

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: January 6, 2022
SUBJECT: Epidemiology and Laboratory Capacity (ELC) for Prevention and Control of Emerging Infectious Diseases: Additional Components

Overview: Montana received funds under the ELC grant for five additional components intended to support COVID-19 testing and mitigation, prevent spread of infectious disease, assist long-term care facilities with COVID-19 response, build capacity to address infectious disease outbreaks, and support the health and safety of domestic and international travelers.

Allocation Request and Deadlines: Additional funding in the amount of \$6,092,014 is approved by the U.S. Centers for Disease Control and Prevention (CDC) for use between August 1, 2021 through July 31, 2022. Funds will be awarded in Budget Period 3 (i.e., August 1, 2021 through July 31, 2022); however, the awards will have an extended budget period to support activities through July 31, 2024.

Structure:

1. Detection and Mitigation of COVID-19 in Homeless Service Sites and Other Congregate Settings - \$449,760

This funding is intended to support COVID-19 testing and mitigation in homeless service sites, encampments, and other congregate settings like group homes. In particular, robust testing strategies are needed to monitor trends and support identification and isolation of people who can transmit SARS-CoV-2 in these high-risk settings, particularly with the introduction of new variants.

The funding will be used to support prevention and mitigation efforts in these facilities. This includes supplies for COVID-19 testing and specimen collection, PPE, infection prevention activities within these facilities, and wrap-around services (e.g., hoteling, laundry, mental health services).

Eligibility: Homeless shelters, other homeless-related facilities/services, and other specific congregate care settings, including community-based residential facilities.

Application and Verification: Funding to eligible facilities will be provided through an online application/grant process using Submittable to support COVID-19 prevention and mitigation efforts.

2. Strengthening Healthcare Associated Infections and Antimicrobial Resistance (HAI/AR) Prevention and Control – \$2,749,578

These funds are broadly intended to provide critical resources to state, local, and territorial health departments for healthcare infection prevention and control (IPC) activities and epidemiologic surveillance related activities to detect, monitor, mitigate, and prevent the spread of SARS-CoV-2/COVID-19 in healthcare settings. These funds may also reasonably be used to address other conditions in healthcare settings, such as healthcare associated infections (HAIs) and antimicrobial resistance (AR). Moreover, the prevention of AR pathogens and improving the appropriate use of antibiotics helps to protect COVID patients from further complications and potential comorbidities.

These funds will be utilized to for the following activities:

- Support the DPHHS Infection Prevention Specialist (IPS) staff, who provide training, coordination, and day-to-day consultation, and technical support to partners (health departments, hospitals and outpatient care facilities, long term care facilities, hemodialysis units, and other facilities) for outbreak response, and to prevent HAIs and the development and expansion of drug-resistant organisms.
- Conduct a needs assessment of partners' facilities to identify priority training and technical support needs regarding multiple drug resistant organisms (MDRO).
- Provide training to the DPHHS IPS staff to increase capacity and skills regarding HAI/AR prevention and control.
- Conduct infection prevention assessments for hemodialysis units and provide support and consultation to these units during outbreak responses.
- Conduct infection prevention assessments of facilities providing COVID-19 treatment services (e.g., infusion clinics to deliver monoclonal antibody therapy).
- Increase the capacity of the state public health laboratory to conduct MDRO testing and surveillance.
- Continue to support the University of Montana School of Pharmacy team who provides statewide training and AR prevention assessments for partners regarding HAI/AR and leads the Antibiotic Stewardship Coalition. This includes expanding services to critical access hospitals and long-term care facilities.

Eligibility: State health department

Application and Verification: N/A

3. Nursing Home and Long-term Care Facility Strike Teams: Skilled Nursing Facilities - \$1,373,292; Other Nursing Home and Long-term Care Facilities - \$1,319,384

The Nursing Home and Long-term Facility Strike Team and Infrastructure Project provides support for both skilled nursing facilities and other long-term care facilities. The intent of

this funding is to assist recipients with support for their response to SARS-CoV-2 infections, and to build and maintain the infection prevention infrastructure necessary to support resident, visitor, and facility healthcare personnel safety.

