

HF1490 - 1A - "Early Dental Disease Prevention Pilot Prog"

Chief Author: **Nels Pierson**
 Committee: **Health and Human Services Finance**
 Date Completed: **03/08/2017**
 Agency: **Health Dept**

State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings) Dollars in Thousands	Biennium			Biennium	
	FY2017	FY2018	FY2019	FY2020	FY2021
General Fund	-	1,160	1,230	1,338	1,447
Total	-	1,160	1,230	1,338	1,447
Biennial Total			2,390		2,785

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2017	FY2018	FY2019	FY2020	FY2021
General Fund	6.5	6.5	6.5	6.5	6.5
Total	6.5	6.5	6.5	6.5	6.5

Executive Budget Officer's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with MMB's Fiscal Note policies.

EBO Signature: Paul Moore Date: 3/8/2017 10:08:14 AM
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State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands		FY2017	FY2018	FY2019	FY2020	FY2021
General Fund	-	1,160	1,230	1,338	1,447	
Total	-	1,160	1,230	1,338	1,447	1,447
	Biennial Total		2,390			2,785
1 - Expenditures, Absorbed Costs*, Transfers Out*						
General Fund	-	1,160	1,230	1,338	1,447	
Total	-	1,160	1,230	1,338	1,447	1,447
	Biennial Total		2,390			2,785
2 - Revenues, Transfers In*						
General Fund	-	-	-	-	-	-
Total	-	-	-	-	-	-
	Biennial Total		-			-

Bill Description

Section 1. Statewide School-Based Sealant Grant Program

This section of the bill requires the commissioner of health to develop a statewide coordinated dental sealant program to improve access to preventive dental services for school-aged children. This program shall focus on developing the data tools necessary to identify public schools in the state with students ages 6- 9 who are in the greatest need of preventive dental care. In creating this program, the commissioner is required to develop an implementation plan that identifies statewide needs, establishes outcome measures, and provides an evaluation process based on outcome measures established.

This bill also requires the commissioner to award grants to nonprofit organizations to provide school-based sealant programs. The grants shall be available to expand existing school-based programs and to create new programs in schools that have been identified as underserved, high-risk schools.

By March 15, 2018, the commissioner shall submit a report to the legislature, including data tools developed, the outcome measures, the number of grants awarded, the location of schools served through the grants and the results of the evaluation of the sealant program.

Funds are appropriated for Section 1 in FY 2018 from the general fund to the commissioner.

Section 2: Early Dental Disease Prevention Pilot Program

This bill funds a pilot program in 5 designated communities of color and recent immigrants with at least two designated communities located in the non-metropolitan area. This program provides preventive oral health education for parents of infants and toddlers, and ensures that the educational materials and information developed under Minnesota Statutes 144.061 are distributed to the communities.

The bill requires MDH to establish measureable outcomes and to evaluate the pilot program activities in the designated communities. The bill also requires MDH to submit a report to the legislature on the program activities and outcomes by May 15, 2019.

In Section 2, funds are appropriated in FY 2018 from the general fund to the commissioner.

Assumptions

Section 1. Statewide School-Based Sealant Grant Program

- The bill will require MDH to implement a statewide school-based sealant grant program, serving children 6-9 years of age.
- MDH assumes it will issue 10 grants in FY 2018 for \$20,000 each. MDH assumes number of grants will increase by 5 each year thereafter (total 25 grants by FY21).
- As the number of grantees increases, travel expenses for staff to engage communities and monitor grantee activities will increase from an estimated \$5,000 in FY 2018 to an estimated \$12,500 in FY 2019, which accounts for the marginal, year-over-year increase in other operating costs in the summary tables below.
- As part of evaluation, MDH will develop/expand data tools (i.e., dashboard, Minnesota Oral Health Statistics System) to identify progress towards sealant benchmarks and to show costs avoided through sealant programs. MDH will develop new maps that show disparities in access to preventive services, and distribution of dental providers, and to track improvements in disease prevalence. We estimate it will cost \$20,000 in FY 2018 to develop/expand data tools.
- The bill will require that MDH implement a competitive Request for Proposal (RFP) process. Administrative and budget services are necessary to properly manage this grant program.
- Other operating expenses include travel for meetings with schools and grantee site visits; training for implementation of sealant programs; and costs for MN.IT Services to expand and develop data tools.

The cost of 3.5 FTEs are necessary to coordinate and manage this statewide school-based grant program:

- Research Scientist 3 (1 FTE): Develops and evaluates data tools to help decision-makers identify public schools that are in greatest need of dental sealant programs. This position also will describe the burden of dental disease in Minnesota children, identify data sources to analyze disease trends, and identify dental deserts.
- Management Analyst 1 (1 FTE): Provides administrative and budget services for grants for school-based sealant programs, including developing RFPs, evaluating and selecting grant recipients, managing grants and budgets, conducting financial reconciliations and site visits, and providing technical assistance to adhere to procedures for sound grants management.
- Planner Principal State (1 FTE): Develops the implementation plan to increase understanding of and access to sealant programs in schools that are underserved, high-risk. Coordinates and communicates with grant programs and partners; prepares and supports a report for the legislature describing the implementation plan, including data tools developed, outcome measures, grants awarded, and results of the evaluation.
- Research Scientist Supervisor 2 (0.5 FTE): Provides supervision to staff responsible for the school-based sealant program.

