

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director DPHHS
DATE: July 26, 2021
SUBJECT: American Rescue Plan Act (ARPA) Early Intervention Funding

Overview: Montana Milestones/Part C of the Individuals with Disabilities Education Act (IDEA) Early Intervention Program is Montana’s comprehensive system of early intervention services and supports for families with infants and toddlers, ages 0-36 months, with significant developmental delays or disabilities. Effective early intervention can prevent further, more costly services when a child is older.

When children age out of the Part C program, they may be eligible to continue receiving Part B of the IDEA services through their local school district if needed. The federal Office of Special Education (OSEP) has notified all Part C coordinators that due to COVID-19, Part B services have been limited, in part, because of school closures and virtual learning. Prior to the pandemic, Part C services end once a child turns three. However, due to the potential gap resulting from COVID-19, states are encouraged to use Part C ARPA funds for summer bridge and transition activities for 3-year-olds who will potentially move into the school district’s Part B program.

In fiscal year (FY) 2020, approximately 1,540 infants and toddlers with disabilities across Montana were served by the Part C program. The COVID-19 pandemic has directly impacted the number of infants and toddlers receiving services and methods of service. Enrollment has decreased by 48 percent from FY 20 to FY 21. ARPA includes funding for IDEA services to address recovery needs resulting from the COVID-19 public health emergency. Funds may be used for all allowable purposes under Part C of the IDEA. Allowable uses include a six to eight percent indirect cap. This rate is primarily based on the number of contracts and frequency of payments.

Montana Milestones contracts with five regional agencies to deliver services across Montana. Services include screening and identification for eligibility, assessments of need for both the child and family, individualized family service plans, and coordinating services and supports to the child and family’s needs. Screening and identification services are often conducted through events called Child Find.

According to the Strengthening Montana’s Early Childhood Systems Needs Assessment (2019), stakeholders provided feedback that Montana’s eligibility criteria may not be capturing all potentially eligible children for services due to the limited definition. Under federal law, states can expand their eligibility definition to include “at-risk infants and toddlers,” which means children at risk of experiencing a substantial developmental delay if early intervention services were not provided.

Examples may include children who are living in homes affected by substance use, as well as child abuse and neglect. Further, throughout the department, and more specifically the Early Childhood and Family Support Division, there are a variety of programs and services for children with special needs, which creates a unique opportunity to assess eligibility, gaps and duplications in services, family engagement, and funding mechanisms for coordinated and efficient services.

Allocation Request and Deadlines: Montana has been allocated \$1,218,273 in ARPA early intervention funds. Funding is supplemental and cannot supplant routine Part C funding, including Maintenance of Effort. Montana must submit an application update outlining the use of the supplemental funding to the federal Office of Special Education Programs by August 2, 2021. Funds must be obligated by September 30, 2023, and liquidated by January 28, 2024.

Structure: DPHHS proposes the following one-time-only strategies for the additional ARPA funding for early intervention, consistent with federal regulation.

- Increase screening and coordinated services for eligible children, especially those who may be further delayed due to the pandemic. DPHHS proposes to increase the number of Child Find events throughout the state, including targeted outreach to pediatricians, child care facilities, home visitors, and other programs serving children ages 0-36 months;
- Provide three months of summer bridge activities for children turning 3 after April 1st to address the COVID-19 gap and support a smooth transition to Part B. Contractors will receive additional funding to continue supporting services outlined by the child's individualized plan and to provide bridge activities;
- Engage a third-party consultant to conduct a targeted needs assessment and scan focused on services for children with special needs. This includes an assessment of program effectiveness, service gaps and duplications, funding mechanisms, potential expansion of services for "at risk infants and toddlers," including potential budget implications, and to develop recommendations to streamline and strengthen services/supports for children with special needs;
- Invest in an online application structure to increase participation in the Family Outcomes Survey; and
- Promote infant and toddler mental health professional development and coordination by hosting a summit of partners to determine shared policies and initiatives to identify and address the social emotional needs of infants and toddlers.

Eligibility: States have flexibility within the federal regulations to set their own qualifying criteria for service eligibility. Currently, Montana determines eligibility for: 1) children that have significant developmental delays or disabilities; or 2) children that have been diagnosed with an established condition *associated* with significant delays in development. For example, a child with Autism Spectrum Disorder can receive services that support communication, potentially decreasing delays associated with lack of ability to communicate.

