

Program Legislative Budget

The following table summarizes the proposed budget for this program by year, type of expenditure, and source of funding.

Program Legislative Budget								
Budget Item	Base Budget Fiscal 2006	PL Base Adjustment Fiscal 2008	New Proposals Fiscal 2008	Total Leg. Budget Fiscal 2008	PL Base Adjustment Fiscal 2009	New Proposals Fiscal 2009	Total Leg. Budget Fiscal 2009	Total Leg. Budget Fiscal 08-09
FTE	176.01	0.00	8.00	184.01	0.00	8.00	184.01	184.01
Personal Services	7,959,560	1,408,699	429,703	9,797,962	1,441,404	431,798	9,832,762	19,630,724
Operating Expenses	13,328,288	37,328	1,821,277	15,186,893	67,747	1,529,494	14,925,529	30,112,422
Equipment	248,562	0	145,000	393,562	0	145,000	393,562	787,124
Grants	18,938,279	1,653,925	3,718,275	24,310,479	1,653,925	3,664,623	24,256,827	48,567,306
Benefits & Claims	12,090,717	(242,559)	639,138	12,487,296	(242,559)	808,004	12,656,162	25,143,458
Debt Service	0	0	0	0	0	0	0	0
Total Costs	\$52,565,406	\$2,857,393	\$6,753,393	\$62,176,192	\$2,920,517	\$6,578,919	\$62,064,842	\$124,241,034
General Fund	2,046,941	91,106	1,096,523	3,234,570	95,632	731,523	2,874,096	6,108,666
State/Other Special	11,123,452	122,458	5,147,790	16,393,700	139,793	5,338,004	16,601,249	32,994,949
Federal Special	39,395,013	2,643,829	509,080	42,547,922	2,685,092	509,392	42,589,497	85,137,419
Total Funds	\$52,565,406	\$2,857,393	\$6,753,393	\$62,176,192	\$2,920,517	\$6,578,919	\$62,064,842	\$124,241,034

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Legislative Budget Analysis, B-79

Funding

PHSD is funded by a combination of general fund, state special revenue, and federal funds. General fund supports about four percent of the budget. State special revenue is 24 percent of 2009 budget request and federal revenue makes up 72 percent of the division's budget request.

General fund supports the MIAMI program (\$700,000 annually), public health laboratory, AIDS prevention and control, food and consumer safety, tumor registry, communicable disease, and division administration functions.

State special revenue increases from 20 percent of the FY 2006 base budget to 27 percent in the 2009 biennium. Major state special revenue sources include:

- Tobacco settlement funds at \$11.2 million in both years of the biennium, a total increase of \$8.9 million
- Public and environmental laboratory service fees
- Fees paid to license restaurants and lodging facilities

There are almost 50 funding sources listed in the division funding table, including 2 federal block grants and more than 40 categorical grants that each have explicit programmatic and expenditure requirements. In most cases the purpose of the grant can be determined from its name.

The largest federal grant funds the WIC program, which accounts for \$13.1 million of the FY 2006 base budget and \$13.3 million and \$13.3 million of the FY 2008 and FY 2009 budget requests, respectively. Federal funds supporting emergency preparedness activities are the next significant federal grant funds source, accounting for 17 percent of the budgeted federal funds and increasing \$1.8 million each year for pandemic flu preparedness.

Two federal block grants account for about 5.3 percent of the PHSD 2009 biennium request for federal appropriation authority. They are the Maternal Child Health (MCH) block grant (\$2.2 million annually) and the Preventative Health block grant (\$0.8 million annually). These block grants support a variety of PHSD functions and are both allocated in consultation with division advisory councils. As a result, the allocation is usually some what different than anticipated in the budget request and without specific legislative restrictions, can also be different than the legislative appropriation.

Present Law Adjustments

The “Present Law Adjustments” table shows the primary changes to the proposed adjusted base budget. “Statewide Present Law” adjustments are standard categories of adjustments made to all agencies. Decisions on these items were applied globally to all agencies, unless otherwise noted. The other numbered adjustments in the table correspond to the narrative descriptions.

