

***Presentation to the 2021 Health and Human Services
Joint Appropriation Subcommittee
Public Health and Safety Division***

Department of Public Health and Human Services

The following topics are covered in this report:

- **Overview**
- **Summary of Major Functions**
- **Highlights and Accomplishments during the 2021 Biennium**
- **Funding and FTE Information**
- **Change Packages**

Overview

Since 1901, when Montana's first state board of health was established, public health has worked to protect and improve the health of Montanans. Public health aims to strengthen prevention and control efforts to promote the health and well-being of Montanans; decrease health disparities; increase access to timely, affordable, and effective health services; and to improve public health system capacity. Staff in the Public Health and Safety Division (PHSD), local and tribal health departments, and other key partners work toward these goals by implementing efforts to address disease outbreaks, assure clean indoor air, safeguarding safe drinking water and safe food, provide programs and services to support healthy living, ensure community emergency preparedness, and respond to emerging threats. Through the implementation of public health initiatives over this past century, life expectancy increased approximately 30 years, accompanied by significant reductions in deaths rates due to disease and injury.

The mission of PHSD is to protect and improve the health of Montanans by advancing conditions for health living. To achieve this mission, public health focuses on three core functions: assessment, policy and program development and implementation, and assurance.

PHSD leads the state's public health efforts and provides state-level coordination of key public health services to support the health and well-being of communities. Public health programs and services are delivered in communities across the state by our partners, which include local and tribal health departments, health systems, community health centers, hospitals, community-based organizations, and many other groups. The centralized resources, expertise, and support PHSD provides to local public health agencies allows many areas of the state to support local services and resources necessary to protect the health of their residents. The work of public health impacts the daily lives of all Montanans, even though they may not be aware of it. Public health also has a significant influence on our economy. To have a healthy economy, we need healthy citizens and healthy communities.

Summary of Major Functions

PHSD houses the core organizational components of public health, which include chronic and communicable disease prevention and control programs, public health emergency preparedness programs, emergency medical services, trauma and injury prevention programs, clinical public health and environmental laboratories, the Office of Public Health System Improvement, the Office of Vital Statistics, and the Office of Epidemiology and Scientific Support.

Communicable Disease Control

The Communicable Disease Control Bureau (CDCB) has five sections: Immunization, Sexually Transmitted Diseases/HIV, Food and Consumer Safety, Communicable Disease Epidemiology, and Public Health Emergency Preparedness. These sections work closely with local and tribal public health agencies and other partners to respond to communicable disease reports/outbreaks and significant public health events, as well to ensure the safe operation of public establishments. In 2019-2020, state and local public health agencies identified and responded to over 19,000 reportable diseases, including 111 outbreaks sickening at least 2,163 people.

Ensuring the safety of the state's public establishments requires the combined efforts of the state and local public health work force. The Bureau's Food and Consumer Safety Section works with local public health agencies to license and inspect over 12,000 public establishments, including restaurants, hotels, and swimming pools. The section monitors the frequency and quality of mandated inspections and ensures requirements and rules regulating business are reasonable and necessary for public safety.

Laboratory Services

Montana's clinical public health and environmental laboratories provide testing to support newborn screening for metabolic disorders, environmental sampling, and disease prevention and control efforts statewide. In 2020, the state laboratories conducted nearly 700,000 tests in support of these efforts. These tests include 300,000 tests in support of disease control programs (e.g., tuberculosis and HIV), 8,000 environmental tests in support of clean drinking water (e.g., bacterial contamination and heavy metals), and 266,000 COVID-19 tests. In addition, newborn screening tests for 29 metabolic and genetic diseases are performed for essentially every baby born in Montana (approximately 12,500 per year).

Test results are used by clinicians to aid in diagnosing and treating patients. The state communicable disease epidemiology program, as well as local and tribal public health officials, use these laboratory results to enhance responses to disease outbreak or water contamination and to monitor disease trends.