Performance Metric:

- Number of children served in summer transition services;
- By December 2022, complete a Needs Assessment and Strategic Action Plan, to include a definition of "at risk" infants and toddlers;
- By January 2024, increase the number of Child Find events by 25 percent; and
- Increase the completion rate of the Family Outcome Survey by 30 percent.

Recommendation: Allocate \$1,218,273 to Montana Milestones/Part C for increased Child Find events and outreach, summer bridge activities for three-year-olds, increased Family Outcomes Survey participation, support for infant and toddler mental health professional development, and to conduct an assessment with recommendations addressing how best to serve children with special needs.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: July 26, 2021
SUBJECT: American Rescue Plan Act (ARPA) Child Abuse Prevention and Treatment Act (CAPTA) Funding

Overview: The American Rescue Plan Act (ARPA) allocated a supplemental grant to the Child Abuse Prevention and Treatment Act (CAPTA). This additional funding provides an opportunity to invest in promoting the safety and well-being of children and families.

Allocation Request and Deadlines: Montana has been allocated \$310,026 in supplemental CAPTA funds. These funds must be obligated by September 30, 2025, and liquidated by December 30, 2025.

Structure: These supplemental funds may be used to improve the child protective services system in a variety of ways, including focusing on interagency collaboration and community-based partnerships to support families and ensure the safety of children.

CFSD proposes the following collaboration with the Montana Department of Justice, Special Services Bureau, and the Children’s Alliance of Montana to expand and enhance Multidisciplinary Teams (MDT) and Children’s Advocacy Centers (CAC) across Montana. Due to the complex nature of child abuse and neglect investigations and family assessments, MDTs are utilized to enhance and improve investigations and responses for children and families. MDT membership represents a variety of disciplines that interact and coordinate their efforts to diagnose, treat, and assist families. CACs are safe, confidential, child-centered environments where families have the benefits of comprehensive services including forensic interviews, medical care, counseling, case management, and advocacy. At a CAC, a child can tell a trained interviewer who knows the right neutral questions to ask what—if anything—happened.

This proposed work will be accomplished through:

- Strategic and increased outreach to counties that do not currently have MDTs and are interested in launching an MDT. Currently, at least 30 counties have no MDT;
- Training and support provided to new and existing MDT and CACs;
- Technical assistance and other supports to create new, accredited CACs;
- New local child fatality review processes to improve and standardize the performance of all system partners;
- Expanded safety science methods to MDTs and CACs; and
- Increased Forensic Interview Trainings.

Eligibility: N/A

Performance Metrics:

- Increase the number of counties with MDT by 20 percent;
- Increase number of accredited CACs by 10 percent;
- Facilitate three Forensic Interview Trainings in state fiscal years 2022 and 2023; and
- Increase the number of counties sending law enforcement, prosecutors, medical providers, and victim advocates to Forensic Interview Training.

Recommendation: Allocate \$310,026 in CAPTA funds to expand and enhance Multidisciplinary Teams (MDT) and Children's Advocacy Centers (CAC) in Montana, provide training and technical support to existing MDT and CACs, expand safety science methods to MDTs and CACs, and increase forensic interview trainings.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: July 26, 2021
SUBJECT: Disease Intervention Specialists (DIS) Funding

Overview: This Centers for Disease Control and Prevention (CDC) supplemental grant is designed to employ, train, and educate Disease Intervention Specialists (DIS) at the state and/or local level to ensure a response-ready workforce to COVID-19 and other infectious diseases. DIS positions are critical in responding to and mitigating the spread of COVID-19 and other infectious diseases. Many local health departments have difficulty recruiting, funding, and sustaining qualified DIS staff.

Rates of many sexually transmitted diseases have increased in Montana over the last decade, including gonorrhea. Some untreated sexually transmitted diseases, including chlamydia and gonorrhea, can cause infertility and long-term health effects. DIS personnel perform an important function on the ground investigating disease spread and connecting patients to care for communicable diseases, including syphilis, gonorrhea, and chlamydia; the investigation and care navigation process is similar in other disease outbreaks such as COVID-19. DIS personnel conduct disease investigation, contact tracing, and assist in notifying potentially infected individuals linked to a case. They also help connect these individuals to medical care, which assists both with preventing further adverse health outcomes and spread of disease in the community.