Present Law Adjustments										
-----Fiscal 2008-----					-----Fiscal 2009-----					
FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds	
Personal Services				1,799,036					1,833,112	
Vacancy Savings				(390,337)					(391,708)	
Inflation/Deflation				14,762					16,732	
Fixed Costs				91,022					118,698	
Total Statewide Present Law Adjustments				\$1,514,483					\$1,576,834	
DP 6015 - State Motor Pool Rate Change	0.00	(119)	(154)	(695)	(968)	0.00	(77)	(151)	(770)	(998)
DP 70015 - Public Health Emergency Preparedness	0.00	0	0	1,800,000	1,800,000	0.00	0	0	1,800,000	1,800,000
DP 70018 - BRFSS Spending Authority Increase	0.00	0	0	40,000	40,000	0.00	0	0	40,000	40,000
DP 70021 - Montana Comprehensive Cancer Control Program MCCCCP	0.00	0	0	112,000	112,000	0.00	0	0	112,000	112,000
DP 70023 - BRFSS-02 Fee Account Continued Spending Authority	0.00	0	65,000	0	65,000	0.00	0	65,000	0	65,000
DP 70101 - Reduce Budget for Environmental Pub Hlth Tracking	0.00	0	0	(430,563)	(430,563)	0.00	0	0	(429,760)	(429,760)
DP 70104 - Reduce Base Level Funding For Genetics Program	0.00	0	(242,559)	0	(242,559)	0.00	0	(242,559)	0	(242,559)
Total Other Present Law Adjustments	0.00	(\$119)	(\$177,713)	\$1,520,742	\$1,342,910	0.00	(\$77)	(\$177,710)	\$1,521,470	\$1,343,683
Grand Total All Present Law Adjustments				\$2,857,393					\$2,920,517	

DP 6015 - State Motor Pool Rate Change - The funding for vehicle rentals and leases from the State Motor Pool were reduced from the level requested by the Governor.

DP 70015 - Public Health Emergency Preparedness - The bill includes \$1.8 million per year of biennium for federal spending authority for Montana to prepare for and respond to a pandemic flu event.

The following information is provided so that the legislature can consider various performance management principles when examining this proposal. It is as submitted by the agency, with editing by LFD staff as necessary for brevity and/or clarity.

Justification: The U.S. Centers for Disease Control and Prevention (CDC) provides funding to assist state and local agencies prepare for an influenza pandemic. Funding is allocated to each state on a population based formula and requires state and local jurisdictions to complete assessments intended to measure local response capabilities, and develop and exercise a variety of response plans to ensure a coordinated response to an influenza pandemic.

Goals: To ensure a coordinated effort among state and local response agencies to ensure that systems are in place to protect the public health in the event of a pandemic influenza outbreak.

Performance Criteria: During the contract period DPHHS will have received and evaluated progress reports and work plans from 58 jurisdictions (51 county health and 7 tribal) receiving funding for pandemic influenza planning efforts. State and local contractors will conduct drills and exercises to ensure that information is available for prescribed performance measures by CDC. Contractors will plan drills and exercises that stress their routine and urgent response systems to ensure that they are building capacity for larger events.

Milestones: Each year of the biennium the division will provide specific guidance for pandemic influenza preparedness to local and tribal agencies. Agencies will submit work plans and, in some cases, refined response plans. The State of Montana has data systems in place to accurately capture required information and report requested information to the CDC.

FTE: No additional FTE are requested. Existing DPHHS staff will monitor the program.

Funding: 100 percent Federal funding

Obstacles: Demand on local agencies related to emergency preparedness and pandemic influenza are increasing and smaller jurisdictions may have trouble developing adequate plans. DPHHS and partners agencies will continue to assist as needed to help ensure each area develops reasonable emergency response plans.

Risk: Failure to develop and exercise plans supported through this funding would increase the likelihood of illnesses and deaths in the event of an influenza pandemic.

DP 70018 - BRFSS Spending Authority Increase - This bill increases federal authority \$40,000 for each year of biennium for the behavioral risk factor surveillance system (BRFSS). This authority is being requested to balance the base with the expected grant award. Increased funding includes: increased costs of administering the survey with a contracted survey company, increased sample size of Montana adults (6,000) to allow for meaningful subpopulation/regional analyses, and an over-sampling of Montana's Native American population in order to understand high-risk populations and the relationship between behaviors and health outcomes.

DP 70021 - Montana Comprehensive Cancer Control Program MCCCCP - This bill includes an increase in federal authority of \$112,000 for each year of biennium for MCCCCP. This authority is being requested to bring the base in line with the grant award.

DP 70023 - BRFSS-02 Fee Account Continued Spending Authority - This bill provides \$65,000 in state special revenue for each year of the biennium for the BRFSS fee account. When a program requests the addition of new items to the BRFSS survey, fees are collected to help support some of the state effort for the collaborative agreement with CDC/BSB. As a collaborative agreement, the BRFSS data users who request items be placed on the annual on-going survey are expected to help pay for such services through their own program funds.

DP 70101 - Reduce Budget for Environmental Pub Hlth Tracking - This bill includes a reduction in federal authority to the base budget of \$430,463 for each year of the biennium for an environmental public health tracking grant. Montana was not granted funds for the implementation phase of the program and the program will not continue.

DP 70104 - Reduce Base Level Funding For Genetics Program - This bill includes a reduction in the base level expenditure spending authority because the fee on insurance premiums to support the Montana Genetics Program will revert back to \$0.70 effective July 1, 2007. The fee was \$1.00 during the 2007 biennium and will be \$0.70 under current law.

