departments can effectively carry out their missions.
- Collecting, analyzing and disseminating information about public health financing, staffing, organization, governance and performance to guide decision-making and practice.
- Helping MDH, local and tribal health department seek and/or maintain public health accreditation to ensure that Minnesota's public health system meets and exceeds national Public Health Accreditation Board standards.

RESULTS

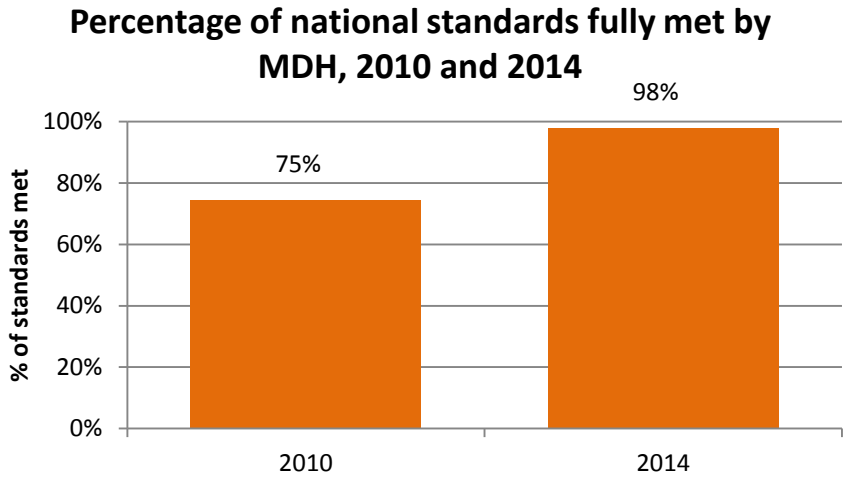
Measure 1: Quantity



Data notes: graph is based on self-report. This measure is a combination of the total measures (35) times the total number of CHBs (50 in 2013).

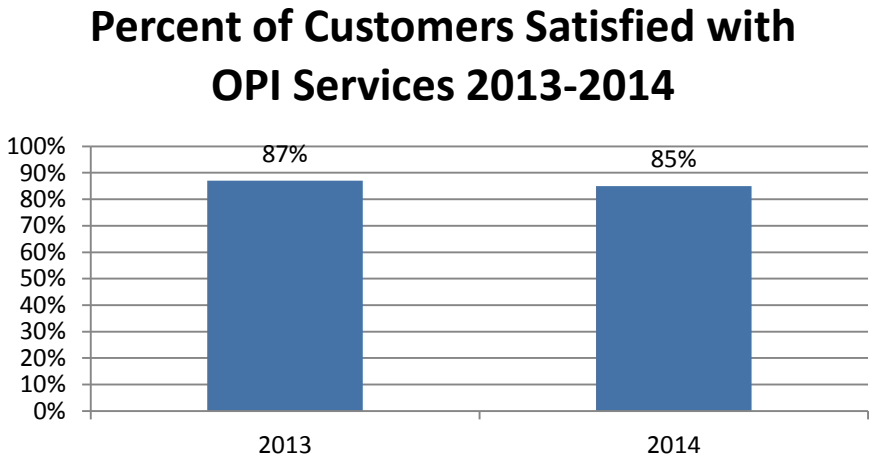
This graph shows Minnesota's CHBs on average could fully meet 37.3% of the national public health standards in 2012, and almost 51% of the national public health standards in 2013. The national standards for state, local and tribal health departments are important indicators of a health department's performance set against nationally recognized, practice-focused and evidenced-based criteria with the goal of advancing quality and performance within public health departments and improving service, value and accountability to stakeholders.

Measure 2: Quality



This graph shows the improvement in MDH's ability meet the national public health standards between 2010 and 2014. Self-assessment data from 2010 indicate that the agency could meet 75% of the standards. In 2014, MDH received public health accreditation after a rigorous site review, fully meeting 98% of the national standards.

Measure 3: Result



This graph shows customers rating OPI services as a 9 or 10 on a 10-point scale for 2013 and a portion of 2014. Respondents include local public health and MDH staff. Responders are asked to rate the quality of a number of OPI services including training, technical assistance and consultation.

M.S. 145A (https://www.revisor.mn.gov/statutes/?id=145A) provides the legal authority for Minnesota's local public health system.

Program: Health Improvement & Policy
Activity: Medical Cannabis

http://www.health.state.mn.us/topics/cannabis/index.html

AT A GLANCE

- The Office of Medical Cannabis is a new Office at the Minnesota Department of Health tasked with creating a process that allows seriously ill Minnesotans to acquire and use medical cannabis to treat certain health conditions.
- Based on the experience of other states with similar laws, it is anticipated that as many as 5,000 Minnesotans will be served by the program once it is fully operational.
- There will be 2 manufacturers and 8 distribution sites in the state that will be overseen by the Office of Medical Cannabis.

PURPOSE & CONTEXT

The Office of Medical Cannabis provides a structure to connect Minnesota residents with qualifying medical conditions to a registered manufacturer that can provide them with medical cannabis to treat their condition. The patients will be placed on the MDH registry and will be able to obtain medical cannabis in pill or liquid form from distribution sites. Two approved medical cannabis manufacturing facilities will provide the medical cannabis to the distribution sites. Certified health care practitioners in Minnesota will certify the qualifying condition for a patient so that the patient may apply to the registry.

The law requires Minnesota residents with one or more of the qualifying conditions who would like to access medical cannabis to join a patient registry that will be established by the state. The qualifying conditions include:

- Cancer associated with severe/chronic pain, nausea or severe vomiting, or cachexia or severe wasting;
- Glaucoma;
- HIV/AIDS;
- Tourette's Syndrome;
- Amyotrophic Lateral Sclerosis (ALS);
- Seizures, including those characteristic of epilepsy;
- Severe and persistent muscle spasms, including those characteristic of multiple sclerosis;
- Crohn's Disease; and
- Terminal illness, with a life expectancy of less than one year, if the illness or treatment produces severe/chronic pain, nausea or severe vomiting, cachexia or severe wasting.

SERVICES PROVIDED

The Office of Medical Cannabis will:

- Develop a secure patient registry through which qualified Minnesota residents can acquire medical cannabis to treat certain serious health conditions.
- Create a supply of medical cannabis for registry participants by registering and overseeing two manufacturers each with four distribution facilities in the state.
- Promote use of medical cannabis by reviewing and reporting the existing medical and scientific literature regarding the range of recommended dosages for each qualifying condition and the range of chemical compositions of any plant of the genus cannabis that will likely be medically beneficial for each of the qualifying conditions.
- Create a process for health care practitioners to certify a patient has been diagnosed with a qualifying condition and supervise the collection of registry data by participating practitioners.
- Conduct research and studies based on data submitted in the registry.

RESULTS

Because the Office of Medical Cannabis is new and the program has not been implemented, there are currently no performance measures. There are a number of potential measures that can be tracked in the future related to consumer protection, consideration and potential additions of new conditions to the program, regulation of manufacturers, and assistance to providers.

Laws 2014, Ch 311 https://www.revisor.mn.gov/laws/?id=311&year=2014&type=0

(Dollars in Thousands)

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	0	0	0	3,042	667	584	677	604
1200 - State Government Special Rev	0	0	0	100	834	729	834	729
Total	**0**	**0**	**0**	**3,142**	**1,501**	**1,313**	**1,511**	**1,333**
Biennial Change				3,142		(328)		(298)
Biennial % Change						(10)		(9)
Governor's Change from Base								30
Governor's % Change from Base								1

Expenditures by Category

Compensation	0	0	0	1,453	636	552	646	572
Operating Expenses	0	0	0	1,689	865	761	865	761
Total	**0**	**0**	**0**	**3,142**	**1,501**	**1,313**	**1,511**	**1,333**
Full-Time Equivalents	**0**	**0**	**0**	**3.0**	**8.0**	**8.0**	**8.1**	**8.2**

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Direct Appropriation	0	0	0	2,795	756	664	766	684
Net Transfers				247	(89)	(80)	(89)	(80)
Expenditures	0	0	0	**3,042**	**667**	**584**	**677**	**604**
Biennial Change in Expenditures				3,042		(1,791)		(1,761)
Biennial % Change in Expenditures						(59)		(58)
Gov's Exp Change from Base								30
Gov's Exp % Change from Base								2
FTEs	0	0	0	2.0	2.0	2.0	2.1	2.2

1200 - State Government Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Direct Appropriation	0	0	0	100	834	729	834	729
Expenditures	0	0	0	**100**	**834**	**729**	**834**	**729**
Biennial Change in Expenditures				100		1,463		1,463
Biennial % Change in Expenditures						1,463		1,463
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	0	0	0	1.0	6.0	6.0	6.0	6.0

Program: Health Improvement & Policy
Activity: Health Policy

http://www.health.state.mn.us/divs/hpsc/index.html

AT A GLANCE

- Minnesota clinics now submit data on 12 measures of quality health care to drive quality improvement.
- 98% of health care claims are now submitted electronically, improving accuracy and driving down system costs.
- According to data collected through the 2011 and 2013 Minnesota Health Access Surveys, the number of uninsured Minnesotans declined from 9% in 2011 to 8.2% in 2013, ensuring easier access to care.
- More than 600,000 certified birth and death records are issued annually.
- Adverse events reported by Minnesota hospitals declined 18% between 2012 and 2013, indicating safer care for Minnesota patients.
- 334 clinics (45% of all primary care clinics) certified as health care homes since 2009, to provide patient-centered care.
- 99% of MN hospitals use electronic health records systems to improve quality, coordinated care.
- 78% of physicians accessing loan forgiveness programs to practice in rural communities stay for at least 10 years.

PURPOSE & CONTEXT

The Health Policy Division (HP) provides policymakers and other stakeholders with policy research, analysis, design, and implementation of programs and reforms to improve health care value, quality, and accessibility. HP promotes access to quality, affordable health care for vulnerable, underserved, and rural populations. HP works to streamline and reduce health care administrative burdens and costs; promote the exchange of health information among providers; certify and train clinics to be health care homes; provide financial and technical assistance to community-based health systems; issue timely vital records and accurate birth or death data for public health research; and support medical education to build a strong health workforce. HP measures and reports on the health care marketplace, access and quality of care, adverse health events, and health workforce capacity to help target programs and funding to their best use. HP serves all Minnesota citizens, health care providers and professionals, purchasers, payers, and policy makers.

SERVICES PROVIDED

- Collect data and perform research to inform policy makers; monitor and understand health care access and quality, market conditions and trends, health care spending, capital investments, health status and disparities, health behaviors and conditions, and the impact of state/federal health and payment reform initiatives.
- Monitor clinical quality and safety in Minnesota health care facilities, through implementing the Statewide Quality Reporting and Measurement System and the Adverse Health Events system.
- Develop and certify clinics as health care homes to ensure coordinated care for patients with chronic health conditions.
- Provide leadership and technical assistance to health care organizations and consumers on effective use of health information technology, such as electronic medical records, to improve quality of care.
- Certify Minnesota's health information exchange providers to ensure that health information can be exchanged by providers across the continuum of care.
- Administer the statewide hospital trauma system, collect and analyze trauma data for quality improvement and interagency coordination, and provide technical expertise to hospitals caring for trauma patients.
- Award up to $60 million in Medical Education Research Costs funds each year to clinical training sites for health care providers.
- Analyze, provide financial support to, and report on Minnesota's rural and underserved urban health care delivery system and health workforce in order to focus planning for future needs.
- Collaborate with providers, payers, consumers and other stakeholders to develop standards and best practices for exchange of business and administrative data to increase efficiencies and reduce costs in the health care system.
- Administer a secure web-based vital records system so health care providers can enter accurate birth and death information, citizens can obtain birth and death records and health researchers have timely information that will help improve response to public health issues and emergencies.

RESULTS

Much of the Health Policy Division work focuses on providing high-quality, reliable research, policy and data analysis, and standards development work for legislators, policymakers, providers, payers, and consumers. HP's work provides these entities the information they need to improve healthcare quality/safety, reduce costs and improve population health.

In large part as a result of work led by HP programs, Minnesota has made great strides in:

- use of electronic health records and health information exchange, with significant potential to reduce medical errors and provide quality, coordinated patient care
- establishing a robust, statewide trauma system that helps save lives by ensuring that trauma patients get the appropriate level of care as quickly as possible.
- increasing accuracy of birth and death records through a secure, web-based system, and
- reducing health care administrative costs by an estimated $40 million to $60 million..

The indicators below were chosen to illustrate a cross-section of the work that Health Policy Division performs, though they do not cover all program areas.

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Results	Acute care hospitals exchanging clinical data with other health care providers	42%	79%	2010-2013
Quantity	Primary care clinics certified as health care homes	47	334	2010-2014
Results	Hospitals participating in a statewide trauma system	0/0%	131/96%	2005-2014
Results	Medical examiners registering deaths electronically	47%	77%	2010-2014

MS 144.7067 https://www.revisor.mn.gov/statutes/?id=144.7067 Adverse Health Reporting System (MS 144.7063, 144.7065, 144.7067, 144.7069)
MS 256B.0751 https://www.revisor.mn.gov/statutes/?id=256B.0751 Health Care Homes (MS 256B.0751 – 256B.0753)
MS 62J.63 https://www.revisor.mn.gov/statutes/?id=62J.63 Center For Health Care Purchasing Improvement
MS 62J.495 https://www.revisor.mn.gov/statutes/?id=62J.495 Electronic Health Record Technology (MS 62J.495 -62J.497)
MS 144.211 https://www.revisor.mn.gov/statutes/?id=144.211 Vital Statistics Act (MS 144.211 – 144.227)
MN 144.291 https://www.revisor.mn.gov/statutes/?id=144.291 Minnesota Health Records Act
MN 144.1501 https://www.revisor.mn.gov/statutes/?id=144.1501 Office of Rural Health and Primary Care - Health Professional Education Loan Forgiveness Act

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	6,350	6,497	6,277	8,637	7,500	7,500	7,521	7,543
1100 - Medical Education & Research	55,494	53,329	79,788	76,250	75,053	75,053	75,053	75,053
1200 - State Government Special Rev	3,137	3,562	3,154	4,239	4,216	4,216	4,317	4,340
2000 - Restricted Misc Special Rev	1,083	1,726	721	4,904	829	829	829	829
2001 - Other Misc Special Rev	6	724	881	2,323	349	349	349	349
2360 - Health Care Access	9,964	9,385	11,117	13,215	11,243	10,643	11,315	10,788
2403 - Gift	0	0	0	34	0	0	0	0
3000 - Federal	5,097	9,316	8,622	9,516	8,066	7,239	8,066	7,239
6000 - Miscellaneous Agency		0	0	0	0	0	0	0
Total	**81,131**	**84,538**	**110,559**	**119,120**	**107,257**	**105,830**	**107,451**	**106,142**
Biennial Change				64,010		(16,592)		(16,086)
Biennial % Change				39		(7)		(7)
Governor's Change from Base								506
Governor's % Change from Base								0

Expenditures by Category

Compensation	7,366	7,856	9,765	11,000	9,411	8,475	9,583	8,760
Operating Expenses	11,380	11,640	12,022	19,786	15,211	14,720	15,233	14,747
Other Financial Transactions	191	1,733	271	3,598	3	3	3	3
Grants, Aids and Subsidies	62,195	63,310	88,500	84,736	82,632	82,632	82,632	82,632
Total	**81,131**	**84,538**	**110,559**	**119,120**	**107,257**	**105,830**	**107,451**	**106,142**
Total Agency Expenditures	81,131	84,538	110,559	119,120	107,257	105,830	107,451	106,142
Internal Billing Expenditures	2,120	2,004	2,216	2,184	2,044	2,044	2,061	2,066
Expenditures Less Internal Billing	**79,011**	**82,535**	**108,343**	**116,936**	**105,213**	**103,786**	**105,390**	**104,076**
Full-Time Equivalents	**98.8**	**100.1**	**122.7**	**122.5**	**104.7**	**104.9**	**105.7**	**106.3**

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	11	328		377	55	28	55	28
Direct Appropriation	6,710	6,674	6,674	8,327	7,485	7,485	7,506	7,528
Receipts	0							
Net Transfers	(107)	(403)	(3)	(13)	(12)	(13)	(12)	(13)
Cancellations		101	17					
Expenditures	**6,350**	**6,497**	**6,277**	**8,637**	**7,500**	**7,500**	**7,521**	**7,543**
Balance Forward Out	264		377	55	28		28	
Biennial Change in Expenditures				2,066		86		150
Biennial % Change in Expenditures				16		1		1
Gov's Exp Change from Base								64
Gov's Exp % Change from Base								0
FTEs	10.2	10.5	12.0	11.1	10.4	10.4	10.6	10.9

1100 - Medical Education & Research

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	12,195	126	145	198				
Direct Appropriation			0	0	0	0	0	0
Receipts	49,438	49,447	75,054	71,266	71,266	71,266	71,266	71,266
Net Transfers	(6,013)	3,788	4,788	4,787	3,787	3,787	3,787	3,787
Expenditures	**55,494**	**53,329**	**79,788**	**76,250**	**75,053**	**75,053**	**75,053**	**75,053**
Balance Forward Out	126	32	198					
Biennial Change in Expenditures				47,215		(5,932)		(5,932)
Biennial % Change in Expenditures				43		(4)		(4)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

1200 - State Government Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	35	1,254	30	1,169				
Direct Appropriation	4,341	4,434	4,293	4,293	4,293	4,293	4,394	4,417
Receipts		0	0	0	0	0	0	0
Net Transfers				(77)	(77)	(77)	(77)	(77)
Cancellations		2,108		1,146				
Expenditures	**3,137**	**3,562**	**3,154**	**4,239**	**4,216**	**4,216**	**4,317**	**4,340**

1200 - State Government Special Rev

Balance Forward Out	1,239	18	1,169					
Biennial Change in Expenditures				695		1,038		1,263
Biennial % Change in Expenditures				10		14		17
Gov's Exp Change from Base								225
Gov's Exp % Change from Base								3
FTEs	30.7	31.1	29.0	33.7	31.2	31.2	31.9	32.2

2000 - Restricted Misc Special Rev

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In	7,506	5,227	4,092	4,075				
Receipts	1,440	338	554	679	679	679	679	679
Net Transfers	(6,588)	(6,437)	(3,788)	(3,787)	(3,787)	(3,787)	(3,787)	(3,787)
Expenditures	**1,083**	**1,726**	**721**	**4,904**	**829**	**829**	**829**	**829**
Balance Forward Out	5,212	1,341	4,075					
Biennial Change in Expenditures				2,816		(3,965)		(3,965)
Biennial % Change in Expenditures				100		(71)		(71)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	13.2	4.3	4.4	5.2	5.2	5.2	5.2	5.2

2001 - Other Misc Special Rev

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		3	1,639	1,899				
Direct Appropriation				0	0	0	0	0
Receipts	6	873	1,141	349	349	349	349	349
Net Transfers	2	1,448		75				
Expenditures	**6**	**724**	**881**	**2,323**	**349**	**349**	**349**	**349**
Balance Forward Out	3	1,601	1,899					
Biennial Change in Expenditures				2,475		(2,506)		(2,506)
Biennial % Change in Expenditures				339		(78)		(78)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs		9.9	12.4	8.4	8.4	8.4	8.4	8.4

2360 - Health Care Access

2360 - Health Care Access

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	5,370	5,235	2,546	2,572				
Direct Appropriation	9,227	7,593	11,243	10,643	11,243	10,643	11,315	10,788
Open Appropriation	19	18	12	0	0	0	0	0
Receipts		0	0					
Net Transfers	2,800	553						
Cancellations	2,900	1,662	111					
Expenditures	**9,964**	**9,385**	**11,117**	**13,215**	**11,243**	**10,643**	**11,315**	**10,788**
Balance Forward Out	4,552	2,351	2,572					
Biennial Change in Expenditures				4,983		(2,447)		(2,230)
Biennial % Change in Expenditures				26		(10)		(9)
Gov's Exp Change from Base								217
Gov's Exp % Change from Base								1
FTEs	32.0	31.8	44.3	40.6	35.9	36.0	35.9	36.0

2403 - Gift

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		31	31	34				
Receipts		0						
Net Transfers	31		3					
Expenditures	0	0	0	**34**	0	0	0	0
Balance Forward Out	31	31	34					
Biennial Change in Expenditures				34		(34)		(34)
Biennial % Change in Expenditures						(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

3000 - Federal

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In			481	620				
Receipts	5,097	9,317	8,763	8,896	8,066	7,239	8,066	7,239
Expenditures	**5,097**	**9,316**	**8,622**	**9,516**	**8,066**	**7,239**	**8,066**	**7,239**
Balance Forward Out			620					
Biennial Change in Expenditures				3,726		(2,833)		(2,833)
Biennial % Change in Expenditures				26		(16)		(16)

3000 - Federal

Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	12.7	12.4	20.6	23.5	13.7	13.7	13.7	13.7

6000 - Miscellaneous Agency

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		1	0					
Receipts	60	61	58	75	75	75	75	75
Net Transfers	(60)	(62)	(58)	(75)	(75)	(75)	(75)	(75)
Expenditures		0	0	0	0	0	0	0
Biennial Change in Expenditures				0		0		0
Biennial % Change in Expenditures				0		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

Program: Health Protection
Activity: Health Regulation

http://www.health.state.mn.us/cm/index.html

AT A GLANCE

- Monitor 4,760 health care facilities and providers for safety and quality
- Review qualifications and regulate more than 6,700 allied health practitioners
- Monitor 9 Health Maintenance Organizations (HMOs) and 3 County Based Purchasing organizations providing health care to 1.1 million Minnesotans
- Ensure criminal background checks are conducted on 136,000 applicants for employment in health facilities;
- Maintain a registry of more than 60,000 nursing assistants
- Inspect 560 funeral establishments and license 1,300 morticians
- Review more than 200,000 federal nursing home resident assessments to ensure accurate billing for services
- Register more than 3,400 spoken language health interpreters

PURPOSE & CONTEXT

The Compliance Monitoring Division protects the health and safety of Minnesota's nursing home residents, home care clients, hospital patients, developmentally disabled clients, enrollees of health maintenance organizations (HMOs) and county-based purchasing plans, spoken language health interpreters, families obtaining services at funeral establishments, birth center clients, clients of body art establishments, and other clients of allied health professional groups such as occupational therapists and audiologists.

