

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: Temporary SNAP Benefit Increase

Overview: Montana serves approximately 50,136 families per month in the Supplemental Nutrition Assistance Program (SNAP). The December 2020 Consolidated Appropriations Act increased SNAP benefits by 15 percent for January through June 2021 for all SNAP households. The American Rescue Plan authorizes an extension of this benefit increase for the period of July through September 2021.

Allocation Request and Deadlines: There is no specific allocation amount. Federal funding will cover the benefit increase, estimated to be \$8,092,089 for the three-month period. This allocation must be approved by the Health Advisory Committee no later than June 18, 2021 in order to include the increase with the issuance of July benefits.

Structure: Montana determines eligibility for SNAP through the 19 Offices of Public Assistance across the state. SNAP benefits can be used at any grocery store or farmer's market that accepts SNAP. Eligible foods for purchase are regulated by the federal government. SNAP households have up to 365 days to use benefits issued to their Electronic Benefit Transfer (EBT) card.

Eligibility: Households with gross monthly income (GMI) cannot exceed 200% of the federal poverty level (FPL), and after allowable deductions (rent, utilities, childcare), net monthly income (NMI) cannot exceed 100% of FPL.

Application and Verification: All households already determined eligible for SNAP for the months of July through September 2021 will automatically receive the 15 percent increase in benefits.

Performance Metric: The department will verify that the increase in benefits has been applied accurately in CHIMES prior to SNAP benefits issuance each month. In addition, after each issuance the department will ensure that all SNAP EBT cards have been loaded with the corresponding amounts.

Recommendation: Approve the 15 percent increase in SNAP benefits for all SNAP households for the period of July through September 2021. The estimated cost for this increase in benefits is \$8,092,089.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: SNAP Administration Funds for Fiscal Year 2021

Overview: Montana serves approximately 50,136 families per month in the Supplemental Nutrition Assistance Program (SNAP). The American Rescue Plan allocates additional SNAP administration funds to states to operate and improve their SNAP programs. States will receive supplemental SNAP administration funds for each of fiscal years 2021, 2022, and 2023. DPHHS is seeking the Commission's approval to spend the funds allocated in 2021 on two items: (1) implementation of the SNAP National Accuracy Clearinghouse (NAC); and (2) system changes that have been necessary to implement pandemic-related SNAP program changes.

Note: In a future Commission meeting, DPHHS will bring a proposal regarding the use of SNAP administration funds allocated for 2022 and 2023. The department expects this proposal to focus on the expansion of the SNAP Employment and Training (SNAP E&T) program.

Allocation Request and Deadlines: Montana will receive \$449,862 in SNAP administration funds for FFY 2021. The state must submit its plan for these funds as soon as possible, as the funds must be used by September 30, 2021. The department will use \$354,422 to implement the SNAP NAC – including paying for both necessary system enhancements and associated staff time. The remaining \$95,440 will go toward the costs related to system modification necessary for the SNAP program during the pandemic.

Structure: The 2018 Farm Bill included a provision to reduce waste, fraud, and abuse in SNAP by establishing a nationwide NAC to identify concurrent enrollment in multiple states – thus permitting states to take action, such as changing benefit amounts for SNAP beneficiaries, based on information obtained through the NAC. Historically, states have been limited in their ability to access information on applicants' eligibility in other states, making prevention of dual-participation difficult. The goals of the NAC are to:

- Reduce waste and inefficiencies;
- Save money;
- Reduce the number of overpayments; and
- Discourage fraud.

The U.S. Department of Agriculture (USDA) recently selected Montana as one of the first four states to connect to the NAC beginning in October 2021. All states will eventually be required to join the NAC.

The remaining funding for SNAP administration will be applied toward costs associated with pandemic-related SNAP system modifications, including implementation of the 15 percent increase in SNAP benefits for January through September 2021, the monthly issuance of SNAP emergency maximum allotments, and the necessary correspondence to communicate these changes to SNAP households. SNAP emergency maximum allotments are a flexibility authorized by the Families First Coronavirus Response Act that allows states to issue the maximum benefit to all SNAP households for their household size during the COVID-19 Public Health Emergency and when a state has also issued an emergency or disaster declaration. Montana has issued SNAP emergency maximum allotments since April 2020. As of May 2021, Montana is one of forty-seven states issuing SNAP emergency maximum allotments.

Eligibility: N/A. The funds are strictly administrative to support the operation of the SNAP program.

Application and Verification: N/A

Performance Metrics:

- Montana is compliant with the 2018 Farm Bill regarding use of the NAC;
- Montana sees a decrease in SNAP waste, fraud, and abuse (including overpayments) due to successful NAC implementation and utilization;
- All eligible households receive the 15% increase in SNAP benefits. This is verified through multiple checks during the system development life cycle for this change; and
- All eligible households receive SNAP emergency maximum allotments during the eligible period. This is verified through multiple checks during the system development life cycle for this change.