New Proposals

New Proposals	-----Fiscal 2008-----					-----Fiscal 2009-----						
	Program	FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds	
DP 70002 - Ongoing Lab Equipment Replace & Maintenance OTO	07	0.00	45,000	100,000		0	145,000	0.00	45,000	100,000	0	145,000
DP 70003 - WIC IT System Maintenance (BIEN - OTO)	07	0.00	290,000		0	0	290,000	0.00	0	0	0	0
DP 70005 - Newborn Screening Follow-Up Program (Requires Legislation)	07	0.00	0	129,522		0	129,522	0.00	0	290,000	0	290,000
DP 70007 - HIV Treatment Funding Request	07	0.00	150,000		0	0	150,000	0.00	150,000	0	0	150,000
DP 70013 - Food Emergency Response Network Grant	07	0.00	0		0	50,000	50,000	0.00	0	0	50,000	50,000
DP 70014 - Youth Suicide Prevention Program	07	0.00	0		0	400,000	400,000	0.00	0	0	400,000	400,000
DP 70016 - FCSS Spending Authority for Pool Inspections (Requires Legislation)	07	0.00	0	60,000		0	60,000	0.00	0	60,000	0	60,000
DP 70017 - FTE Request for MT Breast & Cervical Health Prg	07	1.00	0		0	59,080	59,080	1.00	0	0	59,392	59,392
DP 70023 - Family Planning Services (Restricted/OTO)	07	0.00	536,523		0	0	536,523	0.00	536,523	0	0	536,523
DP 70024 - Genetics Program Funding	07	0.00	0	279,616		0	279,616	0.00	0	288,004	0	288,004
DP 70103 - Tobacco Trust Fund Sup for Pblc Hlth Home Visits	07	0.00	0	178,652		0	178,652	0.00	0	200,000	0	200,000
DP 70105 - Rural Public Health Development Project	07	0.00	75,000		0	0	75,000	0.00	0	0	0	0
DP 70106 - Tobacco Prevention Activities	07	2.00	0	1,700,000		0	1,700,000	2.00	0	1,700,000	0	1,700,000
DP 70109 - Chronic Disease Programs	07	5.00	0	2,700,000		0	2,700,000	5.00	0	2,700,000	0	2,700,000
Total		8.00	\$1,096,523	\$5,147,790	\$509,080	\$6,753,393	\$6,753,393	8.00	\$731,523	\$5,338,004	\$509,392	\$6,578,919

DP 70002 - Ongoing Lab Equipment Replace & Maintenance (OTO) - This bill provides an increase of \$45,000 in general fund and \$100,000 in state special revenue for each year of the biennium to support state laboratory infrastructure. This infrastructure support is for equipment and instrument replacement and maintenance in the DPHHS Laboratory Services Bureau along with support for supplies and training for specialized testing.

The equipment that needs replacement in the next biennium includes:

- o Total organic carbon analyzer \$25,000
- o Alkalinity/PH/conductivity system \$35,000
- o Inductively coupled plasma spectrophotometer for measuring metals in water \$120,000
- o Flow injection autoanalyzer for measuring anions in water \$45,000
- o Analytical microbalance for air monitoring \$20,000
- o Smaller instruments such as a muffle furnace, a water bath, 2 incubators, a mechanical convection oven, an analytical balance, 6 computer work stations, and a laboratory refrigerator \$45,000
- o Automated serology analyzer to detect antibodies to infectious diseases is needed to modernize testing procedures \$60,000

DP 70003 - WIC IT System Maintenance (BIEN/OTO) - This bill provides \$290,000 of general fund to sustain the current WIC IT system until a USDA state agency model (SAM) is available to DPHHS. Estimated availability of the federal system is FY 2009 at the earliest, with roll out to states by FY 2010. This computerized system is used to maintain documentation on eligibility and reporting requirements, and to issue food instruments, which serve as currency for participants to obtain supplemental foods.

The following information is provided so that the legislature can consider various performance management principles when examining this proposal. It is as submitted by the agency, with editing by LFD staff as necessary for brevity and/or clarity.

Justification: To sustain current system until a USDA state agency model acceptable to DPHHS is available and to make the current system more compatible with modern hardware and software. The extraction of information outside of preset definitions is cumbersome and requires the time and expertise of the programmers.

Goal: The goal of this request is for the WIC program to continue to use their existing statewide computer networked program until a new federal system can be acquired in FY 2009 or FY 2010.

Performance Criteria:

- Computer Programmer – a contract position to work on the WIC computer program to make adjustments and upgrades
- Planning contractor – to assist the WIC Program in planning and applying for a new WIC computer system.

