Presentation to the 2019 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
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- Funding and FTE Information
- Change Packages

FOR MORE INFORMATION, CONTACT DPHHS PIO JON EBELT AT JEBELT@MT.GOV OR CALL 406-444-0936.
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 prevention and control efforts to address disease outbreaks, assuring clean indoor air, safe drinking water and safe food, providing programs and services to support healthy living, ensuring community emergency preparedness, and responding 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 the Public Health and Safety Division (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. Assessment includes regularly monitoring the health status of Montanans at the state and local levels and identifying and investigating health hazards in the community. Policy and program development focuses on informing the public about health issues that affect their communities; working collaboratively through community partnerships to take action on health priorities; and developing policies and implementing evidence-based programs to support individual and community health. Assurance works to enforce laws and regulations to protect health and ensure safety; to link Montanans to needed services; to assure a competent public health workforce; and to evaluate the effectiveness of public health services and programs.

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, maternal adolescent and child health 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 bureau includes 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 2017, state and local public health agencies identified and responded to over 8,500 reportable diseases, including 69 outbreaks sickening at least 1,400 people. In addition, the programs supported local efforts to address food and shelter needs for individuals impacted by fire and weather events.

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 are located in PHSD and provide testing to support disease prevention and control efforts statewide. In 2017, state laboratories conducted more than 100,000 tests in support of disease control programs (e.g., tuberculosis and HIV), for detection of new or emerging disease threats (Zika virus), and environmental tests in support of clean drinking water (e.g., bacterial contamination and heavy metals). 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 (CDPHPB)**

This bureau protects and improves the health of Montanans by promoting healthy lifestyles through regular physical activity, healthy nutrition, and being free of commercial tobacco/nicotine. The CDPHB promotes the use of clinical preventive services and community programs to support chronic disease prevention and self-management. CDPH 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 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.

**Family and Community Health (FCHB)**

FCHB provides a variety of programs targeted at improving the lives of women, infants, children, adolescents, and families. Nearly all infants born in Montana are afforded a healthy start in life through universal newborn screenings for genetic and metabolic conditions, hearing impairment, and critical congenital heart disease. Over 16,000 participants enrolled in WIC have access to nutritious food, while simultaneously receiving nutrition education, breastfeeding support, and referrals to health and other community resources. Families with children with special health care needs have access to online resources, diagnosis and treatment information and services, a statewide parent mentor programs, and financial assistance programs. Six local agencies implemented education programs designed to prevent teen pregnancy and sexually transmitted infections. These programs helped 2,067 middle school and high school aged youth go on to lead healthy, productive lives. Five college campuses implemented sexual violence prevention programming, training 4,013 university students and 1,751 faculty and staff on sexual violence prevention. In addition, college campuses hosted over 24 sexual violence prevention campaigns and events. Reproductive health and clinical preventive services were provided at 26,833 family planning visits to women and men residing in all 56 Montana counties. Parenting resources are available in 28 Montana communities through four evidence-based home visiting curricula. One hundred home visitors served 2,002 children, pregnant women, caregivers, and families in SFY17. Home visitors provided over 45,000 visits to families and caregivers since the program began in 2011.

**Public Health System Improvement (PHSIO)**

PHSIO supports PHSD and local and tribal public health departments to improve public health system capacity through planning, workforce development and training, and technical assistance and support to local and tribal health departments to gain national public health accreditation.
Epidemiology and Scientific Support (OESS)

The 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. To accomplish this goal, the OESS’s environmental staff, a toxicologist and public health risk assessor, evaluate hazardous waste sites for hazardous substances to determine whether communities could be harmed.

Financial Operations and Support Services (FOSSB)

The FOSSB provides financial and contract management for PHSD and also oversees the Office of Vital Records. FOSB manages a budget of over $62 million, including general fund, state special revenue, federal funds, and funding from private foundations (e.g., Montana Health Care Foundation).

