

Memorandum



TO: Health Advisory Commission
FROM: Charles Brereton, Director, DPHHS
DATE: September 9th, 2022
SUBJECT: Expanding the Public Health Workforce within the Disability Network

Overview: Expanding the Public Health Workforce within the Disability Network: Independent Living Part B award funds are to be used to support expanding the public health workforce within the Disability Network for Independent Living Part B services. The network in Montana is composed of four Centers for Independent Living that provide services that are available to all individuals with disabilities statewide. Typical services provided include independent living skills development, systems advocacy, peer support, and transition services. This network serves people of all ages and disabilities. Funds may be used to cover wages and benefits for public health professionals, indirect costs, and costs associated with equipment, training, and supplies for these professionals.

Allocation Request and Deadlines: Montana will receive \$121,081 that must be expended by September 30, 2024.

Structure: This funding will be equally divided among Montana's four Centers for Independent Living: Living for Today and Tomorrow, Montana Independent Living Project, North Central Independent Living Services, and Summit Independent Living Center.

Eligibility: Administration for Community Living Designated State Entities are eligible for this program. Sub-awards may be allocated through an even distribution; based on information in the state plan for independent living; or other distribution method based on need as determined by the chairperson of the Statewide Independent Living Center and the directors of the Centers for Independent Living in the State. The Montana Statewide Independent Living Council has declined this funding opportunity and has given approval to sub-award all funds to the centers.

Application and Verification: Each center will be offered sub-awards of the same amount per the Montana State Plan for Independent Living requirement that the Centers for Independent Living receive equal funding.

Performance Metrics:

- Number of full-time equivalents (FTE) created
- Types of public health professionals hired
- Activities public health professionals engaged in

Recommendation:

Allocate \$121,081 to support expanding the public health workforce within the Disability Network for Independent Living Part B services to cover wages and benefits for public health professionals; indirect costs; and costs associated with equipment, training, and supplies for

these professionals. The four Centers for Independent Living have submitted proposals with explanations on how they have taken into consideration that funding is one time only. Two centers will create temporary positions by contracting or developing paid internships. Other centers will be partnering with public health sectors in their communities to develop educational opportunities and pilot projects.

Memorandum



TO: Health Advisory Commission
FROM: Charles Brereton, Director, DPHHS
DATE: September 9, 2022
SUBJECT: Expanding Public Health Workforce with Aging Services Bureau

Overview: The American Rescue Plan Act provided funding to expand the Public Health Workforce. A portion of this funding was directed to the aging and disability networks to bolster their ability to respond to COVID-19 and prepare for future public health challenges. Each project will contribute information and insights to compete Montana’s State Plan on Aging. This is one-time-only (OTO) funding.

Allocation Request and Deadlines: The Senior and Long-Term Care Division, Aging Services Bureau, received a notice of award in January 2022 after the start of the grant period but prior to the release of grant guidelines. The division was awarded \$786,000 for the aging and disability programs. An additional \$80,000 grant was for the State Health Insurance Program (SHIP) to increase certified SHIP counselors. These funds must be expended by September 30th, 2024.

Structure: The division has identified three areas for OTO investments:

1. **Evaluating the strength of Montana Senior Centers (\$286,000)**

Senior centers are a focal point for distribution of information, social interaction, evidence-based health programs, and the distribution of meals. During the pandemic, the centers had to quickly respond to changes in service delivery and support on an already limited supply of manpower. As the public health emergency (PHE) winds down, it is evident that SLTC needs to empower the local senior centers to stabilize staffing and services, establish themselves as dementia friendly centers, and prepare for any future disasters or challenges.

The Department proposes to hire, or contract, a program analyst to design, implement, and evaluate a strength and weakness analysis of all 196 Montana senior centers. This information will cover staffing, programming, available technology, funding, infrastructure, challenges during the PHE, and current challenges. A full inventory from the analysis will aid in the development of the State Plan on Aging and the design of future training and support for the senior centers.

Eligibility/Application: The department will seek an individual or entity with experience in the Older Americans Act programs and the role of senior centers. The appropriate procurement method will be utilized. Notice will be provided to the Area Agencies on Aging (AAA) and the Senior Centers to recruit applicants.

Verification: The procurement procedure guidelines, references, and background checks will verify the expertise and capacity of the selected individual or entity.

Performance Metrics: The department will establish a strategic plan with senior centers to address employee and volunteer shortages by July 1, 2023.