Milestones:

- To keep the state office and the ninety-nine local clinics computer program running until a new system can be acquired.
- Complete and receive approval of the WIC Information System Planning Advance Planning Document by May 2008.

FTE: No additional FTE are requested. Existing DPHHS staff will monitor the program.

Funding: 100 percent general fund. Federal funds for database changes are not available as these resources are currently being used to develop the new federal SAM.

Obstacles:

- Current system is twelve years old and written in computer languages that are no longer used.
- Staffing – it is difficult to hire programmers who can work on the current system because of the outdated programming language.
- Currently there is not enough staff time to maintain system and revise programming.
- Current system does not collect/report required data for the program, including racial/ethnic data.
- Current system is not able to produce reports needed for the WIC Program and for other special requests that are made.

Risk:

- Loss of benefits to participants should the system fail.
- Loss of accountability for participant data and reporting to USDA.
- Loss of accountability for food benefits issued and redeemed which is approximately \$1,000,000 per month. This includes the data retained in the system, submitted to the financial institution and USDA. Jeopardizing our USDA grant with the possibility of the State having to assume the responsibility for outstanding liabilities.

DP 70005 - Newborn Screening Follow-Up Program (Requires Legislation) - The legislature approved \$145,000 in FY 2008 and \$290,000 in FY 2009 in state special revenue, derived from tobacco trust fund interest to support a comprehensive newborn screening follow-up program. The division will expand the current panel of tests conducted at birth from 4 to 29. This program would provide clinical diagnostic and support services for families and primary care providers of babies identified with an abnormal condition from the expanded panel of newborn screening tests.

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Justification: The Maternal and Child Health Bureau of the federal Department of Health and Human Services recommends national adoption of a mandatory panel of 29 tests in order to ensure that all babies born in the United States have equal access to the same screenings. Implementation of these national standards in Montana would require the addition of 24 tests currently available on an optional basis and mandatory hearing screening for all babies born in Montana. This expansion will require expanding newborn services available to the families and physicians of the babies who are screened and diagnosed as positive for the conditions tested.

Goal: Assure the availability of clinical diagnostic and support services for babies identified with an abnormal condition from the expanded panel of newborn screening tests.

Performance Criteria

- o Beginning in FY 2008, expand the newborn screening mandatory panel to 28 tests and hearing screening through department rule
- o Beginning in FY 2008, contract for clinic consultation and family consultation for conditions identified from expanded panel of tests

Milestones

- o By June 30, 2008, ensure that all babies born in Montana receive the full panel of mandatory tests for inborn errors of metabolism and other conditions detected by blood sample testing
- o By June 30, 2008 ensure that all babies born in Montana with conditions identified through the mandatory expanded panel of tests have access to appropriate clinical and family consultation services

FTE: No additional FTE are included in this request. Follow up program services would be contracted via RFP.

Funding: 100 percent tobacco trust fund interest funds. Allocated as follows using contracted services:

Item	Tests	Costs
Metabolic specialist (MD)	Clinic consultation	\$100,000
Nutritionist 0.5 FTE @ \$75,000/FTE)	Clinic and family consultation	\$37,500
Nurse Coordinator (0.5 FTE at \$70,000/FTE)	Clinic and family consultation	\$35,000
Family Support	Clinic and family consultation	\$30,000
Genetic Counseling (0.5 FTE)	Clinic and family consultation	\$37,500
Resources and training		\$50,000
TOTAL		\$290,000

Obstacles: Limited resources are available in-state for children with metabolic conditions. Implementation may require a request for proposal at a regional level.

Risk: Failure to implement the national standard for newborn screening for inborn errors of metabolism and other recommended conditions detected by blood sample testing will result in babies born with conditions remaining undetected unless the specific optional test is ordered by the baby’s physician.

DP 70007 - HIV Treatment Funding Request - This bill provides an increase of \$150,000 general fund for each year of the biennium for HIV treatment. As of October 2006, there were 22 individuals waiting to be enrolled into the Montana AIDS Drug Assistance Program (ADAP). Additional funds would allow the department to supply some of the individuals with HIV medications using the significant ADAP discount. Currently, general fund is to cover federal funding gaps and to meet a 1:4 state federal match. The current average cost for HIV medication through ADAP is

\$8,811 per person per year. The requested amount would create 16 additional ADAP slots and would sustain that increased enrollment for two years.

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Justification: ADAP medications are purchased using a federally-negotiated discount and cost even less than Medicaid-funded drugs. HIV treatment funds permit Montana to access supplemental federal funds by meeting a 1:4 state/federal match, and thus take full advantage of the cost-effective ADAP discount. Reduced federal funding over the last two years, combined with rising prescription costs and increased eligible clients, has led an ADAP waiting list of over 20 Montanans. Some have been waiting to be enrolled for as long as 18 months.

