

## PRESENTATION TO THE 2023 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 2023 Biennium**
- **Efficiencies and Cost Savings**
- **Funding and FTE Information**
- **Change Packages**

# OVERVIEW

Since the first state board of health was established by the 7<sup>th</sup> Montana legislature in 1901, 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; increase health equity; 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 activities to prevent and control disease outbreaks; assure clean indoor air, safe drinking water, and 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 has increased by approximately 30 years, and has been 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 and funding 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 PHSD partners including local and tribal health departments, health systems, community health centers, hospitals, community-based organizations, and various other organizations. The work of public health impacts the daily lives of all Montanans, even though they may not be aware of it. Public health even has a significant influence on our economy. To have a healthy economy, we need healthy citizens and healthy communities.

PHSD employs 200 FTEs, with an annual budget of approximately \$49 million dollars.

## **SUMMARY OF MAJOR FUNCTIONS**

PHSD houses the core organizational components of public health (excluding maternal and child health): chronic and communicable disease prevention and control, public health emergency preparedness, public health planning, capacity and work force development, emergency medical services, trauma and injury prevention programs, the public health and environmental laboratories, and the office of vital statistics.

### **COMMUNICABLE DISEASE PREVENTION AND CONTROL**

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The Communicable Disease Control Bureau (CDCB) includes the Immunization, Sexually Transmitted Disease (STD)/Human Immunodeficiency Virus (HIV), Food and Consumer Safety, and Public Health Emergency Preparedness sections. The STD and HIV section works with local and tribal health departments and other partners to prevent and control outbreaks of STDs such as chlamydia, gonorrhea, and syphilis, and to provide health and preventive services to under and uninsured persons living with HIV. From 2021 through October of 2022, state and local public health agencies identified and responded to 10,656 reportable STD's. The Immunization Section implements activities to increase and maintain high immunization rates to address vaccine preventable diseases among children, adolescents, and adults. The Food and Consumer Safety section licenses and inspects over 15,000 public establishments, including hotels, restaurants, and swimming pools, to ensure safe operations and to prevent injury and the spread of communicable disease and other illnesses. CDCB monitors the frequency and quality of mandated inspections and ensures requirements and rules regulating business are reasonable and necessary for public safety. The Public Health Emergency Preparedness section oversees and coordinates the Division's planning and operations for emergencies and disasters with local and tribal public health departments and hospitals.

### **LABORATORY SERVICES**

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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. From 2021 through October 2022 state laboratories conducted nearly 343,745 tests in support of these efforts. These tests include 63,569 tests in support of disease control programs (e.g., tuberculosis and HIV), 20,989 environmental tests in support of clean drinking water (e.g., bacterial contamination and heavy metals), and 259,187 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 and STD/HIV programs, 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 CONTROL**

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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 freedom from commercial tobacco/nicotine. CDPHPB does this through the use of clinical preventive services (e.g., cancer screening, tobacco cessation counseling) and community programs to support chronic disease prevention and self-management. The bureau's programs also focus on treating asthma, arthritis, cancer control, cardiovascular disease, diabetes, and disability.

CDPHPB also 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 statewide access to high-quality EMS services. 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 through activities designed to prevent falls, prescription and illicit drug abuse, and poisoning.

## **PUBLIC HEALTH PLANNING, CAPACITY AND WORK FORCE**

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The Public Health System Improvement Office (PHSIO) supports state, local and tribal public health departments to improve their 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 and 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. DPHHS public health programs became nationally accredited by the Public Health Accreditation Board in 2016. The department is currently working to achieve reaccreditation.

## **EPIDEMIOLOGY AND SCIENTIFIC SUPPORT**

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The Epidemiology and Scientific Support Bureau (ESSB) includes the Communicable Disease Epidemiology, Surveillance and Informatics, Infection Prevention and Health Care Associated Infection, and Environmental Health sections. The Communicable Disease Epidemiology section works closely with local and tribal public health departments and other partners to respond to communicable disease reports, outbreaks, and significant public health events. From 2021 through October 2022, state, local and tribal public health departments identified and responded to over 4,264 cases of reportable diseases (non-COVID-19/non-STD/non-HIV), including 80 outbreaks that sickened 1,270 people.