Allocation Request and Deadlines: Montana was allocated \$1,000,000 per year for five years in supplemental funding to the existing grant, “Strengthening STD Prevention and Control for Health Departments.” DPHHS received a notice of grant award on June 21, 2021, for the first year of this period. The final workplan for this supplemental funding is due to the CDC on or before August 19, 2021.

Structure: The focus of this funding is to build the DIS workforce to strengthen the capacity of local health personnel to respond to infectious disease more effectively. CDC requires public health agencies to use this funding to hire personnel to address projected jurisdictional COVID-19 response needs over the performance period, including hiring personnel to build capacity to address public health priorities deriving from COVID-19 and other infectious diseases.

Funds will be distributed to local and tribal health jurisdictions most in need of additional DIS staff pursuant to an application and evaluation of need outlined in greater detail below. Awards will be based on the cost of hiring DIS staff and will be awarded to an estimated seven jurisdictions at approximately \$100,000 per local jurisdiction.

The remainder of the grant funds will be used for ongoing training costs and grant management in the Montana Sexually Transmitted Diseases (STD) Program. The STD program requests one temporary FTE to ensure the grant guidelines are met, to provide technical assistance to local

DIS personnel, and to oversee and conduct training for the expanded workforce. Current STD Program staff are each assigned to existing grants with narrowly prescribed focuses, precluding them from working on efforts related to this supplemental funding.

Training for an expanded DIS workforce and specialized training for the existing DIS workforce will have long-term positive impacts on Montana communities, ensuring local public health staff have the skills and up-to-date expertise needed to respond to any infectious disease event. While this funding is currently allocated for five years, the National Coalition of STD Directors is advocating for ongoing funding and is optimistic the funding will continue long-term. DPHHS will ensure grant recipients understand the temporary nature of the current funding under these supplemental grant funds.

The Montana STD Program will partner and provide specific funding to local and tribal health jurisdictions to help fulfill grant activities. Allowable grant activities include:

- Enumerate current staffing, identify programmatic strengths and gaps, and prioritize DIS hiring needs and goals, with a focus on frontline public health staff to respond to incident infections and outbreaks;
- Address community resilience needs to respond effectively to the COVID-19 pandemic and other infectious diseases, including support of vaccine implementation;
- Make subawards or contracts to Tribal and local entities to expand, train, and sustain a response-ready DIS workforce;
- Demonstrate a focus on diversity, health equity, and inclusion by delineating goals for hiring and training a diverse workforce across all levels who are representative of, and have language competence for, the local communities they serve;
- Training and education for new and existing staff on topics, including but not limited to: disease intervention, including disease investigation (case investigation and contact tracing), linkage to prevention and treatment, case management and oversight, outbreak response, improving health equity and working with underserved populations at highest-risk for COVID-19, cultural competency, informatics or data management, or other identified needs; and
- Develop, train, and equip staff to be ready to respond to COVID-19 and incident infections and outbreaks.

Eligibility: Applications for these funds, as described below, will available to all local and tribal health jurisdictions.

Application and Verification: Local and tribal health jurisdictions will be invited to apply for DIS position funding. DPHHS will make clear that the funding under this supplemental grant is limited to five years. Applications will contain a combination of the below criteria, which will then be evaluated for need, priority, and capacity:

- Prevalence of STDs in jurisdiction;
- Prevalence of cases who were not interviewed for partners, risks, and pregnancy status;
- How this funding would improve these interview numbers;

- How grantees would support other counties' DIS in their assigned region;
- How grantees would recruit and train for the position; and
- How grantees would demonstrate a focus on diversity, health equity, and inclusion (grant required).

Performance Metric: The Montana STD Program will work with the CDC to develop a comprehensive evaluation plan to assess and measure progress toward intended workforce development outcomes within the first six months of the award, anchored in baseline data collected as part of the supplemental grant activities. CDC will work with recipients to create evaluation plans that include local process and outcome metrics related to staffing, hiring, and training, as well as disease intervention measures and outcomes related to COVID-19 and other infectious disease responses. Recipients must report these data for all staff, including those hired by sub-recipients.