Goals:

- Reduce HIV morbidity and mortality by preventing progression to AIDS
- Reduce transmission risk by lowering viral load: a less infectious person lowers public health risk.
- Improve client health, quality of life, and productivity
- Decrease the need for expensive inpatient care

Performance Criteria:

1. Increase current combined amount of federal and state funding to allow a total enrollment of 87 persons
2. Decrease waiting list by 75 percent

Milestones:

- By December 2007, enroll 16 new persons onto ADAP
- Through June of 2008, maintain new enrollment level average of 87 ADAP clients per month

FTE: No additional FTE requested, existing DPHHS staff will monitor the program.

Funding: 100 percent general fund.

Obstacles: Since there is an established waiting list at this time the department will be able to provide service immediately to those in need with no known obstacle.

Risk: Continued under-funding could lead to an unmanageable waiting list number and possible serious health consequences. No patients have gone without medicines to date because of a process to get donated medicines. However, this process is burdensome, unpredictable, and dependent on providers outside of our control. For the HIV infected person to have a well controlled virus requires high adherence to a treatment regimen including a stable and reliable supply of medications. The waiting list puts some individuals at risk for not receiving a supply of medications.

DP 70013 - Food Emergency Response Network Grant - This bill provides an increase in federal authority of \$50,000 for each year of biennium for the Food Emergency Response Network (FERN) grant. This authority is to bring the base in line with the expected grant award. The Laboratory Services Bureau was funded by a federal grant from USDA in September 2005 to enhance capacity for the laboratory for Food Emergency Response Network (FERN). The grant funding is expected to continue through the 2009 biennium. The funding is for laboratory equipment and supplies related to testing foods for bacterial pathogens.

DP 70014 - Youth Suicide Prevention Program - This bill provides for \$400,000 in federal spending authority for each year of biennium to support youth suicide prevention efforts in Montana. This funding would be used specifically to lower the rate of suicide among youth and young adults in Montana, ages 10-24. This program provides resources to communities to support and promote youth suicide prevention efforts. Federal guidelines for the grant require 85 percent of funding be expended at the local level. In Montana, \$342,460 of the \$400,000 would be contracted to communities and

institutions of higher learning, including funding for the project evaluator through MSU, a public awareness campaign, and training of medical providers.

The following information is provided so that the legislature can consider various performance management principles when examining this proposal. It is as submitted by the agency, with editing by LFD staff as necessary for brevity and/or clarity.

Justification: Suicide is a major statewide public health problem in Montana. Montana has ranked in the top five states with the highest rates of suicide for the past 20 years. Suicide profoundly affects individuals, families, workplaces, neighborhoods, and societies. For each completed suicide, the lives of at least six other people are deeply impacted. The economic costs alone associated with suicide and self inflicted injuries in Montana are estimated at over \$103 million dollars (Children's Safety Network 2005).

Goal: Montana seeks to prevent both fatal and non-fatal suicidal behaviors among youth and young adults 10-24 years of age. The proposed approach builds on the foundation of prior statewide youth suicide prevention efforts to develop and implement youth suicide prevention and early intervention strategies, grounded in public and private collaboration.

Performance Criteria:

Objective #1 – Improve access to and availability of appropriate prevention services for vulnerable youth in at least six and no more than 15 communities, tribes, and institutions of higher learning projects

Objective #2 – Increase access to and community linkages with mental health and substance abuse service systems serving youth and young adults

Objective #3 – Implement activities for an ongoing public information and awareness campaign to promote awareness that suicide is a public health problem and it is preventable

Objective #4 – Establish a process that promotes effective clinical and professional practices, and oversees and supports suicide prevention activities at local and state levels

Milestones:

- Increase access to and community linkages with mental health and substance abuse service systems serving youth and young adults – Ongoing
- Formation of a statewide Task Force – Initial meeting January 2007 with quarterly meetings
- Public Information and Awareness – Ongoing
- Promotion of effective clinical and professional practices, and oversight and support of suicide prevention activities at local and state levels - Ongoing

FTE: No additional FTE is requested as existing DPHHS staff will monitor the program.

Funding: 100 percent federal funding

Obstacles:

- Lack of statewide coordination - Currently there is a lack of a statewide, strategic effort to link assets and build a stronger network of resources to address youth and young adult suicide as a major statewide public health priority. This grant funding will assist DPHHS in moving forward with the strategic effort
- Montana demographics and geography - Montana is a large frontier state with many isolated communities.
- Suicide risk factors - Montana has a high availability of lethal means, including firearms, that increase the potential lethality of impulsive suicidal behaviors
- Lack of mental health providers and treatment facilities

Risk: The suicide rate among youth in Montana will continue to be one of the highest in the nation without coordinated prevention efforts in Montana communities. The individuals and agencies that are currently addressing suicide often do so from their own unique perspective and to meet their own special needs. There needs to be a statewide, strategic effort to link these many assets together and to build a stronger network of resources to address suicide as a major statewide public health priority. This will not happen without this funding.