2. **Enhancing Resource and Referral Activities at the Montana Area Agencies on Aging (\$500,000)**

Most AAAs also operate an Aging and Disability Resources Center (ADRC). ADRCs work with seniors, the disabled, and families to plan for services, assist with an array of applications for benefits, and advise on other resources in the community that may be useful to the individuals. Not all ADRCs provide the same services, but all were taxed during the pandemic to provide information and referral for services.

During the PHE, data collection and resource directory updates were pushed aside to meet the needs of at-risk individuals. This grant will provide up to \$50,000 per AAA to hire or contract with an individual or organization to assist with updating data and assuring AAA resource guides are accurate. Due to the variation of AAA size and available work force, flexibility will be available to AAAs to share resources to complete this work in a timely manner.

Eligibility/Application/Verification: These funds will go directly to the ten AAAs currently under contract.

Performance Metrics: AAAs will maintain documentation of the hours attributed to data cleanup, and the number of records impacted each month of the grant period. AAAs will provide the same data in relation to the electronic resource guide.

3. **State Health Insurance Program (SHIP) (\$80,000)**

The Montana State Health Insurance Assistance Program (SHIP) provides no cost health-benefits counseling and advocacy for Medicare beneficiaries and their families or caregivers. The mission is to educate, advocate for, counsel, and empower people to make informed benefit decisions. The trained SHIP counselors are either employees of the AAA or volunteers. The Montana SHIP is an independent, objective, and confidential assistance service not affiliated with the insurance industry.

This grant will improve the presence of the Montana SHIP counselors on the seven Indian Reservations, including one State-Recognized Tribe and the five Urban Indian Clinics across Montana, while cultivating long-term partnerships. This will be done by implementing an outreach program by utilizing a short term contracted coordinator, the current SHIP counselors, and support from the DPHHS American Indian Health Director. The goal of this effort is to develop relationships to establish consistent Medicare information, education, and assistance to Native Americans. Identified individuals will be provided with SHIP training and supported by the DPHHS SHIP Director and their peers. As part of this process, the outreach program will also seek to find resources to provide an introductory training on Native

American cultures in Montana.

Eligibility/Application: The Department will seek an individual or entity with both Medicare benefits experience and an astute understanding of the Native American cultures in Montana to assist in short term planning. The appropriate procurement method will be utilized. Notice will be provided to the AAAs, tribal health entities, and the Senior Centers to recruit applicants.

Verification: The procurement procedure, references, and background checks will verify the expertise and capacity of the selected individual or entity.

Performance Metrics: Within one year, 95 percent of all certified SHIP counselors will have received an introductory training on Native American cultures in Montana. One tribal representative will be added to the SHIP Advisory Council and five tribal members will be certified as SHIP counselors. At the end of the grant term, these efforts will be rolled into the SHIP program and managed by the DPHHS SHIP Director.

Recommendation: Allocate \$866,000 to the Senior and Long-Term Care Division to evaluate Montana Senior Centers (\$286,000), provide AAAs funding (\$500,000 total with \$50,000 to each AAA) to update data and create a framework for training and recruiting Native American SHIP counselors (\$80,000). There are no non-federal participation match requirements.

Memorandum



TO: Health Advisory Commission
FROM: Charles Brereton, Director, DPHHS
DATE: September 9, 2022
SUBJECT: Strengthening Public Health Infrastructure, Work Force, and Data Systems

Overview: The Centers for Disease Control and Prevention (CDC) is providing funding to eligible jurisdictions to continue to support and sustain state, county and tribal public health workforce through ongoing workforce training and professional development, enhancing state and local foundational public health capacity (e.g., community health assessments and health improvement planning/implementation), and data modernization.

Allocation Request and Deadlines: The funding from this cooperative agreement has a routine five-year period of performance from November 30, 2022, to November 29, 2027. A total of \$15,515,413 has been allocated to Montana. DPHHS will provide \$11,150,264, or 70 percent, of these funds to the workforce in local and Tribal public health jurisdictions.