The Infection Prevention and Health Care Associated Infection (IPHCA) section conducts infection prevention/control assessments of long-term care and assisted living facilities, hospitals including critical access hospitals, dialysis and ESRD facilities, state facilities,

and other congregate care settings. Based on these assessment findings, IPHCA provides technical assistance and consultation to assist these facilities with implementing effective infection control plans and procedures. This section provides ongoing assistance to these facilities during COVID-19 pandemic and other communicable disease outbreaks. Additionally, this section oversees the state's health care associated infection prevention program, which includes health care system and laboratory-based surveillance and follow-up to monitor, prevent, and control the spread of multiple drug resistant organisms.

The Surveillance and Informatics section assesses the health of Montanans by maintaining and utilizing a variety of key data sources including birth and death records, inpatient hospital and emergency department utilization data, infectious disease information system, and the Behavioral Risk Factor Surveillance System survey. This section 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. Additionally, this section implements activities to update and modernize the Division's communicable disease data systems.

The Environmental Health Education section focuses on the reduction, elimination, or prevention of exposures to toxic substances across Montana. Working in collaboration with DEQ, the EPA, and the CDC, this section evaluates state and federal hazardous waste sites for hazardous substances to determine whether communities could be harmed. This section also implements activities to increase blood lead screening and strategies to reduce and eliminate lead exposure among children, and to provide consultation and technical support to local and tribal health departments on environmental health related issues.

## **FINANCIAL OPERATIONS AND SUPPORT SERVICES**

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The Financial Operations and Support Services Bureau (FOSSB) provides financial and contract management for PHSD and oversees the Office of Vital Records (OVR). FOSSB manages a budget of over \$49 million sourced from the general fund, state special revenue, federal funds, and funding from private foundations.

The OVR maintains vital event registration and reporting for all Montana counties. The 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 2023 BIENNIUM

## SUPPORT AND COORDINATION FOR THE ONGOING PUBLIC HEALTH RESPONSE TO THE COVID-19 PANDEMIC

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On March 13, 2020, Montana identified its first cases of COVID-19. These initial cases lead to the rapid development of public health response systems at the local, tribal, and state level focused on testing, case investigation, contact tracing, and other prevention/mitigation strategies to reduce the transmission of the SARS-CoV-2 virus and avoid severe outcomes. Through October 28, 2022, 314,991 COVID-19 cases, 13,501 hospitalizations, and 3,574 deaths have been reported in Montana. Of the COVID-19 hospitalizations, 224 were among and 30 of those hospitalized cases were diagnosed with Multisystem Inflammatory Syndrome in children. Over the course of the pandemic, Montana has experienced three major surges in COVID-19 cases, hospitalizations, and deaths which have severely strained the bed/staffing capacity of Montana health care systems and, at times, exceeded local and tribal public health resources for case investigation and follow-up.

### **Prevention and Mitigation Efforts and Surveillance to Monitor Trends**

Throughout the biennium, PHSD has continued to coordinate and work with local and tribal public health departments to conduct case investigations, contact tracing, and other prevention/mitigation activities to reduce transmission of the SARS-CoV-2 virus. To ensure statewide coordination, PHSD conducted biweekly and monthly coordination webinars with the local and tribal health jurisdictions to provide the latest updates and guidance.

As an example, PHSD staff provided daily support and technical assistance to local and tribal health departments and congregate care facilities (e.g., long-term care [LTCF], assisted living facilities [ALF], group homes, prisons, hospitals) to address COVID-19 outbreaks within these facilities. There are 282 LTCFs and ALFs in Montana. Since the beginning of the pandemic there have been over 14,000 COVID-19 cases reported in these facilities and 677 deaths.