Recommendation: Approve the FFY 2021 allocation of \$449,862 in SNAP administration funds. These funds will ultimately permit Montana's participation in the NAC to identify concurrent SNAP enrollment in other states, as well as cover the costs associated with required SNAP programmatic changes during the pandemic.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: Summer Pandemic-EBT

Overview: Pandemic EBT (P-EBT) was first authorized in March 2020 by the Families First Coronavirus Response Act (FFCRA). P-EBT reimbursed families of school-aged children (aged 5 to 18) who were eligible and lost access to free or reduced-price school meals due to school closures. P-EBT was reauthorized for the 2020-2021 school year for children eligible for free or reduced-price meals who were attending school remotely. During the 2020-2021 school year, P-EBT was expanded to include children aged 0 to 5. The American Rescue Plan authorized states to continue P-EBT for the summer of 2021 and for any future school years in which there is a declared Public Health Emergency due to COVID-19.

Allocation Request and Deadlines: There is no specific allocation amount, as federal funding will cover any child determined eligible for P-EBT. DPHHS estimates that up to 75,000 children will be eligible for the summer benefit of \$6.81 for 55 days (\$375 total per child). This would result in total benefits of \$28,125,000. The department requests this allocation be approved by the Health Advisory Commission no later than June 4, 2021 so that Montana can expeditiously submit its Summer 2021 P-EBT benefits administration plan to the U.S. Department of Agriculture (USDA) for approval. Without USDA approval, Montana will not be authorized to issue these benefits.

Structure: DPHHS will issue the \$375 summer P-EBT to any child aged 0 to 17 who receives SNAP for at least one month from May through August 2021. DPHHS will also use data received from school districts across the state to issue benefits to children not receiving SNAP but still eligible for free or reduced-price meals for the period May through August 2021. All benefits for a household will be issued to a single EBT card.

Eligibility: A child receiving SNAP is eligible for free or reduced-price school meals. Any child (aged 0 to 17) that received SNAP during the last month of school (May) or during the summer months (June through August) will be eligible to receive the P-EBT summer benefit. Children who are not receiving SNAP but were eligible during the last month of school (May) or during the summer months for free or reduced-price meals are also eligible to receive the \$375 benefit.

Application and Verification: DPHHS will issue benefits to SNAP children since they meet P-EBT criteria. DPHHS will utilize data from school districts to issue benefits to non-SNAP children who are eligible for free or reduced-price meals.

Performance Metric: Each eligible child is issued the summer P-EBT benefit.

Recommendation: Approve a continuation of P-EBT through Summer 2021 by authorizing \$28,125,000. These funds would be used to provide a P-EBT benefit of \$375 to any child eligible for free or reduced-price school meals and to any SNAP child aged 0 to 5.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: Family Violence Prevention and Services Grant

Overview: This funding is intended to increase public awareness and prevention of family violence, domestic violence, and dating violence by providing immediate shelter and supportive services for victims of violence. Currently, Family Violence Prevention and Services Act (FVPSA) funding goes directly to the Montana Coalition Against Domestic and Sexual Violence and domestic violence shelters throughout the state.

Allocation Request and Deadlines: \$376,207.00 is allocated to Montana for this purpose only. Montana is required to submit a budget and plan to the Administration for Children and Families (ACF) by July 1, 2021.

Structure: CFSD will modify current contracts to allocate funds to local shelter programs to continue current service delivery. Allocations are based on an RFP process that allows programs to submit a budget on the funding level needed. Funding is divided between all successful applicants based on requests and number of clients served.

Eligibility: Shelter services for children and families impacted by family violence, domestic violence, and dating violence.

Application and Verification: There is an existing process that will be utilized for this funding. Funding goes directly to the Montana Coalition Against Domestic and Sexual Violence and domestic violence shelters throughout the state. Funding is limited to supporting shelter and supportive services for victims of family violence, domestic violence, and dating violence.

Performance Metric: Sub-grantees expend all their funds to meet the needs of clients utilizing shelter services. Number of clients served remains consistent and increases, if appropriate.

Recommendation: Approve the allocation of \$376,207.00 to the Family Violence Prevention and Service Grant to address the increased intensity of family violence, domestic violence, and dating violence as a result of the pandemic by providing increased resources to shelters and supportive services for victims.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: Community Based Child Abuse Prevention (CBCAP) ARPA funding

Overview: The American Rescue Plan has issued supplemental funding to the CBCAP grant. The Montana Children’s Trust Fund (CTF) is the state lead for federal community-based child abuse prevention funding and strives to strengthen Montana’s families and keep children safe from abuse and neglect. The CTF board is governor-appointed and includes representation from across the state. The purposes of the CBCAP program are: (1) to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and (2) to foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

Allocation Request and Deadlines: \$762,432.00 is allocated to Montana for the aforementioned purposes only. Funding can be obligated/liquidated through 9/30/2025.