Recommendation: Allocate \$1,000,000 per year for five years in supplemental STD funding to support the hiring, training, and technical assistance of Disease Intervention Specialists (DIS) to address priority areas of Montana in need of additional DIS personnel to combat and prevent communicable disease, including COVID-19.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: July 26, 2021
SUBJECT: ELC Reopening Schools: Support for Screening and Testing to Reopen and Keep Schools Operating Safely (**Proposal Part 2**)

Overview: On June 3, 2021, the Health Advisory Commission recommended Governor Greg Gianforte approve an allocation of \$32,191,069 to support COVID-19 screening and testing to reopen schools and ensure their safe operation pursuant to the Epidemiology and Laboratory Capacity (ELC) Reopening Schools grant. The Commission further recommended that expenditures shall not exceed ten percent of that amount without further recommendation by the Commission. Governor Gianforte approved this recommendation without changes on June 10, 2021.

The Montana Department of Public Health and Human Services (DPHHS) requests that the Commission recommend allocation of 50 percent of the remaining grant funds—\$14,485,981—to ensure school districts and private schools can apply for and receive these funds in a timely manner in anticipation of the upcoming school year. The Department requests that these funds be recommended for use **on an as-needed basis** across the state during the project period of performance from August 1, 2021 to July 31, 2022.

To summarize, these funds provide 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: In total, Montana has been allocated \$32,191,069 for this purpose through supplemental funding from our CDC Epidemiology and Laboratory Capacity (ELC) cooperative agreement. The grant budget and preliminary workplan were due April 21, 2021, and federal reporting began April 19, 2021. The final budget was submitted to the U.S. Centers for Disease Control and Prevention (CDC) on June 8, 2021. The project period end date coincides with the end of Budget Period 3 (BP3) (i.e., August 1, 2021 to July 31, 2022) of the existing ELC Cooperative Agreement.

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

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

This award has three required, overarching activities that are designed to meet the immediate needs to safely reopen schools and keep schools operating safely. The activities outlined in detail below and prescriptive funding allocations above are mandatory. The three required activities are:

1. Rapid deployment of screening and testing resources;
 - a. Provide support and supplies to school districts and private schools so that they can implement testing, beginning with the 2021-2022 school year.
2. Development of K-12 screening and testing implementation plan; and
 - a. Develop a plan and recommendations for 2021-2022 school year incorporating lessons learned from implementing the rapid deployment of screening and testing resources in schools. DPHHS is utilizing a survey of schools to obtain feedback and lessons learned to inform this plan and recommendations.
3. Implementation of the screening and testing plan
 - a. Utilize the plan to strategically implement school testing in the 2021-2022 school year.

Currently, 54 schools in Montana, urban and rural, have received rapid COVID-19 antigen tests. Most of these schools have begun testing and reporting for their staff and some students using existing resources, further outlined below. Several positive cases have been identified, and through rapid detection, swift isolation, and contact tracing, it was possible to minimize further transmission in those settings. DPHHS initially used Coronavirus Aid, Relief, and Economic Security (CARES) Act funds to purchase rapid antigen tests for this purpose. DPHHS developed guidance and has onboarded the schools through online registration, including training videos and technical assistance. Schools then ordered their own testing supplies from DPHHS as need arose. DPHHS will update the guidance document for schools to incorporate key points from the lessons learned survey and outreach to additional schools. The existing processes and mechanisms described above will be utilized moving into the coming months and new school year.

DPHHS will work with any public and private schools, including summer camps, to provide rapid testing supplies, training, and services. DPHHS is currently collaborating with schools and their local health departments to support COVID-19 screening and testing. This additional funding will allow DPHHS to expand our collaboration with more school districts and private schools. As mentioned at the June 3, 2021, Health Advisory Commission meeting, activity #2 was initiated to determine screening and testing strategies for the upcoming school year. DPHHS, in consultation with the Office of Public Instruction (OPI), will contact school districts and private schools, improve reporting mechanisms, and provide ongoing support to participants in the existing K-12 testing program. DPHHS has issued a survey to school partners to gauge interest in this activity and provide information about this opportunity.

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: In August, 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 utilize OPI school listings to verify K-12 eligibility and other school-affiliated or extracurricular programs as they register.

Performance Metric: Pursuant to federal requirements, DPHHS must provide a list of all school districts and private 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 were required weekly until the 2020-2021 school year ended in June and will resume when school commences for the 2021-2022 school year:

- Number of tests conducted by each school district and private 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: Allocate \$14,485,981, which is 50 percent of the remaining, unallocated supplemental grant, to support COVID-19 screening and testing to reopen schools and ensure their safe operation. DPHHS shall issue disbursements on an as-needed basis to ensure enrolled school districts and private schools can access funds in a timely manner in preparation for the 2021-2022 school year.