The Office of Vital Records (OVR) maintains vital event registration and reporting for all Montana counties. OVR collects information on individuals regarding birth, death, fetal death, adoption, marriage, marital termination, paternity and provides access to birth and death records for individuals to obtain certified copies statewide. OVR also develops and maintains statistical information and provides data and reports for use by state, federal, and county agencies, as well as a variety of other data users.
Highlights and Accomplishments During the 2019 Biennium

Communicable Disease Control

Improving immunization rates among children and adolescents
The state’s Immunization Program continues to work with public and private partners to prevent the reemergence of vaccine preventable diseases by improving childhood and adolescent immunization coverage rates. Recent legislation, education, and modest expansion of daycare helped improve vaccination coverage rates in both populations. As a result, Montana’s childhood and adolescent vaccination coverage rates monitored by the National Immunization Survey (NIS) have increased.

While improving, Montana’s coverage rate is still below the national average - (66%) for the common childhood series of vaccines measured by the NIS is still below the national average (70%). However, when each vaccine is measured individually, Montana’s rates are at or above the national average (Figure 1). These data reflect the need for continued attention in this area and PHSD will work with local partners to address this issue.

Figure 1.
Recent efforts to improve coverage rates for commonly recommended vaccines among adolescents have had a positive impact. As indicated in Figure 2, immunization rates for recommended adolescent vaccines increased for most vaccines,

Figure 2.

Addressing increases in sexually transmitted diseases
Montana is experiencing increases in STD rates, particularly for gonorrhea and syphilis, on par with national rates (Figure 3). These infections can lead to long-term health and reproductive complications. PHSD continues to support local and tribal public health department efforts to address the increases in their communities. State and local public health officials are providing support and technical assistance to improve case investigations meant to identify and control the spread of these diseases. Additionally, CDCB launched testing for STDs outside of clinical settings. As a result, partners are making contact with hard-to-reach populations and are identifying cases that would have been missed if relying on traditional methods. Reaching these people ensures appropriate treatment of the disease, which prevents further spread of the disease and allows for the implementation of efforts to identify, treat, and test partners.
Successful implementation of the cottage food legislation
Significant work has been done with partners, including legislators, businesses, and local public health sanitarians to address real and perceived regulatory issues in the cottage food industry. Results included improved interactions with regulated entities and the expansion of business opportunities. Since 2015, when legislation was passed supporting cottage food producers, over 170 business have registered to sell these products in Montana.

Addressing communicable disease outbreaks
Foodborne outbreaks related to nationally distributed food products, such as an E. coli outbreak related to a Romaine lettuce, sickened at least 9 Montanans, 4 of whom were hospitalized. Localized influenza outbreaks included six state institutions with approximately 325 illnesses, 14 hospitalizations, and 3 deaths. Statewide, 979 Montanans were hospitalized due to influenza and 79 influenza associated deaths occurred during the 2017 influenza season. In these outbreaks, public health investigations and laboratory testing in Montana provided the vital information needed to prevent further distribution of products and/or spread of the illness.

Coordinated efforts to address weather and fire-related events
Aside from disease outbreaks, recent weather and fire events required responses by state and local public health partners. This past winter, tribal areas were significantly impacted by storms that isolated towns, livestock, and families. The public health system coordinated response efforts with partners in Disaster and Emergency Services (DES) to provide food to 500 families on the Northern Cheyenne reservation, as well as assisting with response efforts on the Blackfeet and Crow reservations. The Preparedness Section worked closely with partners in DES and the American Red Cross to monitor 38 shelter events, including 27 related to fires and 11 related to weather events in 12 counties and 7 tribal jurisdictions. State staff worked with partners to ensure shelter needs were met and helped manage the flow of donations to each site.

Laboratory Services

Rapid water testing to assess potentially contaminated wells
A recent potential contamination of private wells in Kalispell by a local manufacturing facility through the inappropriate disposal of noxious chemicals offers a good example of how the state Environmental Laboratory coordinated efforts with the Department of Environmental Quality (DEQ) to address a public health risk by providing timely testing services. DEQ and the Environmental Laboratory developed and implemented a water testing plan that included organic compounds, metals and anions. The Environmental Laboratory provided water collection kits to DEQ officials who determined which residences were potentially at risk. DEQ staff sampled twenty private wells over a ten-day period. The environmental laboratory prioritized testing of the community wells in order to ensure that appropriate public health actions, if necessary, could be implemented in a timely manner.
Laboratory support to address disease outbreaks

Hospital laboratories, clinicians, local and tribal public health agencies throughout the state look to LSB to provide specialized testing to support disease outbreak investigations. Since 2017, LSB laboratories have provided clinical testing in support of over 115 disease outbreaks. Approximately 17 of these events represented multistate outbreaks that included citizens of Montana.