Chronic Disease Prevention and Health Promotion

The Chronic Disease Prevention and Health Promotion Bureau (CDPHPB) protects and improves the health of Montanans by promoting healthy lifestyles through regular physical activity, healthy nutrition, and being free of commercial tobacco/nicotine. CDPHPB promotes the use of clinical preventive services and community programs to support chronic disease prevention and self-management.

This bureau includes the Emergency Medical Services (EMS), Trauma, and Injury Prevention programs. The EMS program licenses EMS services across the state and provides coordination and training to ensure Montana has high-quality EMS services statewide. The Trauma program oversees trauma hospital designation and collaborates with facilities statewide to improve trauma care. The Injury Prevention program works with state and community partners to address leading causes of injury-related morbidity and mortality, such as fall prevention, prescription drug abuse, and poisoning.

Public Health System Improvement

The Office of Public Health System Improvement (PHSIO) supports state, local and tribal public health departments improving public health system capacity through health improvement planning, workforce development, and technical assistance to support national public health accreditation. PHSIO provides resources and technical assistance to local and Tribal public health to conduct community health assessments of their population health and to develop community-based improvement plans. The office maintains and updates the Division's strategic plan, the state health assessment, the state health improvement plan, and the state public health workforce development plan. The DPHHS public health programs became nationally accredited by the Public Health Accreditation Board in 2016 and the department is currently working to achieve reaccreditation in 2021.

Epidemiology and Scientific Support

The Office of Epidemiology and Scientific Support (OESS) assesses the health of Montanans by maintaining and utilizing a variety of key data sources including birth and death records, hospital discharge and emergency department utilization data, and the Behavioral Risk Factor Surveillance System survey. OESS maintains and updates the state health assessment and provides epidemiology technical support to PHSD programs and other divisions across the DPHHS, local and tribal health departments, and other organizations.

Beginning in 2017, the OESS established the Montana Environmental Health Education and Assessment (MEHEA) program through a cooperative agreement with the Centers for Disease Control and Prevention's (CDC) Agency for Toxic Substances and Disease Registry (ATSDR). This program aims to assist the reduction, elimination, or prevention of exposures to toxic substances across Montana. OESS environmental staff, a toxicologist, public health risk assessor, and an environmental health program specialist evaluate hazardous waste sites for hazardous substances to determine whether communities could be harmed.

Financial Operations and Support Services

Financial Operations and Support Services Bureau (FOSSB) provides financial and contract management for PHSD and oversees the Office of Vital Records. FOSSB manages a budget of over \$39 million, including general fund, state special revenue, federal funds, and funding from private foundations.

The Office of Vital Records (OVR) maintains vital event registration and reporting for all Montana counties. OVR collects information regarding birth, death, adoption, marriage, marital termination, paternity, and provides access to birth and death records. OVR also develops and maintains statistical information and provides data and reports for use by county, tribal, state, and federal agencies, as well as a variety of other data users statewide.