This work protects the health and safety of consumers of all ages; however, a great deal of the division's work focuses on protecting older Minnesotans and vulnerable adults. As baby boomers age over the next 20 years, this population will require more and more health services, and the need for health protection will become even more important.

SERVICES PROVIDED

The Compliance Monitoring Division conducts the following activities in its health and safety protection:

REGULATORY OVERSIGHT

- Evaluate licensing or registration applications to ensure that minimum qualifications are met;
- Ensure that fire and safety inspections are conducted and that health facilities meet the physical plant requirements;
- Handle thousands of citizen calls each year, investigate complaints and initiate enforcement actions when appropriate against health facilities and providers found to be violating state or federal laws;
- Enforce the laws protecting persons from maltreatment under the Vulnerable Adults Act and Maltreatment of Minors Acts;
- Conduct audits of federally certified nursing homes to ensure they are billing appropriately for services provided;
- Regulate funeral services providers to ensure proper care and disposition of the dead and ensure that pre-need funds paid by families are protected and available to pay for services when needed;
- Regulate body art establishments and technicians to ensure health and safety standards are followed;
- Regulate HMOs and County Based Purchasing entities to ensure compliance with statutes and rules governing financial solvency, quality assurance, network adequacy, and consumer protection;
- Respond to emergencies in health facilities such as fire, tornadoes, floods and health provider strikes to ensure that consumers' health is protected.

POLICY DEVELOPMENT AND COMMUNICATIONS

- Collaborate with intra and inter agency partners to coordinate common regulatory responsibilities to avoid duplication, increase efficiency and develop proposals to increase provider compliance and protect consumers. Partners include MDH-Environmental Health Division, Departments of Commerce and Human Services, MNSure, State Fire Marshal's Office, Ombudsman's Offices for Mental Health and Developmental Disabilities and for Long Term Care, and the federal Centers for Medicare and Medicaid Services (CMS);

- Work with provider member organizations and consumer advocacy groups to define areas for improved consumer protection;
- Provide help and assistance to providers and consumers about legal requirements and rights and identify emerging trends;
- Advocate for changes needed to strengthen consumer protection, including developing legislative proposals.

RESULTS

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Quantity	Federal standard: inspect each nursing home at least every 15.9 months	100%	100%	FFY12, FFY13
Quality	Total onsite Vulnerable Adults Act investigations completed within 60 days	30%	40%	SFY12, SFY13

MS 148.511 (https://www.revisor.mn.gov/statutes/?id=148.511) Speech language pathologists and audiologists licensing (MS 148.511 – 148.5198)
MS 146B (https://www.revisor.mn.gov/statutes/?id=146B) Body Art
MS 148.995 (https://www.revisor.mn.gov/statutes/?id=146B) Doula registry
MS 153A (https://www.revisor.mn.gov/statutes/?id=153A) Hearing instrument dispensing
MS 148.6401 (https://www.revisor.mn.gov/statutes/?id=148.6401) Occupational therapists and assistants
MS 144A.46 (https://www.revisor.mn.gov/statutes/?id=144A.46) Office health facility complaints
MS 149A (https://www.revisor.mn.gov/statutes/?id=149A) Mortuary science; disposition of dead bodies (MS ch. 306, 307)
MS 146A (https://www.revisor.mn.gov/statutes/?id=146A) Complementary and alternative health care practices
M.S 144.058 (https://www.revisor.mn.gov/statutes/?id=144.058) Spoken language health care interpreters
MS 144A.43 (https://www.revisor.mn.gov/statutes/?id=144A.43) Home care (MS 144A.43-144A.44; 144A.471-144A.4798; 144A.481; 626.556-626.5572)
MS 62D (https://www.revisor.mn.gov/statutes/?id=62D) Health maintenance organizations
MS 144.0724 (https://www.revisor.mn.gov/statutes/?id=144.0724) Case mix (MS 256B.438)

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	1,815	3,745	2,764	3,054	2,914	2,914	2,915	2,917
1200 - State Government Special Rev	7,833	9,954	8,852	13,599	12,240	12,351	12,574	12,696
1201 - Health Related Boards	0	55	0	0	0	0	0	0
2000 - Restricted Misc Special Rev	192	147	202	356	304	304	304	304
2001 - Other Misc Special Rev	6,593	4,180	6,216	26,002	26,368	26,358	26,368	26,358
2360 - Health Care Access	0	114	0	0	0	0	0	0
3000 - Federal	8,453	8,257	22,780	2,836	199	204	199	204
Total	**24,886**	**26,452**	**40,814**	**45,847**	**42,024**	**42,130**	**42,359**	**42,478**
Biennial Change				35,323		(2,506)		(1,823)
Biennial % Change				69		(3)		(2)
Governor's Change from Base								683
Governor's % Change from Base								1

Expenditures by Category

Compensation	16,884	14,573	15,090	27,216	29,457	29,551	29,690	29,786
Operating Expenses	7,867	11,790	25,571	18,628	12,565	12,577	12,667	12,690
Other Financial Transactions	133	88	153	3	3	3	3	3
Grants, Aids and Subsidies	2		0					
Capital Outlay-Real Property	1	1						
Total	**24,886**	**26,452**	**40,814**	**45,847**	**42,024**	**42,130**	**42,359**	**42,478**
Total Agency Expenditures	24,886	26,452	40,814	45,847	42,024	42,130	42,359	42,478
Internal Billing Expenditures	4,359	5,829	5,854	3,185	3,348	3,348	3,409	3,409
Expenditures Less Internal Billing	**20,527**	**20,623**	**34,960**	**42,662**	**38,676**	**38,782**	**38,950**	**39,069**
Full-Time Equivalents	**203.9**	**203.4**	**215.6**	**171.3**	**162.4**	**162.4**	**165.0**	**165.0**

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		855		140				
Direct Appropriation	2,994	3,022	2,904	2,914	2,914	2,914	2,915	2,917
Net Transfers	(324)	(90)						
Cancellations		42						
Expenditures	**1,815**	**3,745**	**2,764**	**3,054**	**2,914**	**2,914**	**2,915**	**2,917**
Balance Forward Out	855		140					
Biennial Change in Expenditures				258		11		15
Biennial % Change in Expenditures				5		0		0
Gov's Exp Change from Base								4
Gov's Exp % Change from Base								0
FTEs	0.6	0.6	0.8	0.8	0.3	0.3	0.3	0.3

1200 - State Government Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		1,299		1,283				
Direct Appropriation	9,685	9,649	10,135	12,316	12,239	12,350	12,573	12,695
Net Transfers	(553)	(177)						
Cancellations		818						
Expenditures	**7,833**	**9,954**	**8,852**	**13,599**	**12,240**	**12,351**	**12,574**	**12,696**
Balance Forward Out	1,299		1,283					
Biennial Change in Expenditures				4,664		2,139		2,818
Biennial % Change in Expenditures				26		10		13
Gov's Exp Change from Base								679
Gov's Exp % Change from Base								3
FTEs	35.5	35.1	40.5	38.5	37.9	37.9	40.6	40.6

1201 - Health Related Boards

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Direct Appropriation	0	0	0	0	0	0	0	0
Net Transfers		112						
Cancellations		57	0	0	0	0	0	0
Expenditures	0	**55**	0	0	0	0	0	0
Biennial Change in Expenditures				(55)		0		0
Biennial % Change in Expenditures				(100)		0		0

1201 - Health Related Boards

Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	0	0.0	0	0	0	0	0	0

2000 - Restricted Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	115	89		52				
Receipts	192	147	254	304	304	304	304	304
Net Transfers	(26)	(89)						
Expenditures	**192**	**147**	**202**	**356**	**304**	**304**	**304**	**304**
Balance Forward Out	89		52					
Biennial Change in Expenditures				218		50		50
Biennial % Change in Expenditures				64		9		9
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7

2001 - Other Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	521	870	1,379	124				
Receipts	6,201	4,384	4,820	25,878	26,368	26,358	26,368	26,358
Net Transfers	736	199	142					
Expenditures	**6,593**	**4,180**	**6,216**	**26,002**	**26,368**	**26,358**	**26,368**	**26,358**
Balance Forward Out	866	1,275	124					
Biennial Change in Expenditures				21,444		20,508		20,508
Biennial % Change in Expenditures				199		64		64
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	163.8	163.6	170.5	128.4	120.5	120.5	120.5	120.5

2360 - Health Care Access

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Direct Appropriation	0	137	0	0	0	0	0	0
Net Transfers		(23)						
Expenditures	0	**114**	0	0	0	0	0	0

2360 - Health Care Access

Biennial Change in Expenditures				(114)		0		0
Biennial % Change in Expenditures				(100)		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	0	0.1	0.0	0.0	0.0	0.0	0.0	0.0

3000 - Federal

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		2	1,333	1,326				
Receipts	8,454	9,580	22,773	1,510	199	204	199	204
Expenditures	**8,453**	**8,257**	**22,780**	**2,836**	**199**	**204**	**199**	**204**
Balance Forward Out	2	1,325	1,326					
Biennial Change in Expenditures				8,906		(25,213)		(25,213)
Biennial % Change in Expenditures				53		(98)		(98)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	2.4	2.3	2.0	2.0	2.0	2.0	2.0	2.0

Program: Health Protection
Activity: Environmental Health

http://www.health.state.mn.us/divs/eh/

AT A GLANCE

The EH division contains 294 staff and revenues of $42 Million from fee programs

- Test drinking water at more than 8000 public water systems. 99% of Minnesotans served by community water systems receive water that meets all health-based drinking water standards.
- Ensure safe food, drinking water, lodging, and swimming pools in 23,000 establishments statewide. Annually certify 12,000 food managers (CFM); there are currently 35,304 CFM's active in the state.
- Test private wells and issue drinking water advisories in areas of contaminated groundwater. Test newly constructed drinking water supply wells for bacteria, nitrate, and arsenic.
- Assess multiple social, economic, exposure, and health factors that affect public health through Health Impact Assessments.
- Promote healthy indoor environments through education and assistance with: asbestos, lead, indoor arenas; Minnesota Clean Indoor Air Act; Radon and Indoor Environmental Quality in Schools.

PURPOSE & CONTEXT

Whether it is clean air to breathe, clean water to drink, or wholesome food to eat, having a healthy environment is a key determinant for individual and community health. The Minnesota Department of Health's Environmental Health Division strives to protect, promote and improve public health in Minnesota by monitoring and managing environmental health risks and hazards around the state. Key functions include:

- Ensuring that food served in Minnesota restaurants and other food establishments is safe;
- Keeping drinking water safe;
- Evaluating potential health risks from exposures to toxic environmental hazards;
- Keeping our indoor environments healthy.

SERVICES PROVIDED

Drinking Water Protection (DWP) Section

- Ensure compliance with federal and state Safe Drinking Water Act standards in more than 8,000 public drinking water systems through inspection, contaminant monitoring, technical assistance, education and the protection of the systems water resources.
- Enhance the Source Water Protection program, a prevention-based program that identifies sensitive ground water areas and promotes protective measures.
- Contribute to interagency activities on the Clean Water Fund (CWF), State Water Plan, the University of MN's 25 year water plan. Provide technical assistance to the Public Facilities Authority.

Food Pools Lodging Services (FPLS) Section

- Ensure compliance with state health standards to ensure sanitary conditions in the state's approximately 23,000 hotels/motels, schools, resorts, restaurants, manufactured home parks, recreational camping areas and children's camps.
- Ensure compliance with state health standards to ensure thousands of public swimming pools are safely constructed and maintained.
- Work with county, city and community health board partners through delegation agreements.
- Certify 12,000 food managers annually.
- Provide public information and education about safe food handling and hand-washing.

Environmental Surveillance and Assessment (ESA) Section

- Evaluate potential health risks from exposures to toxic environmental hazards such as contaminated sport fish, waste disposal sites, operation of power plants, agricultural and industrial activities. Recommend actions to minimize exposures and manage risks.
- Contribute to growing scientific and risk assessment findings on children's environmental health, mining operations, and contaminated Minnesota groundwater.
- Conduct biomonitoring studies of mercury in infants and Great Lakes regional pollutants in tribal members.
- Coordinate MDH activities related to health impact assessments (HIAs) and climate change adaptation.
- Conduct surveillance and mitigation of blood lead levels in children and promote healthy home environments.
- Assess risks from Drinking Water Contaminants of Emerging Concern (CEC) as part of the MDH Clean Water Fund activities.
- Provide a technical representative to the state Environmental Quality Board: https://www.eqb.state.mn.us/

Indoor Environments and Radiation (IER) Section

- Inspect and provide compliance assistance to ensure public health protection in the areas of asbestos and lead abatement.
- Enforce the Minnesota Clean Indoor Air Act, which prohibits smoking in most indoor public areas and workplaces.
- Provide public information and education about the potential health effects of asbestos, lead, radon, mold and other indoor air contaminants.
- Inspect all X-ray facilities and license the use of radioactive materials in order to protect the public from unnecessary radiation exposures .
- Conduct environmental radiation monitoring and sampling around Minnesota's two nuclear power plants.
- Participate in the State's Radiological Emergency Preparedness program and help local and state governmental agencies prepare for and respond to radiological emergencies and incidents.
- Assist schools in addressing indoor air quality concerns and other environmental health hazards that cause health problems for children.

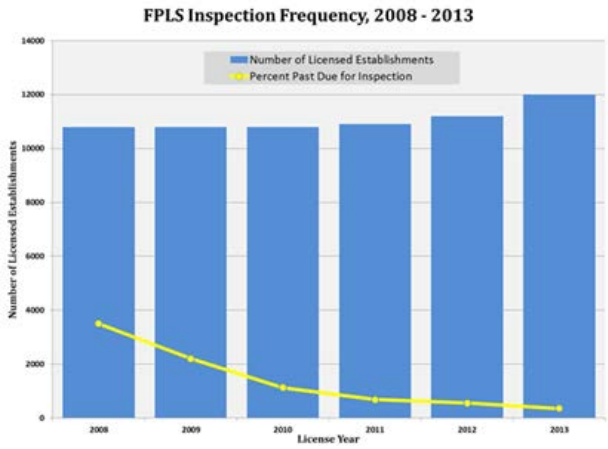
Well Management (WM) Section Operations-Metro/North/South, Central Office Operations, Records and Information

- Protect public health and groundwater resources by ensuring the proper location and construction of new wells and borings and the timely and proper sealing of unused wells and borings.
- Contribute to interagency activities on the Clean Water Fund through well sealing, county well indexing and evaluation strategies of private wells.

RESULTS

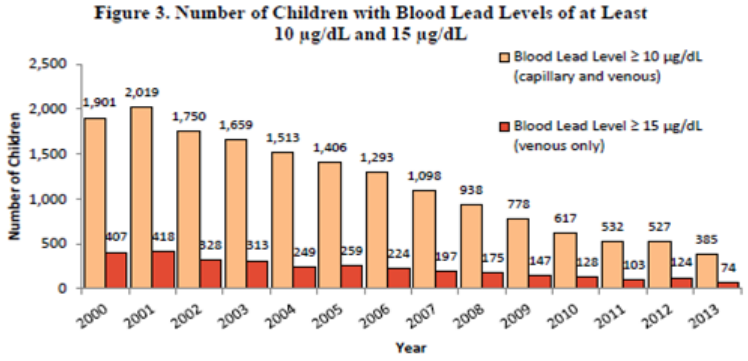
Food Pools and Lodging Services Inspection Frequency:

Assurance that food service, pools and lodging services are provided in a safe manner to the public is important for public health. The frequency at which inspections of these establishments are conducted helps assure the safety of those operations. This data is from our licensing and inspection system.



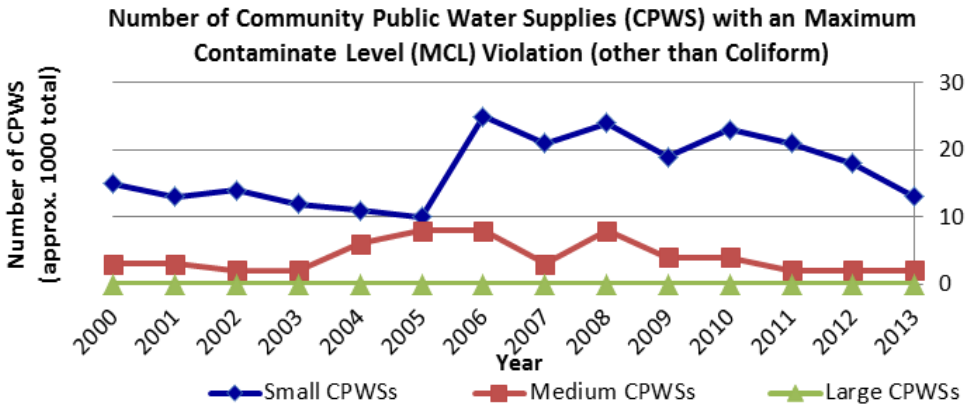
Children with Elevated Blood Lead Levels:

Children with elevated blood lead levels are at significant risk of health and development problems. Prevention and early intervention are critical aspects to reducing blood lead levels in children. This data is from our blood lead surveillance system.