Structure: The CTF board meets quarterly and sets funding priorities for key projects, which may include issuing RFPs for services/projects and evaluating/scoring proposals. Examples of current and past projects funded through the board include home visiting, parenting classes, support groups, respite care, training, and prevention campaigns targeting risks such as leaving children unattended in hot cars, abusive head trauma, and infant sleep practices. Currently, CTF is conducting a review of existing needs assessments and seeking input from stakeholders related to gaps in child abuse prevention efforts. It is anticipated that the board will authorize a new RFP for this funding.

Eligibility: RFPs and applications are in accord with Montana’s procurement laws. In addition, funding cannot be used to support tertiary prevention services, meaning funding cannot be used to support families who have an open or substantiated child abuse or neglect case.

Services must be provided before abuse or neglect has occurred. If the child is involved with an open or substantiated case of child abuse or neglect, services provided to the caregiver or child are considered tertiary prevention, also known as intervention, and do not meet the purposes of CBCAP funding. Services must also be voluntary and not used as a condition for a parent to see or keep their child(ren).

Performance Metric:

- Provide at least seven additional grants focusing on primary and secondary child abuse and neglect, with at least one grant in each CFSD region.
- Increase the number of grants focusing on vulnerable or underserved populations by 20%.
- For communities that have a CTF grant, establish a baseline number for the rate of first-time victims of maltreatment and then establish a targeted improvement goal for following years.

Recommendation: Approve the allocation of \$762,432.00 for the Community Based Child Abuse Prevention funding to be administered by the Children’s Trust Fund.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program ARPA Funding

Overview: The Healthy Montana Families Program is Montana’s MIECHV-funded program that partners with local public health and nonprofit agencies to provide voluntary, family-centered services, in the home to pregnant women and families – including those considered at-risk – with new infants and children under the age of six. Home visiting services support healthy pregnancy outcomes, parent education, positive child health and development, strengthen parent-child relationships, and provide referrals to community resources based on the family’s need after the age of six. The American Rescue Plan has appropriated additional funding for the existing MIECHV program to address the needs of expectant parents and families with young children during the COVID-19 public health emergency. Last year, 1,326 Montana families received 1-2 home visits per month.

Allocation Request and Deadlines: \$405,070.00 is allocated to Montana for the period of May 1, 2021, through September 30, 2023. The budget and workplan are due to the Health Resources and Services Administration (HRSA) on June 2, 2021. In line with HB 632 requirements, DPHHS submitted a deadline extension request to HRSA for June 4, 2021, which was granted.

Structure: Funding, which cannot supplant routine funding, can be used for the following:

- Hazard pay or other staff costs;
- Professional development;
- Emergency supplies for families (diapering supplies, grocery cards, formula, and PPE); and
- Technology support for families.

DPHHS will survey local home visiting contractors to identify the best way to offer hazard pay and funding to support staff retention and reduce turnover. Additionally, professional development will be offered to home visitors and supervisors to embrace a culture of safety science aimed at mitigating burnout, understanding secondary trauma, emergency preparedness and safety, and enhancing the home visiting experience. Contractor surveys will include assessment of technology support needs for virtual home visiting and will include planning for emergency supply needs and distribution. Survey data, in addition to community needs, and caseload will be used to inform the funding and strategy for local contractors.

Eligibility: MIECHV-funded contracts, staff, and families are the intended recipients of this funding.

Performance Metrics:

- By September 30, 2023, increase the number of staff that remain employed for two or more years by 20 percent;
- Number of families receiving emergency supplies from ARPA funds (temporary increase, as appropriate); and
- Number of families receiving support for technology-related needs (temporary increase, as appropriate).

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: Substance Abuse Block Grant ARPA Funds

Overview: Montana receives Substance Abuse Block Grant (SABG) funds annually based on 42 U.S.C. Chapter 6A, Subchapter XVII, Part B, Subpart II: Block Grants for Prevention and Treatment of Substance Abuse, and 45 CFR, Part 96, Subpart L. The funds, along with other state and federal funds, provide substance use disorder (SUD) prevention, treatment, and recovery services to youth and adults at risk for or with a SUD.

Allocation Request and Deadlines: \$5,640,385 is allocated to Montana to be spent between September 1, 2021 and September 30, 2025. Montana has received the Notice of Award for this grant and the U.S. Substance Abuse and Mental Health Administration (SAMHSA) requires a proposal to be submitted with a detailed budget and project narrative for the funding allocation by July 2, 2021.