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

- Continue to support and sustain the county and Tribal positions that were initially funded through the ARPA COVID-19 public health workforce supplemental funding that will end in June 2023. These positions include eight epidemiologists, and approximately 13 disease intervention specialists, public health nurses, and other positions.
- Continue to support and sustain ongoing workforce training and professional development opportunities through the University of Montana Public Health Training Center for state, county, and tribal public health staff.
- Provide funding and technical support to county and Tribal health departments to conduct community health assessments, health improvement implementation plans, and activities to support health departments to meet the national public health standards. These funds and technical support will enhance local and Tribal health departments' ability to partner with the local hospital or critical access hospital to accomplish these community planning efforts.
- Maintain funding for the school health coordinator position within DPHHS, which provides technical assistance and consultation to K-12 school partners and local and tribal health departments on school health and disease prevention and control.
- Maintain funding to support ongoing activities to modernize the infectious and non-infectious disease public health data systems. These activities include training staff, utilizing cloud-based data services or other enterprise-wide services where possible, and supporting geographic information systems.

Eligibility: Local and tribal health departments are eligible to apply for the workforce and community health planning/improvement funding.

Application and Verification: DPHHS will provide funding to local and tribal public health departments utilizing the existing master contracts and task orders in place with these entities.

Performance Metrics: Performance metrics and an evaluation plan will be developed in year one of the cooperative agreement based on further guidance and recommendations from the CDC. DPHHS anticipates the performance metrics will focus on increasing/retaining the current public health workforce and the provision of training and professional development opportunities.

Recommendation: Approve the allocation of \$15,515,413 in ARPA funds for Strengthening Public Health Infrastructure, Work Force, and Data Systems Funding.

Memorandum



TO: Health Advisory Commission
FROM: Charles Brereton, Director, DPHHS
DATE: September 9, 2022
SUBJECT: Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases – Enhancing State Public Health Laboratory Capacity

Overview: The Centers for Disease Control and Prevention (CDC) has provided additional financial resources to the DPHHS State Public Health Laboratory (SPHL) to implement and enhance the laboratory’s capacity to: a) conduct waste water surveillance testing to monitor trends in disease prevalence in the state; and b) upgrade and replace the laboratory’s aging and soon to be out-of-date molecular analytic instrumentation that is used for SARS-CoV-2 testing as well as for testing of other viral and bacteriologic agents and compounds. The SPHL is a participant in the CDC’s National Laboratory Response Network, which includes state and territorial public health laboratories across the U.S. The enhancements described above will improve Montana’s capacity for early detection of viral and bacteriologic agents, monitoring disease trends over time, and improving the SPHL’s testing infrastructure.

Allocation Request and Deadlines: \$1,260,521 was allocated by the CDC to DPHHS in July 2022 to directly support implementation of these efforts. The project period for this cooperative agreement is August 1, 2022, through July 31, 2023.

Structure: The funding from this cooperative agreement will be utilized to purchase instruments and for maintenance agreements for wastewater testing, advanced molecular instrumentation for viral and bacteriologic agent detection, and providing training to the laboratory staff who will utilize this new technology. DPHHS will strategically recruit approximately ten wastewater utilities to participate in wastewater testing that serves geographically diverse populations across Montana. Both enhancements in capacity will improve the SPHL’s ability to rapidly detect cases and outbreaks, improve Montana’s surveillance capacity, and allow for more timely and effective investigations to prevent and control outbreaks. The Department believes that funding for wastewater testing is designed to be a one-time-only opportunity to purchase needed equipment and train staff. Ongoing federal funding through ELC is anticipated in subsequent years to maintain these testing activities.

Eligibility: The SPHL was the sole entity eligible to apply to CDC for these funds.

Application and Verification: N/A.

Performance Metric: By July 31, 2023, the SPHL will have procured the new instrumentation, have staff trained to utilize the technology, and will perform testing using the new instrumentation.

Recommendation: Approve the allocation of \$1,260,521 in Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases – Enhancing State Public Health Laboratory Capacity funds to support enhancements to the SPHL’s capacity.

Memorandum



TO: Health Advisory Commission
FROM: Charles Brereton, Director, DPHHS
DATE: September 9, 2022
SUBJECT: Epidemiology and Laboratory Capacity Reopening Schools: Support for Screening and Testing to Reopen and Keep Schools Operating Safely (Round 3)

Overview: The Centers for Disease Control and Prevention (CDC) has provided financial resources to enable schools to establish COVID-19 screening and testing programs to support and maintain in-person learning in kindergarten through grade 12 (K-12) schools. Montana has 403 public school districts which, combined with independent schools, serve approximately 147,000 students. To support safe, in-person instruction in 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. In August 2022, the CDC allowed funding from this cooperative agreement to be used to purchase and distribute COVID-19 rapid antigen test kits to early childcare facilities to support their COVID-19 responses. DPHHS has petitioned CDC on a few occasions to allow for more flexibility in the use of this funding for other prevention and mitigation activities for SARS-CoV2 or school-based health issues, such as screening and testing in Institutes of Higher Education, minor infrastructure upgrades, but these petitions have not succeeded. This is one-time-only funding not designed to sustain an ongoing program in the long term.