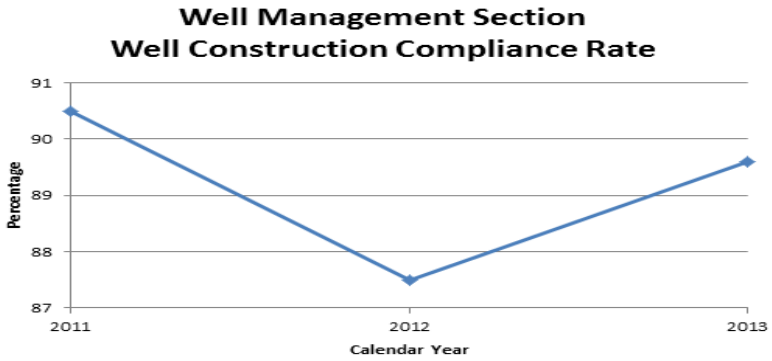
Community Public Water Supplies:

The number of Community Public Water Supply systems that are unable to meet Maximum Contaminate Level (MCL) standards for drinking water indicates the quality of the natural water supply in the state. Treatment of water for drinking water purposes is often a factor dependent on the size of the community. Small water systems have more difficulty meeting MCL standards than large systems. This data is from our data monitoring system.



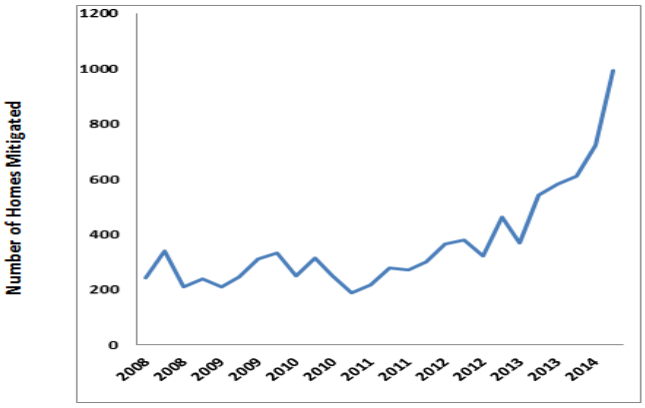
Well Construction Compliance Rate:

Construction of wells according to the established code ensures that the water supplied from the wells is safe for its intended purpose and that construction of the well will limit unintended contamination of the ground water. The compliance rate is an indicator of proper well construction and provides data on areas requiring addition education or technical assistance for well contractors. This data is from our licensing and inspection database.



Homes with Reduced Radon:

Homes with high radon present a greater risk to occupants for lung cancer. Improved construction and mitigation techniques along with testing homes at the time of sale can reduce the number of homes with high radon levels. This data is from our monitoring system.



DWP: M.S. 144.12, 144.122. 144.383, 446.081 (https://www.revisor.mn.gov/statutes/?id=144), (https://www.revisor.mn.gov/statutes/?id=446A)

FPLS: M.S. 157, M.S. 327, 144.1222, (https://www.revisor.mn.gov/statutes/?id=157, https://www.revisor.mn.gov/statutes/?id=327, https://www.revisor.mn.gov/statutes/?id=144.1222)

ESA: M.S. 144.9502, M.R, 4717.8000 (https://www.revisor.mn.gov/statutes/?id=144.9502, https://www.revisor.mn.gov/rules/?id=4717.8000&keyword_type=exact&keyword=Health+Risk+Values)

IER: M.S. 326.70, M.R. 4620, M.S. 144.9512, 144.1202,144.412 (https://www.revisor.mn.gov/statutes/?id=326.70, https://www.revisor.mn.gov/rules/?id=4620, https://www.revisor.mn.gov/statutes/?id=144.9512, https://www.revisor.mn.gov/statutes/?id=144.1202, https://www.revisor.mn.gov/statutes/?id=144.412)

Wells: M.S. 103I.005, (https://www.revisor.mn.gov/statutes/?id=103I.005)

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	2,549	3,193	2,587	3,751	3,177	3,177	3,327	3,374
1200 - State Government Special Rev	20,065	21,534	21,190	23,507	23,506	23,506	26,474	26,897
2000 - Restricted Misc Special Rev	1,133	1,489	1,432	1,591	1,350	1,350	1,350	1,350
2001 - Other Misc Special Rev	11	1,040	4,418	4,101	3,918	3,918	3,918	3,918
2302 - Clean Water Fund	2,268	2,149	3,359	6,185	0	0	4,700	4,500
2403 - Gift	0	1	1	2	0	0	0	0
2800 - Environmental	55	53	211	253	232	232	232	232
2801 - Remediation Fund	181	230	216	288	252	252	252	252
3000 - Federal	8,356	8,746	9,956	11,591	11,655	11,655	11,655	11,655
8201 - Drinking Water Revolving	536	560	548	237	200	200	200	200
Total	**35,154**	**38,995**	**43,918**	**51,505**	**44,290**	**44,290**	**52,108**	**52,378**
Biennial Change				21,274		(6,843)		9,063
Biennial % Change				29		(7)		9
Governor's Change from Base								15,906
Governor's % Change from Base								18

Expenditures by Category

Compensation	21,532	21,588	23,786	23,974	21,565	21,537	26,522	26,727
Operating Expenses	9,984	13,071	13,740	19,677	15,674	15,702	17,526	17,617
Other Financial Transactions	145	80	122	65	63	63	63	63
Grants, Aids and Subsidies	3,473	4,135	6,123	7,784	6,988	6,987	7,997	7,970
Capital Outlay-Real Property	21	120	148	6				
Total	**35,154**	**38,995**	**43,918**	**51,505**	**44,290**	**44,290**	**52,108**	**52,378**
Total Agency Expenditures	35,154	38,995	43,918	51,505	44,290	44,290	52,108	52,378
Internal Billing Expenditures	5,240	4,935	5,620	6,887	6,591	6,591	7,633	7,711
Expenditures Less Internal Billing	**29,914**	**34,060**	**38,298**	**44,618**	**37,699**	**37,699**	**44,475**	**44,667**
Full-Time Equivalents	**283.4**	**272.7**	**300.1**	**290.4**	**258.4**	**258.7**	**292.1**	**295.7**

(Dollars in Thousands)

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		245	243	475				
Direct Appropriation	2,865	3,165	2,892	3,192	3,177	3,177	3,223	3,270
Net Transfers	(72)	(72)	(73)	84			104	104
Cancellations	0	3						
Expenditures	**2,549**	**3,193**	**2,587**	**3,751**	**3,177**	**3,177**	**3,327**	**3,374**
Balance Forward Out	244	142	475					
Biennial Change in Expenditures				596		16		363
Biennial % Change in Expenditures				10		0		6
Gov's Exp Change from Base								347
Gov's Exp % Change from Base								5
FTEs	22.7	24.4	21.3	21.7	19.6	19.6	21.1	21.6

1200 - State Government Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		2,563		2,341				
Direct Appropriation	22,504	22,504	23,531	23,506	23,506	23,506	26,474	26,897
Open Appropriation	120	116	77	0	0	0	0	0
Receipts	(1)	(82)	0	0	0	0	0	0
Net Transfers			(77)					
Cancellations		3,568		2,341				
Expenditures	**20,065**	**21,534**	**21,190**	**23,507**	**23,506**	**23,506**	**26,474**	**26,897**
Balance Forward Out	2,558		2,341					
Biennial Change in Expenditures				3,098		2,316		8,675
Biennial % Change in Expenditures				7		5		19
Gov's Exp Change from Base								6,359
Gov's Exp % Change from Base								14
FTEs	177.8	154.5	168.2	165.3	152.2	152.4	158.5	162.0

2000 - Restricted Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	169	415	464	323	85	90	85	90
Receipts	134	220	136	277	277	277	277	277
Net Transfers	1,173	1,214	1,155	1,078	1,077	1,077	1,077	1,077
Expenditures	**1,133**	**1,489**	**1,432**	**1,591**	**1,350**	**1,350**	**1,350**	**1,350**

2000 - Restricted Misc Special Rev

Balance Forward Out	343	360	323	85	90	95	90	95
Biennial Change in Expenditures				401		(323)		(323)
Biennial % Change in Expenditures				15		(11)		(11)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	2.2	2.5	4.6	4.8	4.8	4.8	4.8	4.8

2001 - Other Misc Special Rev

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		16	5	183				
Receipts	26	1,035	4,595	3,917	3,917	3,917	3,917	3,917
Net Transfers	1	(5)						
Expenditures	**11**	**1,040**	**4,418**	**4,101**	**3,918**	**3,918**	**3,918**	**3,918**
Balance Forward Out	16	5	183					
Biennial Change in Expenditures				7,468		(683)		(683)
Biennial % Change in Expenditures				711		(8)		(8)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	0.1	7.0	30.4	33.0	28.0	28.0	28.0	28.0

2302 - Clean Water Fund

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		789	1,775	1,906				
Direct Appropriation	2,988	3,050	4,430	4,430	0	0	4,700	4,500
Net Transfers		(170)	(428)	(150)				
Cancellations			512					
Expenditures	**2,268**	**2,149**	**3,359**	**6,185**	0	0	**4,700**	**4,500**
Balance Forward Out	720	1,520	1,906					
Biennial Change in Expenditures				5,127		(9,544)		(344)
Biennial % Change in Expenditures				116		(100)		(4)
Gov's Exp Change from Base								9,200
FTEs	12.9	16.5	21.2	11.8			25.9	25.4

2403 - Gift

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17

2403 - Gift

Balance Forward In		4	3	2				
Net Transfers	4							
Expenditures	**0**	**1**	**1**	**2**	0	0	0	0
Balance Forward Out	4	3	2					
Biennial Change in Expenditures				2		(3)		(3)
Biennial % Change in Expenditures				174		(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

2800 - Environmental

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		2		21				
Direct Appropriation	0	0	0	0	0	0	0	0
Net Transfers	57	57	232	232	232	232	232	232
Cancellations		6						
Expenditures	**55**	**53**	**211**	**253**	**232**	**232**	**232**	**232**
Balance Forward Out	2		21					
Biennial Change in Expenditures				356		0		0
Biennial % Change in Expenditures				329		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	0.6	0.6	1.8	1.5	1.5	1.5	1.5	1.5

2801 - Remediation Fund

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		71		36				
Direct Appropriation	0	0	0	0	0	0	0	0
Net Transfers	252	252	252	252	252	252	252	252
Cancellations		93						
Expenditures	**181**	**230**	**216**	**288**	**252**	**252**	**252**	**252**
Balance Forward Out	71		36					
Biennial Change in Expenditures				93		(1)		(1)
Biennial % Change in Expenditures				23		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	2.1	2.4	2.3	2.3	2.3	2.3	2.3	2.3

2801 - Remediation Fund

3000 - Federal

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		38	0					
Receipts	8,357	8,709	9,956	11,591	11,655	11,655	11,655	11,655
Expenditures	**8,356**	**8,746**	**9,956**	**11,591**	**11,655**	**11,655**	**11,655**	**11,655**
Biennial Change in Expenditures				4,443		1,763		1,763
Biennial % Change in Expenditures				26		8		8
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	60.1	59.3	45.7	45.3	45.3	45.3	45.3	45.3

8201 - Drinking Water Revolving

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In				37				
Receipts	535	560	585	200	200	200	200	200
Expenditures	**536**	**560**	**548**	**237**	**200**	**200**	**200**	**200**
Balance Forward Out			37					
Biennial Change in Expenditures				(310)		(385)		(385)
Biennial % Change in Expenditures				(28)		(49)		(49)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	4.9	5.5	4.7	4.6	4.6	4.6	4.6	4.6

Program: Health Protection
Activity: Infectious Disease Epidemiology, Prevention, and Control Division

http://www.health.state.mn.us/divs/idepc/

AT A GLANCE

- Detected state and national outbreaks such as Salmonella associated with a festival, *Listeria monocytogenes* associated with cheese, *Salmonella* associated with cucumbers, and E. coli O157:H7 associated with petting zoos.
- Investigated 130 intestinal disease outbreaks in 2013.
- Investigated a record 1,431 confirmed Lyme disease cases reported to MDH in 2013.
- Funded clinics through the Minnesota Infertility Prevention Project to provide more than 56,000 tests for chlamydia and/or gonorrhea in 2013.
- There were nearly 19,000 cases of chlamydia and 4,000 cases of gonorrhea reported to MDH in 2013.
- Coordinated programs to immunize 70,000 babies annually to prevent serious diseases.
- Provided vaccine to one in every three children in Minnesota through the Minnesota Vaccines for Children Program (MnVFC). MnVFC provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. In 2013, MDH ordered over $41 million dollars' worth of vaccine for the MnVFC Program.
- Managed treatment for 137 new tuberculosis cases and evaluated 571 new case contacts in 2011.
- Investigated the spread of West Nile virus (80 cases and three deaths in 2013).
- Coordinated health screenings for 2,073 newly arrived refugees in 2013.

PURPOSE & CONTEXT

The Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division provides statewide leadership to ensure Minnesotans are safe from infectious diseases. We do this by:

- Maintaining systems to detect, investigate, and mitigate infectious disease outbreaks and threats;
- Recommending policy for detecting, preventing or controlling infectious diseases;
- Coordinating with the health care and public health system to implement effective measures to prevent further transmission of diseases;
- Provide access to vaccines to prevent infectious diseases
- Providing advice on diagnosis and treatment of rare infectious diseases (e.g., Lassa Fever); and
- Identifying activities to prevent future outbreaks. Collaborating with local, state, and federal public health officials; community organizations, public and private providers, hospitals, and laboratories.

All Minnesota residents are served by IDEPC's work. Specific populations served include infants and children, adolescents, high-risk adults, older adults, those with chronic disease, refugees, immigrants and other foreign-born individuals, patients in hospitals and long-term care facilities, and health care workers.

IDEPC is 92 percent federally funded (grants and vaccine), 7 percent state general fund, and less than 1 percent state government special revenue.

SERVICES PROVIDED

Identifying, investigating, and mitigating infectious disease threats:

- Maintain a 24/7 system to detect and investigate cases of infectious disease.
- Lead efforts to detect and control emerging infectious diseases (e.g. Pandemic influenza, Ebola, Chikungunya).
- Analyze disease reports to identify unusual patterns of infectious disease, detect outbreaks, identify the cause, and implement control measures.
- Alert health professionals and the public about outbreaks and how to control them, including consultation on treatment options.
- Fund STD and HIV testing and prevention activities;
- Maintain foodborne illness hotline to receive illness complaints from the public and identify possible outbreaks.
- Manage treatment of and provide medications for tuberculosis (TB) patients to prevent spread of disease.
- Coordinate refugee screenings to identify and treat health problems;
- Provide vaccines and other medicine to prevent and control outbreaks of vaccine-preventable disease.

- Conduct follow-up activities to facilitate testing, treatment, and counseling of HIV, STD, and TB patients and their contacts to prevent disease transmission.
- Provide technical support to local public health through eight regional epidemiologists located across the state.
- Notify federal officials, hospitals and clinics, and the general public of the need to remove a product from the market or to not use or consume a specific product that is a public health threat.

Prevent infectious disease:

- Distribute publicly purchased vaccines for children whose families cannot afford them.
- Coordinate medical screening programs for newly arrived refugees.
- Provide leadership for ongoing development of a statewide immunization information system.
- Conduct studies on diseases of high concern to the public and the medical community.
- Provide education to health care providers on management of infectious diseases (telephone consultation, 24/7 on-call system, publications, and the MDH website).
- Educate the public, including high-risk populations, on disease testing, treatment, and prevention methods.
- Provide grants to local public health agencies and nonprofit organizations for prevention activities.
- Involve high-risk communities, health care providers, and concerned citizens in responding to infectious disease challenges. Advisory committees have been established to address vaccines, TB, and HIV/STDs.
- Alert the public where and when the risk of infectious disease is the greatest (e.g. Lyme disease, West Nile).
- Communicate current infectious disease information through the website and publication of Got Your Shots? and the Disease Control Newsletter.

RESULTS

Completing TB therapy prevents the spread of TB and reduces the development of resistant strains of the disease. State funding provides access to medication and reduces barriers to completing therapy.

Identifying and tracking the source of foodborne disease outbreaks helps to identify steps needed to prevent the spread of disease, including food recalls, or changes to food handling practices.

Screening of newly arrived refugees is an effective public health tool used to identify and treat health problems and prevent the spread of infectious disease.

Increasing vaccination rates helps to reduce disease occurrence.

Type of Measure	*Performance Measures*	*Previous*	*Previous*	*Current*
Result	Percentage of tuberculosis (TB) patients who complete therapy in 12 months. *Source: MDH TB Program Data*	2008 93% N=192	2010 91% N=116	2012 96% N=133
Quality	Percentage of foodborne disease outbreak in which the source of the outbreak was identified. *Source: MDH Foodborne Outbreak Data*	2005 68% N=41	2011 54% N=57	2013 63% N=41
Quality	Percentage of newly arriving refugees in Minnesota who have a health screening within three months of arrival. *Source: MDH Refugee Health Program Data*	2010 96.8% N=2169	2011 98.3% N=1808	2013 96.5% N=2,109
Result	Percentage of Adolescents Receiving >1 Tetanus, diphtheria and acellular pertussis [Tdap] vaccination *Source: National Immunization Survey-Teen, 2008, 2010, 2012*	2008 40.7% N= 310	2010 70.3% N=310	2012 85.6% N=322

The following statutes apply to this program:

M.S. 13.3805 (https://www.revisor.leg.state.mn.us/statutes/?id=13.3805)
M.S. 121A.15 (https://www.revisor.leg.state.mn.us/statutes/?id=121A.15)
M.S. 144.05 (https://www.revisor.leg.state.mn.us/statutes/?id=144.05)
M.S. 144.12 (https://www.revisor.leg.state.mn.us/statutes/?id=144.12)
M.S. 144.3351 (https://www.revisor.leg.state.mn.us/statutes/?id=144.3351)
Minn. Rules, Ch. 4604 (https://www.revisor.leg.state.mn.us/rules/?id=4604)
Minn. Rules, Ch. 4605 (https://www.revisor.leg.state.mn.us/rules/?id=4605)

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	3,679	4,608	3,407	4,455	3,893	3,892	3,929	3,966
1200 - State Government Special Rev	134	214	167	214	214	214	214	214
2000 - Restricted Misc Special Rev	774	593	520	226	136	136	136	136
2001 - Other Misc Special Rev	3,519	2,022	2,627	2,233	327	327	327	327
2302 - Clean Water Fund	0	0	49	661	0	0	105	105
2403 - Gift	8	3	4	49	0	0	0	0
3000 - Federal	17,669	19,375	22,672	22,624	25,627	25,627	25,627	25,627
Total	**25,783**	**26,816**	**29,445**	**30,462**	**30,197**	**30,196**	**30,338**	**30,375**
Biennial Change				7,308		486		806
Biennial % Change				14		1		1
Governor's Change from Base								320
Governor's % Change from Base								1

Expenditures by Category

Compensation	12,191	13,141	14,298	15,862	18,610	18,603	18,701	18,732
Operating Expenses	9,072	8,444	8,549	11,677	8,281	8,329	8,331	8,379
Other Financial Transactions	57	61	112	3	3	3	3	3
Grants, Aids and Subsidies	4,418	5,166	6,483	2,921	3,304	3,262	3,304	3,262
Capital Outlay-Real Property	45	4	3					
Total	**25,783**	**26,816**	**29,445**	**30,462**	**30,197**	**30,196**	**30,338**	**30,375**
Total Agency Expenditures	25,783	26,816	29,445	30,462	30,197	30,196	30,338	30,375
Internal Billing Expenditures	3,154	3,095	3,672	1,560	1,652	1,652	1,661	1,661
Expenditures Less Internal Billing	**22,629**	**23,721**	**25,773**	**28,902**	**28,545**	**28,544**	**28,677**	**28,714**
Full-Time Equivalents	**165.8**	**174.6**	**181.4**	**181.4**	**182.1**	**182.1**	**183.5**	**183.9**