Structure: The SABG allocation requires states to expend at least twenty percent of their total allocation for SUD primary prevention services for individuals who do not require treatment for substance abuse. This aligns with the HEART initiative design, as it relies on spending most of the block grant on primary prevention services in communities. States are required to follow the federal Maintenance of Effort requirement to ensure aggregate state general fund expenditures for authorized activities are at a level not less than the average level of such expenditures maintained by the State for the preceding two-year period. Therefore, SABG funding may not replace existing programs.

Eligibility: The SUD prevention, intervention, treatment, and recovery support services continuum includes various evidence-based services and supports for individuals, families, and communities. The SABG prioritizes the provision of SUD prevention, treatment, and recovery support services to identified underserved populations. These underserved and marginalized populations include, but are not limited to, pregnant women and women with dependent children; persons who inject drugs; persons using opioids and/or stimulant drugs associated with drug overdoses; persons at risk for HIV, TB, and Hepatitis; persons experiencing homelessness; persons involved in the justice system; persons involved in the child welfare system; Black, Indigenous, and People of Color (BIPOC); LGBTQ individuals; rural populations; and other underserved groups.

Application and Verification: The SABG ARPA funds will be disseminated to established substance use disorder treatment providers and organizations with experience and involvement in SUD prevention, treatment, and recovery support services as awarded through the state procurement process. Community partners such as local advisory counselors, the Behavioral Health Alliance of Montana, and the Behavioral Health Advisory Council will be engaged in the outreach efforts for these programs. Services will be available to individuals who meet the target population requirement.

The primary projects to be funded by SABG ARPA funds include:

- Expanding prevention services to more Montana counties, to extend effective community-based prevention efforts across Montana consistent with the Governor's HEART initiative and HB 632.

- Continuing implementation of the evidence-based PAX Good Behavior Game school-based program to improve youth social emotional skills that are shown to reduce suicide and substance use among youth consistent with the Governor’s HEART initiative and HB 632.
- Continuing implementation of county and Tribal matching grants, with a project to improve access to crisis stabilization for those with a SUD and reduce the number of admissions to the Montana State Hospital consistent with block grant requirements.
- Collaborating with the Department of Corrections to improve recovery support structures for justice-involved individuals statewide.

Performance Metrics:

- Number of counties with Prevention Specialists;
- Number of schools, teachers and paraprofessionals trained and using PAX in grades 1-5 or other school-based intervention for older children; and
- Number of individuals admitted to Crisis Stabilization Facilities and outcomes for those visits.

Comments: The Federal funding agreement prohibits SABG funds from being used to:

- (1) provide inpatient services;
- (2) make cash payments to intended recipients of health services;
- (3) purchase or improve land, purchase construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- (4) satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds; and
- (5) provide financial assistance to any entity other than a public or nonprofit private entity.

Recommendation: Approve the \$5,640,385 allocated to Montana through the SABG to provide SUD prevention, treatment, and recovery services to youth and adults at risk for or with a SUD.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: Mental Health Block Grant ARPA Funds

Overview: Montana receives the Mental Health Block Grant (MHBG) through a statutory appropriation based on 42 U.S.C. Chapter 6A, Subchapter XVII, Part B, Subpart I: Block Grants for Community Mental Health Services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). These funds are utilized, along with other federal and state funding, to provide comprehensive community mental health services.

Allocation Request and Deadlines: \$4,372,007 is allocated to Montana to be spent between September 1, 2021 and September 30, 2025. Montana has received the Notice of Award for this grant and the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) requires a proposal to be submitted with a detailed budget and project narrative for the funding allocation by July 2, 2021.

Structure: The MHBG allocation requires states to set aside a minimum of ten percent of their total allocation for first-episode psychosis or early SMI programs and utilize a minimum of five percent of funds for crisis services. States are required to follow the federal Maintenance of Effort requirement to ensure aggregate state general fund expenditures for authorized activities are at a level not less than the average level of such expenditures maintained by the state for the preceding two-year period. Therefore, MHBG funding may not replace existing programs.

Eligibility: Adults with SMI and children with SED are considered priority populations under the MHBG. This includes those living in remote areas and underserved communities as well as youth, older adults, persons of diverse backgrounds, and other marginalized populations.

Application and Verification: The MHBG ARPA funds will be disseminated to established mental health providers and organizations with experience and involvement in Montana mental health services through the state procurement process. Community partners such as local advisory counselors, the Behavioral Health Alliance of Montana, and the Behavioral Health Advisory Council will be engaged in the outreach efforts for these programs. Services will be available to individuals who meet the SED/SMI eligibility requirement.

The primary projects to be funded by the MHBG ARPA funds include:

- Expanding First Episode Psychosis (FEP) programs by implementing a program in Central or Western Montana consistent with the requirements of the block grant.
- Increasing the capacity of the Suicide Prevention Helpline, as well as developing and implementing a 9-8-8 plan to coordinate community crisis services and a public outreach campaign consistent with the federal requirement for this program to launch in July 2022.
- Collaborating with counties to provide mental health and co-occurring outpatient services to individuals in detention centers consistent with the HEART initiative and HB 632.
- Increasing the capacity of communities to leverage recovery support for individuals needing supportive housing assistance consistent with the HEART initiative and HB 632.