Highlights and Accomplishments During the 2019 Biennium

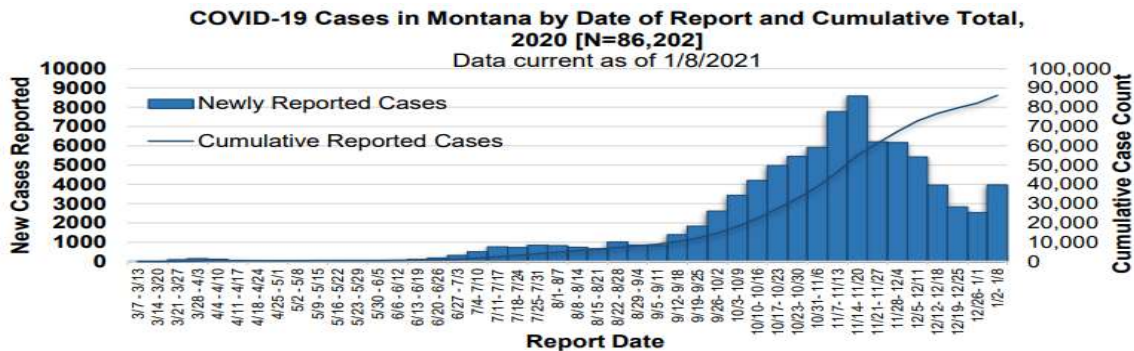
COVID-19 pandemic response

On February 26, 2020, the Centers for Disease Control and Prevention (CDC) confirmed the first suspected case of local transmission of the COVID-19 in California. Oregon, Washington, and New York soon reported their own cases of possible community transmission; thereafter, the virus continued to spread across the United States.

In preparation for the COVID-19 outbreak in Montana, the Covid-19 Task Force was launched on March 3, 2020. The multi-agency executive task force was established to prepare the state and ensure the state, local public health, and the federal government worked together to keep Montanans informed with accurate and up-to-date information. The Task Force was spearheaded by Adjutant General Matthew Quinn and worked closely with the Governor’s Office and state agencies directly involved to oversee the response with support of the Disaster Emergency Services (DES) State Emergency Coordination Center (SECC).

To put the state on highest alert and allow the Governor to be ready to direct a multi-agency coordinated response to an outbreak of COVID-19 by mobilizing all available state resources and to take additional steps as warranted, then-Governor Bullock declared a State of Emergency in Montana on March 12, 2020, and then amended the Declaration to match the date of the Federal Stafford Act Declaration on March 13, 2020.

On March 13, 2020, Montana identified its first positive cases of the COVID-19. Four cases were identified and confirmed through testing by the CDC. Initial cases led to the rapid development of response systems at the local and state level focused on testing, case investigation, and contact tracing to reduce additional transmission of the virus. After a relatively limited number of cases in the spring and summer, dramatic growth of cases began to be experienced in mid-July with peaks in late November. The surge in cases severely strained health care systems with many hospitals above capacity and exceeded local public health resources for case investigations and follow-up. The figure below reflects cases reported weekly cases beginning in March through early January of 2021.



As of January 20, 2021, Montana has reported 90,255 cases of COVID-19, including 4,022 hospitalizations and 1,094 deaths.

In addition to traditional public health responsibilities such as case investigations and contact tracing conducted by local and Tribal public health agencies, DPHHS worked closely with DES and other partners to address supply chains for medical assets such as tests and personal protective equipment. Warehousing operations, stockpiles, and distribution networks were set up to respond to needs of clinical partners. These operations continue as DPHHS supports and coordinates the majority of the state's COVID testing needs. Currently, DPHHS provides the materials and resources to partners and directly coordinates daily testing.

While DPHHS staff continues to support testing needs and assist local public health jurisdictions with response activities, the department also plays a key role in coordination of the state's vaccination effort. In December of 2020, the state received its first allocations of COVID-19 vaccine and is currently working with over 200 local partners to distribute and administer vaccine to those at high-risk of COVID complications. As additional vaccine is received, DPHHS and partners will administer vaccine to wider populations with the goal of ensuring broad vaccination coverage to significantly reduce the risks of COVID. This process involves working with many partners, including the COVID Task Force, to set priorities and ensure equitable distribution and safe administrations of vaccine across the state.

Coordinating COVID testing and response activities, including vaccine administration, is expected to be a primary focus of DPHHS, public health and medical partners for the remainder of 2021.

Montana Tobacco Use Prevention Program

The mission of the Montana Tobacco Use Prevention Program (MTUPP) is to address the public health crisis caused by the use of all forms of commercial tobacco products. MTUPP works to eliminate tobacco use, especially among young people, through statewide programs and policies.

Tobacco use among Montana adults and youth

Among adult Montanans in 2019, 17% were current cigarette smokers, 7% used spit tobacco, and 6% used e-cigarettes or other vaping products. American Indians (AI) throughout Montana are disproportionately affected by the harms of commercial tobacco addiction. The biggest disparity is with conventional cigarettes, where AI adults have a current smoking prevalence almost three times higher than white adults (42% vs 15%, respectively).