In addition to providing daily support and technical assistance to these facilities during their outbreak responses to prevent further spread of COVID-19 to residents and staff, the PHSD Infection Prevention Specialist team provides infection control consultations to healthcare facilities. When a facility is in outbreak status for COVID-19, the team provides one-on-one consultations to review infection control mitigation strategies. Upon completion of the consultation, the team provides a written summary of recommendations and guidance.

The PHSD team also offers free, non-regulatory infection control assessments/reviews to all healthcare settings in Montana. The goal of these assessments is to support and improve infection control practices in these facilities to prevent the introduction and spread of COVID-19 and other infectious agents that can cause significant morbidity and mortality

(e.g., influenza, norovirus). During an assessment, the team systematically reviews the facility's infection prevention and control practices. A written report is provided to the facility upon completion of the assessment. From 2021 through October 2022, 67 assessments were completed. In addition, the PHSD team provides ongoing monthly training to facility staff on infection prevention and control practices.

Throughout the biennium, PHSD continued to conduct COVID-19 surveillance and to distribute key information on trends in cases, testing, SARS-CoV-2 variant patterns, vaccination rates, hospitalizations, deaths, and prevention and mitigation recommendations to key partners and the public. This included the state's COVID-19 dashboard, and both the weekly and monthly COVID-19 surveillance reports. These reports can be found at:

<https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt/demographics>.

To support local and tribal health department capacity throughout the pandemic, PHSD has provided funding to these departments to hire additional staff. Since 2020, PHSD has provided over seven million dollars to local and tribal jurisdictions which has supported over 60 FTEs. These positions include disease intervention specialists, public health nurses, contact tracers, epidemiologists, congregate care coordinators, and various other positions.

## Testing

Increasing capacity for and utilization of COVID-19 testing is one key prevention/mitigation strategy to reduce transmission and outbreaks in Montana. In 2021, PHSD continued to work to increase capacity for COVID-19 testing statewide. From 2021 through October 2022, the state public health laboratory and our partner reference laboratories conducted over 520,000 COVID-19 polymerase chain reaction (PCR) tests to support this effort. PHSD procured and distributed over one million COVID-19 rapid antigen tests to outpatient clinics, hospitals, LTCFs and ALFs, local and tribal health departments, corrections, K-12 schools, colleges and universities, and other settings.

Beginning in August 2021, PHSD provided funding to K-12 schools to support prevention and mitigation measures and provide COVID-19 rapid test kits. These funds have been used by schools to support staffing, equipment, supplies, and rapid antigen test kits. In Fall 2021, 82 K-12 public and private school districts/schools applied and were provided funding (\$2.9 million dollars). These school districts serve over 80,000 K-12 students. In January 2022, PHSD reopened the application process for K-12 schools to apply for additional funding to support their efforts through the remainder of the 2022 school year. During this second phase of ELC funding, 37 school districts and schools, serving over 52,000 students, applied for \$2.3 million of funding and testing support. In August 2022, PHSD provided a final funding opportunity for K-12 schools to apply for support of COVID-19 prevention and mitigation strategies through CDC School Reopening funds. 34 schools have applied for this final round of funding to support their prevention and mitigation efforts. Over \$1.6 million has been distributed to 24/34 approved applicants.

In addition to PCR and rapid antigen testing, the state public health laboratory and its three partner reference laboratories have continued to provide surveillance testing for SARS-CoV-2 virus variants throughout 2022.

## **Vaccine Coordination, Distribution and Promotion**

Since December 2020, PHSD's Immunization section has played a key role in coordinating COVID-19 vaccine distribution and administration with local and tribal health departments and over 200 clinical providers. As of October 2022, 1,587,274 total doses of COVID-19 vaccine have been administered in Montana, and 52% of the eligible population has completed their primary COVID-19 primary vaccine series. Throughout 2021, PHSD and our partners have developed and implemented public education and awareness information regarding the safety and efficacy of the COVID-19 vaccines with the goal of increasing the overall number of eligible Montanans who are up to date on their vaccines, including the booster doses. Throughout 2021, PHSD and our partners have developed and implemented public education and awareness information regarding the safety and efficacy of the COVID-19 vaccines with the goal of increasing the overall number of eligible Montanans who are up to date on their vaccines, including the booster dose. PHSD has also provided \$20 million dollars to support local and tribal public health departments efforts to increase COVID-19 vaccine education and coverage in their communities.