Performance Metric:

- Number of youth referred and treated at FEP programs in MT;
- Number of MT calls to the Suicide Prevention Helpline;
- Number of communities that link community crisis resources to 9-8-8 system;
- Number of individuals receiving behavioral health services and the type of services provided in detention center settings; and
- Number of individuals receiving services in recovery support programs and outcome data for sustained recovery or management of behavioral health.

Comments: The Federal funding agreement prohibits MHBG funds from being used to:

- (1) provide inpatient services;
- (2) make cash payments to intended recipients of health services;
- (3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- (4) satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- (5) provide financial assistance to any entity other than a public or nonprofit private entity.

Recommendation: Approve the \$4,372,007 allocated to Montana through the MHBG to provide comprehensive community mental health services.

Memorandum

TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: COVID-19 Vaccination Funding

Overview: This supplemental funding to DPHHS's existing immunization grant is required to be used to ensure greater equity and access to the COVID-19 vaccine by those disproportionately affected by COVID-19. As evidenced by the available data to date, certain populations have been disproportionately affected by COVID-19. Conditions in the places where people live, learn, work, play, and worship affect a wide range of health risks and outcomes, such as COVID-19 disease, severe illness and death, and access to vaccine can significantly reduce risk.

Allocation Request and Deadlines: \$12,831,234 is allocated to Montana for this purpose only. Funding has been awarded to supplement DPHHS's existing immunization grant. The U.S. Centers for Disease Control and Prevention (CDC) has indicated this is a non-construction grant.

Structure: A minimum of 60 percent of the total funds must be used to support local communities through local health departments, community-based organizations, and community health centers. Additionally, a minimum of 75 percent of total funding must focus on activities to ensure equity by identifying vulnerable populations and directing funds to specific programs and initiatives intended to increase access, acceptance, and uptake of COVID-19 vaccination by populations disproportionately affected by COVID-19. The final workplan for this supplemental funding is due to the CDC on June 1, 2021. On May 27, 2021, DPHHS requested an extension due to the requirements set forth in HB 632.

Required activities include:

- Improving understanding of disproportionately affected populations and barriers to vaccination access and uptake;
- Leveraging and supporting partnerships with local health departments;
- Developing, cultivating, and/or strengthening community-based partnerships to reach disproportionately affected populations;
- Improving access to COVID-19 vaccines (expanding and diversifying opportunities for getting vaccinated);
- Improving and expanding messaging and education around vaccination; and
- Strengthening recipients' coordination on vaccine equity efforts.

DPHHS plans to partner with and provide specific funding to local and tribal health jurisdictions and community health centers to fulfill these activities.

Eligibility: N/A

Application and Verification: N/A

Performance Metric: The Montana Immunization Program will use a deliverables-based contract amendment to collect performance data from contractors. This data will inform the program about specific activities taking place in local jurisdictions to improve vaccination rates in hard-to-reach areas.

Additionally, the Montana Immunization Program is monitoring COVID-19 vaccination coverage rates and will monitor if rates are increasing in areas that have gaps in vaccine coverage.

Recommendation: Approve the allocation of \$12,831,234 in ARPA funding to the DPHHS Immunization Program to ensure equitable COVID-19 vaccine access and support local vaccination efforts, including outreach to vulnerable populations at increased risk of COVID-19 complications.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: COVID-19 Vaccine Confidence Funding

Overview: The U.S. Centers for Disease Control and Prevention (CDC) provided additional funding to an existing CDC Immunization grant to address consumer confidence in the COVID-19 vaccine. Vaccine confidence plays an important role in ensuring that Montana can reach its goal of protecting vulnerable individuals against COVID-19 disease. Currently, only 48 percent of eligible Montanans have received their first dose of vaccine and demand has significantly decreased despite consistent vaccine supply from the federal government. While the Gianforte Administration is not mandating or requiring COVID-19 vaccination for Montanans, it continues to work to ensure that those who want the vaccine can access the product in a convenient manner. The supplemental funding outlined below will bolster the governor's current efforts to promote easy COVID-19 vaccine access statewide.

DPHHS is currently engaging in a data-oriented communications campaign to encourage COVID-19 vaccines for all eligible Montanans who want them. These efforts include television, social media, connected TV, and radio advertisements. This funding will assist in the continuation of these efforts.

Allocation Request and Deadlines: \$784,657 is allocated to Montana for this purpose only. This is a non-construction grant. This is supplemental funding provided to an existing grant and an application was not required by CDC. Submission of the final budget and workplan are due June 1, 2021. On May 27, 2021, DPHHS requested an extension due to the requirements set forth in HB 632.