Allocation Request and Deadlines: \$32,191,069 was allocated by the CDC to DPHHS in 2021 and must be used to directly support this effort in the non-construction grant award. The initial project period end date was scheduled to coincide with the end of Budget Period 3 (BP3) (i.e., August 1, 2021 – July 31, 2022) of the Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement (CK19-1904). CDC has extended the project period end date to July 31, 2023, which will allow DPHHS to continue to provide funding for staffing, supplies, equipment, and rapid COVID-19 test kits to K-12 schools through the 2022/2023 school year. In August 2022, the CDC allowed funding from this cooperative agreement to be used to purchase and distribute COVID-19 rapid antigen test kits to early childcare facilities to support their COVID-19 responses.

In June 2021, the Health Advisory Commission (HAC) provided DPHHS with the authority to expend approximately \$18 million dollars of this cooperative agreement to support K-12 schools with their COVID-19 response activities. To date, \$5.23 million dollars of these funds have been provided to K-12 schools in Montana. Since inception of this cooperative agreement, 119 schools/school districts - 111 public schools/districts and 8 independent schools - have received funding and 165 schools/school districts have received COVID-19 rapid tests. This request to the HAC is for the authority to utilize the remainder of this cooperative agreement funding to continue to support K-12 schools and early childcare facilities through the June 2023 end of the cooperative agreement. While DPHHS acknowledges that currently authorized funds have not been fully expended, the Department seeks full spending authority in the event of unanticipated need.

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 schools/school districts or provide schools and school districts with materials (e.g., test kits, PPE, cleaning materials, 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;
- Funding will be utilized to purchase and distribute COVID-19 rapid antigen tests for K-12 schools/school districts, independent schools, and early childcare facilities; and
- Up to 15 percent may be used by recipients for coordination, management, technical assistance, monitoring, and data collection and reporting activities.

The two primary activities are:

1. Rapid deployment of screening and testing resources
 - a. Provide support and supplies to schools and early childcare organizations to have access to and implement testing through June 2023.
2. Implementation of CDC screening and testing guidance
 - a. Utilize the guidance to implement a strategic testing plan in schools and early childcare organizations in the 2022-2023 school year. Testing efforts will target high-risk activities during periods of high COVID-19 Community Levels or in response to school-associated outbreaks. Schools may also choose to maintain options for symptomatic or non-symptomatic on-site testing.

Eligibility: All K-12 schools (public, independent, and tribal) in Montana are eligible to participate in this program. School-affiliated summer programs, including camps and summer instruction, are eligible. Early childcare facilities are also eligible to order and receive COVID-19 rapid antigen test kits.

Application and Verification: DPHHS implemented these activities in August/September 2021. K-12 schools/school districts applied and were provided funding, technical assistance, and COVID-19 rapid test kits to support their responses. DPHHS reopened the application process in August 2022 for schools to apply/reapply for additional funding for the 2022-2023 school year. DPHHS has also communicated with early childcare facilities to notify them they can order additional COVID-19 rapid antigen test kits directly from DPHHS.

Performance Metric: DPHHS will maintain a list of all school districts and independent schools participating in the program and the number of schools requesting rapid COVID-19 tests.

Recommendation: Approve the allocation of the remainder of the ELC Reopening Schools: Support for Screening and Testing to Reopen and Keep Schools Operating Safely funds, totaling \$14,485,982, to support COVID-19 screening and testing for K-12 schools and early childcare facilities to support safe operations.

Memorandum



TO: Health Advisory Commission
FROM: Charlie Brereton, Director, DPHHS
DATE: September 9, 2022
SUBJECT: Pandemic Emergency Assistance Funds

Overview: The American Rescue Plan Act (ARPA) provides Pandemic Emergency Assistance Funds

(PEAF) to needy families impacted by COVID-19. While PEAF-eligible families do not need to be eligible for the Temporary Assistance for Needy Families (TANF) program, federal guidance does require the funds meet “TANF Purpose One” in the federal legislation that created TANF in 1996, or alternatively that the State be able to demonstrate how the benefit is designed to address pandemic-related needs. TANF Purpose One is “to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.” The PEAF funds may be used to provide certain non-recurrent, short term (NRST) benefits not to exceed four months.