## **Therapeutic Medication Coordination and Distribution**

Beginning in 2020, the state has led the allocation of federally purchased and FDA authorized antiviral, monoclonal antibody, and oral antiviral medications to treat or prevent COVID-19 infection in individuals at high risk for progression to severe disease (e.g., people with immunocompromise, co-morbid medical conditions). The monoclonal antibodies and oral antivirals are used early in the course of COVID-19 infection to reduce the risk of severe outcomes. PHSD continues to work with Federal authorities to distribute these medications in a fair and equitable manner and to provide up to date information, technical assistance, and consultation to Montana providers regarding their use.

# EFFICIENCY AND COST SAVINGS

## INFECTION PREVENTION AND CONTROL SUPPORT FOR HEALTH CARE FACILITIES

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PHSD established an infection prevention team that provides: support and technical assistance to congregate care and health care facilities to prevent, and control, the spread of COVID-19 and other communicable disease within these facilities; and to proactively conduct infection prevention assessments to ensure these facilities are implementing policies, procedures, and practices to prevent the introduction of communicable disease. PHSD established an infection prevention team that provides support and technical assistance to congregate care and health care facilities to prevent, and control, the spread of COVID-19 and other communicable disease within these facilities; and to proactively conduct infection prevention assessments to ensure these facilities are implementing policies, procedures, and practices to prevent the introduction of communicable disease. These activities save resources and prevent infection, hospitalization, and deaths among patients, residents, and staff. These activities also prevent and reduce absenteeism and lost productivity among staff due to potential illness, isolation, and exposures to communicable disease.

## NEW TECHNOLOGY AND RENNOVATIONS FOR THE PUBLIC HEALTH LABORATORY

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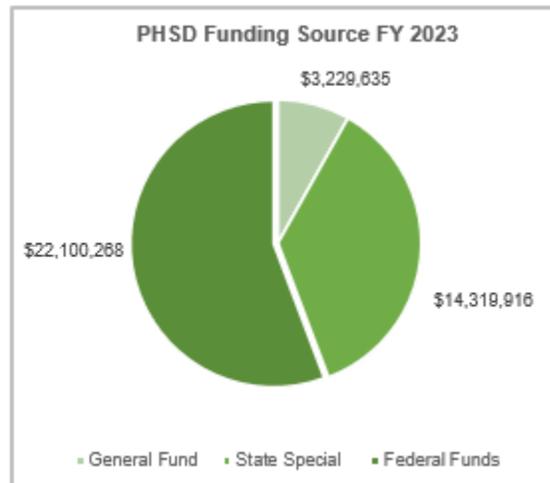
Funding from CDC and other grants has allowed the state public health laboratory to acquire new technology to enhance the laboratory's capacity to perform molecular and genomic testing in house (e.g., newborn screening tests, wastewater testing), and automated specimen process methodologies. These new technologies allow the laboratory to perform testing at lower costs, reduce turn-around times, enhance our ability to respond quickly to detect communicable disease infections and outbreaks, and allow for more efficient use of laboratory staff time. The CDC also provided funding for a major renovation of the public health laboratory which will enhance our capacity, workflow, and efficiency.

## RULE REFORM INITIATIVE

PHSD currently has 420 active rules associated with our programs. Through the Governor's red tape relief initiative, PHSD has identified 146 rules that will be revised, consolidated, or repealed through this process. PHSD has completed the process to amend public accommodation rules and repeal rules for vending machines and premarital testing for rubella. PHSD is working to update/amend the remain rules that were prioritized as part of the Governor's initiative.