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		472		484				
Direct Appropriation	4,217	4,217	3,892	3,892	3,892	3,892	3,928	3,966
Receipts	0							
Net Transfers	(76)	(70)	0					
Cancellations		11	1					
Expenditures	**3,679**	**4,608**	**3,407**	**4,455**	**3,893**	**3,892**	**3,929**	**3,966**
Balance Forward Out	462		484					
Biennial Change in Expenditures				(426)		(77)		33
Biennial % Change in Expenditures				(5)		(1)		0
Gov's Exp Change from Base								110
Gov's Exp % Change from Base								1
FTEs	19.7	20.8	20.3	18.4	16.9	16.9	17.3	17.7

1200 - State Government Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		80		47				
Direct Appropriation	214	214	214	214	214	214	214	214
Cancellations		80		47				
Expenditures	**134**	**214**	**167**	**214**	**214**	**214**	**214**	**214**
Balance Forward Out	80		47					
Biennial Change in Expenditures				33		47		47
Biennial % Change in Expenditures				9		12		12
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	0.5	0.5	1.2	1.2	1.2	1.2	1.2	1.2

2000 - Restricted Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	5,149			89				
Receipts	774	594	610	137	136	136	136	136
Net Transfers	(5,149)							
Expenditures	**774**	**593**	**520**	**226**	**136**	**136**	**136**	**136**
Balance Forward Out			89					
Biennial Change in Expenditures				(621)		(474)		(474)

2000 - Restricted Misc Special Rev

Biennial % Change in Expenditures				(45)		(64)		(64)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	7.7	8.5	6.6	6.1	6.1	6.1	6.1	6.1

2001 - Other Misc Special Rev

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		2,195	2,030	1,906				
Receipts	551	1,859	2,503	327	327	327	327	327
Net Transfers	5,163	(2)						
Expenditures	**3,519**	**2,022**	**2,627**	**2,233**	**327**	**327**	**327**	**327**
Balance Forward Out	2,195	2,030	1,906					
Biennial Change in Expenditures				(681)		(4,206)		(4,206)
Biennial % Change in Expenditures				(12)		(87)		(87)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	1.6	1.6	2.1	2.1	1.5	1.5	1.5	1.5

2302 - Clean Water Fund

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In				156				
Direct Appropriation	0	0	205	505	0	0	105	105
Expenditures	0	0	**49**	**661**	0	0	**105**	**105**
Balance Forward Out			156					
Biennial Change in Expenditures				710		(710)		(500)
Biennial % Change in Expenditures						(100)		(70)
Gov's Exp Change from Base								210
FTEs			0.7	0.7			1.0	1.0

2403 - Gift

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		51	51	49				
Receipts	5	3	2					
Net Transfers	54							
Expenditures	**8**	**3**	**4**	**49**	0	0	0	0

2403 - Gift

Balance Forward Out	51	51	49			
Biennial Change in Expenditures			42		(53)	(53)
Biennial % Change in Expenditures			381		(100)	(100)
Gov's Exp Change from Base						0
Gov's Exp % Change from Base						0

3000 - Federal

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In			38	38				
Receipts	17,668	19,413	22,671	22,586	25,628	25,628	25,628	25,628
Expenditures	**17,669**	**19,375**	**22,672**	**22,624**	**25,627**	**25,627**	**25,627**	**25,627**
Balance Forward Out		38	38					
Biennial Change in Expenditures				8,252		5,959		5,959
Biennial % Change in Expenditures				22		13		13
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	136.3	143.1	150.5	153.0	156.4	156.4	156.4	156.4

Program: Health Protection
Activity: Public Health Laboratory

http://www.health.state.mn.us/divs/phl/index.html

AT A GLANCE

- The Environmental Laboratory received 41,483 samples and performed 144,943 analyses in FY13. In FY14 the lab received 46,219 samples and performed 164,369 analyses.
- The Infectious Disease Laboratory performed 86,110 tests on 62,667 samples in FY13 and performed 126,871 tests on 44,332 samples in FY14. These tests find viruses and other germs that make the public sick. These tests also find outbreaks related to food and water.
- The Newborn Screening Program screened more than 69,000 newborn babies for more than 50 treatable, life-threatening congenital and heritable conditions each year in FY13 and FY14.
- The Environmental Laboratory Accreditation Program (MNELAP) accredited 96 environmental laboratories during FY13 and 83 laboratories in FY14.

PURPOSE & CONTEXT

The Minnesota Public Health Laboratory (PHL) ensures early detection of disease outbreaks and other public health threats; identifies rare chemical, radiological and biological hazards; prepares and responds to emergencies; and produces high-quality laboratory data.

The PHL collaborates with local, state, and, federal officials; public and private hospitals; laboratories; and other entities throughout the state to analyze environmental and clinical samples for chemical contaminants, screen newborns, provide testing for viruses and other germs, and analyze specimens for diagnosing rare infectious diseases (e.g., rabies, polio, anthrax). These activities ultimately benefit all Minnesotans. New technologies, maintaining existing technologies, and staff expertise, along with variable funding sources are important factors that impact the laboratory. The laboratory is funded by a combination of federal grants, fees and reimbursements for its services, and general fund appropriations.

SERVICES PROVIDED

Environmental Health:

- Analysis of environmental samples including air, drinking and non-potable water, biological materials, and solid materials for chemical, bacterial, and radiological contaminants.
- Develop scientific methods and perform measurements of potentially harmful chemicals in human samples collected from Minnesotans to help identify and address health equity concerns.
- Accreditation public and private environmental laboratories that conduct testing for the federal safe drinking water, clean water, resource conservation and recovery, and underground storage tank programs in Minnesota.

Infectious Disease:

- Testing to find and describe germs including flu, parasites and other things that make people sick. Testing is also done to find rare germs such as rabies.
- Discover outbreaks related to food and water. Determine if a germ is resistant to antibiotics
- Tell results to epidemiologists and healthcare professionals, so that they can provide timely treatment and stop the spread of germs.

Newborn Screening:

- Screens all Minnesota newborns for more than 50 treatable congenital and hereditary conditions, including hearing loss and critical congenital heart disease.
- Educates Minnesota expectant parents, new parents, and medical care providers about newborn screening to ensure the best possible outcomes for babies and their families.

Emergency Preparedness And Response:

- Conducts activities to ensure early detection and rapid response to all hazards, including potentially harmful chemicals, radioactive materials, and biological organisms that can make people very sick.
- Participates in Minnesota's Radiological Emergency Preparedness (REP) program, which responds in the event of a release of radioactive chemicals at Minnesota's nuclear power plants.
- Hosts the federal BioWatch air-monitoring program.
- Operates the "Minnesota Laboratory System", a communication and training system that ensures public and private laboratories are trained for early recognition and referral of possible agents of chemical and disease threats, as well as other public health threats.
- Designated as an LRN Level 1 Chemical Threat preparedness laboratory to provide surge capacity in response to a mass casualty event involving harmful chemicals anywhere in the country.

RESULTS

Newborn Screening: Ensures that babies with treatable disorders are detected and receive follow-up assessment, resulting in improved clinical outcomes and quality of life for these babies and their parents. The table below illustrates the number of children positively impacted by this program.

Infectious Disease: Ensures quick discovery and control of outbreaks to stop the spread of illness. The timeliness of test results depends on resource allocation of the labs providing the testing, which is being impacted by changes in testing performed by the clinical labs that provide the PHL with the bacterial samples. These labs are increasingly using non-culture based methods that necessitate that PHL perform an additional step to obtain material necessary for fingerprinting. However, the lab is generating critical typing results within the desired timeframe as shown below.

Emergency Preparedness: Ensures that PHL receives samples from hospitals, law enforcement, and other partners to ensure rapid testing on clinical or environmental samples of concern. Identification of these agents requires that novel test methods be developed and maintained by the PHL.

Accreditation Program: Ensures quality of testing by Environmental Laboratories. On-site assessments are performed by approved contract assessors, assessment organizations, and MNELAP assessors. The transition to a selection committee for establishing criteria and qualifying assessors and assessment organizations impacted the timely performance of assessments.

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Quantity	Newborns identified with treatable conditions.	472	477	FY13/FY14
Quality	Percent of E. coli O157 and Listeria 54(14[1]) fingerprint results reported within four days of arrival at the lab.	98%	99%	FY13/FY14
Quantity	Environmental Unknown samples received (tested) from law enforcement and other partners for analysis of chemical or biological agents of concern.	13 (7)	21 (15)	FY13FY14
Quantity	Human clinical specimens received by MN laboratories (number of positive tests) for detection an infectious disease agent of concern.	77 (27)[1]	54 (14)[1]	FY13/FY14
Quality	Percent of scheduled environmental lab assessments completed on-time.	93%	80%	FY13/FY14

1. MDH determined that all infections were naturally acquired.

MS 144.05 https://www.revisor.mn.gov/statutes/?id=144.05 General Duties of the Commissioner
MS 144.123 https://www.revisor.mn.gov/statutes/?id=144.123 Fees for diagnostic laboratory services
MS 144.125 https://www.revisor.mn.gov/statutes/?id=144.125 Tests of Infants for Heritable & Congenital Disorders
MS 144.1251 https://www.revisor.mn.gov/statutes/?id=144.1251 Newborn Screening for Critical Congenital Heart Disease (CCHD)
MS 144.128 https://www.revisor.mn.gov/statutes/?id=144.128 Commissioner's Duties (Newborn Screening)
MA 144.192 https://www.revisor.mn.gov/statutes/?id=144.192 Treatment of Biological Specimens and Health Data

MS 144.193 https://www.revisor.mn.gov/statutes/?id=144.193 Inventory of Biological and Health Data
MS 144.966 https://www.revisor.leg.state.mn.us/statutes/?id=144.966 Early Hearing Detection
MS 144.97 https://www.revisor.mn.gov/statutes/?id=144.97 Definitions
MS 144.98 https://www.revisor.mn.gov/statutes/?id=144.98 Accreditation of Environmental Laboratories
MS 144.99 https://www.revisor.mn.gov/statutes/?id=144.99 Enforcement
MS 13.386 https://www.revisor.mn.gov/statutes/?id=13.386 Treatment of Genetic Information Held by Government Entities & Other Persons
MS 13.3805 https://www.revisor.mn.gov/statutes/?id=13.3805 Public Health Data
MN Rules Chapter 4605 https://www.revisor.mn.gov/rules/?id=4605 Communicable Diseases
MN Rules Chapter 4740 https://www.revisor.mn.gov/rules/?id=4740 Laboratories; Accreditation Requirements
MN Rules 4615.0400 https://www.revisor.mn.gov/rules/?id=4615.0400 Definitions

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	2,064	2,255	2,277	2,468	2,302	2,302	2,341	2,381
1200 - State Government Special Rev	6,251	7,841	7,227	11,801	9,570	9,577	9,570	9,577
2000 - Restricted Misc Special Rev	430	808	926	452	353	353	353	353
2001 - Other Misc Special Rev	3,817	4,372	5,256	4,845	3,955	3,956	3,955	3,956
2050 - Environment & Natural Resource	259	140	0	0	0	0	0	0
2302 - Clean Water Fund	0	123	171	150	0	0	0	0
3000 - Federal	4,281	5,362	4,961	5,977	5,970	5,970	5,970	5,970
Total	**17,102**	**20,902**	**20,819**	**25,692**	**22,149**	**22,157**	**22,188**	**22,236**
Biennial Change				8,507		(2,204)		(2,086)
Biennial % Change				22		(5)		(4)
Governor's Change from Base								118
Governor's % Change from Base								0

Expenditures by Category

Compensation	8,725	9,057	10,039	12,228	10,122	10,375	10,161	10,454
Operating Expenses	7,732	10,812	9,765	13,220	11,986	11,741	11,986	11,741
Other Financial Transactions	71	65	178	41	41	41	41	41
Grants, Aids and Subsidies	5							
Capital Outlay-Real Property	567	969	837	203				
Total	**17,102**	**20,902**	**20,819**	**25,692**	**22,149**	**22,157**	**22,188**	**22,236**
Total Agency Expenditures	17,102	20,902	20,819	25,692	22,149	22,157	22,188	22,236
Internal Billing Expenditures	2,648	2,785	3,140	2,563	2,622	2,622	2,622	2,622
Expenditures Less Internal Billing	**14,453**	**18,117**	**17,678**	**23,129**	**19,528**	**19,536**	**19,567**	**19,615**
Full-Time Equivalents	**135.1**	**131.3**	**136.7**	**134.4**	**132.3**	**132.3**	**132.8**	**133.2**

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		78	5	12				
Direct Appropriation	2,188	2,214	2,321	2,321	2,302	2,302	2,341	2,381
Receipts	0	0						
Net Transfers	(46)	(31)	(38)	(19)				
Cancellations		1						
Expenditures	**2,064**	**2,255**	**2,277**	**2,468**	**2,302**	**2,302**	**2,341**	**2,381**
Balance Forward Out	77	5	12					
Biennial Change in Expenditures				425		(141)		(23)
Biennial % Change in Expenditures				10		(3)		0
Gov's Exp Change from Base								118
Gov's Exp % Change from Base								3
FTEs	23.1	23.3	20.5	20.8	20.8	20.8	21.2	21.6

1200 - State Government Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In				2,358				
Direct Appropriation	7,910	7,842	9,705	9,564	9,570	9,577	9,570	9,577
Receipts		0	0	0	0	0	0	0
Net Transfers			(120)	(121)				
Cancellations	1,660	0						
Expenditures	**6,251**	**7,841**	**7,227**	**11,801**	**9,570**	**9,577**	**9,570**	**9,577**
Balance Forward Out			2,358					
Biennial Change in Expenditures				4,936		119		119
Biennial % Change in Expenditures				35		1		1
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	36.0	33.5	39.7	39.8	39.1	39.1	39.1	39.1

2000 - Restricted Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	1,239	138	130	99				
Receipts	568	783	896	353	353	353	353	353
Net Transfers	(1,239)							
Expenditures	**430**	**808**	**926**	**452**	**353**	**353**	**353**	**353**

2000 - Restricted Misc Special Rev

Balance Forward Out	138	113	99					
Biennial Change in Expenditures				140		(672)		(672)
Biennial % Change in Expenditures				11		(49)		(49)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	4.9	6.8	8.1	7.7	7.7	7.7	7.7	7.7

2001 - Other Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		1,213	495	890				
Receipts	3,770	3,625	5,650	3,955	3,955	3,955	3,955	3,955
Net Transfers	1,239		0					
Expenditures	**3,817**	**4,372**	**5,256**	**4,845**	**3,955**	**3,956**	**3,955**	**3,956**
Balance Forward Out	1,192	466	890					
Biennial Change in Expenditures				1,911		(2,190)		(2,190)
Biennial % Change in Expenditures				23		(22)		(22)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	37.5	30.7	34.4	33.2	31.9	31.9	31.9	31.9

2050 - Environment & Natural Resource

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	404	145		0	0	0	0	0
Direct Appropriation	0	0	0	0	0	0	0	0
Cancellations		5	0	0	0	0	0	0
Expenditures	**259**	**140**	0	0	0	0	0	0
Balance Forward Out	145		0	0	0	0	0	0
Biennial Change in Expenditures				(399)		0		0
Biennial % Change in Expenditures				(100)		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

2302 - Clean Water Fund

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In			47					

2302 - Clean Water Fund

Direct Appropriation	0	0	0	0	0	0	0	0
Net Transfers		170	138	150				
Cancellations			14					
Expenditures	0	**123**	**171**	**150**	0	0	0	0
Balance Forward Out		46						
Biennial Change in Expenditures				198		(321)		(321)
Biennial % Change in Expenditures				161		(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs		0.3	1.2					

3000 - Federal

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		7	7	7				
Receipts	4,288	5,362	4,961	5,970	5,970	5,970	5,970	5,970
Expenditures	**4,281**	**5,362**	**4,961**	**5,977**	**5,970**	**5,970**	**5,970**	**5,970**
Balance Forward Out	7	7	7					
Biennial Change in Expenditures				1,295		1,002		1,002
Biennial % Change in Expenditures				13		9		9
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	33.5	36.7	32.8	32.9	32.9	32.9	32.9	32.9

Program: Health Protection
Activity: Office of Emergency Preparedness

http://www.health.state.mn.us/macros/topics/emergency.html

AT A GLANCE

- Following recent public health emergencies, the Office of Emergency Preparedness (OEP) has:
  - coordinated state/local/ tribal health operations centers and healthcare providers to ensure there is sufficient capacity to respond to health needs,
  - activated behavioral health volunteers to assess needs and provide counseling,
  - shared critical status information with other state agencies, and
  - coordinated health support at Disaster Recovery Centers
  - coordinated with local public health and with health care facilities to track impacts and assess risks.
- The Office maintains a 24/7 on-call system to take calls from federal agencies, local government, other state agencies and the public about emergency events.

PURPOSE & CONTEXT

In recent years, Minnesota has experienced a variety of public health emergencies related to natural occurrences, including floods and tornadoes. Other potential threats include:

The Office of Emergency Preparedness (OEP) coordinates emergency preparedness and response activities of the Minnesota Department of Health. It provides guidance to local public health agencies, tribal governments and healthcare organizations as they develop plans and protocols for responding to public health threats. In addition, the Office works with other responder agencies to ensure that Minnesota is prepared to respond swiftly and effectively to significant public health threats. The Office was established in 2002 and currently consists of five units with 45 staff.

Emerging factors affecting the work of OEP:

- Climate change: increasing extreme weather events have a variety of health components that require ongoing revision of plans—flash flooding, extreme heat/cold, changes in the range and prevalence of disease-carrying insects;
- Commerce trends: the significant increase in flammable materials being carried by rail or pipelines (some very near health care facilities) means communities must prepare for fires, explosions, evacuations, and other contingencies;
- Just-in-time inventory practices in health care systems - facilities are keeping fewer supplies on hand, which makes it more challenging to quickly care for a quick increase in sick or injured patients.

SERVICES PROVIDED

The Office of Emergency Preparedness serves a variety of partners, including:

- People affected by emergencies;
- Local and tribal health departments, ensuring they can work together efficiently in a crisis;
- Regional health coalitions made up of hospitals, clinics, residential healthcare facilities, emergency managers, voluntary agencies, emergency medical services providers, and others; and
- Other state agencies, federal partners, the business community, homeland security, and law enforcement.

OEP supports the mission of MDH:

- Leads preparedness planning, which increases readiness in local and tribal health departments and throughout the health care systems by establishing priorities, providing guidance, sharing best practices, and distributing federal grant awards for implementation;
- Develops, conducts, and monitors public health and health care response exercises along with partners across the state;
- Maintains an emergency operations center to quickly coordinate response with local, state, tribal, and federal partners;
- Coordinates Continuity of Operations planning to ensure MDH can continue to serve Minnesotans if there were a loss of facilities, technology, or staff; and

- Creates a foundation of preparedness at the local level, which decreases the impact of health disparities during a disaster.
- OEP strives to promote health equity by developing and managing statewide standards, programs, and projects to reduce gaps in the ability of Minnesota's public health and healthcare systems to respond to disasters.
- The Office of Emergency Preparedness (OEP) helps communities and partner agencies to protect, maintain, and improve health by guiding statewide emergency preparedness plans, response efforts and long-term recovery to improve health outcomes following emergencies.