Funding will be used for the following activities:

- Conduct a baseline needs assessment of these facilities to identify priorities and needs.
- Implement training and other strategies to increase the pipeline of available Certified Nurse Assistants to address staffing shortages in these facilities.
- Increase the capacity of DPHHS to provide outbreak response support to these facilities when they are experiencing COVID-19, or other communicable disease, outbreaks (e.g., influenza).
- Provide ongoing training to facility staff on infection prevention and control practices.
- Provide grants to these facilities to implement infection prevention projects.

Eligibility: Skilled nursing facilities and other long-term care facilities.

Application and Verification: Funding to eligible facilities will be provided through an online application/grant process using Submittable to support COVID-19 response and to build and maintain the infection prevention infrastructure.

4. Travelers Health - \$200,000

These funds are intended to protect travelers and to maintain public health security through activities that lessen the public health risk of rapid global travel, including issuing guidance, educating travelers, and working with CDC and local and Tribal health partners.

Allowable activities fall into three areas:

- Provide supplies for COVID-19 testing, specimen collection, PPE and other related materials – or the funds to acquire such materials – to travel clinics, airport facilities, and other related organizations.
- Identify, develop, and implement innovative solutions for communicating with international or domestic travelers.

Eligibility: Travel clinics, airport facilities, and other related organizations

Application and Verification: Funding to eligible facilities will be provided through an online application/grant process using Submittable to protect travelers and maintain public health security.

Performance Metrics: Performance metrics will be developed by CDC and shared with recipients. The ELC Program Office will utilize existing data sources whenever possible to reduce the reporting burden on recipients.

Recommendation: Allocate \$6,092,014 in the following categories:

- \$449,760 for detection and mitigation of COVID-19 in homeless service sites and community-based residential facilities.
- \$2,749,578 to strengthen healthcare associated infections and antimicrobial resistance (HAI/AR) activities to detect, mitigate, and prevent the spread of COVID-19, other health care associated infections, and the development of antibiotic resistant microorganisms in the health care setting.
- \$1,373,292 for licensed skilled nursing facilities project and \$1,319,384 for other nursing home and long-term care facility projects to assess the baseline needs of facilities, increase CNA workforce, provide ongoing infection prevention/control training to facilities, and provide funding to facilities to implement infection control projects.
- \$200,000 for the detection, prevention, mitigation of COVID-19 through domestic and international travel.

Memorandum

TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: January 6, 2022
SUBJECT: ELC: Strengthen Public Health Laboratory Preparedness

Overview: Montana received funds under the ARPA Epidemiology and Laboratory Capacity (ELC) grant to enhance the state public health laboratories capacity to rapidly detect and identify pathogenic organisms as part of the CDC's national Laboratory Response Network. These funds will be used to purchase and implement new technology for the rapid detection of infectious disease pathogens.

Allocation Request and Deadlines: Funding in the amount of \$142,473 is approved for use between August 1, 2020 through July 31, 2022.

Structure: The funding will be used to purchase specialized laboratory equipment and technology recommended by CDC and the national laboratory response network that will allow the state public health laboratory to more rapidly identify and report infectious disease pathogens. In addition, the instrument will allow our state laboratory to utilize newly developed CDC methodologies for rapid testing as part of the national laboratory response network. These funds will also be used to cover the cost of the service and maintenance agreement for the instrument.

Eligibility: State public health laboratory

Application and Verification: NA

Performance Metrics: Performance will be addressed based on quarterly reports related to activities completed or in progress.

Recommendation: Allocate \$142,473 to purchase specialized laboratory equipment and technology necessary for Montana's continued participation in CDC's National Laboratory Response network.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: January 6, 2022
SUBJECT: Child Care Stabilization Grants, Remaining Funds

Overview: The American Rescue Plan Act (ARPA) allocated \$68,075,745 to Montana for child care stabilization efforts. Ninety percent of the stabilization funding must be used for subgrants to eligible child care providers to stabilize the child care sector during and after the COVID-19 public health emergency. In June 2021, the Health Advisory Commission recommended \$6,807,574 (ten percent) for administration and operations within the stabilization funding and \$31,246,766 (51% of the state’s allocation) for stabilization grants to child care businesses. The commission’s recommendations also included provisions for the department to request the remaining funding, based on need.

The department opened the application period for child care providers on October 7, 2021 and is required to have a rolling application process with application periods open through 2022, based on available funding.

The department has received 385 complete applications as of December 16, 2021, which represents 43% of all eligible early childhood businesses. Based on the review of these applications, DPHHS projects spending for stabilization grants to exceed the current amounts recommended by the Health Advisory Commission and approved by Governor Gianforte.