# FUNDING AND FTE INFORMATION

<b>PUBLIC HEALTH &amp; SAFETY</b>	<b>FY 2023 Budget</b>	<b>FY 2024 Request</b>	<b>FY 2025 Request</b>
FTE	155.25	153.75	153.75
Personal Services	\$12,619,012	\$12,536,056	\$12,621,466
Operating	\$8,086,657	\$8,509,294	\$8,603,015
Equipment	\$156,741	\$156,741	\$156,741
Grants	\$14,242,361	\$14,242,361	\$14,242,361
Benefits and Claims	\$3,765,354	\$3,765,354	\$3,765,354
Transfers	\$771,100	\$771,100	\$771,100
Debt Services	\$8,594	\$8,594	\$8,594
<b>TOTAL COSTS</b>	<b>\$39,649,819</b>	<b>\$39,989,500</b>	<b>\$40,168,631</b>
	<b>FY 2023 Budget</b>	<b>FY 2024 Request</b>	<b>FY 2025 Request</b>
General Fund	\$3,229,635	\$3,239,669	\$3,261,718
State Special Fund	\$14,319,916	\$14,203,916	\$14,231,310
Federal Fund	\$22,100,268	\$22,545,915	\$22,675,603
<b>TOTAL FUNDS</b>	<b>\$39,649,819</b>	<b>\$39,989,500</b>	<b>\$40,168,631</b>



# CHANGE PACKAGES

## PRESENT LAW ADJUSTMENTS

### SWPL 1 – Personal Services

The request includes \$96,842 in FY 2024 and \$183,602 in FY 2025 to annualize various personal services costs including FY 2023 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
<b>FY 2024</b>	(\$3,966)	(\$34,400)	\$135,208	\$96,842
<b>FY 2025</b>	\$16,083	(\$19,982)	\$187,501	\$183,602
<b>Biennium Total</b>	\$12,117	(\$54,382)	\$322,709	\$280,444

### SWPL 3 – Inflation Deflation

The request includes an increase of \$537,338 in FY 2024 and \$629,709 in FY 2025 to reflect budgetary changes generated from the application of inflation to specific expenditure accounts. Affected accounts include those associated with supplies & materials, communications, repair & maintenance, state motor pool, and other services.

	General Fund	State Special	Federal Funds	Total Request
<b>FY 2024</b>	\$14,000	\$212,899	\$310,439	\$537,338
<b>FY 2025</b>	\$16,000	\$225,875	\$387,834	\$629,709
<b>Biennium Total</b>	\$30,000	\$438,774	\$698,273	\$1,167,047

### PL 7001 – Align Appropriation with Revenue

This present law change package aligns state special revenue authority with anticipated revenue in the Public Health and Safety Division.

	General Fund	State Special	Federal Funds	Total Request
<b>FY 2024</b>	\$0	(\$91,605)	\$0	(\$91,605)
<b>FY 2025</b>	\$0	(\$91,605)	\$0	(\$91,605)
<b>Biennium Total</b>	\$0	(\$183,210)	\$0	(\$183,210)

## NEW PROPOSALS

### NP 7002 – Cannabis Transfer To DOR

This new proposal reduces 1.50 FTE and associated personal services and operating costs established as part of the implementation of HB 598 from the 2019 Session. HB 598 required DPHHS to review applications for, and inspection of, marijuana testing laboratories. This change package decreases state special marijuana funds by \$202,894 each year of the biennium. This change package is contingent on passage and approval of (LC0162), which transfers the laboratory inspection and application review work to the Department of Revenue.

	General Fund	State Special	Federal Funds	Total Request
<b>FY 2024</b>	\$0	(\$202,894)	\$0	(\$202,894)
<b>FY 2025</b>	\$0	(\$202,894)	\$0	(\$202,894)
<b>Biennium Total</b>	\$0	(\$405,788)	\$0	(\$405,788)