DP 70016 - FCSS Spending Authority for Pool Inspections (Requires Legislation) - This bill provides for \$60,000 in state special revenue spending authority for each year of the biennium to allow Food and Consumer Safety to recover costs associated with inspections performed by PHSD employees. Many health departments defer the inspection and implementation of pool and spa programs to PHSD and the division needs authority for the additional revenue to cover personnel costs associated with the maintenance of the program. Pending legislation to increase pool inspection fees and plan reviews is being used to compute anticipated authority request.

DP 70017 - FTE Request for MT Breast & Cervical Health Prg - This bill provides for 1.00 FTE and federal spending authority to convert the current modified position of Montana Breast and Cervical Health Program (MBCHP) health educator to a permanent position. This position provides direction, technical assistance, and training for local MBCHP contractors, programs serving Montana's American Indians, and the network of MBCHP medical service providers.

DP 70023 - Family Planning Services (Restricted/OTO) - This bill provides a restricted, one-time-only general fund appropriation to provide support for family planning services.

DP 70024 - Genetics Program Funding - This bill includes additional state special revenue of \$279,616 in FY 2008 and \$288,004 in FY 2009 to fund the genetics program. The funding is contingent on passage and approval of HB 278.

DP 70103 - Tobacco Trust Fund Sup for Pblc Hlth Home Visits - This bill provides for \$200,000 in Tobacco Trust Fund interest funds for each year of the biennium to support public health home visits (PHHV). Family and community health will use new PHHV funding for additional public health home visiting sites and to increase funding to existing PHHV sites in order to expand home visiting services by providing intensive case management to pregnant women who are at risk for using substances while pregnant. These services are currently provided under the MIAMI program.

The 2005 Legislature designated \$550,000 annually to target home visiting services for high-risk pregnant women and infants. Family and community health contracts with 14 counties and two tribal nations to provide home visiting/community based services for high-risk pregnant women and infants. The objectives of the program are to:

- Improve pregnancy outcomes in service areas.
- Improve family functioning in target populations served
- Monitor and improve the home environment of pregnant women and infants in the target population, considering environmental, economic, psychosocial, and medical risks
- Decrease the incidence and impact of drug and alcohol use and abuse in the target populations

DP 70105 - Rural Public Health Development Project - This bill provides \$75,000 biennial general fund appropriation to develop local solutions for creating public health infrastructure in rural and frontier counties in Montana. The proposal is to work with local jurisdictions to address public health surge capacity in a large-scale event or emergency, including cooperation among various jurisdictions, and to develop basic orientation for boards of health and health officers.

DP 70106 - Tobacco Prevention Activities - This bill provides for 1.00 FTE and \$1.7 million in state special revenue for each year of the biennium for Montana Tobacco Prevention Activities. These funds would support community-based programs, spit tobacco use prevention, and reducing smoking during pregnancy.

DP 70109 - Chronic Disease Programs - The legislature approved \$2.7 million each year of the biennium in state special revenue funds from the tobacco settlement funds dedicated to tobacco cessation and prevention activities to fund chronic disease programs to reduce the burden of tobacco related disease contingent on the passage of legislation to include chronic disease programs in the definition of programs for tobacco disease prevention.

The following information is provided so that the legislature can consider various performance management principles when examining this proposal. It is as submitted by the agency, with editing by LFD staff as necessary for brevity and/or clarity.

Primary Prevention of Diabetes and Heart Disease

The Public Health & Safety Division will establish programs in local health departments, community health centers, diabetes education programs, or other appropriate health care facilities to promote increased physical activity, improved nutrition, maintenance of ideal body weight and tobacco use cessation among persons at high risk for developing diabetes, who are also at elevated risk for heart disease, stroke and other complications. In addition, the funds would be used for the development of supportive technology and health education materials for these programs.

Justification: Heart disease and diabetes are leading causes of morbidity and mortality in Montana. One in four Montana adults are at risk for developing diabetes, as well as at elevated risk for heart disease, stroke and other complications. Among Montana American Indians the risk of dying of heart disease is 29 percent higher than among white Montanans, and the risk of dying of diabetes is 29 percent higher. The prevalence of overweight and obesity in Montana has continued to increase in Montana, which results in increasing number of Montanans with pre-diabetes, diabetes, metabolic syndrome, and increasing numbers of women with gestational diabetes. The Diabetes Prevention Program, a national study, has shown that with lifestyle intervention (healthy eating and increased physical activity), adults (including women with a history of gestational diabetes) can reduce their risk of developing diabetes by 58 percent and their future risk of developing heart disease and stroke.