The average operating costs were determined using information from the first 300 Stabilization Grant applications received. The costs for Family, Friend, Neighbor child care support was figured using a formula for cost per child.

Average Annual Operating Costs by Facility Type	
Facility Type	Average
Large Center	\$671,565
Medium Center	\$361,676
Small Center	\$199,445
Group Child Care Facility	\$129,207
Family Child Care Facility	\$74,280
Family, Friend, Neighbor	\$8,400 per child, set amount

Based on the initial 300 applications, annual operating costs total \$72,920,418. The department projects that it can award funding to licensed/registered eligible early childhood businesses at no more than 45% of their net operating costs for one year, assuming 80% of eligible businesses will apply for funding. In order to meet the projection, the department anticipates it will need to obligate the full allocation of stabilization funding. If a balance remains, the department can consider supplemental funding within the liquidation period.

Allocation Request and Deadlines: Montana was allocated \$68,075,745 for child care stabilization funding to provide subgrants to child care businesses. The commission previously recommended \$6,807,574 (ten percent) for administration and operations within the stabilization funding and \$31,246,766 for stabilization grants. The department can fully expend the remaining appropriation of \$30,021,405.

Structure: Subgrants are issued through an online application process for eligible child care providers. Funds will be released through contracts starting in January 2022. Contract language specifies that the total amount of funding and contract are one-time-only for the period of the grant award, with installment payments.

Eligibility: Eligible child care providers include: (1) providers who are licensed or registered with the state at the time they submit a subgrant application; and (2) child care providers that were licensed or registered as of March 11, 2021 but may have been closed due to the effects of COVID-19. This includes child care centers, family and group child care businesses, and in-home Family, Friend, and Neighbor caregivers.

According to federal guidance, stabilization funding is not intended to support Head Start, Early Head Start, or public preschool outside of the child care licensing/registration system.

Performance Metric:

- At least eighty percent of providers apply for stabilization funding.
- Maintain or increase current number of slots for children by five percent by September 30, 2023.

Recommendation: Allocate the remaining \$30,021,405 to be administered by DPHHS for purposes outlined by federal regulations for child care stabilization subgrants.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: January 6, 2022
SUBJECT: State Planning Grant for Qualifying Community-Based Mobile Crisis Intervention Services

Overview: The Centers for Medicare & Medicaid Services (CMS) apportioned this one-time-only planning grant to prepare Montana for implementing qualifying community-based mobile crisis intervention services.

Over the last two years, DPHHS has increased focus on the behavioral health crisis system. The Behavioral Health and Developmental Disabilities Division created a Behavioral Health Crisis System Strategic Plan to improve Montana's crisis system. The strategic plan aims to align efforts across the state with the nationally recognized Crisis Now Model. The Crisis Now Model has four core components that include:

- High-tech crisis call centers;
- 24/7 mobile crisis response services;
- Crisis stabilization programs; and
- Essential principles and practices, including trauma-informed care, the use of peer support specialists, and collaboration with law enforcement.

Montana currently has three crisis call centers, five mobile crisis response teams, one outpatient crisis receiving facility, and seven inpatient crisis stabilization facilities. Four additional communities are actively developing mobile crisis response teams. While these services represent significant progress toward establishing a Crisis Now model within Montana, Montana needs to develop and integrate more services to provide a comprehensive continuum of crisis care.

Allocation and Deadlines: Montana will receive \$585,609 for the budget period beginning September 30, 2021 through September 29, 2022. All grant funds must be expended by September 29, 2022.

Structure: CMS has approved the following scope of work for the State Planning Grant for Qualifying Community-Based Mobile Crisis Intervention Services:

1. The funding will be used to hire a grant manager to facilitate grant activities, comply with reporting requirements, and contract with the Western Interstate Commission for Higher Education (WICHE) to provide the Department with technical assistance related to the development of Montana's behavioral health crisis system.