Memorandum



TO: Health Advisory Commission
FROM: Adam Meier, Director, DPHHS
DATE: July 26, 2021
SUBJECT: Supplemental Nutrition Assistance Program (SNAP) Administration funds for FY 2022 and FY 2023

Overview: Montana serves approximately 50,136 families per month in the Supplemental Nutrition Assistance Program (SNAP). The American Rescue Plan Act (ARPA) allocates additional SNAP administration funds to states for operation and improvement of SNAP programs. States will receive supplemental SNAP administration funds for each of fiscal years (FY) 2021, 2022, and 2023. The Health Advisory Commission previously accepted the department's recommended use of funds for FY 2021. This memo provides recommendations to use the SNAP administrative funds for FY 2022 and FY 2023.

The U.S. Department of Agriculture's Food and Nutrition Service (FNS) requires state agencies to have a SNAP Employment & Training (E&T) program to assist eligible SNAP household members to gain skills, training, and work experience. This program increases participants' abilities to obtain regular employment and earnings, leading to self-sufficiency. Due to current funding and logistical limitations, Montana only offers SNAP E&T to eligible SNAP clients residing in Missoula, Yellowstone, and Lewis and Clark counties. As a result, many Montanans outside of these areas who would benefit from these services are currently not able to participate. In line with Gianforte Administration priorities, the department proposes to use FY 2022 and 2023 SNAP administrative funds to expand SNAP E&T across the state and to develop the infrastructure for long-term sustainability.

Allocation Request and Deadlines: Montana will receive \$817,097.82 annually for FY 2022 and 2023 for a total of \$1,634,195.64 in SNAP administration funds. The department recommends that these funds are used to strategically expand the SNAP E&T program, as outlined further below. Montana can sustain the expansion of the program after FY 2023 with annual SNAP E&T federal funding and private funding. The state must submit its plan for the FFY 2022 to FNS by August 15, 2021, and the FFY 2023 plan to FNS by August 15, 2022.

Structure: Annually, Montana receives approximately \$281,952 in 100 percent federal funds and \$145,000 in 50 percent federal reimbursement funds (matched with state general funds). While the 100 percent federal funds are limited, additional 50 percent federal reimbursement funds may be requested from FNS at any time with the expectation that it will be approved (this is known as the SNAP 50/50 program). The limited amount of 100 percent federal funds and an inadequate infrastructure to secure 50/50 matching funds from private entities have previously restricted SNAP E&T services to three counties.

The department will expand the SNAP E&T program across the state with the following initiatives:

1. Contract with a SNAP E&T intermediary that will:
 - Leverage their established role, partnerships, and expertise to establish a network of SNAP E&T contractors within newly designated Montana counties; and
 - Carry out required and essential administrative tasks under the guidance of the state SNAP E&T Coordinators
 - Montana remains responsible for the SNAP E&T program and will monitor and work directly with the intermediary to ensure all rules are followed;