One example highlights the public health benefit of close working relationships among PHSD’s Public Health Laboratory, Communicable Disease Epidemiology, and Food and Consumer Safety Sections. A multistate Salmonella mbandika outbreak had been identified and affected people from Montana. The source of the outbreak was linked to consumption of Kellogg’s Honey Smacks cereal. During the outbreak investigation, food and consumer safety personnel collected samples of the product suspected to be contaminated from Montana residents who had become ill. The Public Health Laboratory tested the cereal using a DNA fingerprinting technique and the test results demonstrated a match between the organism causing human illnesses in Montana and the Salmonella identified from the tested cereal. Montana was the first state to identify the organism in this food product. Rapid identification of the contaminated product and the causative agent led to the product being recalled and eliminated additional exposure among Montanans.

New laboratory technology to support disease detection and control

Timely, accurate, and sensitive testing is also important to guides responses to threats to the public health. LSB laboratories work closely with the CDC in order to be prepared to address such threats. Maintaining laboratory infrastructure is an important component of preparedness. The introduction of Whole Genomic Sequencing technology in the public health laboratory is an example of this preparedness. The CDC provided funding and training to implement advanced molecular detection technologies that enhance the public health laboratories’ capabilities for disease detection and control.

In 2016, the state Public Health Laboratory began to implement WGS in the laboratory. The lab now has three fully trained and certified clinical laboratory scientists who can perform WGS. During the past 18 months, the PHL has sequenced over 650 enteric isolates including Salmonella, Shigella, E. Coli, Campylobacter, Listeria, and Vibrio. WGS is now fully integrated into the investigative tool kit and used in numerous outbreak investigations in 2017 and 2018. In 2018, a Montana case, which would not have been identified by routine fingerprinting methods, was linked to a multi-state outbreak of Vibrio parahaemolyticus using WGS. This new technology supports more specific genetic typing of infectious agents, which allows LSB to link cases identified in Montana with other cases identified across the U.S. Ultimately this supports the rapid identification of the causative agent so that additional Montanans will not become infected.
Support to improve breast feeding

Beginning in 2012, the Nutrition and Physical Activity Program (NAPA) implemented the Baby Friendly Hospital Initiative to support improvements within delivery hospitals to increase breastfeeding. Between 2012 and 2018, the number of hospitals designated as baby friendly increased from 1 to 11 (Barrett Hospital, Central Montana Medical Center, Community Medical Center, Community Hospital of Anaconda, Glendive Medical Center, Livingston HealthCare, Marcus Daly Memorial Hospital, St. Peters Hospital, The Birth Center and Women’s Health Clinic, North Valley in Whitefish and Blackfeet Hospital). Three additional hospitals are currently engaged in the designation process (St. Vincent Healthcare in Billings, Clark Fork Valley in Plains, and St. James in Butte). Over 43% of Montana babies are now born in a Baby Friendly-designated or engaged hospital (14 of 26 delivery hospitals), resulting in significant improvements Montana hospital and birthing center breastfeeding performance measures.

Since 2012, the Montana WIC Program and the NAPA Program co-sponsor the Breastfeeding Learning Collaborative. In partnership with WIC agencies, delivery hospitals, and other partners, the effort focuses on hospital/community collaboration to improve breastfeeding support. Since 2015, WIC has used infrastructure grant funding through USDA to promote and support breastfeeding in Montana. Some of these funds have been used to sponsor the Breastfeeding Learning Collaborative and the remaining funds have been used to support training for local WIC staff. The training included Certified Lactation Counselor (CLC) credentials, Certified Lactation Specialist (CLS), and Loving Support breastfeeding training. NAPA also provides scholarships for health care professionals to attend the 40-hour training and certification to become certified as a CLC. Having advanced training in breastfeeding support allows staff in WIC clinics and in the community to provide up-to-date information and evidence-based strategies to improve breastfeeding initiation and improved duration rates across Montana. The number of CLCs in Montana has increased from 192 in 2012 to 384 in 2018.