Structure: This funding is required to be used to further implement vaccine confidence strategies in Montana. Required activities include:

- Implementing a vaccine confidence strategy for COVID-19 and routine immunizations by supporting a mass media campaign as well as other types of community outreach, such as peer to peer communication, digital engagement, coalition building, and other strategies that mobilize communities; and
- Using U.S. Department of Health and Human Services (HHS) and CDC-provided message guidance, resources, and research to implement activities in line with vaccine confidence strategies with a focus on the "movable middle."

Eligibility: N/A

Application and Verification: N/A

Performance Metric: The Montana Immunization Program will use a deliverables-based contract amendment to collect performance data from contractors, including the number of advertisements placed and how many audience members were reached.

Recommendation: Approve the allocation of \$784,657 to DPHHS for COVID-19 vaccine confidence activities which supplement an existing CDC immunization grant.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: COVID-19 AMD Sequencing and Analytics Supplemental Funding to Support In-State Testing for COVID-19 Variants

Overview: This grant, offered by the U.S. Centers for Disease Control and Prevention (CDC), provides funding to support the state's efforts to track the emergence of COVID-19 variants. These genetic variations occur over time and can lead to the emergence of new variants that may have different characteristics and transmissibility levels. Specifically, funding allows DPHHS to support state efforts to characterize which COVID-19 variants exist in Montana, which may lead to differences in patient management and public health response.

Specifically, the Advanced Molecular Detection (AMD) program is focused on building capacity in national, state, and local public health laboratories. Modernizing infectious disease laboratories, training staff, and expanding the application of these new technologies will ensure that Montanans have the strongest protection against infectious disease threats. The purpose is also to support sequencing and analytic capacity building in microbial genomics and bioinformatics, as well as to further the development of AMD capacity in public health departments statewide.

Allocation Request and Deadlines: A total of \$1,487,165 has been allocated to Montana. This funding has a period of performance of approximately 3 years, from May 14, 2021 to July 31, 2024. The budget, workplans, and SF-424A Non-Construction Program forms are due to CDC no later than August 13, 2021, 90 days after the receipt of the NOA.

Structure: The Montana Public Health Lab can use this funding to hire dedicated laboratory staff; purchase new equipment for sequencing workflows; bioinformatics and data integrations; maintain service contracts for new equipment purchased with this funding; improve the lab's computational infrastructure; integrate epidemiologic data with AMD data; develop partnerships; sequence multiple pathogens (beyond SARS-CoV-2); establish and expand sequencing capacity; and provide adequate justification in project workplans and budget markups. Resources will support these activities in the state laboratory and at University of Montana and Montana State University. Funding may also be used to support other partners capable of advancing the grant's goals.

Eligibility: The CDC awards these funds directly to the Montana Public Health Laboratory and Communicable Disease Epidemiology program.

Application and Verification: N/A

Performance Metric:

- Regular participation in calls with CDC for technical assistance and monitoring of activities supported through this cooperative agreement and timely submission of all requisite reporting, which may include, but is not limited to, reporting on milestones and financial updates.
- Monitoring of contracted partners to ensure timely reporting and submission of necessary data to DPHHS and CDC regarding variant testing.

Recommendation: Approve the allocation of \$1,487,165 for testing of COVID-19 variants.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

Overview: To reduce the burden of COVID-19 among populations disproportionately affected by the disease, such as American Indian and rural communities, the federal government provided resources to address the COVID-related needs of these settings.

The U.S. Centers for Disease Control and Prevention (CDC) grant mandates close coordination with tribal organizations and the Montana Area Health Education Center (AHEC). Funds must be used to support one or more of four strategies among populations at higher risk and that are underserved, including racial and ethnic minority populations and individuals living in rural communities. Activities allowed under the grant include:

- Expanding testing and contact tracing among higher risk, underserved populations to reduce COVID-19-related disparities;
- Improving data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death;
- Building infrastructure for COVID-19 prevention and control among higher risk, underserved populations; and
- Mobilizing partners to advance health equity and address social determinants of health related to COVID-19.

The investments above will result in enhanced, coordinated infrastructure that will support long-term improvements in public health outcomes in local communities beyond COVID-19.

Allocation Request and Deadlines: \$32,865,516 is allocated to Montana for this purpose only. Of that total, approximately \$19 million is required to support rural communities. This grant budget and workplan were due May 3, 2021. The expected award date is June 1, 2021 and the project period is 24 months.

Structure: Funding will be used to support the four objectives of the grant, listed above. Additional details surrounding these objectives are listed below.

- To expand testing among populations at higher risk and that are underserved, Montana DPHHS will survey all labs (including critical access hospitals (CAH) and Community Health Centers (CHC) in the state that serve rural populations and ethnic minorities, including tribal communities) to determine the need for additional COVID-19 testing equipment, supplies, and training at each lab. Based on these survey results, Montana State Public Health Lab (MTPHL) will send testing equipment and perform training of lab staff, to ensure these communities have consistent access to local COVID-19 testing.