- Establish partnerships with community-based organizations, institutions, and non-profit organizations that are already providing funding to supporting E&T activities. This funding can be used to leverage additional SNAP 50/50 funds; and
 - Provide flexibility and expertise that may not be available within the state SNAP agency and state government.
2. Implement a transition plan for SNAP E&T contractors that allows the department to expand the program beyond FY 2022 and FY 2023 in a sustainable way:
 - SNAP E&T contractors will move from receiving a combination of funds (100 percent federal, ARPA, and 50 percent federal reimbursement) to receiving only increased 50 percent federal reimbursement funds over a period of two to five years;
 - Transitioning contractors to using only 50 percent federal reimbursement funds will free up the limited 100% federal funds, which will be reallocated to new counties each year and support the continued expansion of the SNAP E&T program;
 - Through this approach, the department projects there will be SNAP E&T programs in all 56 Montana counties by FY 2027.
 - When considering the expansion plan for FY 2022 and FY 2023, the department anticipates this could provide services to an average of 2,500 clients per year (an 87 percent increase over the current service population), having a lasting impact on more individuals' career prospects.
 3. Establish better coordination between the SNAP E&T program, other workforce programs, and private entities. This initiative will be led by a new Chief Employment and Training Officer (CETO). The CETO will:
 - Assist in the COVID economic recovery by helping coordinate various funds, programs, and initiatives focused on getting people back into the workforce in a post-COVID market;
 - Help stand up and grow the SNAP 50/50 program by working with the contract intermediary, employers, non-profits, education entities, and state agencies to expand access to non-federal match;
 - Coordinate the various E & T programs across DPHHS from an enterprise level;
 - Work with Departments of Labor, Commerce, and Corrections to coordinate employment and training funding, services and resources, create E&T pipelines for high demand fields, and ensure warm handoffs occur from eligibility programs (SNAP, Temporary Assistance for Needy Families (TANF), Medicaid) to E&T Services; and
 - Bring employment and training into the conversation and planning in Health and Human Services programs (i.e., substance abuse recovery and prevention).
 4. Focus on providing training in high demand sectors including healthcare, hospitality, tourism, and manufacturing/construction.
 5. Promote SNAP E&T services to all SNAP adults. Currently, due to the limited funds available, able-bodied adults without dependents (ABAWDs) are prioritized for E&T services. The proposed expansion will allow the SNAP E&T program to provide non-ABAWD participants the necessary skills or training to become gainfully employed.

Other states including Washington, Oregon, and Georgia have taken similar SNAP E&T expansion approaches with great success. For example, over a three-year period (2017-2019), Georgia was able to expand their SNAP E&T program to all counties within their state. By 2019, 25,719 Georgians gained employment as a result of program expansion with an average wage of \$11.50 per hour and an 85 percent employment success rate.

This plan is complementary to other ARPA-related workforce initiatives and general workforce initiatives being proposed by multiple state agencies:

1. **Collaboration with the Department of Labor and Industry (DLI) and other agencies:** As outlined above in item #3, one of the pillars of the SNAP E&T expansion is better coordination with DLI and other workforce agencies. This collaboration will prevent duplication of services, and result in efficiencies in staffing as well as potential reduction in redundant IT systems by leveraging enterprise systems across programs.
2. **Rapid retraining:** HB 632 includes a separate allocation for Rapid Retraining in Section 12(2). This program will be presented to the Economic Transition, Stabilization and Workforce Development Commission at a later date by DLI. To ensure some of those funds can be spent immediately to help retrain Montanans, a portion of funds will be allocated to existing workforce contractors, including SNAP and TANF E&T providers. Those funds are complementary to this proposal, but do serve a separate purpose. This proposal focuses on expanding the SNAP E&T to new areas of the state which will allow the program to serve SNAP households statewide and to build the infrastructure to make this expansion sustainable. In contrast, the rapid retraining funds will be used to immediately provide services to Montanans through short-term training programs focused on job sectors with the highest needs.

Eligibility: Households with gross monthly income (GMI) cannot exceed 200 percent of the federal poverty level (FPL), and after allowable deductions (rent, utilities, child care), net monthly income (NMI) cannot exceed 100 percent of FPL. Anyone who receives SNAP is eligible for SNAP E&T services.

Application and Verification: SNAP eligibility is determined by the Office of Public Assistance.

Performance Metrics:

- Montana onboards a SNAP E&T intermediary by April 1, 2022;
- Montana provides SNAP E&T service in at least the 13 most populous counties by the end of SFY 2023;
- Montana provides SNAP E&T services in all counties no later than the end of SFY 2027;
- Montana secures \$2,000,000 in ongoing annual 50/50 funding to continue the expansion beyond SFY 2023;
- Montana provides SNAP E&T services to at least 2,500 individuals in SFY 2023;
- Montana shows an increased number of SNAP E&T participants served compared to previous year (beginning in SFY 2022 and each year thereafter);
- Montana shows an increased number of SNAP E&T participants working in higher than minimum wage jobs; and
- Montana shows a reduction in SNAP eligible households due to increased self-sufficiency compared to previous year (beginning in SFY 2022 and each year thereafter).

Recommendation: Allocate \$1,634,195.64 in SNAP administration funds. These funds will enable the department to expand the SNAP Employment and Training program across the state to assist members of SNAP households to gain skills, training, or work experience necessary to increase their ability to obtain regular employment and earnings that lead to self-sufficiency. The program expansion will be built on a framework that will lead to sustained expansion of the program into the future without reliance on state funds.