Specific services provided by OEP:

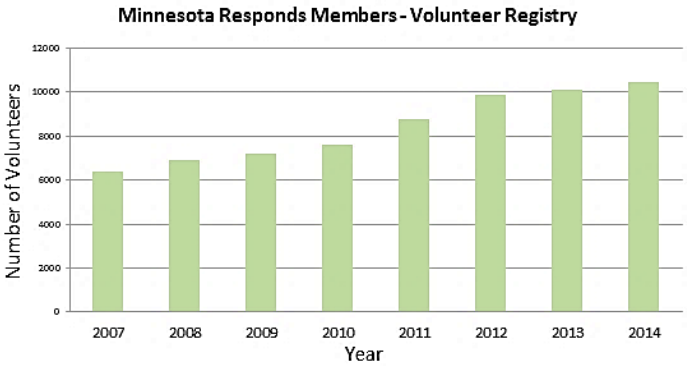
- Subject-matter expertise and training to support, guide, and assist organizations statewide in preparing for, responding to, and recovering from incidents affecting the public's health, and then evaluating and improving response for future events;
- Technology to rapidly notify thousands of health care providers about emerging disease threats or contaminated drugs, or to quickly let restaurants know about contaminated food items; and
- Technical assistance to state and local partners in the development, coordination, execution, and tracking of exercises to test and improve plans and partner collaboration that must be immediately in place when an emergency occurs.
- Risk assessments, detailed planning, testing of emergency response plans, management of response assets, and coordination with community partners to ensure systems essential for effective emergency response are in place at public health agencies and in the healthcare system.
- Maintains the capacity to receive, stage, store, and rapidly distribute medications or vaccines statewide to protect Minnesotans and ensure that the state and communities are prepared to deal with pandemic diseases or bioterrorism incidents.
- Development of flexible and adaptable plans and resources using an "All-Hazards" approach — focusing on the core activities needed no matter the type of health emergency—to ensure that the state and communities are prepared to respond to a range of public health emergencies.

OEP's key partners in accomplishing the mission include:

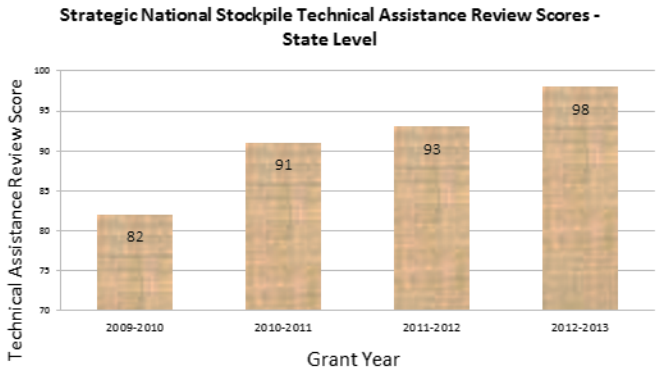
- lU.S. Centers for Disease Control and Prevention (CDC); Health and Human Services Assistant Secretary for Preparedness and Response (ASPR);
- Regional Health Coalitions, including local and tribal health departments, hospitals, clinics, long term care providers, professional organizations, and volunteer agencies; and
- Minnesota Division of Homeland Security and Emergency Management, Emergency Medical Services Regulatory Board, Minnesota Hospital Association, University of Minnesota, Poison Control Center, Military Affairs, and other state agencies.

RESULTS

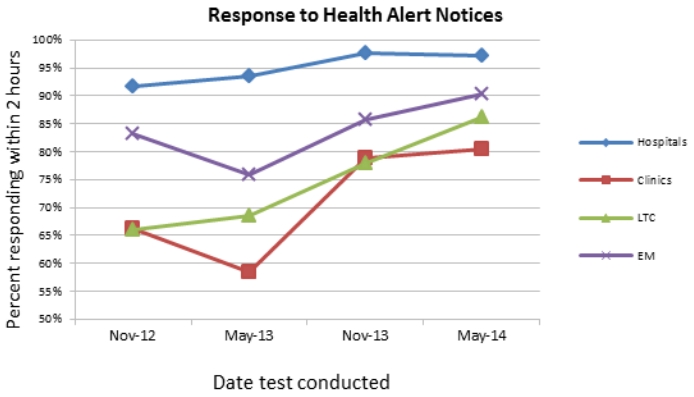
1. Number of volunteers who have registered to help with health emergencies at the local or state level



2. Programs, products, and systems necessary to protect against Chemical, Biological, Radiological, and Nuclear agents and emerging infectious disease threats



3. Data testing the effectiveness of the Health Alert Network (HAN) to quickly distribute epidemiological or clinical information from public health to healthcare partners



Statutes that apply to this program:

M.S. 12A.08 (https://www.revisor.mn.gov/statutes/?id=12A.08)
M.S. 144.4197 (https://www.revisor.mn.gov.statutes/?id=144.4197)
M.S. 145A.04 (https://www.revisor.mn.gov.statutes/?id=145A.04)
M.S. 151.37 (https://www.revisor.mn.gov/statutes/?id=151.37)

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	93	821	75	2,964	96	96	99	101
2000 - Restricted Misc Special Rev	390	363	69	177	177	177	177	177
2001 - Other Misc Special Rev	46			64	4	4	4	4
2403 - Gift		0		9	0	0	0	0
3000 - Federal	14,430	14,225	14,922	22,566	16,786	16,786	16,786	16,786
Total	**14,958**	**15,408**	**15,067**	**25,781**	**17,063**	**17,063**	**17,066**	**17,068**
Biennial Change				10,481		(6,720)		(6,712)
Biennial % Change				35		(16)		(16)
Governor's Change from Base								8
Governor's % Change from Base								0

Expenditures by Category

Compensation	3,123	2,866	2,757	2,816	3,094	3,184	3,097	3,189
Operating Expenses	2,596	2,242	2,038	7,025	6,047	5,957	6,047	5,957
Other Financial Transactions	19	179	181	147	147	147	147	147
Grants, Aids and Subsidies	9,221	10,122	10,091	15,793	7,775	7,775	7,775	7,775
Capital Outlay-Real Property	1		0					
Total	**14,958**	**15,408**	**15,067**	**25,781**	**17,063**	**17,063**	**17,066**	**17,068**
Total Agency Expenditures	14,958	15,408	15,067	25,781	17,063	17,063	17,066	17,068
Internal Billing Expenditures	1,336	1,401	1,169	1,449	1,513	1,513	1,513	1,513
Expenditures Less Internal Billing	**13,622**	**14,008**	**13,897**	**24,332**	**15,550**	**15,550**	**15,553**	**15,555**
Full-Time Equivalents	**38.6**	**33.6**	**34.0**	**33.9**	**32.7**	**32.7**	**32.7**	**32.7**

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		4	495	679				
Direct Appropriation	100	339	96	2,096	96	96	99	101
Net Transfers	(3)	500	163					
Cancellations		0						
Expenditures	**93**	**821**	**75**	**2,964**	**96**	**96**	**99**	**101**
Balance Forward Out	4	22	679					
Biennial Change in Expenditures				2,126		(2,847)		(2,839)
Biennial % Change in Expenditures				233		(94)		(93)
Gov's Exp Change from Base								8
Gov's Exp % Change from Base								4
FTEs	1.2	1.1	0.7	0.7	0.2	0.2	0.3	0.3

2000 - Restricted Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In			3					
Receipts	390	366	67	177	177	177	177	177
Expenditures	**390**	**363**	**69**	**177**	**177**	**177**	**177**	**177**
Balance Forward Out		3						
Biennial Change in Expenditures				(506)		108		108
Biennial % Change in Expenditures				(67)		44		44
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	0.7	0.3	0.5	0.5	0.5	0.5	0.5	0.5

2001 - Other Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		63	60	60				
Receipts	45			4	4	4	4	4
Net Transfers	3	(3)						
Expenditures	**46**			**64**	**4**	**4**	**4**	**4**
Balance Forward Out	3	60	60					
Biennial Change in Expenditures				18		(56)		(56)
Biennial % Change in Expenditures				39		(88)		(88)
Gov's Exp Change from Base								0

2001 - Other Misc Special Rev

Gov's Exp % Change from Base								0

2403 - Gift

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		7	9	9				
Receipts	4	3						
Net Transfers	3							
Expenditures		**0**		**9**	**0**	**0**	**0**	**0**
Balance Forward Out	7	9	9					
Biennial Change in Expenditures				9		(9)		(9)
Biennial % Change in Expenditures				4,720		(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

3000 - Federal

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In			4,368	5,781				
Receipts	14,430	18,340	16,335	16,786	16,786	16,786	16,786	16,786
Expenditures	**14,430**	**14,225**	**14,922**	**22,566**	**16,786**	**16,786**	**16,786**	**16,786**
Balance Forward Out		4,116	5,781					
Biennial Change in Expenditures				8,834		(3,916)		(3,916)
Biennial % Change in Expenditures				31		(10)		(10)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	36.8	32.2	32.8	32.7	31.9	31.9	31.9	31.9

Program: Health Operations
Activity: Health Operations

http://www.health.state.mn.us/

AT A GLANCE

- Provides HR services to nearly 1,500 MDH employees across the state, including filling 452 positions and delivering MDH development courses to 1,921 learners in 2013.
- Provides IT services and support to MDH employees and 170 software applications.
- Provides guidance and oversight to $251 million in outgoing grants from nearly 93 MDH grant programs, reaching 500 unique grantees.
- Maintains 500,000 square feet of space at four metro area and eight Greater Minnesota locations.
- Creates and monitors nearly 800 budgets, process over 100,000 payment transactions, and execute 2,500 contracts and grant agreements for MDH programs each year.

PURPOSE & CONTEXT

The Health Operations divisions provide stewardship of MDH human, capital, and technology resources through the following services:

- Financial Management ensures resources are properly tracked, budgets are well-planned and communicated, and financial activities meet standards set by federal, state, and private funders.
- Human Resource Management attracts, develops, and serves the department's highly qualified, diverse workforce while fostering a respectful, safe, and inclusive work environment.
- Facilities Management provides the facilities and support services needed for MDH programs to operate in a safe, secure, efficient, and comfortable manner.
- Grants and Special Projects provides agency-wide guidance on grants management and facilitates projects focused on innovative service delivery.
- MN.IT @ MDH provides and supports agency-wide and specialized technology systems and services through leadership, strategic planning, management, administration, and technical support.

SERVICES PROVIDED

The Health Operations divisions promote efficient and accountable government services by using business systems optimally and by listening to and working with management and staff to ensure that MDH's program needs are fully understood and properly addressed.

Financial Management provides stewardship of MDH financial resources through:

- Centralized accounting, cash management, and procurement of goods and contract/grant services;
- Monitoring, financial reporting, and technical assistance required for federal grants;
- Coordinated budget planning and reporting for all department resources; and
- Guidance to MDH employees on financial best practices and how to comply with financial laws, policies, and procedures.

Human Resource Management provides strategic personnel management and development by:

- Managing staffing, labor relations, health and safety activities;
- Ensuring accurate administration of compensation, benefits, and payroll services;
- Offering training programs to strengthen current leadership competencies and to develop future leaders;
- Promoting an inclusive workplace with equal opportunity and affirmative action programs; and
- Addressing complex employment issues by consulting with employees, supervisors, and managers.

Facilities Management supports efficient operations through:

- Space planning, physical security, lease management, and operations support at all MDH locations; and
- Centralized delivery, shipping/receiving, warehousing, fleet, and duplicating services in metro locations as well as shared administrative support in district offices.

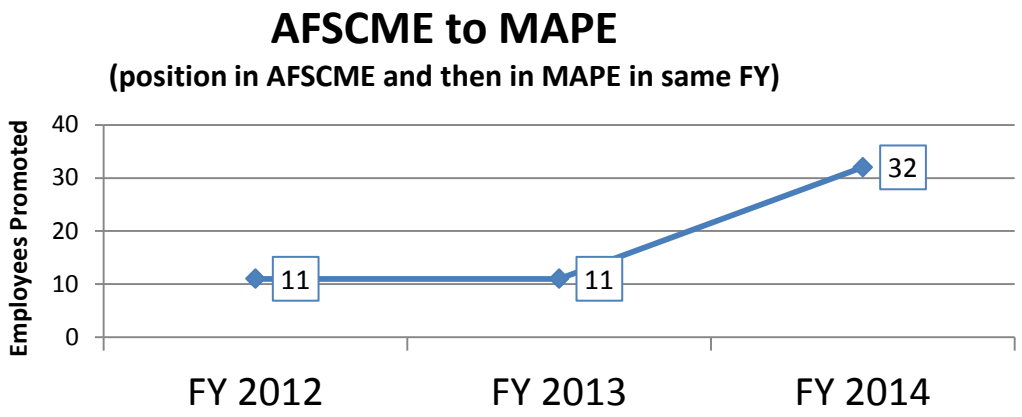
Grants and Special Projects supports strong systems for health by:

- Facilitating bimonthly grant manager workgroup meetings among nearly 250 MDH grant managers to share resources and improve consistency and effectiveness of outgoing grants;
- Providing grant management training opportunities to increase proficiency in grants management and improve compliance with federal and Office of Grants Management guidance, policies and procedures; and
- Coordinating agency-wide priority projects focused on innovative service delivery, quality improvement and user adoption of new technologies.

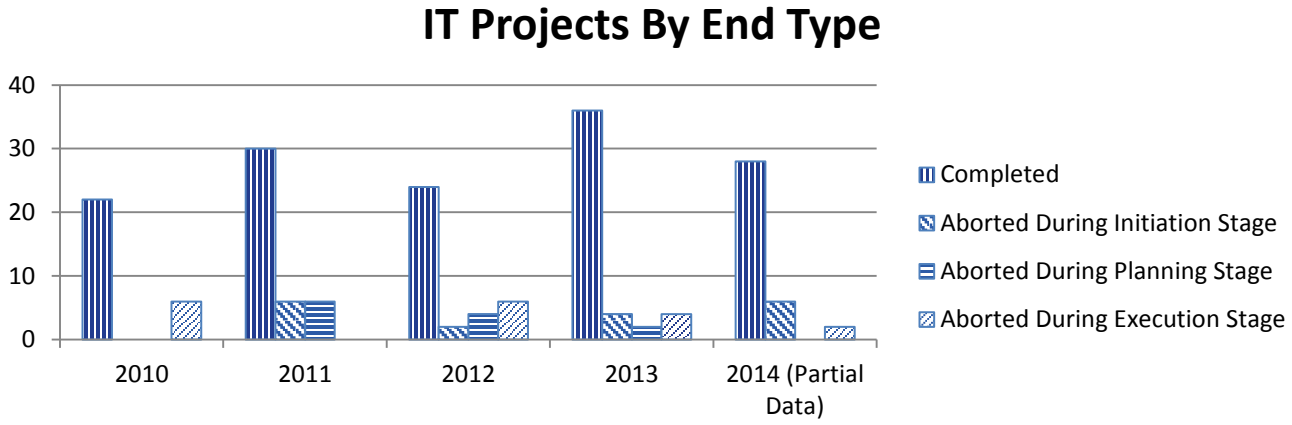
MN.IT @ MDH ensures that technology meets business needs by:

- Administering the Information Technology Service Level Agreement for the divisions and offices that defines partnerships, roles and responsibilities, service metrics, and budgets;
- Providing expertise, planning and development of technology systems and data architectures;
- Supplying high-level security for all departmental data, systems, and communications;
- Managing communications networks and telecommunications systems;
- Administering networks and infrastructure connecting all employees and 11 building connections; and
- Providing user support, training, and problem resolution

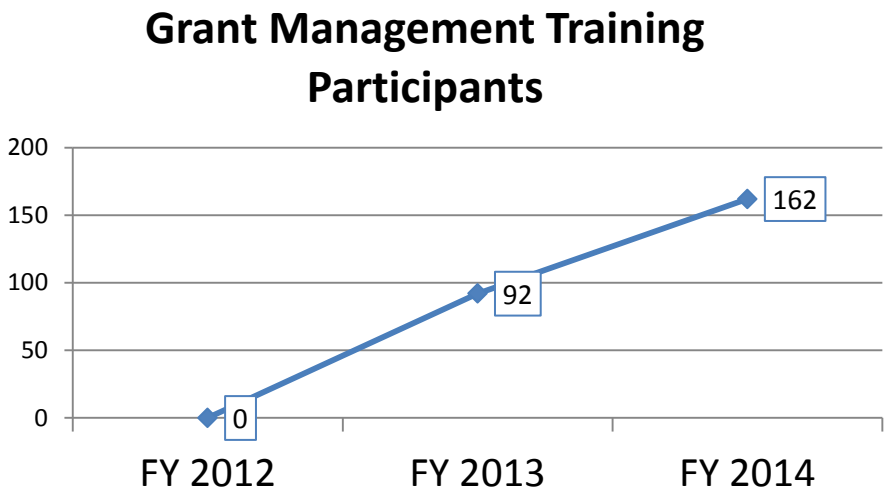
RESULTS



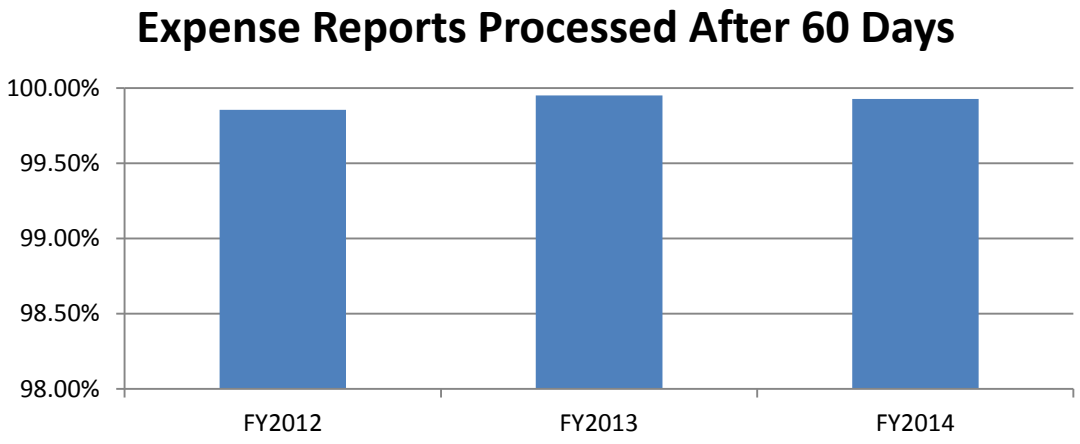
The value of a top performer is two to three times that of an average employee so the ability to retain stellar employees profoundly affects productivity and the department's salary budget. HRM's succession planning strategy is to develop identified employees' leadership skills in order to build an engaged workforce with opportunities and abilities to advance. One example is the expansion of eligibility for AFSCME staff to complete for certain MAPE positions. In the first year of implementation, promotions for AFSCME staff have tripled in this area. This has resulted in a defined career path, as well as significant savings in retention and retraining.



The chart above shows the IT project completion rates for the last 4 years and the attention that is being given to IT Governance which resulted in aborting projects that are not meeting the goals and objectives of the agency. The chart shows that the department is completing more projects (comparing even years to even years and odd to odd, given the biennial funding cycle). Also, the chart reflects the effort that MN.IT and MDH have put into ensuring that projects are well-planned and will meet objectives before moving toward execution. It shows that we are aborting more projects in the initiation stage (before significant resources have been committed) and aborting fewer projects in the execution stage (after significant time and money has been spent). MN.IT @ MDH in partnership with the MDH divisions completed 67 percent of the 45 IT projects initiated in 2013-2014. The completed projects included: adding vaccine management functionality to the Minnesota Immunization Information Connection system; implementation of the new SAGE Screening Program system for breast and cervical cancer; Meaningful Use Registration and Tracking System to assist hospitals and health care professionals in meeting objectives for electronic exchange of health information; County Well Index enhancements that are first in a series of projects to modernize well management assets; and wireless access expansion for all MDH facilities to allow staff to take their work with them when they are away from their desktops.