In August 2021, the Health Advisory Commission approved the Montana Department of Public Health and Human Services (DPHHS) recommendation to allocate these funds to payments to individuals in SNAP households (with minor children) who gain employment or increase their employment (see previous memo for further details).

As of August 26, 2022, DPHHS has distributed \$128,750 to 186 SNAP families who gained employment or were able to increase work hours. Approximately 25 cases are pending for possible payment. DPHHS has exhausted all efforts to issue this benefit to any eligible SNAP household. These efforts included:

- Performing a review of available income data to identify potentially eligible households. DPHHS followed up with households that appeared to be potentially eligible.
- Assessing eligibility of the incentive payment for households during their SNAP recertification.
- Sending an informational notice to all SNAP households about the incentive payment.
- Sending a text message to SNAP households that included a survey. DPHHS followed up with households that appeared to be potentially eligible based on survey responses.

DPHHS is submitting this updated proposal to expend the remaining funding to support children within the care of the Department’s Child and Family Services Division (CFSD) who are placed in a family setting and are temporarily out of the home until a reunification with the child’s parent(s) occurs in a safe, timely, and appropriate manner that is determined to be in the child’s best interest.

Foster families play a critical role in the overall well-being of children who have experienced abuse and neglect. Ensuring children receive appropriate services to meet their educational,

physical, social, and emotional well-being can significantly improve outcomes for these children.

The extraordinary nature of the COVID-19 pandemic had a significant economic impact on families involved with CFSD including the rising costs of providing care because of inflation and other factors. The Consumer Price Index, which is the benchmark for inflation, has increased nearly 15% since March 2020. At the same time family foster care rates have remained mostly static with modest increases of approximately 5 percent authorized during the legislative session. The average monthly family foster care payment per child is currently \$750 per month.

Allocation Request and Deadlines: Montana received \$2,733,901 in Pandemic Emergency Assistance Funds. DPHHS anticipates at least \$2.5 million of these funds will need to be reallocated to be spent by the September 30, 2022, expenditure deadline. Up to 15 percent of the PEAFF allocation can be used to administer the use of funds.

Structure: Back-to-School Allowances will be made on behalf of eligible children and will be paid in a onetime, non-recurring, lump sum payment of \$1,250 per child on or before September 30, 2022. The purpose of the Back-to-School Allowance is for clothing, footwear, and school supplies for age-appropriate children. Other acceptable expenditures include resources to maintain children in their home or the home of their relatives. Examples include, but are not limited to, food, shelter, or other allowable resources that improve the well-being of the foster youth.

The \$1,250 one-time payment equates to a \$23.58 increase in monthly foster care payments during the pandemic (March 2020-August 2022). This represents a 3.1 percent increase to the average monthly payment of \$750.

Approximately 2,000 children will be eligible for this payment including:

- Children placed in a family-like setting:
 - Traditional family foster care
 - Paid and non-paid kinship family foster care
 - Specialized family foster care
 - Therapeutic family foster care
 - Trial home visit families
- Federal requirements for use of these funds maintain that out-of-home placement be temporary in nature. Families caring for youth in completed TPR status (termination of parental rights) are not eligible to receive the allowance.

The payments are excluded income for SNAP, TANF, and Medicaid eligibility purposes.

Application and Verification: No additional application is required to receive the funds. The children placed in these family-like settings meet all federal guidelines for the use of these funds. Eligible children have had their eligibility tested through the same or similar system

checks required under the Income Eligibility Verification System (IEVS). Eligible children are considered “needy” due to the nature of their circumstances that requires involvement with CFSD and the foster care system and are considered “temporarily absent” after CFSD has determined reunification may occur and continue in a safe, timely, and appropriate manner while also considering the child’s best interests.

Performance Metrics: DPHHS issues one-time payments of \$1,250 by September 30, 2022, to approximately 2,000 children within the care of CFSD who are placed in a family setting and are temporarily out of the home until a reunification with the child’s parent(s) occurs.

Recommendation: Allocate all remaining Pandemic Emergency Assistance Funds, approximately \$2.5 million, to enable the state to support children involved with the Department’s Child and Family Services Division (CFSD) who are placed in a family setting and are temporarily out of the home until a reunification with the child’s parent(s) occurs in a safe, timely, and appropriate manner that is determined to be in the child’s best interest.