In 2019, 30% of high school aged youth were currently using e-cigarettes, 8% were using conventional cigarettes, 8% were using cigars/other products, and 6% were currently using spit tobacco. E-cigarettes have taken the place of conventional cigarette smoking and threaten to erase the significant progress made in reducing youth tobacco use.

Health policy to protect Montana youth and adults

MTUPP is committed to promoting policies throughout Montana that reduce initiation of commercial tobacco use among youth, encourage people who currently use tobacco products to

quit, and protect nonusers from secondhand smoke and e-cigarette aerosol exposure. Over the biennium, multiple local communities adopted tobacco-related policies to protect the health of their constituents, particularly youth:

- 11 localities have taken the step to protect their residents from e-cigarette aerosol exposure by including e-cigarettes in their local smoke free ordinances, covering 47% of the Montana’s total population.
- 15 of the 20 Public Housing Authorities have smoke free policies in place, covering 10,470 residents.
- 10 reservations or urban Indian health centers have policies in place restricting the use of commercial tobacco products in tribal office buildings.
- The Tribal Council of the Confederate Salish and Kootenai Tribes added e-cigarettes to their policies prohibiting the use of commercial tobacco products in tribal office buildings.
- Fort Belknap passed a resolution prohibiting the use of commercial tobacco products and e-cigarettes in the Fort Belknap Casino and in Community buildings used for community events.

Preventing youth initiation of tobacco products

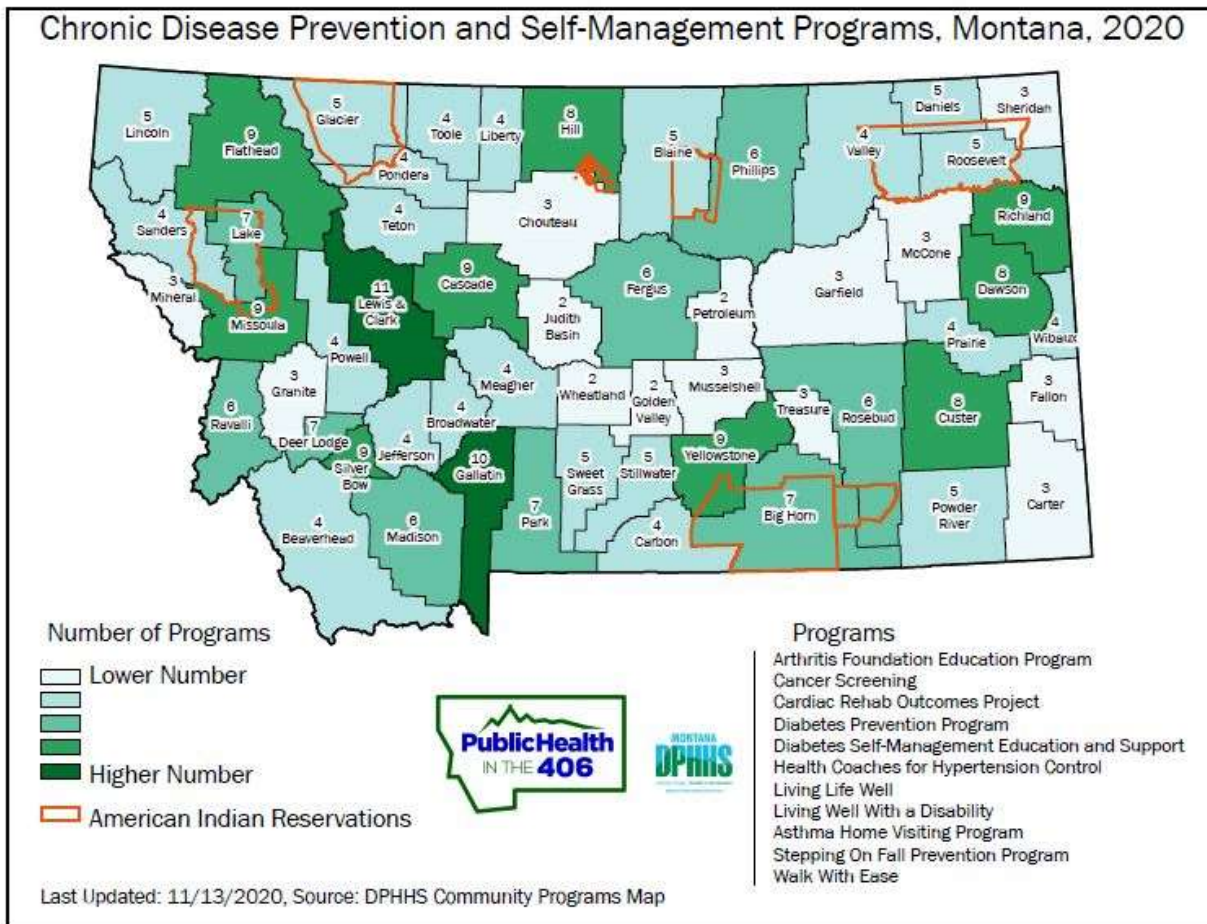
Montana has made strides over the past two years to protect youth from nicotine addiction and exposure to e-cigarettes. reACT, Montana’s teen-led movement against Big Tobacco, provides youth and young adults the opportunity to educate, inform, promote and help build the first tobacco/nicotine-free generation in Montana.