Knowledge sharing and training are essential components to maintaining a robust grants management workforce. Since FY 2012, Grants & Special Projects has convened bimonthly meetings of agency grant managers and created training opportunities for grant managers to acquire new skills. Attendance has steadily grown over the last year as these opportunities have expanded. In addition to increasing workforce competency at MDH, Grants & Special Projects also partnered with the state Office of Grants Management in the Department of Administration to create and deploy a webinar in FY 2014 that is available to all grant managers statewide.



Business expenses are taxable under IRS rules if not paid to employees within 60 days. The taxes are paid by both the employee and the employer. Reducing the percent of expense reports processed beyond 60 days saves the state and employees money.

Health Operations supports the work of all areas of MDH. Statutes governing MDH's work can be found primarily in Chapters 144, 145, 145A and 62J.

(Dollars in Thousands)

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	6,628	7,695	7,610	7,571	7,403	7,385	7,403	7,385
2000 - Restricted Misc Special Rev	1	6	100	17	0	0	0	0
2001 - Other Misc Special Rev	22,875	30,365	25,791	32,231	22,531	22,531	22,531	22,531
2403 - Gift		0	0	1	0	0	0	0
3000 - Federal	910	714	8	155	0	0	0	0
Total	**30,414**	**38,779**	**33,508**	**39,975**	**29,934**	**29,916**	**29,934**	**29,916**
Biennial Change				4,290		(13,633)		(13,633)
Biennial % Change				6		(19)		(19)
Governor's Change from Base								0
Governor's % Change from Base								0

Expenditures by Category

Compensation	12,256	16,384	12,878	12,828	6,254	6,254	6,254	6,254
Operating Expenses	17,728	21,555	20,047	26,844	23,380	23,362	23,380	23,362
Other Financial Transactions	417	830	581	301	300	300	300	300
Grants, Aids and Subsidies	4	3	0					
Capital Outlay-Real Property	9	7	2	3				
Total	**30,414**	**38,779**	**33,508**	**39,975**	**29,934**	**29,916**	**29,934**	**29,916**
Total Agency Expenditures	30,414	38,779	33,508	39,975	29,934	29,916	29,934	29,916
Internal Billing Expenditures	191	685	53	100	36	36	36	36
Expenditures Less Internal Billing	**30,223**	**38,094**	**33,455**	**39,875**	**29,898**	**29,880**	**29,898**	**29,880**
Full-Time Equivalents	**151.0**	**185.9**	**153.4**	**153.5**	**89.2**	**89.2**	**89.2**	**89.2**

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		608		563				
Direct Appropriation	6,800	6,837	8,289	7,314	7,514	7,505	7,514	7,505
Net Transfers	436	252	(117)	(306)	(111)	(120)	(111)	(120)
Cancellations		2						
Expenditures	**6,628**	**7,695**	**7,610**	**7,571**	**7,403**	**7,385**	**7,403**	**7,385**
Balance Forward Out	608		563					
Biennial Change in Expenditures				857		(393)		(393)
Biennial % Change in Expenditures				6		(3)		(3)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs		0.6	0.3					

2000 - Restricted Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	571	29	21	17				
Receipts	21	5	96					
Net Transfers	(562)	(7)						
Expenditures	**1**	**6**	**100**	**17**	0	**0**	0	**0**
Balance Forward Out	28	21	17					
Biennial Change in Expenditures				109		(116)		(116)
Biennial % Change in Expenditures				1,498		(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

2001 - Other Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	9,901	11,195	8,191	9,701				
Receipts	26,950	30,755	30,901	26,130	26,130	26,130	26,130	26,130
Internal Billing Receipts	25,048	27,201	27,894	25,000	25,000	25,000	25,000	25,000
Net Transfers	(2,804)	(3,284)	(3,600)	(3,600)	(3,600)	(3,600)	(3,600)	(3,600)
Expenditures	**22,875**	**30,365**	**25,791**	**32,231**	**22,531**	**22,531**	**22,531**	**22,531**
Balance Forward Out	11,174	8,302	9,701					
Biennial Change in Expenditures				4,783		(12,960)		(12,960)
Biennial % Change in Expenditures				9		(22)		(22)

2001 - Other Misc Special Rev

Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	144.2	180.6	153.0	153.4	89.1	89.1	89.1	89.1

2403 - Gift

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		1	1	1	0	0	0	0
Net Transfers	1							
Expenditures		0	0	**1**	0	0	0	0
Balance Forward Out	1	1	1	0	0	0	0	0
Biennial Change in Expenditures				1		(1)		(1)
Biennial % Change in Expenditures						(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

3000 - Federal

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In				155				
Receipts	910	714	163					
Expenditures	**910**	**714**	**8**	**155**	0	0	0	0
Balance Forward Out			155					
Biennial Change in Expenditures				(1,460)		(163)		(163)
Biennial % Change in Expenditures				(90)		(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	6.8	4.7	0.1	0.1	0.1	0.1	0.1	0.1

Program: Health Operations
Activity: Executive Office

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AT A GLANCE

- Over the past year the Executive Office convened and participated in many different events to consider health policy issues with the public, legislators, tribes and health organizations. Through those interactions and evidence-based research, MDH produced the award-winning Advancing Health Equity report.
- MDH is partnering with Tribes in Minnesota to address public health issues and held the first Minnesota Indian Health Symposium in July 2013.
- The Executive Office conducted more than 20 "Pitch the Commissioner" events in communities around greater Minnesota from 2012-2014, with the goal of hearing from community members about their public health priorities.
- The Executive Office hosted more than 100 members of the state's public health community at State of Public Health Forums in 2013 and 2014, for the purpose of discussing emerging public health issues affecting the state.

PURPOSE & CONTEXT

The Executive Office provides vision and strategic leadership for creating effective public health policy in Minnesota. It also oversees the management of department, including program and administrative functions.

It carries out its mission in partnership with a wide range of external organizations that help to promote and protect the health of all Minnesotans.

Several key functions take place through the Executive Office, including planning, policy development, legislative relations, internal and external communications and legal services.

The department's 1,500 employees work to protect and promote the health of all Minnesotans. The department carries out its mission in close partnership with local public health departments, other state agencies, elected officials, health care and community organizations, and public health officials at the federal, state, local and tribal levels.

SERVICES PROVIDED

Commissioner's Office

- The commissioner's office develops and implements department policies and provides leadership to the state in developing public health priorities.
- The commissioner's office directs the annual development of a set of public health strategies to provide guidance for agency activities and to more effectively engage the department's public health partners.
- The commissioner's office also directs the strategic planning and implementation of department-wide initiatives.

Legislative Relations

- The legislative relations office leads and coordinates state legislative activities and monitors federal legislative activities to advance the departments' priorities and mission. It works closely with the Governor's Office, department divisions, legislators, legislative staff, and other state agencies on the department's strategies and priorities.
- Throughout the legislative session and during the interim, legislative relations is a contact for the public, other departments, legislators, and legislative staff.

Communications

- The communications office is responsible for leading and coordinating department communications on statewide public health issues and programs, with a special focus on coordinating public awareness and outreach related to emerging public health concerns.
- The communications office works closely with news media, issuing news releases and advisories, responding to media inquiries and working with divisions to ensure that accurate, timely and clear information on a wide range of public health topics is shared with the general public.
- The communications office leads content development for and manages the use of the department's growing list of digital communications platforms, including social media and the nearly 30,000 pages of information on the department's website.
- The communications office organizes department-wide outreach events, including the department's state fair booth and the annual State of Public Health Forum held each April.

- The communications office works with the Executive Office and division staff to maintain internal communications channels, sharing news of training opportunities, policy updates and other key information on the department's internal website.

Legal Services

- The MDH Legal Director serves the Commissioner in a general counsel capacity, while providing overall direction to and oversight of legal services provided to MDH by in-house counsel and the Minnesota Office of the Attorney General.
- Legal Services responds to any legal need of the department, but its primary focus is in the areas of emergency preparedness, rulemaking, data practices and privacy, contracts, records management, delegations of authority, and Health Insurance Portability and Accountability Act compliance. The Legal Unit also acts as a liaison with the Office of the Attorney General for MDH litigation and other legal services requested by MDH.

Internal Audit

- Internal Audit provides independent, objective assurance to MDH management over a variety of financial and compliance matters, and provides investigative and consulting services as needed.
- Working with Internal Audit, department management has received three consecutive "clean" single audit opinions from the Office of the Legislative Auditor. The department has worked to implement policies and procedures to strengthen its internal control structure.

American Indian Health Director

- The American Indian Health Director provides consultation and liaison services between Minnesota Tribes and MDH staff.
- The Director advises the Commissioner on current MDH efforts with Tribes and Urban American Indian group/organizations. The Director also provides training on working with American Indians and coordination efforts within the MDH divisions on issues related to American Indian health.

State Epidemiologist and Medical Director

- The State Epidemiologist and Medical Director advises the Commissioner of Health regarding the emergence, occurrence, prevalence and preventability of infectious and non-infectious diseases and conditions of public health importance.
- The Director provides medical and epidemiologic expertise for the development of strategic initiatives and policies to improve health.

RESULTS

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Quality	% of MDH employees who indicate they are satisfied or very satisfied with MDH as a place to work. (source: MDH all-employee survey)	59%	74%	2012-2014
Quantity	Total subscribers to MDH website bulletins through Gov Delivery	60,000	68,546	2013-2014
Quantity	Number of media inquiries handled by communications office during fiscal year	622	727	2013-2014
Quantity	Number of public health-related bills tracked	1,295	1,256	2011-12 – 2013-14
Quality	Percent of fiscal notes completed on time	78%	71%	Jan. 2013 – May 2014
Quantity	Percent of high-level agency internal controls rated "adequate" or "excellent" by agency management. Internal controls are methods used to control financial and other operational risks.	72%	86%	2012-2014

Statutes governing MDH's work can be found primarily in Chapters 144, 145, 145A and 62J.

(Dollars in Thousands)

Expenditures By Fund

	Actual FY12	Actual FY13	Actual FY14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
1000 - General	155	389	860	960	872	872	896	919
2000 - Restricted Misc Special Rev	188	187	279	705	528	528	528	528
2001 - Other Misc Special Rev	3,375	3,530	3,967	3,609	3,572	3,572	3,572	3,572
2403 - Gift	4	0	1	14	0	0	0	0
3000 - Federal	2,292	2,008	3,692	7,423	3,919	3,919	3,919	3,919
Total	**6,014**	**6,115**	**8,799**	**12,710**	**8,891**	**8,891**	**8,915**	**8,938**
Biennial Change				9,381		(3,727)		(3,656)
Biennial % Change				77		(17)		(17)
Governor's Change from Base								71
Governor's % Change from Base								0

Expenditures by Category

Compensation	4,637	4,724	7,744	7,638	7,063	7,063	7,087	7,110
Operating Expenses	1,190	1,273	960	5,023	1,814	1,814	1,814	1,814
Other Financial Transactions	41	15	23	18	15	15	15	15
Grants, Aids and Subsidies	147	102	72	32				
Total	**6,014**	**6,115**	**8,799**	**12,710**	**8,891**	**8,891**	**8,915**	**8,938**
Total Agency Expenditures	6,014	6,115	8,799	12,710	8,891	8,891	8,915	8,938
Internal Billing Expenditures	365	492	239	28	28	28	28	28
Expenditures Less Internal Billing	**5,649**	**5,623**	**8,560**	**12,683**	**8,864**	**8,864**	**8,888**	**8,911**
Full-Time Equivalents	**52.2**	**51.9**	**55.6**	**55.7**	**53.2**	**53.2**	**53.3**	**53.5**

1000 - General

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		45		87				
Direct Appropriation	0	0	706	706	672	672	696	719
Net Transfers	200	344	241	166	200	200	200	200
Expenditures	**155**	**389**	**860**	**960**	**872**	**872**	**896**	**919**
Balance Forward Out	45		87					
Biennial Change in Expenditures				1,275		(76)		(5)
Biennial % Change in Expenditures				234		(4)		0
Gov's Exp Change from Base								71
Gov's Exp % Change from Base								4
FTEs	0.1	2.3	5.6	5.5	5.5	5.5	5.7	5.9

2000 - Restricted Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In	0	67		177				
Receipts	215	120	459	528	528	528	528	528
Net Transfers			(2)					
Expenditures	**188**	**187**	**279**	**705**	**528**	**528**	**528**	**528**
Balance Forward Out	27		177					
Biennial Change in Expenditures				609		72		72
Biennial % Change in Expenditures				162		7		7
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	1.6	3.0	1.7	1.7	1.7	1.7	1.7	1.7

2001 - Other Misc Special Rev

	Actual FY12	Actual FY 13	Actual FY 14	Estimate FY15	Forecast Base FY16	Forecast Base FY17	Governor's Recommendation FY16	Governor's Recommendation FY17
Balance Forward In		68	37	36				
Receipts	85	284	419	31	31	31	31	31
Internal Billing Receipts		192	331					
Net Transfers	3,352	3,215	3,546	3,542	3,542	3,542	3,542	3,542
Expenditures	**3,375**	**3,530**	**3,967**	**3,609**	**3,572**	**3,572**	**3,572**	**3,572**
Balance Forward Out	63	37	36					
Biennial Change in Expenditures				670		(431)		(431)
Biennial % Change in Expenditures				10		(6)		(6)

2001 - Other Misc Special Rev

Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	31.5	32.4	34.5	34.6	32.1	32.1	32.1	32.1

2403 - Gift

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		11	11	14	0	0	0	0
Receipts		1	3					
Net Transfers	15							
Expenditures	**4**	**0**	**1**	**14**	0	0	0	0
Balance Forward Out	11	11	14	0	0	0	0	0
Biennial Change in Expenditures				11		(15)		(15)
Biennial % Change in Expenditures				232		(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

3000 - Federal

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		559	1,402	2,568				
Receipts	2,737	2,828	4,858	4,858	3,920	3,920	3,920	3,920
Expenditures	**2,292**	**2,008**	**3,692**	**7,423**	**3,919**	**3,919**	**3,919**	**3,919**
Balance Forward Out	446	1,379	2,568					
Biennial Change in Expenditures				6,816		(3,276)		(3,276)
Biennial % Change in Expenditures				159		(29)		(29)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	19.0	14.2	13.8	13.8	13.8	13.8	13.8	13.8

FY16-17 Federal Funds Summary

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
	Federal Fund – Agency Total		270,245	265,138	254,671	253,837		727.14
	Health Improvement and Policy Program Total		191,731	180,574	177,401	176,167		269.09
	Community and Family Health Budget Activity Total		161,892	145,544	143,971	146,635		85.10
US Dept. of Agriculture 10.557	Women, Infants and Children (WIC). Provides nutrition education and healthy foods to low-income pregnant women and young children. (CFH)		127,179	111,994	117,396	120,336		33.5
Centers for Disease Control 93.505	Maternal, Infant and Early Childhood Home Visiting (MIECHV 1) Formula Grant. Supports efforts to improve the health and developmental outcomes for at-risk children through voluntary evidenced-based home visiting programs.		1,382	1,250	1,348	1,300	YES	6.45
US Dept. of Health and Human Services 93.558	Family Home Visiting Program (federal Temporary Assistance for Needy Families TANF funding). Promote family health and self-sufficiency through family home visiting programs.		8,607	8,607	8,607	8,607		3.00
Centers for Disease Control 93.505	Maternal, Infant, and Early Childhood Home Visiting (MIECHV II) Expansion Grant. Supports efforts to improve the health and developmental outcomes for at-risk children through voluntary evidenced-based home visiting programs.		7,592	7,424	0	0	YES	7.00
Health Resources and Services Administration 93.994	Maternal and Child Health Block Grant. Supports public health services to low-income, high-risk mothers and children, including children with special health needs.		8,939	8,939	9,100	9,100	YES	21.00
US Dept. of Health and Human Services 93.500	Young Student Parents. Supports pregnant and parenting women and men (under age 26) to accomplish their higher education/post-secondary education goals.		1,500	1,500	1,500	1,500		2.50

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
Health Resources and Services Administration 93.283	Universal Newborn Screening and Hearing Program. Supports efforts to detect hearing impairments in infants and reduce or eliminate negative impacts through early intervention.		250	250	250	250		1.20
US Dept. of Agriculture 10.578	American Recovery Reinvestment Act Women Infants and Children (SAM) Transfer Project. Supports WIC data system development.		1,270	0	0	0		0
US Dept. of Agriculture 10.565	Commodity Supplemental Food Program (CSFP). Provides nutrition information and supplemental foods to elderly and age 5 children.		1,115	1,115	1,200	1,200		0.70
US Dept. of Agriculture 10.557	WIC Breastfeeding Peer Counsel. Promotes and supports breastfeeding among WIC recipients.		1,022	1,022	1,022	1,022		0.75
Health Resources and Services Administration 93.235	Abstinence Education. Reduce the teen pregnancy and sexually transmitted infections rates among 15-17 year olds.		543	503	503	503	YES	0.75
US Dept. of Health and Human Services 93.558	Family Planning. Provide pre-pregnancy family planning services to high risk low income individuals.		1,156	1,156	1,156	1,156		0.00
Centers for Disease Control 93.283	Minnesota Birth Defects Information System. Supports surveillance of birth defects in Minnesota.		140	140	140	140		2.25
Health Resources and Services Administration 93.110	Minnesota's Cross-Systems Care Coordination Improvement Project for Children and Youth with Special Health Care Needs (CYSHCN). Supports efforts to increase the proportion of CYSHCN who receive integrated care through a patient/family-centered, health care home approach.	YES	0	300	300	300		1.00

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
Health Resources and Services Administration 93.110	State Implementation Grant for Improving Services for Children and Youth with Autism Spectrum Disorder and other Developmental Delays. Supports efforts to increase awareness of the signs and symptoms of ASD/DD and available resources for stakeholders; strengthen the infrastructure serving children with ASD/DD; and increase knowledge and empowerment of families and caregivers.	YES		219	300	72		0.50
Centers for Disease Control 93.946	Pregnancy Risk Assessment Monitoring System (PRAMS). Monitors maternal experiences and behaviors just before, during and after pregnancy.		145	145	160	160		1.50
Health Resources and Services Administration 93.110	Minnesota's Early Childhood Comprehensive Systems Grant. State agency coordination of expansion of developmental screening activities.		140	140	140	140		0.50
Health Resources and Services Administration 93.110	Minnesota State System Development Initiative. Supports efforts to align early childhood service system priorities and integrate their funding streams in order to maximize health, mental health, early care and education, parenting education and family support benefits to the children, families, and communities served.		91	91	100	100		1.00
US Dept. of Health and Human Services 93.092	Personal Responsibility Education Program. Supports efforts to decrease teen pregnancy/STIs in high-risk adolescent populations.		871	799	799	799		1.50
	Health Promotion and Chronic Disease. Budget Activity Total		13,396	17,953	18,121	18,050		108.34
Centers for Disease Control 93.283 93.919	Cancer Prevention & Control Programs. Supports 1) comprehensive cancer planning & implementation, 2) breast and cervical cancer screening, 3) a statewide population-based cancer registry, and 4) demonstration project to increase cancer screening in Medicaid recipients.		6,589	6,380	6,380	6,380	Yes	44.65