- To reduce COVID-19-related disparities among populations at higher risk and that are underserved, and to build infrastructure support for COVID-19 prevention and control, DPHHS will partner with the Montana AHEC to train, deploy, and engage community health workers (CHW) and Community Integrated Health/Community Paramedics (CIH/CP). These paraprofessionals would be placed in CAHs other community organizations. The CHWs would receive training related to contact tracing, vaccine hesitation, and other COVID-related topics; training will be provided throughout the grant period. Supervisor training, including simulation training in integration of CHWs and CIH/CP would also be provided. Tribes would receive direct funding to hire CHWs or similar professionals. Tribes may utilize the MT CHW and Missoula College training programs for CHWs and CIH/CPs.
- To improve data collection and reporting for underserved populations, MTPHL will ensure labs can report results electronically. AHEC will support training opportunities developed with DPHHS and the Montana Public Health Institute (MT PHI) via its online learning management system and other distance technology. Trainings will cover the Montana NEDSS-Base System (NBS) and the SaraAlert contact tracing application. Rocky Mountain Tribal Epidemiology Center would hire and support improved data collection and analysis in collaboration with the Tribes.
- To mobilize partners to advance health equity and address social determinants of health, DPHHS, AHEC, and the MT PHI will work together to coordinate statewide health equity engagement. The structure would build on work with after-action reports and utilize public health and community engagement models. In particular, the aforementioned organizations will utilize the MT Graduate Medical Education Council, which has representation from all major health care associations, MT Primary Care Office, AHEC, the DPHHS Medical Director, U.S. Department of Veterans Affairs, teaching hospitals, CAHS, CHCs, Indian Health Service, tribal health representatives, Office of Commissioner of Higher Education, and the two flagship universities.

Eligibility: State government applicants must engage their State Office of Rural Health (SORH) or equivalent in planning and implementing their activities, as well as describing in their applications how their SORHs or equivalent offices will be involved. Montana worked closely with the AHEC program office at Montana State University to provide overall strategy management of the subaward with responsibility toward meeting goals and objectives, program data collection, and reporting.

Application and Verification: N/A

Performance Metrics: Each of the four components above will be evaluated based on collection of initial baseline data and all activities will be tracked to measure increases in populations served. Evaluations will include the number of community health workers trained and deployed, tests performed, trainings held, and detailed financial reporting.

Recommendation: Approve the allocation of \$32,865,516 to DPHHS to address COVID-19 health disparities among populations at high risk and underserved.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: ELC Reopening Schools: Support for Screening and Testing to Reopen and Keep Schools Operating Safely

Overview: The federal government has provided financial resources to enable schools to establish COVID-19 screening and testing programs to support and maintain in-person learning. Montana has 403 public school districts which, combined with private schools, serve 147,439 students. To support safe, in-person instruction in kindergarten through grade 12 (K-12) schools, screening and testing can provide another layer of prevention to protect students, teachers, and staff and slow the spread of SARS-CoV-2.

Allocation Request and Deadlines: \$32,191,069 is allocated and must be used to directly support this effort in the non-construction grant award. This grant budget and preliminary workplan were due April 21, 2021, and federal reporting began April 19, 2021. The final budget is due to the U.S. Centers for Disease Control and Prevention (CDC) on June 8, 2021. The project period end date is scheduled to coincide with the end of Budget Period 3 (BP3) (i.e., August 1, 2021 – July 31, 2022) of the ELC Cooperative Agreement (CK19-1904).

Pursuant to HB 632, Section 39(2)(a), "If both House Bill No. 14 and [this act] are passed and approved, then there is allocated \$26,200,000 from the funds appropriated in [section 20] to the department of administration for the MT Veterinarian Diagnostic and Ag Analytical Labs." Subsection (b) continues, "If it is determined that the project identified in (2)(a) is ineligible for funding from the appropriations in [section 20], the allocation in (2)(a) is void and there is allocated \$26,200,000 from the funds appropriated in [section 7] to the department of administration for the MT Veterinarian Diagnostic & Ag Analytical Labs.

This ELC School Reopening grant provides specific grant parameters (below) that do not include permission for construction. Further, DPHHS is required to submit a federal form (SF 424) providing assurances addressing the non-construction nature of the grant.

Structure: The objectives and goals of this funding are primarily focused on providing needed resources to implement screening and testing programs in schools. Grant parameters are summarized below:

- A minimum of 85 percent of the award must be allocated to directly fund school districts or provide materials (e.g., test kits, PPE, staffing, etc.) and services (e.g., sample collection, laboratory testing, etc.). Funds can support staffing, supplies, hardware, and software. Funds can go directly to K-12 schools or be used to contract with organizations to offer testing for schools; and
- Up to 15 percent may be used by recipients for coordination, management, technical assistance, monitoring, and data collection and reporting activities.