In FY 2008 and FY 2009, \$625,000 and \$625,000 is requested to provide funding for the local pilot projects, and to cover the cost of the expert diabetes prevention consultants, training for the local site coordinators, and the salary and benefits for the state FTE, respectively.

Goal: To prevent diabetes, and cardiovascular disease among person at high risk for diabetes.

Performance Criteria and Milestones:

Objective 1 – Identify program sites and implement diabetes and heart disease prevention programs.

- Implement program in initial sites – December 31, 2007
- Enhance program in initial sites and initiate additional sites – July 1, 2008

Objective 2 - Develop and implement enhanced surveillance of risk factors and health behaviors among persons at high risk for developing diabetes and heart disease.

Objective 3 – Assess the clinical outcomes of persons enrolling in this program.

- Evaluate programs by June 30, 2009

FTE: 2.0 FTE (1 of these was already approved for FY 2009 to be funded with Tobacco Trust Fund Interest, but we would like it to become available in FY 2008).

Funding: Master Settlement Agreement Funds

Obstacles: Recruiting qualified staff to deliver the program and implementing it consistent with protocols used in the national Diabetes Prevention Program study.

Risk: This is a contemporary public health issue that if not addressed, will result in widespread illness, disability and death in our state, as well as escalating health care costs. Not implementing these activities will lead to a continued increase in the number of Montanans with diagnosed diabetes, heart disease and stroke.

Improve Acute Stroke Care in Rural Montana

The Cardiovascular Health (CVH) Program will conduct projects with the Stroke-Doc telemedicine system. The projects would include four rural hospitals and four primary stroke centers. The system provides two-way audio/video communication allowing neurologist consultation with the local hospital; transmission of the patient's CT to the neurologist, and flexibility to do consults outside of the hospital. Existing telemedicine systems in Montana cannot meet these requirements. This pilot will help address the disparities in care that stroke patients face in rural Montana. For sustainability of the project, the CVH Program will work with the sites to identify potential funding sources once the pilot is completed. The CVH Program will also expand its public education campaigns to increase community awareness of the warning signs and risk factors for stroke and to increase community awareness of the need to call 911 when experiencing these warning signs.

Justification: Stroke is the third leading cause of death in Montana. Among Montana American Indians the risk of dying of stroke is 23 percent higher than among white Montanans. By identifying the signs and symptoms of ischemic stroke (80 percent of strokes are ischemic) early, timely administration of tissue plasminogen activator (tPA) therapy can lessen or even eliminate the permanent effects of a stroke. To be effective, this must be administered within 3 hours of a stroke. Data from a national stroke registry indicated that in 2005, only between 3 and 8.5 percent of ischemic stroke patients received tPA. These projects will allow timely consultation by a neurologist to rural areas of Montana. The public education campaign will improve recognition of the signs and symptoms of stroke in the general public, so persons can initiate timely access to health care.

In FY 2008 and FY 2009, \$625,000 and \$625,000 is requested to purchase the StrokeDoc system for the participating rural hospitals and to cover the cost of the statewide public education campaign.

Goals: By June 2009, increase community awareness of the warning signs of acute stroke

By June 2009, establish a baseline measure of the proportion of eligible persons with an acute ischemic stroke who receive thrombolytic therapy.

Performance Criteria and Milestones:

Objective 1 – Develop and implement programs to improve acute stroke care in rural Montana.

- o Implement program in initial sites – December 31, 2007
- o Enhance program in initial sites and expand to additional sites – July 1, 2008

Objective 2 - Develop and implement enhanced surveillance of acute ischemic stroke care in Montana.

- o Evaluate program in new sites – June 30, 2009

FTE: Will use existing FTE

Obstacles: None

Risk: Not implementing these activities will lead to a continued increase in the number of Montanans with long-term effects and even deaths from stroke.

Comprehensive Cancer Control

The Comprehensive Cancer Control Program at the Department of Public Health and Human Services in partnership with the Montana Comprehensive Cancer Control Coalition has prioritized strategies for the next 5 years. We are proposing to increase the efforts of the Montana Comprehensive Cancer Control Program MCCCCP, the Montana Breast and Cervical Health Program (MBCHP) and the Montana Central Tumor Registry (MCTR), using the strategies in the Montana Comprehensive Cancer Control Plan, primarily through contracted services with local and tribal health departments, community health centers, private medical service providers, and I.H.S. This request is for 2 new FTE and \$1,100,000 per year of the biennium.

Specific activities will include direct screening services to women at greatest risk for breast and cervical cancer; conducting regional and statewide needs assessments, public and professional education on screening and early detection, enhanced data collection, cancer surveillance and evaluation, outreach to disparate populations, particularly Montana's American Indian population.