Montana Tobacco Use Prevention Program

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

- Save Montanans $440 million spent annually on health care costs and $81.1 million in Medicaid costs directly caused by smoking;
- Prevent 1,600 adults from dying each year from smoking; and,
- Prevent 19,000 kids currently alive in Montana from ultimately dying prematurely from smoking.

The Montana Tobacco Quit Line is a free service for all Montanans who want to quit using tobacco/nicotine products. The Quit Line offers proactive coaching, individualized quit plans, free nicotine replacement therapy, and reduced cost medication. A Montanan’s greatest chance
of quitting tobacco is calling the Montana Tobacco Quit Line. Over 95,000 Montanans have called the Quit Line since 2004 and 32,300 callers have successfully quit tobacco. Montana’s Tobacco Quit Line quit rate is 34%, compared to the national Quit Line quit rate average of 28%. When coaching is combined with Chantix, Montana’s quit rate increases to 50%. The Montana Tobacco Quit Line quit rates are significantly higher than other quit methods (Figure 7).

In an effort to counter the high prevalence of commercial tobacco use in the American Indian population, the Montana Tobacco Use Prevention Program, in partnership with American Indian Tobacco Prevention Specialists, launched the very first American Indian Commercial Tobacco Quit Line in August 2015. In 2017, participants in the American Indian Commercial Tobacco Quit Line completed almost twice as many coaching calls as American Indians in the general Quit Line.

Figure 7.

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While cigarette smoking remains the number one cause of preventable death in our country, according to the 2017 Youth Risk Behavior Survey, the number of Montana high school students who report they are “current cigarette smokers” has declined by almost 40% in the last 10 years. Among American Indian youth, current smoking prevalence was cut in half from 2011 to 2017, from 41% to 19%. E-cigarettes now are the most common form of tobacco used by youth in Montana; however, the most recent YRBS report showed youth e-cigarette use decreased by 24% from 2015 to 2017 (from 30% to 23%, respectively).
The adoption of tobacco control policies has played an important role in reducing youth tobacco use in the state. Tobacco control policies implemented throughout Montana not only protect people from secondhand smoke, but also change the social norms related to tobacco use, including the use of e-cigarettes, and encourage tobacco users to quit. The following map shows policies that have been adopted in Montana (Figure 8).

Figure 8. Tobacco prevention policies adopted by Counties and Tribes, Montana 2018.
Improving the capacity of EMS dispatch programs

The EMS and Trauma Systems Section (EMSTS) aims to reduce death and disability through the development of a comprehensive, evidence-based emergency care system. The EMS program licenses over 240 EMS services across the state and provides coordination and training to help ensure an adequate workforce of EMS providers. It is vitally important that 9-1-1 dispatchers are educated in how to send help and to assist the caller until EMS arrives. Trained dispatchers, using Emergency Medical Dispatch (EMD) program, can quickly and properly determine the nature and priority of the call, dispatch the appropriate response (BLS/ALS – ground/air), and then give the caller instructions to help treat the patient until the responding EMS unit arrives (e.g., CPR). The EMS System program has worked to increase the number of communities implementing the EMD program by providing dispatchers with training and EMD software. In 2018, the EMD training program was implemented in 61% of dispatch centers - up from 37% in 2013 (Figure 9). This program is also now provided routinely through the Montana Law Enforcement Academy.

Figure 9. Emergency medical dispatch training provided by county, 2018.