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
Centers for Disease Control 93.070	Environmental Public Health Tracking. Supports a tracking system to integrate data about environmental hazards with data about diseases that are possibly linked to the environment, and provide public access via a data portal.		569	569	873	873		7.00
Health Resources and Services Administration 93.236	Oral Health Workforce. Supports statewide oral health workforce activities and expands community-based prevention programs.		500	500	500	500		5.10
Centers for Disease Control 93.283	Colorectal Cancer. Supports promotion and provision of colorectal cancer screening.		907	907	950	950		4.11
Centers for Disease Control 93.136	Sexual Violence Prevention. Supports statewide prevention and education programs that address sexual violence.		566	484	571	575		3.70
Centers for Disease Control 93.070	Addressing Asthma. Supports statewide activities to train health professionals, educate individuals with asthma and their families, and explain asthma to the public.		528	528	625	625		4.22
Centers for Disease Control 93.283	Stroke Registry. Supports a hospital-based stroke registry that is used to improve care for stroke patients.		350	350	350	350		2.79
Centers for Disease Control 93.136	Injury Prevention and Control Program. Supports comprehensive injury prevention and control activities, with a focus on traumatic brain injury.		246	246	246	246		1.16
Health Resources and Services Administration 93.283	Oral Health Program. Supports the development of state-level infrastructure to improve oral health in the state.		330	330	370	370		4.31
Centers for Disease Control 93.583	Comprehensive Cancer Control Policy. Supports policy, systems, and environmental changes for cancer control.		185	185	171	171	Yes	2.10

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
Centers for Disease Control 14.914	Asthma Environmental Triggers. Supports activities to reduce or eliminate environmental triggers of asthma for children who reside in public and assisted multi-family housing.		409	409	0	0		0.00
Centers for Disease Control 93.262	Occupational Health and Safety Surveillance. Determines rates, trends, and causes of work-related injury and illness.		120	120	140	140		1.05
Centers for Disease Control 93.283	MCSS Early Case Capture. Supports enhancements to the cancer surveillance system to increase the rapidity of reporting for pediatric cancer cases.		303	182	182	182		3.16
Centers for Disease Control93.946	Sudden Unexplained Infant Deaths. Identify and analyze all cases of SUID in Minnesota to prevent further deaths.		65	65	65	65		1.30
Centers for Disease Control 93.136	National Violent Death Reporting System. Identify, report, and study violent deaths.		0	216	216	216		2.30
Centers for Disease Control 93.946	Sudden Death in the Young Registry. Identify and analyze all cases of sudden and unexplained deaths in children and youth in Minnesota to prevent further deaths.	YES	0	57	57	57		0.60
National Institutes for Health 93.399	Improving Risk Stratification for Colonoscopy Screening. Study the prevalence of colorectal cancer based on patient characteristics.	YES	0	75	75	0		0.25
Centers for Disease Control 93.945	State Public Health Actions. Prevent and control diabetes, heart disease, obesity, and associated risk factors, and promote school health.		1,729	2,350	2,350	2,350		10.41
Centers for Disease Control 93.757	State and Local Public Health Actions. Prevent obesity, diabetes, heart disease, and stroke.	YES	0	4,000	4,000	4,000		10.13
	Office of Statewide Health Improvement Initiatives Budget Activity Total		5,066	5,273	5,273	2,273		24.65

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
Centers for Disease Control 93.283	CDC - Tobacco Control Program. Funding continues programmatic Efforts to reduce morbidity and its related risk factors and to reduce premature death associated with tobacco use. It also continues surveillance efforts to measure the public health impact of these programs.		1,242	1,992	1,992	1,992		11.90
Centers for Disease Control 93.531	Community Transformation Grant (CTG). Supports tobacco-free communities, active living, healthy eating, and quality clinical and other preventive services, by providing grants to local public health agencies and Indian tribes in rural northern Minnesota, and funding the development of regional systems and state-level coordination efforts. The grant builds off of the community health improvements of SHIP, promoting health equity, controlling health care spending, and improving quality of life in Minnesota.		3,604	0	0	0		11.95
Centers for Disease Control 20.933	Transportation Investment Generating Economic Recovery (TIGER). Enhancing opportunities for all Minnesotans by investing in transportation projects that better connect communities to centers of employment, education and services (including for non-drivers).	YES	0	3,000	3,000	0	YES	0.00
Centers for Disease Control 93.735	Cessation Grant. This grant enhances stop smoking opportunities for Minnesotans through health systems change. MDH will work with health plans, health systems and other state agencies to better integrate tobacco cessation delivery and referrals into routine health care visits. Work in this area will include increasing provider referrals to existing cessation programs, incorporating referral cues into electronic medical records, and developing quality measures related to tobacco dependence treatment into private and publicly funded health care systems.		220	281	281	281		0.80

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
	Health Policy Budget Activity Total		3,364	3,791	2,961	2,134		10.50
Health Resources and Services Administration 93.130	Primary Care Cooperative Agreement. The grant funds will target site development for clinics interested in participating in National Health Service Corps programs.		180	180	191	191		2.00
Health Resources and Services Administration 93.241	Small Rural Hospital Improvement Program. Supports small hospital Health Insurance Portability and Accountability Act (HIPAA) compliance, patient safety, quality improvement, and Prospective Payment System (PPS) costs. (HP)		816	816	742	742		0.50
Health Resources and Services Administration 93.241	Rural Hospital Flexibility Program. Strengthen Critical Access Hospitals and rural health systems; improve quality, safety and access.		730	730	730	730		1.00
Health Resources and Services Administration 93.165	National Health Service Corps loan repayment. To encourage more medical professionals to practice in underserved areas.		100	100	100	100		0.00
Health Resources and Services Administration 93.913	Office of Rural Health. This grant provides information and assistance to rural health care provider so that health services are available where needed, and to recruit and retain health professionals.		180	180	180	180		1.50
US Dept. of Health and Human Services 93.511	CMS Grants to States to Support Health Insurance Rate Review, Level III. Establish a Minnesota Health Claims Data Center.		1,358	1,475	341	0		2.50
US Dept. of Health and Human Services 93.511	CMS Grants to States to Support Health Insurance Rate Review, Level IV. Enhance analytic and research capacity for use of Minnesota Health Claims Data Center.	YES		310	677	191		3.00
	Office of Performance Improvement Budget Activity Total		4,858	4,858	3,920	3,920		36.50

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
Centers for Disease Control 93.758	Preventive Block Grant. Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.		3,920	3,920	3,920	3,920		36.50
Centers for Disease Control 93.507	Performance Improvement. Strengthening Public Health Infrastructure for improved health outcomes.		938	938	0	0		0.00
	Center for Health Equity Budget Activity Total		3,155	3,155	3,155	3,155		3.00
US Dept. of Health and Human Services 93.558	Temporary Assistance for Needy Families (TANF) Eliminating Health Disparities. Provides statewide grants to community organizations to promote the reduction disparities in health outcomes for populations of color.		2000	2000	2000	2000		0.00
US Dept. of Health and Human Services 93.296 93.558	Eliminating Health Disparities. To improve data collection and analysis of race/ethnicity data, support activities to prevent infant mortality, and strengthen community connections to eliminate health disparities.		140	140	140	140		1.00
Centers for Disease Control 93.283 93.745	Behavioral Risk Factor Surveillance. Enhancement of the quality of data collected through the BRFSS survey.		1015	1015	1015	1015		2.00
	Office of Medical Cannabis Budget Activity Total		0.00	0.00	0.00	0.00		0.00
	NONE		0.00	0.00	0.00	0.00		0.00
	Health Protection Bureau Budget Activity Total		78,514	84,264	77,370	77,370		459.05
	Environmental Health		9,956	11,591	11,655	11,655		84.60
Environmental Protection Agency 66.432	Safe Drinking Water Program. This program supports protecting public health by ensuring a safe drinking water supply.		2,478	2,523	2,523	2,523		29.00

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
Environmental Protection Agency 66.468	Drinking Water Revolving Fund. This program supports protecting public health by providing low interest loans for public water system improvements. Funds received by the Department help support protecting public health by ensuring a safe drinking water supply.		3,661	4,115	4,115	4,115	Yes Partial	36.00
Environmental Protection Agency 66.469 93.161	Bio monitoring of Great Lakes. Work with the Fond du Lac tribe to determine the potential for tribal members in the Lake Superior Basin to be exposed to various contaminants.		436	436	500	500		1.40
Centers for Disease Control 93.753 93.197	Childhood Lead Poisoning. Statewide data collection and analysis, education and technical assistance on lead exposure.		590	590	590	590		3.30
Centers for Disease Control 93.240	Agency for Toxic Substance and Disease Registry.(ATSDR) To prevent or reduce exposures to hazardous sites and toxic substances through assessment, investigation and education.		452	452	452	452		3.70
Environmental Protection Agency66.032	EPA Indoor Radon Grant. Provides education and technical assistance on reducing radon exposure primarily in residences.		933	933	933	933		2.00
Environmental Protection Agency66.432	Drinking Water Quality in Supply Wells. Funding to support efforts to maintain drinking water quality in supply wells.		69	67	67	67		0.00
Environmental Protection Agency 66.469	State Fish Advisory Consortium. Work with eight states on evaluating fish consumption advisories and improve the delivery of information to the public.		69	1,207	1,207	1,207		1.00
US Dept. of Housing and Urban Dev 14.900	Small Cities Lead Hazard Reduction. Grants to small cities to support lead hazard reduction efforts.		581	581	581	581		1.00
Centers for Disease Control 93.069	Public Health Emergency Preparedness. Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.		163	163	163	163		2.50

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
Environmental Protection Agency 66.707	EPA Lead Cooperative Agreement. Provides education and compliance assistance to the public and businesses that impact lead in residences.		286	286	286	286		3.00
Centers for Disease Control 93.070	Climate Change. To protect, maintain and improve public health through preparation and adaptation to climate change.		238	238	238	238		1.70
	Infectious Disease Epidemiology Prevention and Control Budget Activity Total		22,671	22,586	25,628	25,628		175.25
National Institutes of Health 93.283 93.521 93.317	Emerging Infections Program (ACA, PPHF, Base). Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.		1,968	1,968	5,135	5,135		36.00
Centers for Disease Control 93.268	Immunization. Supports promotion of immunizations across the lifespan thru state operations, vaccine-preventable disease surveillance, immunization information systems, implementation of the federal Vaccines for Children program, and grants to Community Health Boards (CHBs).		5,408	5,408	5,408	5,408		55.00
Centers for Disease Control 93.944	AIDS/HIV Prevention. Supports AIDS/HIV prevention activities including state operations and grants to community-based organizations (CBOs). This grant also supports linking individuals living with HIV into care to reduce risk of transmission and susceptibility to other infections.		5,178	5,178	5,178	5,178		15.80
Centers for Disease Control 93.283 93.733	Epidemiology &Laboratory Capacity. Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity. Categorical funds for West Nile, Lyme, influenza, hepatitis, measles, and electronic disease reporting.		2,606	2,606	2,606	2,606		23.00

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
Centers for Disease Control 93.977	Prevention of Sexually Transmitted Diseases. Supports prevention and control of STDs including state operations for partner services and Chlamydia and gonorrhea testing and treatment.		1,077	1,077	1,077	1,077		8.65
Centers for Disease Control 93.116	Tuberculosis Cooperative Agreement. Supports TB prevention and control activities including state operations and grants to CHBs.		1,009	1,009	1,009	1,009		8.75
Centers for Disease Control 93.729	American Recovery Reinvestment Act Interoperability of Electronic Health Records (EHR) and Immunization Information Systems (IIS). Supports state operations to enhance and standardize the exchange of immunization data from EHR systems to the state IIS.		115	115	115	115		2.00
Centers for Disease Control 93.283	New Refugee Disease Surveillance. Supports activities to reduce infectious diseases among newly arrived refugees, including education, disease tracking and state operations. Supplemental funding for hepatitis B received Sept 30, 2012.		75	75	75	75		2.00
Centers for Disease Control 93.944	HIV/AIDS Surveillance. Supports state operations for disease surveillance and outbreak control activities.		510	510	510	510		4.15
Centers for Disease Control 93.977	SSuN Grant. Enhances STD surveillance data to improve understanding of the population at risk for STDs.	YES	0	300	300	300		1.70
US Dept. of Health and Human Services 93.576	Refugee Health Services. Supports state operations and grants to CHBs to ensure refugees receive a medical screening and healthy start as they resettle.		599	599	599	599		0.00
Centers for Disease Control 93.069	Public Health Emergency Preparedness. Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.		1,144	1,144	1,144	1,144		9.40

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
Centers for Disease Control 93.270 93.736	Viral Hepatitis, Early Identification, Linkage to Care for Persons. Supports early identification and linkage to treatment for persons with viral hepatitis.		125	125	0	0		0.00
Centers for Disease Control 93.268	Immunization IDEPC. Strengthens the immunization infrastructure for local public health agencies: Strengthens billing practices; supports improved storage and handling of vaccines; increases vaccine rates for youth; and improves the use of secure data transmission.		2,468	2,468	2,468	2,468		8.00
Centers for Disease Control 93.283	Food Safety Modernization Act. Integrated Food safety Centers of Excellence. Develop best practices for investigation of foodborne diseases, and serve as training/resource center for state Health departments.		0	0	0	0		0.00
Environmental Protection Agency 66.472	BEACH grant. Supports water testing for e. coli at beaches along the Lake Superior Coast.		282	197	197	197		1.50
Centers for Disease Control 93.270 93.283	Adult Viral Hepatitis Prevention and Control. Provides viral hepatitis prevention and education to the health care providers in the state and its high risk communities.		107	107	107	107		1.00
Centers for Disease Control 93.270	Viral Hepatitis Surveillance. Supports enhanced surveillance to monitor the disease burden of acute and chronic viral hepatitis. Funding awarded to bridge the 10-month gap between EIP funding for hepatitis surveillance and new Hepatitis Surveillance.		0	0	0	0		0.00
	Compliance Monitoring Budget Activity Total		22,773	22,773	22,773	22,773		136.00
Centers for Medicare and Medicaid Services 93.777	Medicare Survey and Certification. Certify health care facilities and perform surveys and investigations of those facilities.		20,529	20,529	20,529	20,529		120.00
US Dept. of Health and Human Services	Case mix review. Review level of care determinations.		2,244	2,244	2,244	2,244		16.00

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	2014 Actuals	2015 Budget	2016 Base	2017 Base	State Match or MOE Required?	FTEs
	Public Health Lab Budget Activity Total		4,423	5,970	5,970	5,970		32.88
Centers for Disease Control 93.283	Minnesota Integrated Newborn Screening. Eliminating Health Disparities Initiative, Tracking and Surveillance System.		528	528	528	528		0.70
Centers for Disease Control 93.069	Public Health Emergency Preparedness. Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.		3,895	5,442	5,442	5,442	YES	32.18
	Office of Emergency Preparedness Budget Activity Total		18,691	21,344	11,344	11,344		30.32
Centers for Disease Control 93.069	Public Health Emergency Preparedness. Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.		13,066	15,719	5,319	5,719	YES	23.92
Health Resources and Services Administration 93.889	Healthcare System Preparedness. Supports healthcare systems and providers for readiness to respond to emergencies that require health care, including rapidly treating large numbers of patients.		5,625	5,625	5,625	5,625	YES	6.40

Narrative:

The Department of Health (MDH) receives approximately $250 million per year in federal funding, which represents almost half of the agency's operating budget. (State General Fund dollars account for only 14 percent of the MDH budget.) Federal funders include the U.S. Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services, the Department of Agriculture and the Environmental Protection Agency. MDH divisions for which federal funding represent the largest share of the budget include the Office of Emergency Preparedness (99%), Infectious Disease and Epidemiology (92%) and Community and Family Health (76%).

Federal funding is critical to helping the department achieve its mission. It enables MDH to provide nutrition services and products to an average of 200,000 women and young children each month through the Women, Infants and Children program. Federal funding from the Safe Drinking Water Program helped to fund tests of over 8,000 community water systems to ensure that Minnesotans have safe drinking water. Funding through the Cancer Prevention and Control program helps support cancer screening services for low-income, at-risk populations.
Federal funding to MDH has declined in recent years and Congress is considering further cuts that would greatly impact MDH. Examples of federal funding reductions impacting MDH programs include:

- $7.4 million per year for the Family Home Visiting Expansion program which provides evidence-based home visiting services to at-risk families.
- $3.6 million per year for Community Transformation grant funds, which supports tobacco-free communities, active living, healthy eating, and quality clinical and other preventive services, by providing grants to local public health agencies and Indian tribes in rural northern Minnesota.

- From 2005 to 2014, annual federal funding for Public Health Emergency Preparedness (PHEP) to MDH was reduced by $4 million. An additional $800,000 reduction will occur in FY2015. PHEP funds are a critical source of funding for hospitals, health care providers, community health boards and tribal governments to plan and train for responding quickly and effectively to public health emergencies.
- Federal funding for cancer programs was reduced to by $1.1 million per year. These funds had been used to screen lower income Minnesotans for cancer as well as to improve cancer reporting.

Federal funding is critical to MDH's work, and federal budget cuts present a significant challenge to MDH as it works to protect, maintain and improve the health of all Minnesotans. MDH continues to develop strategies to make limited resources go further and better prioritize its efforts to maintain key services that have the greatest impact on the health of Minnesotans. The FY 2016-17 biennial budget embodies those efforts.