- MTUPP awarded Montana communities grants to support youth-led tobacco prevention events and college scholarships to selected High School Rodeo participants who have pledged to be tobacco-free and have been tobacco prevention champions in their own communities.
- MTUPP collaborated with the Montana Office of Public Instruction (OPI) to deliver 35 presentations to over 7,000 students in FY20. OPI staff also gave 6 presentations to school staff and administrators in FY20, reaching 436 participants. Last year, 337 teachers completed e-learn OPI Teacher Learning Hub Course about Montana Youth Tobacco Trends e-learning course.
- In August of 2020, MTUPP created a new vaping prevention public awareness campaign which features real Montana teens
- Beginning in July 2019, the Quit Line began offering a new resource for Montanans under the age of 18 who need help quitting all forms of tobacco products, including e-cigarettes. “My Life, My Quit” offers youth a new way to reach quit coaches using live text messaging and online chat that is 100% confidential.

Increasing access to chronic disease prevention and self-management programs

Chronic disease is prevalent, costly, increasing, and is the leading causes of disability and premature death in Montana. However, many chronic diseases and related risk factors are preventable or manageable. In 2019, an approximately 62% of adult Montanans reported having one or more chronic diseases. In 2019, 8% of adult Montanans had diabetes, 10% has asthma, and 29% had arthritis. A number of key health behaviors drive the development and progression of chronic disease. In 2019, 17% of adult Montanans were current tobacco users, 72% did not meet the minimum guidelines for physical activity, and 65% were overweight or obese.

Staff working to address chronic disease support the development, implementation and expansion of prevention and self-management programs to support healthy living and reduce the burden of chronic disease and related risk factors among Montanans. Program staff provide state-level coordination, funding, training and technical support, data collection, analyses/evaluation, and health promotion messaging to local communities. Currently, ten evidence-based programs are expanding to support increased access and adapting to ensure that priority populations, such as persons living with a disability, can successfully participate. The figure below provides the number of programs that have been implemented by County/Tribal reservation. Over 20,000 Montanans participated in programs over the past three years.