2. The technical assistance funded through this grant will focus on three projects:
- An assessment of mobile crisis services in Montana, including an analysis of where additional teams need to be developed and how existing services must be strengthened to meet the requirements of mobile crisis services funded under the State Plan Amendment. The assessment will be used to compile recommendations for the Department to implement, including the development of a State Plan Amendment for Medicaid reimbursement.
 - An assessment of crisis stabilization services in Montana, including an analysis of where additional crisis stabilization services need to be developed and how existing services must be strengthened to provide effective diversion for individuals in crisis. The assessment will be used to compile specific recommendations for individual communities and recommendations for the Department to ensure Montana's policy landscape supports best practice crisis stabilization services.
 - An assessment of crisis system reporting needs and existing state information systems to support both the implementation of mobile crisis response services and reporting of utilization and outcome metrics. The assessment will be used to compile recommendations for the development of a crisis services registry (bed board) and a public-facing data dashboard.

Eligibility: Technical assistance provider must have experience in crisis system development.

Application and Verification: DPHHS will amend its existing contract with WICHE. Under another funding source, WICHE was already engaged in technical assistance to develop the crisis system in Montana. An amendment to WICHE's existing contract enables Montana to expand upon WICHE's technical assistance efforts and implement key grant activities within the short timeframe of the grant period.

Performance Metrics:

- Hired grant manager;
- Completed assessment of and recommendations for mobile crisis response services;
- Completed assessment of recommendations for crisis receiving services; and
- Completed assessment of and recommendations for crisis system reporting needs and infrastructure.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: January 6, 2022
SUBJECT: Family Violence Prevention and Services Program: COVID-19 Testing, Vaccines, and Mobile Units

Overview: HB 632 appropriated \$900,000 in family violence prevention ARP funding. The Health Advisory Commission (HAC) previously recommended, and Governor Gianforte approved, the allocation of \$376,207 to the Family Violence Prevention and Services Act (FVPSA) grant, to provide shelter and supportive services for victims of family violence, domestic violence, and dating violence. The first round of supplemental funding was intended to support a wide range of expenses necessary to ensure the continuity of services for domestic violence survivors and their children during the COVID-19 public health emergency, including COVID-19 preparedness and risk mitigation, technology enhancements to support transitioning to virtual and remote services, and supporting children and families to heal, recover, and regain stability from the impact of the public health emergency.

The purpose of this new supplemental funding is to prevent, prepare for, and respond to the COVID-19 virus with an intentional focus of increasing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of the virus, and increase supports for domestic violence survivors and their dependents. This funding will support the current 21 FVPSA sub awardees who are providing immediate shelter, supportive services, and access to community-based programs for victims of family violence, domestic violence or dating violence.

Allocation and Deadlines: Montana received \$1,566,246 in FVPSA supplemental ARPA funds to assist shelters and organizations that provide supportive services for victims of family violence, domestic violence, and dating violence to prevent, prepare for, and respond to COVID-19 and to address the increased need for their services resulting from the COVID-19 pandemic. The project period for all FVPSA ARP supplemental awards is October 1, 2020, through September 30, 2025.

HB 632 appropriated \$900,000 for family violence prevention, which is subject to the jurisdiction of the Health Advisory Commission. Because \$376,207 of that appropriation has already been allocated, of the \$1,566,245 in FVPSA supplemental ARP funds, \$523,793 is subject to HB 632 and the jurisdiction of the Health Advisory Commission. The remaining funding will require a budget change document.

The Department has reviewed the purposes of this FVPSA supplemental funding of \$523,793 and determined that it is for the same program and substantially similar purposes as the \$376,207 previously recommended by the Advisory Commission. It is, thus, authorized under a continuing recommendation by the Advisory Commission and certification of eligible use to the Governor for approval of the additional federal funding.

Structure: Funds are intended to mitigate the spread of COVID-19, and increase supports for domestic violence survivors and their dependents, through five broad categories of activities. Funds will be distributed to the existing 21 service providers to conduct the following activities:

COVID-19 Testing: Conduct activities to support COVID-19 testing, including planning for implementation of a COVID-19 testing program; providing interpreters and translated materials for individuals; procuring supplies to provide testing; training providers and staff on COVID-19 testing procedures; and reporting data to the U.S. Department of Health and Human Services on COVID-19 testing activities.

COVID-19 Vaccine Access: Cover supplies and vaccine administration fees for administering the COVID-19 vaccine.

COVID-19 Mitigation: Conduct efforts, activities, and strategies to reduce or prevent local COVID-19 transmission and minimize morbidity and mortality of COVID-19.

Mobile Health Units Access: Partner with mobile health units and travel to partnering locations to provide services on a recurring basis.