The three primary activities are:

1. Rapid deployment of screening and testing resources
 - a. Provide support and supplies to schools to have access to and implement testing, beginning with the remainder of the 2020-2021 school year.

2. Development of K-12 screening testing implementation plan
 - a. Develop comprehensive plan for 2021-2022 school year incorporating lessons learned from implementing the rapid deployment of screening and testing resources.
3. Implementation of the screening and testing action plan
 - a. Utilize the plan to strategically implement school testing in the 2021-2022 school year.

Currently, 54 schools in Montana have received rapid COVID-19 antigen tests, and most of these have begun testing and reporting their staff and some students using existing resources. Several positive cases have been identified, and through rapid detection, swift isolation and contact tracing was possible to minimize further transmission in those settings. The program will work with any public and private schools, including summer camps, to provide rapid testing supplies, training, and services. Throughout the summer, activity #2 will be developed to help determine strategies for the upcoming school year. The intent is to reach out to additional schools, improve reporting mechanisms, and provide ongoing support to participants in the K-12 testing program.

Eligibility: All K-12 schools (public and private) in Montana are eligible to participate in this program. School-affiliated summer programs, including camps and summer instruction, are eligible.

Application and Verification: This grant budget and preliminary workplan were due April 21, 2021. DPHHS will contact all schools that would like to participate in preparation for the 2021-2022 school year. The onboarding process requires registering with DPHHS to operate under their CLIA-waiver, a requirement to watch training modules, a requirement to perform the rapid COVID-19 antigen test, and understanding and assuring the federal and local reporting requirements will be met. DPHHS would use lists from the Office of Public Instruction (OPI) to verify K-12 eligibility and verified other school-affiliated or summer programs as they register.

Performance Metric: DPHHS must provide a list of all school districts and private/charter schools implementing the screening and testing program. This list includes the number of students enrolled and is used for weekly reporting.

The following performance metrics are required weekly until the 2020-2021 school year ends in June, then when school commences for the 2021-2022 school year:

- Number of tests conducted by each school district and private/charter schools;
- Test type (i.e., antigen or PCR); and
- Number of cases identified.

For example:

ELC Reopening Schools Metrics for Week #X for Recipient: Montana

School District	Enrollment	Tests Conducted PCR	Tests Conducted Antigen	Cases (All test types)
District A				
District B				
District				

Recommendation: Approve the allocation of \$32,191,069 for grant funding to support COVID-19 screening and testing to reopen schools and ensure their safe operation.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: June 3, 2021
SUBJECT: ARPA COVID-19 Public Health Workforce Supplemental Funding

Overview: The Centers for Disease Control and Prevention (CDC) is providing funding to eligible jurisdictions to establish, expand, and sustain a public health workforce, including recruiting workforce from outside Montana. Funding can be utilized by county and tribal health departments and schools/universities/colleges to recruit, hire, and train a broad range of public health workers (e.g., public health nurses, epidemiologists, disease investigation staff, school health personnel, and others) to increase the current capacity to address COVID-19 and future preparedness activities. Costs associated with construction are not allowable as part of this cooperative agreement.

Allocation Request and Deadlines: This funding has a two-year period of performance (July 1, 2021 to June 30, 2023). A total of \$7,250,870 has been allocated to Montana. This allocation must be approved no later than June 30, 2021.

Structure: Based on the allowable costs and guidance from the CDC, DPHHS is proposing to utilize these funds to:

- Conduct a needs assessment and gap analyses of local and Tribal health departments and schools/universities/colleges to identify specific workforce and training needs;
- Provide funding to these sites to enhance their capacity to address COVID-19 and to enhance the capacity and preparedness of local and Tribal health departments and schools to address future epidemics and disasters;
- Provide statewide training through the University of Montana Public Health Training Center (PHTC) to the public health workforce based on needs identified in the assessment; and
- Collaborate with the University of Montana School of Public and Community Health and the PHTC to create and expand student internships/fellowships, certification programs and other initiatives to increase graduation-to-work pipelines and to enhance the capacity and skills of the existing public health workforce.

Performance Metrics:

- By June 30, 2023, provide a minimum of ten statewide public health workforce training courses in collaboration with university stakeholders.
- By June 30, 2023, DPHHS will increase the number of public health and school health workers hired/contracted by local and tribal health departments or by schools/universities through this initiative based on evaluation of baseline data.
- By June 30, 2023, DPHHS will have implemented three or more initiatives to increase graduation-to-work pipelines for students and to enhance the capacity and skills of the existing public health workforce.

Recommendation: Approve the \$7,250,870 allocated to Montana for public health workforce capacity enhancement.