

Budget for One Minnesota



Preventing Negative Health Outcomes

As Minnesota and other states grapple with public health threats ranging from suicide to tobacco-related chronic disease to environmental contaminants, there is tremendous value in focusing on prevention strategies – both to reduce human suffering and death, and to reduce the significant costs associated with crisis response or medical care delivered in the advanced stages of disease.

In 2017, 783 Minnesotans died by suicide. These numbers represent a 79 percent increase in suicide deaths since 1999. Meanwhile, tobacco use is still the number one cause of preventable disease in Minnesota. A 2017 Blue Cross and Blue Shield of MN cost analysis estimated there are \$3 billion in tobacco-related excess health care costs in Minnesota. Annual costs to the Minnesota Medicaid program total \$563 million.

Recognizing the harmful impact these preventable illnesses and deaths have on our families and our communities, the Governor’s budget supports programs within education, health care and community prosperity. For prevention to be most effective, research demonstrates that it needs to be comprehensive, community-based and culturally specific.

SUICIDE PREVENTION

The Governor recommends a general fund appropriation of \$3.73 million each year to support a comprehensive, community-based suicide prevention program. This five-part proposal builds upon a public/private partnership to expand, strengthen, sustain and support community-based suicide prevention across Minnesota.



Expand Community-Based Programs

This component increases grant funds for community-based programming and trainings from six grantees to 21 grantees. This will result in more communities working to prevent suicide and a decrease in suicides in Minnesota, and in particular, will focus on those communities with the greatest disparities. (\$1.291 million each year)



Provide Schools Evidence-based Training and Resources

This component funds the increasing need for evidence-based training for educators and suicide prevention curriculum for schools to decrease suicide risk among students. Minnesota law requires all teachers to take one hour of evidence-based suicide prevention training as part of renewing their teacher’s license. These funds will support

professional and staff training and will purchase curriculum for student use statewide. (\$913,000 each year)



Implement Zero Suicide Model in Health Systems

The Zero Suicide model is becoming the new practice of care for behavioral and health care organizations to treat individuals at risk for suicide and support them across systems of care and upon discharge. Evidence shows the period immediately after discharge for suicide attempts is the highest period of suicide risk among these individuals. The Zero Suicide model is a commitment to patient safety based upon the understanding that suicidal individuals can be lost to follow-up in a fragmented system.

MDH is currently working with 16 behavioral/health care organizations to implement Zero Suicide, using funds from a federal grant. Additional funds would increase the number of health and behavioral health care systems delivering safer suicide care. (\$205,000 each year)



Fund National Suicide Prevention Lifeline in Minnesota

Until July 2018, Minnesota had its own National Suicide Prevention Lifeline (NSPL) call center. Without it, Minnesota has had to depend on NSPL call centers from neighboring states. A state-based lifeline reduces call wait times from 3+ minutes per call to about 30 seconds. Individuals waiting longer than 30 seconds have time to make impulsive decisions, which they may not have made if their call had been answered by an in-state call center. State-based call centers have specific and intimate knowledge of community resources and health care providers available to meet immediate needs. Functioning lifelines have resulted in a decrease in the use of emergency departments and other emergency services. (\$1.322 million)

SUPPORTING TOBACCO CESSATION

The Governor recommends \$4.346 million in the 2020-21 biennium from the general fund to operate a statewide tobacco cessation quitline to provide tobacco cessation counseling, nicotine replacement therapies (NRT), and cessation promotion activities to increase public awareness. The proposed state-funded quitline will replace the current ClearWay Minnesota QUITPLAN® Services, which will close by March 2020 due to ClearWay's legally required sunset plan.



Transfer Operation of Minnesota's Statewide Tobacco Cessation Quitline to MDH

Public health efforts have driven down smoking rates, but nearly 580,000 Minnesotans still smoke and need help quitting. Quitlines are widely recognized as an evidence-based means of helping tobacco users quit and a core component of a comprehensive tobacco control program. All 50 states have a quitline, with 47 of them operated by tobacco control programs within state health departments. Under this proposal, MDH will contract with a specialized vendor to operate a 24/7 call center and online registration process that provides smokers with trained cessation counselors, free nicotine replacement therapies, and texting and email services. MDH will offer a regularly updated website as an effective resource for those trying to quit, including a tobacco cost calculator, quitting readiness quiz, and other resources that can be accessed without professional help. The cost of maintaining the quitline contract will be \$1.3 million annually. MDH will require \$336,000 per year for three FTEs to administer the program. An evaluation of the quitline will begin in the 2022-23 biennium.

PUBLIC HEALTH LABORATORY CAPACITY

The Governor recommends \$840,000 in FY 2020 and \$655,000 in FY 2021 from the general fund to purchase equipment critical to the work of the Minnesota Department of Health Public Health Laboratory. Funding will support essential equipment purchasing needs that cannot be funded through other sources. This appropriation is one-time in the FY 2020-21 biennium.

The MDH Public Health Laboratory (MDH-PHL) performs critical laboratory testing to detect public health threats, including emerging infectious disease threats, rare but treatable disorders in newborns, and hazardous chemicals in the environment. The ability to detect these threats accurately and quickly is a key step in preventing harm to Minnesotans. Much of the testing performed at MDH-PHL is not available in other laboratories and requires the use of sophisticated facilities and instruments. The lab facility shared by the Departments of Health and Agriculture was completed in 2005, and equipment purchased at the time is nearing the end of its service life. Instruments currently in use have become outdated and in some cases are no longer supported by vendors.



Invest in Laboratory Equipment to Detect and Prevent Health Threats

This proposal provides equipment necessary to support faster and more accurate detection of health threats to ensure Minnesota has the best scientific data and methods available to protect the health of Minnesotans. Funding will be used to purchase approximately 10 instruments, ranging from a \$43,000 alpha spectrometer that detects radiation from a nuclear power plant accident or deliberate act of terrorism, to a \$350,000 tandem mass spectrometer for improved detection of rare disorders in newborns. A small portion of the funding will be used to replace parts of water and air purification systems to maintain a stable environment for laboratory testing.