Workforce Expansions, Capacity Building, and Supports: Use for COVID-19 one-time-only workforce-related expansions and supports, or to reimburse subrecipients for such costs.

Partnerships: Facilitate partnerships with community partners and health care providers to enable domestic violence programs, culturally specific organizations, tribes and rural communities to support the safety and health needs of domestic violence survivors and increase health supports to mitigate the spread of COVID-19.

Eligibility: Recipient must be a current FVPSA sub awardee to be eligible to receive funding.

Application and Verification: Subawards will be distributed to the 21 domestic violence programs currently funded through the DPHHS-administered FVSPA grant at the same percentage formula amount as their current FY21 contract. These sub awardees were pre-determined through a 2018 RFP competitive process.

Performance Metrics:

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

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: January 6, 2022
SUBJECT: Family Violence Prevention and Services Program: Grants to Support Survivors of Sexual Assault

Overview: The Family Violence Prevention and Services Act (FVPSA) has received increased investments for rape crisis centers and sexual assault programs to support sexual assault survivors impacted by the COVID-19 public health emergency. The purpose of the American Rescue Plan (ARP) Grants to Support Survivors of Sexual Assault is to 1) assist with the transition to virtual/remote services for rape crisis centers, sexual assault programs, tribal programs, and culturally specific programs that provide crisis services, support services, and assistance to survivors of sexual assault; and 2) support the increased emergency needs of sexual assault survivors arising from the COVID-19 public health emergency.

Allocation Request and Deadlines: Montana received \$1,007,630 for Family Violence Prevention and Services program grants to survivors of sexual assault. The project period for all ARP grants to Support Survivors of Sexual Assault is October 1, 2020 through September 30, 2025. Subawards need to be awarded by February 6, 2022, or federal permission will be required for an extension.

Structure: These funds have several eligible uses, as described below:

Supportive Services and Immediate Shelter

These grants provide funding to support a range of in-scope activities, including counseling, mobile advocacy, telehealth, teletherapy, peer support, temporary housing, rental assistance and nominal relocation expenses, supplies, equipment, and software to assist in carrying out virtual services. ARP supplemental funds may be used to cover the cost of addressing basic needs and providing rental assistance, hotel, motel, utilities, and nominal moving costs for sexual assault survivors and their children, as they recover and stabilize during the COVID-19 public health emergency.

Workforce Supports

In addition, the ARP Grants to Support Survivors of Sexual Assault may be used as one-time-only funding to support the workforce needed to safely staff and operate rape crisis centers during the COVID-19 public health emergency.

Prevention Services

Funds may also be used to provide prevention services, including outreach to underserved populations to increase virtual access to sexual assault services and reduce exposure to, and risk of, contracting the COVID-19 virus.

Not less than 70 percent of the funds distributed are to be used for the primary purpose of providing immediate shelter and supportive services to adult and youth victims of family violence, domestic violence, or dating violence, and their dependents; not less than 25 percent of the funds are to be used for the purpose of providing supportive services and prevention services; and not more than five percent of the FVPSA grant funds may be used for state administrative costs.

Allocation of Funds

Immediate shelter and supportive services: \$705,341.00

Supportive and Preventive Services: \$251,907.50

Administrative Costs: \$50,381.50

DPHHS will contract with an intermediary to implement the terms of this grant. If no intermediary meets the requirements, the department would assume the administration of these funds and conduct a competitive grant application process using Submittable. Five percent will be retained for state administrative costs.

Eligibility: Programs whose primary purpose is to provide direct intervention and assistance to victims of sexual assault inclusive of, but not limited to, rape crisis centers, sexual assault programs, tribal programs, culturally specific programs, and such programs within underserved communities.

States, territories, and tribes may allocate subawards to sexual violence coalitions, tribal coalitions, sexual violence technical assistance resource centers, and culturally specific technical assistance providers to provide training and technical assistance to rape crisis centers.

Ineligible expenditures include:

1. Direct payments to survivors;
2. Construction costs; and
3. Renovation costs.

Application and Verification: Qualified vendor will be determined through procurement process.

Performance Metrics:

- 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.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: January 6, 2022
SUBJECT: American Rescue Plan Act Funding for Home Visiting

Overview: The Health Resources and Services Administration (HRSA) issued a second round of ARPA funding to existing Maternal Infant Early Childhood Home Visiting (MIECHV) programs. The Healthy Montana Families Home Visiting Program (HMF) provides voluntary, family-centered services in the home to pregnant women and families with new infants and children under the age of six. HMF served 150 pregnant women and 1101 families in FFY 2021.