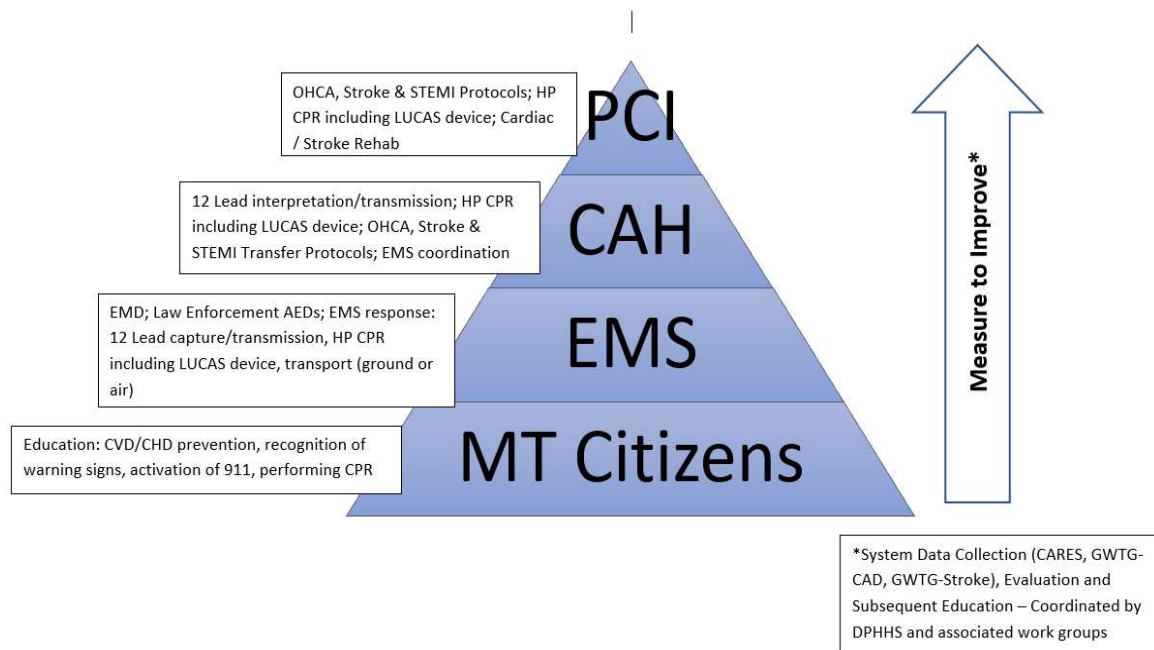
Over the last two years, the number of communities implementing new chronic disease prevention and self-management programs has increased to reach more Montana communities.

- Four new counties (Glacier, Carter, Roosevelt, and Phillips) have established diabetes prevention programs, which now is provided in 47 counties across the state.
- Five new Diabetes Self-management Education and Support programs have been established (Big Horn, Yellowstone, Flathead) with a total of 25 counties having this service available.
- Asthma home visiting sites have been added in five counties (Beaverhead, Big Horn, Madison, Meagher, Stillwater) and now these services are available in 26 counties statewide. This program also expanded to provide services to adults due to successes seen in children participating in the program.

Enhancing Montana’s cardiac system of care

Cardiovascular disease (CVD), which include heart disease and stroke, is the leading cause of disability and death in Montana. Each year Montana has approximately 2,600 deaths due to CVD and 500 Montanans experience sudden cardiac arrest. Over the past decade the DPHHS EMS and Trauma System Section (EMSTS), Cardiovascular Health Program in collaboration with the American Heart Association, EMS services, intervention and critical access hospitals and other community partners have been working to build cardiac and stroke-ready systems of care. The goal of this system is to reduce preventable morbidity and death associated with CVD. The figure below displays the key components of Montana’s system.

Figure. Montana cardiac system of care, 2020.



Over the biennium the department has continued to enhance the state cardiac system of care by providing state of the art training utilizing the mobile simulation laboratory vehicles and equipment purchased through a grant from the Helmsley Charitable Trust. These units feature high-fidelity adult, child, pediatric and infant mannequins, a mock emergency room and a mock ambulance. Using a public/private partnership model, the EMS and Trauma Section contracted with SIM-MT, a not-for-profit organization that operates these vehicles to provide training across the state. Over the past two years, these vehicles have traveled to 48 of Montana's 56 counties and provided hi-fidelity simulation training to more than 3,200 EMS providers, physicians and nurses. This included training on the use of 12 lead ECG training as part of the cardiac system of care program.