Section 2: Early Dental Disease Prevention Pilot Program

- Implementation of this program is limited to infants and toddlers, 2 years of age or younger, and pregnant women.
- Grants are awarded to 5 designated communities of color or recent immigrants to participate in the pilot program, with at least two designated communities in the nonmetropolitan area.
- MDH assumes a minimum of \$175,000 is available for pilot grants in FY 2018 and each year thereafter. MDH anticipates awarding up to 5 grants with funding requests of \$35,000 per year per grantee.
- Incentives will be provided to the parents and caregivers who participate in the pilot program to improve recruitment and retention. MDH will work with communities to determine which incentives are appropriate/effective for cultural needs of the population. We estimate incentives will cost \$8,000 per year.
- Educational materials developed under Minnesota Statutes, Section 144.061 will be used and distributed in the designated communities. Minnesota is home to some of the largest Hmong, Karen, and Somali speaking populations in the United States. Certified translators will be contracted for translation. Focus groups will be used to develop and evaluate culturally-appropriate materials. A contract will be issued to develop graphics, including infographics that are culturally-appropriate for the communities. We estimate the development of materials will cost \$15,000 in FY 2018.
- Ongoing engagement with communities will require contracts for translator services and additional material development. We estimate this will cost \$5,000 per year.
- Travel is required for community meetings and grantee site visits.

The cost of 3.0 FTEs will be necessary, including operational expenses, to coordinate and manage the Early Dental Disease Prevention Pilot Program:

- Planner Principal State (1.0 FTE): Develops and implements a program to increase awareness and encourage early preventive dental intervention for infants and toddlers. Distributes educational materials developed under MN Statutes, Section 144.061; including healthcare providers, community clinics, WIC sites, and others through oral, visual, audio, and print materials. Applies best practices for plain language and health literacy. Also, works with designated communities to distribute materials through ethnic radio, webcasts, and local cable programs.

- Management Analyst (0.5 FTE): Manages and administers grants for 5 communities of color or recent immigrants. Administrative services include: issuing RFPs, evaluating and selecting grant recipients, managing grant requirements and budgets, conducting financial reconciliations and site visits, distributing and managing incentives, posting web content, and providing technical assistance to adhere to sound practices and procedures for grant management.
- Research Scientist 3 (1.0 FTE): Develops an evaluation plan with measurable outcomes; evaluates performance within each designated community in order to measure whether materials, strategies and incentives increased the number of infants and toddlers receiving early preventive dental intervention and care. Submits a report to the legislature describing the details of the program, communities designated, strategies and incentives used, outcome measures and evaluation.
- Research Scientist Supervisor 2 (0.5 FTE): Provides supervision to staff responsible for the school-based sealant program.

Expenditure and/or Revenue Formula

Section 1. Statewide School-Based Sealant Grant Program

FUND BACT	EXPENDITURES (dollars in thousands)	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
GF 1000 BACT 1	Salary and Fringe Benefits	-	328	328	328	328
	Other Operating Costs	-	48	36	43	51
	Grants	-	200	300	400	500
	Administrative Services	-	36	35	36	37
	OR Indirect Cost	-	-	-	-	-
	TOTAL EXPENSES	-	613	699	807	915
	TOTAL REVENUES	-	-	-	-	-
	NET COST <SAVINGS>	-	613	699	807	915

Section 2: Early Dental Disease Prevention Pilot Program

FUND BACT	EXPENDITURES (dollars in thousands)	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
GF 1000 BACT 1	Salary and Fringe Benefits	-	293	293	293	293
	Other Operating Costs	-	46	31	31	31
	Grants	-	175	175	175	175
	Administrative Services	-	33	31	31	31
	OR Indirect Cost	-	-	-	-	-
	TOTAL EXPENSES	-	548	531	531	531
	TOTAL REVENUES	-	-	-	-	-
	NET COST <SAVINGS>	-	548	531	531	531

Total: Section 1 + Section 2

FUND BACT	EXPENDITURES (dollars in thousands)	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
GF 1000 BACT 1	Salary and Fringe Benefits	-	621	621	621	621
	Other Operating Costs		94	67	74	82
	Grants		375	475	575	675
	Administrative Services		69	67	67	68
	OR Indirect Cost		-	-	-	-
	TOTAL EXPENSES		1,160	1,230	1,338	1,447
	TOTAL REVENUES					
	NET COST <SAVINGS>		1,160	1,230	1,338	1,447

Long-Term Fiscal Considerations

Local Fiscal Impact

References/Sources

- School Dental Sealant Programs Policy Statement, Association of State and Territorial Dental Directors (ASTDD), Adopted on December 15, 2010. Source: <http://www.astdd.org/docs/school-dental-sealant-programs-december-2010-ii.pdf%20>
- Children’s Dental Health Project, Dental Sealants: Proven to Prevent Tooth Decay, May 13, 2014. Source: <https://www.cdhp.org/resources/314-dental-sealants-proven-to-prevent-tooth-decay%20>
- Minnesota Oral Health Statistics System: <https://apps.health.state.mn.us/mndata/oral-health>
- Pew Center on the States. January 2013. Falling Short: Most States Lag on Dental Sealants (graphic below). <http://www.pewtrusts.org/en/multimedia/data-visualizations/2013/most-states-lag-on-dental-sealants>

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