The commission previously recommended, and Governor Gianforte approved, the first round of funding (\$405,070) for staffing costs, home visitor training, technology for families for virtual home visits, emergency supplies for families, reimbursements for supplies to diaper banks, and prepaid grocery cards to eligible families.

Allocation and Deadlines: Montana received \$816,976 to be used from December 1, 2021 through September 30, 2024 for the same purposes as the first round. The state must provide a plan update to HRSA by January 28, 2022.

Structure: DPHHS plans to use the funding in the following areas:

- States are allowed to use up to 10% for administrative costs;
- Continue to provide home visits through our contracted partners with one-time-only additional funds;
- Staff retention incentives; and
- Supervisor and staff training and professional development.

Eligibility: Current MIECHV-funded programs will receive funding prorated based on current contracts, with the goal of maintaining or increasing the number of children and families served and retaining staff. Contractors will be required to build a long-term sustainability plan to ensure continuation of services beyond the ARPA funding period.

Performance Metric:

- Maintain or increase the number of children/families served.
- By September 30, 2024, increase the number of staff that remain employed for two or more years by 25% through staff payments based on longevity, credentials, community need, and caseload and investing in the existing workforce through training and professional development opportunities.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: January 6, 2022
SUBJECT: American Rescue Plan Act Family Planning Telehealth Enhancement and Expansion Grants

Overview: The HHS Office of Population Affairs (OPA) released a Notice of Funding Opportunity utilizing American Rescue Plan Act (APRA) funding to expand and enhance the family planning telehealth infrastructure. The Montana Family Planning Program (FPP), operated by DPHHS's Early Childhood and Family Support Division, provides voluntary, client-centered family planning services to people across Montana through contracts with 13 public health departments, FQHCs, and a private non-profit. Family planning services focus on preventing and achieving pregnancy and include preventive health care, life-saving cancer screenings, pregnancy testing, STI testing and treatment, contraceptives, and natural family planning. The program does not cover abortion services.

In early 2021, FPP contracted with a telehealth provider to provide family planning services at up to 11 sites. They are currently serving 3 sites: Hill County Health Department, Valley County Health Department, and Anaconda-Deer Lodge Health Department. This grant provides the opportunity to examine how to drive utilization of these services, especially in rural and underserved areas of the state, and how to effectively support and expand the use of telehealth for family planning services in the state. These funds will support a better understanding of telehealth systems, identify barriers to accessing telehealth services, and strengthen telehealth infrastructure and capabilities to increase opportunities for more clinics and clients to benefit from telehealth services.

Allocation Request and Deadlines: Montana will request \$640,750 in one-time funds appropriated under ARPA. These awards will have a period of one year. Applications are due by February 3, 2022, to be used from May 1, 2022 – April 30, 2023.

Structure: Montana will propose the following four activities to analyze and understand current use of telehealth and potential to strengthen/expand use across the state:

- 1. Improve and expand systems to support access:** Contract vendor to conduct an environmental scan and feasibility study with recommendations to improve and expand client telehealth family planning services.
- 2. Training and Technical Assistance:** Vendor will also conduct an assessment of current telehealth family planning services to determine barriers and potential efficiencies with telehealth utilization. Results of the assessment will be used to provide content for training and technical assistance to oneHealth, the existing contracted telehealth provider, and all current Title X clinics.

- 3. Expand system to support access:** Following the assessment, FPP will offer existing clinics mini-grants to address certain barriers. Clinics will apply for funding and determine which barriers, identified in the assessment, they wish to address. The vendor will provide technical assistance to clinics to meet mini-grant goals and activities.
- 4. Expand systems to support access:** FPP will offer a competitive application process to establish two additional telehealth sites.

Eligibility:

- Qualified vendor will be determined through procurement process.
- Title X funded clinics and providers are eligible for mini-grants.
- Local and Tribal health departments are eligible to apply to become telehealth sites.

Application and Verification: Qualified vendor will be determined through procurement process.

Performance Metric:

- A completed assessment of barriers to telehealth implementation;
- A completed environmental scan and feasibility study with recommendations to improve and expand direct to client telehealth family planning services;
- Two additional telehealth sites.