In November of 2019, the Helmsley Charitable Trust awarded the department a new grant of approximately \$6 million dollars to continue to build Montana's cardiac system of care. Beginning in 2020, every law enforcement agency was eligible to receive an AED for every vehicle in their fleet. Over 1,800 AED devices have been distributed to local, county, state, tribal, campus and federal law enforcement agencies. An additional 200 AEDs will be distributed in early 2021. Law enforcement agencies that are replacing their existing AEDs are providing them to partners in their community to increase access to these devices. Research has demonstrated that communities with a law enforcement AED program improve survival from cardiac arrest by 10-30%. Outcomes associated with this component of the cardiac system of care will be measured through data collected in the CARES registry.

Addressing the opiate epidemic

Opioid use, including prescription and illicit opiates, is a leading driver of drug overdose deaths in Montana and the U.S. Beginning in 2000, deaths from prescription opiates increased steadily through 2009 in Montana. However, unlike national trends Montana has had a reduction in overall drug overdoses since 2009. Driven by significant declines in prescription opioid use, overdoses fell from 13.3 deaths per 100,000 residents in 2009-2010 to 10.6 deaths per 100,000 residents in 2016-2017. While the mortality rates have declined in Montana over the past decade, there has been an uptick in the number of prescription and heroin related overdose deaths in 2018 and 2019. There were also over 1,300 nonfatal overdose-related emergency department visits and hospitalizations in Montana between 2016 and 2018.

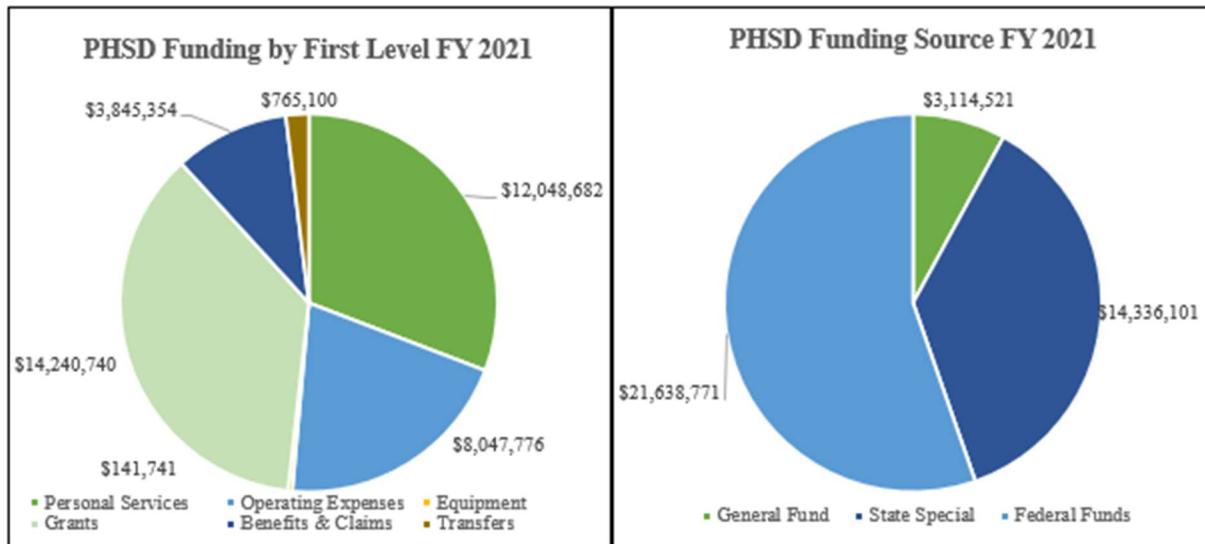
The DPHHS Injury Prevention Program has been awarded two cooperative agreements from the CDC to address the opioid overdose epidemic in the Montana. The state task force with over 250 stakeholders from 100 organizations developed and updated the state's strategic plan initially focusing on prevention and treatment of opiates use. The goal of the task force is to increase public awareness of SUD, utilize data to inform our actions, and implement evidence-based strategies to effectively prevent and treat SUD.