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. Fortunately overdose deaths have declined through 2017. In September 2016, DPHHS was awarded a cooperative agreement from the CDC to address the opioid overdose epidemic in the Montana, including the development of a Montana substance use strategic plan in 2017. Over 80 agencies and organizations participating in the development of this plan. The plan’s goals include increasing coordination and data sharing across sectors to more effectively utilize resources; increasing prevention efforts to reduce the misuse and abuse of opioid and other substances; reduce the illegal distribution of drugs; strengthening partnership between justice system and treatment providers; increasing the use of data to monitor and target interventions; reducing prescription drug and illegal opiate misuse; expanding access to evidence-based, recovery oriented, culturally-appropriate treatment for all Montanans; and expanding access to supportive resources for individuals and families affected by SUD.
One specific focus for the Injury Prevention Program has been to improve its capacity to collect and analyze timely surveillance data regarding opiate overdose and prescribing patterns. Several initiatives have been implemented in this area:

- Establishment of a multi-agency epidemiology workgroup to improve surveillance and coordination on data.

- Utilizing the CDC’s syndromic surveillance system that allows us to track emergency department overdose data in real time. The system can help identify and confirm if regions in the state are experiencing increased rates of overdose.

- In 2018 we executed a MOU data-sharing agreement with the Board of Pharmacy to gain access to the Prescription Drug Registry data. The Injury Prevention Program also has access to Medicaid claims data. Both of these data sources are currently being used to assess provider prescribing practices related to prescription opiates.

- DPHHS also executed a MOU with the Department of Corrections in 2018 for prisoner release data. These data have been linked with death record data to assess the rate of substance use disorder-related mortality among persons recently released from prison. These data from this analysis suggest that recently released prisoners are at high risk for opiate overdoses.

- EMS data is being analyzed to assess drug overdoses and drug involved ambulance calls around the state.

In 2017, PHSD established a standing order for pharmacies to provide naloxone, a drug that can prevent opiate overdoses to patients at high-risk for a potential overdose. Legislation passed in the 2017 session provided this authority to DPHHS. The standing order and opioid overdose recognition educational materials were distributed to all pharmacies across the state. Currently, 163 of 363 pharmacies have agreed to participate and utilize the standing order that makes it possible for an individual to procure naloxone directly from a pharmacy without the need for an additional prescription from their providers.

Legislation in the 2017 session expanded naloxone administration access to emergency responders and schools. Education and training is being provided to law enforcement, fire departments, school nurses, EMS, and other responders. To date, 256 Master Trainers and 883 emergency responders statewide have completed this training. This training is also being offered through the Montana Law Enforcement Academy and to local and tribal public health departments.

Over 100,000 drug disposal boxes have been provided to pharmacies and law enforcement offices across the state in an effort to safely dispose of unused prescription drugs. In 2017, only 54% of counties had a permanent disposal box. In 2018, only 5 counties remain without a permanent box.
The capacity built in the first two years of this cooperative agreement allowed the Injury Prevention Program to apply for additional funding in September 2018. These funds are used for the following efforts:

- Providing training for providers on the current opiate prescribing guidelines, medication-assisted treatment, and utilization of the Prescription Drug Registry.
- Creating a new coroner reporting system to improve data interactions among coroners, the state crime laboratory, and the vital statistics office.
- Improving the ability of state crime laboratories to test for the new synthetic opiates in fatal overdose cases.

**Family and Community Health (FCH)**

**Healthy Montana Families Home Visiting (HMFHV)**
The Healthy Montana Families Home Visiting (HMFHV) program provides voluntary, family-centered services in the home to pregnant women and families with new infants and children under the age of 6. Services support healthy pregnancy outcomes, child health and development, and strong parent-child relationships. Home visitors partner with parents and/or parents-to-be to meet the needs and goals of the family, to connect the family to community resources, and to promote the physical and emotional health of the child and family.

The program has grown from one site in 2011 to 29 home visiting sites, in 28 counties, and 4 reservations by the end of 2018 (Figure 9). Four evidence-based models were implemented in Montana and evidence shows positive outcomes for families. Since 2011, the HMFHV program has served 6,000 families and children under the age of 6 with over 45,000 completed home visits. Seventy-seven percent of clients in the program received needed community-based referrals; 86% of children received age-appropriate developmental screenings; 48% of clients show a reduction in the number of emergency department visits due to illness or injury while in the program; and 98% of clients have maintained or attained health insurance coverage while in the program. Figure 9.
Collaborative efforts to improve breast feeding
Montana Women’s Infants and Children (WIC) program continues to provide enhanced support to mothers enrolled in WIC to increase breast feeding rates. Figure 10 provides breast feeding rates for infants participating in the program from 2012 to 2016. Breastfeeding rates have improved overall for each measure evaluated during this time period. Local agencies receive their unique data annually and use these data points to target quality improvement plans in the WIC breastfeeding services during each fiscal year.