Grants Funding Detail

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2014	Budgeted FY 2015
Program: Health Improvement and Policy Budget Activity: Community and Family Health				
Fetal Alcohol Spectrum Disorders Grant (State) *M.S. 145.9265*	Provide prevention and intervention services related to fetal alcohol spectrum disorder.	Statewide non-profit organization (1 grantee)	$2,000	$2,000
Local Public Health Grants to Tribal Governments (State) M.S. 145A.14, subd. 2a	Develops and maintains an integrated system of American Indian tribal health services under tribal administration and within a system of state guidelines and standards.	Tribal Governments (9 grantees)	$1,060	$1,060
Maternal and Child Health Block Grant (Federal) Title V, SSA and *M.S. 145.88 – 145.883*	Supports public health services to low-income, high-risk mothers and children.	Community Health Boards (50 grantees); Statewide SIDS program (1 grantee)	$5,551	$5,975
Family Home Visiting Program (Federal TANF funds) *M.S. 145A.17*	Promote family health and self-sufficiency.	Community Health Boards (50 grantees) and Tribal Governments (9 grantees)	$7,827	$7,827
Family Planning Special Projects (State and Federal TANF funds) M.S. 145.925	Provide pre-pregnancy family planning services to high risk low income individuals.	Government and non-profit organizations (24 grantees)	$4,862	$4,862
Family Planning Grants Greater Minnesota (State) M.S. 145.925	Support family planning clinics serving out state Minnesota that are experiencing financial need.	Government and non-profit organizations serving out state Minnesota (14 grantees)	$491	$491
Positive Alternative Grants (State) M.S. 145.4235	Provide support encouragement, and assistance to pregnant women and caring for their babies after birth.	Non-profit organizations (35grantees)	$2,357	$2,357
Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) I (Federal)	Promotes evidence-based home visiting in high risk communities	Community Health Boards and Tribal Governments (7 grantees)	$830	$830
Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) II Expansion Grant	Expands evidence-based home visiting to additional communities	Community Health Boards (19 grantees)	$7,200	$7,200
Young Student Parents (Federal) Public Law 111-148	Support pregnant and parenting young women and men (under age 26) to accomplish their higher education/post-secondary education goals.	Minnesota Institutions of Higher Education/Post- Secondary Education (16 grantees)	$1,100	$1,100

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2014	Budgeted FY 2015
Children with Youth with Special Health Needs Clinics (State)	Provide specialty diagnostic services in underserved regions of the state.	Government and non-profit organizations (1 grantee)	$160	$160
Hearing Aid Loan Bank (State)	Support statewide hearing aid and instrument loan bank to families with children newly diagnosed with hearing loss from birth to the age of ten.	Government and non-profit organizations (1 grantee)	$69	$69
Families with Deaf Children (State)	Parent to parent support for families with young children who are deaf or have a hearing loss.	Non-profit organizations (1 grantee)	$ 241	$ 241
Universal Newborn Hearing/Screening (Federal) Title III, Sec. 399M of Public Health Services Act	Support for local public health agencies to reduce the number of infants lost to follow-up after a failed newborn hearing screening.	Community Health Boards and Tribal Governments (51 grantees)	$ 83	$100
Commodity Supplemental Food Program (CSFP) *Agriculture Appropriation Act*	Provide nutrition information and supplemental foods to elderly and age 5 children.	Government and non-profit organizations (5 grantees)	$ 1,050	$ 1,020
WIC (Federal)	Provides nutrition education and healthy foods to low-income pregnant women and young children.	Community Health Boards, non-profit organizations and tribal governments (54 grantees and for food vouchers)	$ 121,700	$ 118,500
WIC Breastfeeding Peer Counsel (Federal)	Promote and support breastfeeding among WIC recipients.	Community Health Boards, non-profit organizations and tribal governments who provide WIC services (13 grantees)	$850	$ 735
Personal Responsibility Education Program (PREP) (Federal) Section 513 of the Social Security Act	Promote personal responsibility and educate high risk adolescents regarding prevention of pregnancy and STIs utilizing evidence based curricula.	Non-profit organizations, community health boards and tribal governments (7 grantees)	$525	$ 525
Abstinence Education (Federal) Section 510 of the Social Security Act	Promote healthy youth development through education, community activities and parent support.	Community Health Boards (1 grantee)	$173	$173
Abstinence Education (State) M.S. 145.9255	Promote healthy youth development through education, community activities and parent support	Community Health Boards (1 grantee)	$71	$71
Birth Defects Information System (State) M.S. 144.2215	Prevention of birth defects through preconception educational efforts	Community Health Boards, Tribal Governments and non-profit organizations (4 grantees)	$290	$225
Birth Defects Information System (State) M.S. 144.2215	Support and linkage to community resources for infants born with a birth defect and their families	Community Health Boards (48 grantees)	$ 355	$ 260

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2014	Budgeted FY 2015
Support Services for Deaf and Hard-of-Hearing M.S. 144.966	Provide support services to parents of children who are deaf or have hearing loss and information on communication, educational and medical options	Non-profit organization (1 grantee)	$365	$349
Support Services for Deaf and Hard-of-Hearing M.S. 144.966	Provide home-based education in American Sign Language for families of children who are deaf or have hearing loss.	Non-profit organization (1 grantee)	$164	$156
Race to the Top Early Challenge Grant (Federal)	Support child care health consultation to child care providers in the 4 transformation zones	Community Health Board, Tribal Government and non-profit organization (3 grantees)	$80	$80
Cross-Systems Care Coordination Improvement Project for CYSHCN	Supports efforts to increase the proportion of CYSHCN who receive care through a health care home	Nonprofit organizations (TBD)	$0	$50
State Improvement Grant for Improving Services for CYSHCN with ASD and other developmental disorders.	Increase awareness of the signs and symptoms of ASD/DD and available resources	Community Health Boards and nonprofit organizations (TBD)	$0	$75
		Subtotal:	$159,454	$156,491
Program: Health Improvement and Policy Budget Activity: Health Promotion and Chronic Disease				
Minnesota Poison Control System (State) M.S. 145.93	Identify appropriate home management or referral of cases of human poisoning; provide statewide information and education services.	Government, non-profit and for-profit organizations; competitive	$1,629	$1,629
Comprehensive Cancer (Federal) *M.S. 144.05*	Support development and implementation of the comprehensive cancer plan.	Cancer centers; non-profit organizations; noncompetitive	$87	$65
Colorectal Cancer (Federal) *M.S. 144.05*	Promote and provide colorectal cancer screening.	Private and community clinics, other health care providers and Community Health Boards; noncompetitive	$420	$327
Sage Screening Program (Both) *M.S. 144.05*	Provide breast and cervical cancer screening, diagnostic and follow-up services. Recruitment/outreach activities to increase and provide breast and cervical cancer screening.	Private and community clinics, other health care providers and Community Health Boards; noncompetitive	$3,094	$3,099
Comprehensive Cancer Control Policy (Federal) *M.S. 144.05*	Support policy, systems, and environmental changes for cancer control.	Cancer centers; non-profit organizations; noncompetitive	$40	$18

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2014	Budgeted FY 2015
Rape Prevention and Education (Federal) *M.S. 144.05*	Build primary prevention capacity of Minnesota's local public health and sexual assault coalition partners.	Community Health Boards and the non-profit, statewide sexual assault coalition; noncompetitive	$275	$220
Sexual Assault Prevention (Federal) *M.S. 144.05*	Prevent sexual assault, provide services to victims of sexual assault, and provide public education regarding sexual assault.	Government organizations, schools, non-profit organizations; noncompetitive	$90	$108
Addressing Asthma (Federal) *M.S. 144.05*	Implement strategies that support the "Strategic Plan for Addressing Asthma in Minnesota."	Tribal organizations and Indian Health Service, community education programs, schools; Noncompetitive	$20	$38
Asthma Environmental Triggers (Federal) M.S. 144.05	Reduce or eliminate environmental triggers of asthma for children who reside in public and assisted multi-family housing.	Local public health, tribal governments; noncompetitive	$234	$25
Traumatic Brain Injury Support & Information Services (State Special Revenue) M.S. 144.661-665	Provide information and support for injured persons and their family members in order to improve life quality and outcomes.	Non-profit organization; noncompetitive	$997	$1,000
Oral Health Workforce (Federal) *M.S. 144.05*	Evidence based prevention: School Based Sealant Programs, community water fluoridation and workforce support.	Dental service providers and public schools, municipalities, dental students; noncompetitive	$46	$103
Regional Navigators for Safe Harbor Program (State) M.S. 145.4717	Regional navigators to facilitate resources to support sexually exploited youth.	Non-profit organizations; competitive	$375	$375
Safe Harbor (State) *M.S. 145.4716-.4717*	Comprehensive services, including trauma-informed, culturally-specific services for youth who are sexually exploited.	Non-profit organizations and community health boards; competitive	$0	$900
Suicide Prevention (State) *M.S. 145.56*	Reduce suicide in selected age groups and populations in Minnesota.	Non-profit organizations; competitive	$90	$90
State Public Health Actions (Federal) M.S. 144.05	Prevent and control diabetes and heart disease.	Higher education institution; noncompetitive	$0	$65
Risk Stratification for Colonoscopy Screening (Federal) M.S. 144.05	Risk analysis to predict need for colorectal cancer screening.	Non-profit organization; noncompetitive	$0	$75
State and Local Public Health Actions (Federal) M.S. 144.05	Prevent obesity, diabetes, heart disease, and stroke.	Community Health Boards, non-profit organizations, community clinics and other community health providers; competitive and noncompetitive	$0	$2,787

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2014	Budgeted FY 2015
		Subtotal:	$7,397	$10,924
Program: Health Improvement and Policy Budget Activity: Office of Statewide Health Improvement Initiatives				
Statewide Health Improvement Program (State) 145.986	Increase healthy behaviors and prevent the leading causes of illness and death. Tobacco & obesity. Improve the health of Minnesotans by reducing the burden of chronic disease through evidence based policy, systems, and environmental change strategies.	Community Health Boards and Tribes. Competitive.	$14,700	$14,700
Tobacco Use Prevention (State) 144.395-396	Grant program to reduce youth tobacco use and secondhand smoke exposure by creating tobacco-free environments.	Tribes, Community Health Boards (CHB), Nonprofit Organizations, health care organizations and local units of government. Competitive	$3,221	$3,221
Community Transformation Grant (Federal)	Supports tobacco-free communities, active living, healthy eating, and quality clinical and other preventive services, by providing grants to local public health agencies and Indian tribes in rural northern Minnesota, and funding the development of regional systems and state-level coordination efforts. The grant builds off of the community health improvements of SHIP, promoting health equity, controlling health care spending, and improving quality of life in Minnesota.	Community Health Boards (CHB), Tribes, RDC's, Higher Education, and non-profit organizations.	$2,208	$ 0
		Subtotal:	$20,129	$17,921
Program: Health Improvement and Policy Budget Activity: Health Policy				
Patient Safety Mini-Grants (State – 144.7063-144.7069)	Support facilities in developing system/process improvements to prevent reportable adverse health events	Hospitals and ambulatory surgical centers licensed in MN and subject to MN adverse health events reporting requirements	$26	$25

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2014	Budgeted FY 2015
Medical Education and Research Cost Trust Fund (Both) *M.S. 256B.69; M.S. 297F.10; M.S. 62J.692*	The MERC trust fund was established to address the increasing financial difficulties of Minnesota's medical education organizations.	Eligible applicants are accredited medical education teaching institutions, consortia, and programs operating in Minnesota (22 sponsoring institutions pass through grants to several hundred training sites)	$52,110	$52,103
Dental Innovations Grants (Both) *M.S. 62J.692*	To promote innovative clinical training for dental professionals and programs that increase access to dental care for underserved populations.	Eligible applicants are sponsoring institutions, training sites, or consortia that provide clinical education to dental professionals	$1,122	$1,122
Indian Health Grants (State) M.S. 145A.14, Subd. 2	Provides health service assistance to Native Americans who reside off reservations.	Community Health Boards (5 grantees)	$164	$174
Rural Hospital Capital Improvement Grant Program (State) *M.S. 256B.195*	Update, remodel, or replace aging hospital facilities and equipment necessary to maintain the operations of small rural hospitals.	Rural hospitals with 50 or fewer beds (21 grantees)	$1,755	$1,755
Small Hospital Improvement Program (Federal)	Supports small hospital Health Insurance Portability and Accountability Act (HIPAA) compliance, patient safety, quality improvement, and Prospective Payment System (PPS) costs.	Rural hospitals of 50 or fewer beds (89 grantees)	$723	$774
Community Clinic Grant Program (State) M.S. 145.9268	Assist clinics to serve low-income populations, reduce uncompensated care burdens or improve care delivery infrastructure.	Nonprofit community clinics (14 grantees)	$561	$561
Rural Hospital Planning & Transition Grant (State) M.S. 144.147	Assist with strategic planning; transition projects.	Rural hospitals with 50 or fewer beds (15 grantees)	$300	$300
State Loan Repayment Program M.S. 144.1487	Health education loan forgiveness for physicians in rural and urban underserved areas.	Physicians (4 grantees per year)	$100	$100
Rural Hospital Flexibility (Federal)	Strengthen Critical Access Hospitals and rural health systems; improve quality, safety and access.	Critical Access Hospitals, ambulance services, other rural providers (20 Grantees)	$492	$487
Federally Qualified Health Center (State) M.S. 145.9269	Support Minnesota FQHCs to continue, expand and improve services to populations with low incomes.	HRSA designated FQHCs and FQHC Look-a-likes operating in Minnesota	$2,250	$2,250

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2014	Budgeted FY 2015
Comprehensive Advanced Life Support System (State) M.S. 144.6062	Training rural medical personnel, including physicians, physician assistants, nurses and allied health care providers, to anticipate, recognize and treat life threatening emergencies before serious injury or cardiac arrest occurs.	Nonprofit Organization	$408	$408
Health Care Grants for Uninsured Individuals (State) *M.S. 145.929*	Funding for dental providers, mental health providers, hospitals serving emergency MA and community health centers serving low-income clients	Non-profit dental and community mental health providers, hospitals and community health centers	$0	$1,680
Loan Forgiveness Programs (State) M.S. 144.1501	Health education loan forgiveness for multiple provider types serving underserved areas or populations	Physicians, dentists, pharmacists, mid-levels, nurses, nurse faculty (20 grantees per year)	$740	$740
Summer Health Care Internship Program (State)	Funding for student internships in health care settings	A statewide non-profit representing providers	$300	$300
Family Medicine Residency Program Grants (State)	Assist rural family medicine residency programs	Non-metro family medicine residency programs with graduates serving in rural areas (4 grantees)	$1,000	$1,000
Cardiac Care Project (The Leona M. & Harry B. Helmsley Charitable Trust)	To provide and train rural EMS agencies and hospitals with LUCAS2 automatic chest compressions devices.	Rural hospitals and licensed EMS agencies (100 grantees/year)	$0	$1,200
		Subtotal:	$62,051	$64,979
Program: Health Improvement and Policy Budget Activity: Office of Performance Improvement				
Local Public Health Grants to CHBs (State) M.S. 145A.131	Develops and maintains an integrated system of community health services under local administration and within a system of state guidelines and standards.	Community Health Boards (50 grantees)	$20,771	$20,771
		Subtotal:	$20,771	$20,771

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2014	Budgeted FY 2015
Program: Health Improvement and Policy Budget Activity: Center for Health Equity				
Eliminating Health Disparities Initiative Grants (Both)	Improves the health of the four minority racial/ethnic groups in MN (American Indians, Asian Americans, African Americans, Latinos/Hispanics). Grants focus on 7 health priorities.	Eligible applicants are local/county public health agencies, community based organizations, faith-based, and tribal governments.	$5,142	$5142
Health Equity Grants (State) 2014 Session Laws, Chapter 312, Article 30, Section 3.	Grants and other activities to address health disparities with an emphasis on refugee populations	Eligible applicants are local/county public health agencies, community based organizations, faith-based, and tribal governments.	$0	$491
		Subtotal:	$5,142	$5,633
Program: Health Protection Budget Activity: Environmental Health				
Drinking Water Technical Assistance (Federal) *M.S. 144.383*	Provides technical assistance to owners and operators of public water systems.	Minnesota Rural Water Association	$300	$300
Drinking Water (State)	Bridges federal funding for the Drinking Water Technical Assistance funds	Minnesota Rural Water Association	$110	$113
Constitutional Amendment (State) *Minnesota Constitution, Article XI, section 15*	Strengthens drinking water source water protection by 1) determine physical and chemical characteristics of the untreated water that is used by public water suppliers; 2) accelerate development and implementation of wellhead or surface water protection plans for public water suppliers; 3) provide technical assistance to the public and local governments to protect their drinking water; and 4) improve access to drinking water data.	Local units of government	$699	$699
Constitutional Amendment (State) *Minnesota Constitution, Article XI, section 15*	Addressing public health concerns related to contaminants found in Minnesota drinking water for which no health-based drinking water standards exist; Contaminants of Emerging Concern.	Local units of government, NGOs	$99	$99

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2014	Budgeted FY 2015
Counter Terrorism Coordination (Federal)	Provides support for implementation of security measures for public water systems	Providers of technical assistance to public water systems such as universities and non-profit organizations	$6	$0
Wellhead Protection (Federal)	Provide technical assistance to small public water systems to initiate their wellhead protection plan.	Minnesota Rural Water Association	$250	$250
Lead Base Program Grants (State) *M.S. 119A.46*	For lead training to workers and property owners, and to provide lead cleaning services in housing for residential properties.	Eligible applicants include: qualified lead professionals; cities; local public health agencies; community action groups	$479	$479
Small Cities Lead Hazard Reduction (Federal)	For lead hazard reduction in child-occupied residential units	Eligible applicants including: local housing agencies and small city development organizations	$581	$581
Health Homes/Childhood Lead Poison Prevention (Federal)	For planning and development to create education or research activities aimed at improving housing.	Eligible applicants include local public health agencies and non-profit organizations	$0	$15
State Indoor Radon Grant (SIRG) (Federal)	For Public education and targeted outreach on radon testing, mitigation, and radon resistant new construction.	Educational grants to local non-profit organizations.	$0	$0
Healthy Housing (State) *M.S. 144.9513*	Implement programs to prevent and mitigate the effects of exposure to housing-based health threats.	Community health boards, community action agencies and non-profit organizations	$0	$240
		Subtotal:	$2,524	$2,776
Program: Health Protection Budget Activity: Infectious Disease Epidemiology, Prevention, and Control				
Tuberculosis Program (Both)	Outreach Grants for TB case management services and medication purchase	Hennepin, Olmstead, and Ramsey counties; others as TB caseload need & funding allow	$157	$486
Eliminating Health Disparities—Refugee Health (State)	Health screening and follow-up services for foreign-born persons with TB proportionally based on legislative formula.	All Community Health Boards (CHBs) are eligible	$245	$245
Refugee Health (Federal)	Coordination of Refugee Health Assessments.	Counties resettling the largest number of refugees (5 grantees)	$41	$37
Perinatal Hepatitis B (Federal)	Case management for perinatal hepatitis B.	Community Health Boards	$73	$75
Immunization Practices Improvement (Federal)	Clinic site visits by local public health staff to check vaccine storage and handling, review immunization practices, and audit pediatric immunization records.	Community Health Boards	$95	$110

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2014	Budgeted FY 2015
Immunizations (Federal)	Support for Regional Immunization Information Services for the continued statewide deployment of our registry system. Case management for perinatal hepatitis B in Hennepin and Ramsey Counties.	Community Health Boards to support regional immunization information service providers. Saint Paul/Ramsey, Hennepin counties receive perinatal hepatitis B case management awards from this source	$720	$696
New Refugee Disease Surveillance (Federal)	Establish tracking systems for refugees referred for acute care follow-up by Hennepin County Public Health Clinic (HCPHC) and St Paul Ramsey County Department of Public Health (SPRCDPH)	Hennepin County Public Health Clinic and St Paul Ramsey County Department of Public Health	$10	$0
Pandemic Influenza Competitive (Federal)	Promoting use of IISs for pandemic influenza response	Community Health Boards to support regional immunization information service providers. Olmsted County Public Health	$20	$0
Emerging Infections (Federal)	Supports the work of Infection Preventionists with a grant to their professional organization	APIC Minnesota (Minnesota chapter of the Association of Professionals in Infection Control)	$10	$10
AIDS Prevention Grants (Both) M.S. 145.924	Health education/risk reduction and AIDS/HIV testing for high-risk individuals.	Community-based organizations, clinics (16 grantees)	$1,384	$1,725
Prevention and Treatment of Sexually Transmitted Infections (Federal) M.S. 144.065	Test high risk individuals for STDs.	Community-based organizations and clinics	$212	$60
HIV Counseling and Testing (Federal)	Testing high-risk individuals for HIV.	Clinical facilities (7)	$348	$284
		Subtotal:	$3,315	$3,728
Program: Health Protection Budget Activity: Office of Emergency Preparedness				
Local Public Health Preparedness Grants (Federal) *(PAHPRA, P.L. 113-5-)*	Plan, exercise and prepare local health departments and communities to respond to and recover from events that affect the public's health. Includes one time funds for H1N1 preparedness and response.	Community health boards (53 grantees) and tribal health departments	$4,379	$4,712
OEP Hospital Preparedness (Federal) *(PAHPRA, P.L.113-5)*	Plan, exercise, and prepare individual hospitals and hospital regions to provide health care during emergencies and events that affect the public's health.	Regional Hospital Resource Centers designated in each of the 8 regions	$3,554	$2,671

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2014	Budgeted FY 2015
Flood Disaster Relief (State 2012)	Funds behavioral health activities for community recovery from 2012 floods in NE MN	Communities, Counties, Non Profits	$0	$473
Tribal Preparedness Grants (Federal) *(PAHPRA, P.L.113-5)*	Plan, exercise and prepare tribal governments and tribal communities to respond to and recover from events that affect the public's health. Includes one time funds for H1N1 preparedness and response.	Tribal governments (8 grantees)	$171	$186
		Subtotal:	$8,104	$8,042
		Agency Total:	$288,887	$291,265