Some of the major accomplishments of the task force during the biennium include:

- Updated analyses of the state’s Prescription Drug Monitoring Program (PDMP) data to assess trends in provider prescriptions of opiates. Overall, there have been significant reductions in the number of opiate prescriptions, the dosage of opiate prescriptions, and reductions in high and very high prescriptions for opiates.
- Distribution of 100,000 Deterra bags to communities for safe opioid disposal and dispensing of 1,600 units of life-saving naloxone to first responders for overdose prevention.
- Between 2019 and 2020, nearly \$400,000 has been provided to local communities across the state to support work on SUD prevention and to help build coalitions in local communities.
- Medicaid expansion has increased Montanans’ access to SUD treatment services and has also allowed the department to use the substance use prevention block grant to fund local prevention efforts.

Funding & FTE Information

Public Health and Safety FTE	FY 2021 Budget 155.25	FY 2022 Request 155.25	FY 2023 Request 155.25
Personal Services	\$ 12,048,682	\$ 12,478,433	\$ 12,573,417
Operating Expenses	\$ 8,047,776	\$ 8,043,748	\$ 8,045,251
Equipment	\$ 141,741	\$ 141,741	\$ 141,741
Grants	\$ 14,240,740	\$ 14,240,740	\$ 14,240,740
Benefits & Claims	\$ 3,845,354	\$ 3,845,354	\$ 3,845,354
Transfers	\$ 765,100	\$ 765,100	\$ 765,100
TOTAL COSTS	\$ 39,089,393	\$ 39,515,116	\$ 39,611,603
	FY 2021 Budget	FY 2022 Request	FY 2023 Request
General Fund	\$ 3,114,521	\$ 3,168,198	\$ 3,226,670
State Special	\$ 14,336,101	\$ 14,290,371	\$ 14,298,178
Federal Funds	\$ 21,638,771	\$ 22,056,547	\$ 22,086,755
TOTAL Funds	\$ 39,089,393	\$ 39,515,116	\$ 39,611,603



Change Packages

Present Law Adjustments:

SWPL 1 – Personal Services

The budget includes an increase of \$481,644 total funds in FY 2022 and \$524,735 total funds in FY 2023 to annualize various personal services costs including FY 2021 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$105,570	(\$45,666)	\$421,740	\$481,644
FY 2023	\$112,149	(\$37,883)	\$450,469	\$524,735
Biennium Total	\$217,719	(\$83,549)	\$872,209	\$1,006,379

SWPL 3 – Inflation Deflation

The executive requests adjustments to reflect budgetary changes generated from the application of inflation and deflation factors to specific expenditure accounts. Affected accounts include food, postage, gasoline, and others.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	(\$64)	(\$3,964)	(\$4,028)
FY 2023	\$0	(\$40)	(\$2,485)	(\$2,525)
Biennium Total	\$0	(\$104)	(\$6,449)	(\$6,553)

New Proposals:

NP 5555 -- Reduce GF Budget for State Share Holiday

Governor Gianforte has proposed legislation to impose a two-month state share holiday for employer contributions into the state health insurance fund. This change package removes the general fund portion of the savings generate by the contribution holiday. Savings from other funding sources will remain in the agency to be able to address ongoing functions of the agency. This change package is contingent on passage and approval of the proposed legislation.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$51,893)	\$0	\$0	(\$51,893)
FY 2023	\$0	\$0	\$0	\$0
Biennium Total	(\$51,893)	\$0	\$0	(\$51,893)