Figure 10. Breast feeding rates among Montana WIC participants, 2012-2016.
**Increasing access to pediatric mental health services**
The Children with Special Health Services (CSHS) program received a new federal grant to provide 24/7 telephonic pediatric mental health consultation and referral services throughout the state. The Montana Access to Pediatric Psychiatry Network is a collaboration among the CSHS Program, the Billings Clinic, the University of Montana Rural Institute, and the Department of Psychiatry at the University of Washington. The program assesses the pediatric psychiatric consultative needs of primary care and mid-level mental health providers in Montana and offers them support through: (1) establishing a database of resources and identifying the regional network of pediatric mental health teams; (2) providing clinician education using the project ECHO model; (3) providing 24/7 pediatric psychiatric consultation and referral line; and (4) expanding the psychiatric telehealth network in Montana. This project began in October 2018.

**Addressing Montana’s oral health care needs**
While Montana does not have a dentist education program, activities to support clinical rotations in rural and frontier counties were developed in collaboration with the University of Washington’s School of Dentistry to offer an opportunity for dental students to gain experience in communities throughout Montana. Over half (54%) of the state’s 476 dentists are concentrated in six, high-population counties. Sixty-three dental students participated in this activity. The student rotations increased the capacity of clinics that serve low-income, rural residents. Senior dental students provided 4,350 dental procedures to over 2,000 residents. The rotation supported program activities to integrate oral health into WIC appointments, immunization clinics, and medical settings to support the connection between oral health and overall health.

**First Years Initiative (FYI)**
Montana’s First Years Initiative was launched in January 2018 with the goal of reducing child abuse, neglect, and death in Montana. FYI is a state and local-level collaborative effort between HMFHV program and Children and Family Services Division. This partnership provides home visitors dedicated to Child Protective Services’ cases to offer targeted services for this at-risk population. FYI functions successfully in 10 sites in 13 counties, with another 4 sites/counties awaiting implementation.

FYI resulted from a review of child deaths by the Child and Family Ombudsman’s Office that reported 10 out of 14 fatalities involved children under one year of age. Infant death data suggest that the majority of these deaths are due to preventable sleep-related causes. In order to address this issue, FCHB’s HMFHV, Children’s Trust Fund, and Healthy Mothers, Healthy Babies collaborated to form the “Safe Sleep Initiative.” This partnership will make Pack ‘n Play cribs and educational materials available at no cost to families to through delivery hospitals, home visiting sites, Child Protective Services Offices, WIC clinics, tribes, and other groups. These cribs provide a safe, affordable sleep environment that is easy to use and encourages parents to not co-sleep with their infants or place objects in and around the infant’s sleeping space. Additionally, delivery hospitals will receive support to become certified as part of the National Safe Sleep Certification program.
Public Health System Improvement

Local and tribal health departments continue to receive technical assistance from PHSIO to develop and implement plans to address community health priorities. The local and tribal community health assessments (CHA) and community health improvement plans (CHIP) are developed in collaboration with local hospitals and community stakeholders to identify specific community health priorities. In the last two years, PHSIO supported 15 communities to develop local community health assessments. Based on these assessments, local and tribal public health work with partners to implement the actions plans defined in their CHIPs. Forty-four health departments currently have a completed CHA. PHSIO also supported the development of 21 CHIPs, bringing the number of communities with a CHIP in place to 35. Grants from the Montana Health Care Foundation and the CDC made this work possible. Figure 11 displays the counties and Tribes supported through this effort.

Figure 11.

In 2018, PHSIO led PHSD efforts to update the division’s strategic plan and the state health improvement plan. The priorities identified in the state health improvement plan include behavioral health, chronic disease prevention and control, maternal and child health (e.g., unintended pregnancy, childhood immunizations), unintentional injury (motor vehicle crashes), and adverse childhood experiences.

Public Health Accreditation Board
The national Public Health Accreditation Board established a voluntary accreditation program for state, local, and tribal public health agencies. Health departments strive to meet the national standards for performance and quality established by the board. The PHSIO actively promotes and supports local and tribal health departments to meet these accreditation standards. Over the
past two years, three additional health departments have become accredited (Lewis and Clark, Cascade, and Richland). Montana now has 8 nationally accredited health departments. The other accredited health departments are Missoula City-County Health Department, RiverStone Health in Yellowstone County, Gallatin City-County Health Department, Flathead City-County Health Department, and PHSD.

**Epidemiology and Scientific Support (OESS)**

**Assessing the public’s risk of exposure to contaminants at Superfund sites**

The Montana Environmental Health Education and Assessment (MEHEA) program assesses the public’s risk to exposure from Superfund site contamination. In 2018, staff evaluated the public health risk from toxic substances at Columbia Falls Aluminum Company Superfund site. The assessment identified that contamination at the site poses a risk to workers or trespassers. Staff recommended additional environmental testing to determine the level of risk to residents living near the site. This work requires coordination with DEQ, the EPA, and CDC to ensure that recommendations to protect human health are implemented.

**Supporting communities related to environmental health issues**

In another example, a team from PHSD supported the CDC and the Anaconda/Deer Lodge County Health Department in an exposure investigation in the Fall 2018. In response to community concerns about potential heavy metal exposure in Anaconda over 350 adults and children were assessed for their risk for exposure and tested for arsenic and lead. Those individuals who tested positive received further assessment to identify the source of exposure. A medical consultation and treatment recommendations were also provided.
## Funding & FTE Information

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<td>$16,500,544</td>
<td>$16,710,890</td>
<td>$16,708,555</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>$41,476,468</td>
<td>$41,661,428</td>
<td>$41,661,002</td>
</tr>
<tr>
<td><strong>TOTAL Funds</strong></td>
<td><strong>$61,737,352</strong></td>
<td><strong>$62,269,024</strong></td>
<td><strong>$62,265,329</strong></td>
</tr>
</tbody>
</table>

### PHSD Funding by First Level FY 2019
- Personal Services
- Operating Expenses
- Equipment
- Grants
- Benefits & Claims
- Transfers

### PHSD Funding Source FY 2019
- General Fund
- State Special
- Federal Funds
Change Packages

SWPL – 1 – Personal Services

The budget includes $527,051 in FY 2020 and $522,244 in FY 2021 to annualize various personal services costs including FY 2019 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>General Fund</th>
<th>State Special</th>
<th>Federal Funds</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2020</td>
<td>$135,730</td>
<td>$210,284</td>
<td>$181,037</td>
<td>$527,051</td>
</tr>
<tr>
<td>FY 2021</td>
<td>$134,603</td>
<td>$207,934</td>
<td>$179,707</td>
<td>$522,244</td>
</tr>
<tr>
<td>Biennium Total</td>
<td>$270,333</td>
<td>$418,218</td>
<td>$360,744</td>
<td>$1,049,295</td>
</tr>
</tbody>
</table>

SWPL – 3 – Inflation Deflation

This change package includes an increase of $4,621 in FY 2020 and $5,733 in FY 2021 to reflect budgetary changes generated from the application of inflation to specific expenditure accounts. Affected accounts include those associated with the statewide Motor Pool operated by the Department of Transportation.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>General Fund</th>
<th>State Special</th>
<th>Federal Funds</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2020</td>
<td>$636</td>
<td>$62</td>
<td>$3,923</td>
<td>$4,621</td>
</tr>
<tr>
<td>FY 2021</td>
<td>$829</td>
<td>$77</td>
<td>$4,827</td>
<td>$5,733</td>
</tr>
<tr>
<td>Biennium Total</td>
<td>$1,465</td>
<td>$139</td>
<td>$8,750</td>
<td>$10,354</td>
</tr>
</tbody>
</table>