Justification: Cancer is the second leading cause of death in Montana and at least 30% of these cancer deaths are attributable to tobacco use. Fifty percent of all cancer deaths are preventable. There are significant disparities in access to prevention, screening, early detection and treatment among Montana's populations in urban, rural, and frontier areas. American Indians in Montana are 42 percent higher risk of dying of cancer than white Montanans.

Goals and objectives:

Goal 1: By June 30, 2009, increase the number of women screened per fiscal year for breast and cervical cancer through the MBCHP by 1,500 – 2,000. (FY 2006 baseline: 3,500)

Performance Criteria and Milestones:

Objective 1: Identify barriers to screening early detection, and treatment services.

Objective 2: Increase compliance with and the number of Montanans screened using cancer-screening guidelines.

Objective 3: Increase the cancer-screening services available to under-and uninsured Montanans.

- Implement comprehensive cancer control in local communities through contracts with local health departments, and MBCHP community based networks and medical service providers -- July 1, 2007
- Establish similar contracts on Montana Indian reservations for comprehensive cancer control – July 1, 2008
- Increase the number of women screened who are at risk for breast and cervical cancer – by June 30, 2009

Goal 2: By June 30, 2009, the Montana's Comprehensive Cancer Control Section will publish at least two reports per year describing cancer in Montana (Baseline: Montana has published tumor registry data sporadically)

Performance Criteria and Milestones:

Objective 1: Develop and enhance cancer surveillance data through the BRFSS, the MCTR, and the MBCHP.

Objective 2: Improve timeliness for reporting of reportable cancer cases within the year of diagnosis.

Objective 3: Improve availability, accessibility and utilization of cancer-related data.

Objective 4: Increase the percentage of cancer patients given care consistent with national treatment standards.

- Implement improvements in surveillance systems by June 30, 2008
- Publish reports by June 30, 2009.

FTE: 2.0 FTE

Funding FY 2008

- \$455,000 to enhance the current contracts with 13 local health departments to develop and implement cancer control activities. These would be performance based contracts, support at least .5 FTE, and would include responsibility to: work with medical service providers to promote compliance with screening guidelines; increase breast and cervical cancer screening in their service areas; assist with implementation of the statewide needs assessment described below; provide education on prevention, early detection and treatment; and expand their cancer coalition activities.
- \$115,000 to enhance the current MBCHP contracts with local health departments to recruit and provide screening support to 1000 women age 30 through 50.
- \$200,000 to pay medical service providers statewide for direct clinical screening and diagnostic services through the MBCHP for women age 30 through 40 for cervical cancer and 40 through 50 for breast and cervical cancer.

- \$85,000 contract awarded to conduct a needs assessment to identify barriers for all Montanans. Particularly barriers to screening, treatment (access to clinical trials) and end-of-life care. Would be coordinated with current work being done in limited communities.
- \$20,000 for Montana specific public awareness on screening and early cancer detection for breast, cervical, colorectal and prostate cancer, including materials for women 30-50 years of age who are never or rarely screened for cervical cancer.
- \$61,000 to purchase a Citrix server for the MCTR to contract with a programmer to enhance the MCTR data collection and reporting system to allow doctor's offices, clinics and hospitals to submit electronic data required through Montana statute.
- \$40,000 to contract with a programmer to enhance the MBCHP data collection and reporting system to allow local contractors to submit data and track and follow MBCHP clients electronically.
- \$124,000 (salary and benefits) for 1.00 cancer education coordinator and a 1.00 contract manager for the MCCCCP.

Funding FY 2009

- \$455,000 to continue the contracts with 13 local health departments to develop and implement cancer control activities. These would be performance based contracts, support at least .5 FTE, and would include responsibility to: work with medical service providers to promote compliance with screening guidelines; increase breast and cervical cancer screening in their service areas; assist with implementation of the statewide needs assessment described below; provide education on prevention, early detection and treatment; and expand their cancer coalition activities.
- \$172,500 to enhance the current MBCHP administrative site contracts with local health departments to recruit and provide screening support to 1500 women age 30 through 50.
- \$300,000 to pay medical service providers statewide for direct clinical screening and diagnostic services through the MBCHP to women age 30 through 40 for cervical cancer and 40 through 50 for breast and cervical cancer.
- \$172,500 to fund programs in each reservation community to develop and implement cancer control activities, similar to those described above with local health departments.

Evaluation: The community-based programs will be evaluated on quarterly and annual progress through performance based contracts. The number of women screened will be documented through the MBCHP data system. The timeliness and quality of MCTR data will be evaluated quarterly and reported annually.

Obstacles: Continuing to shift program focus from breast and cervical health to comprehensive cancer control.

Risk: Cancer is the second leading cause of death in Montana and if not addressed, will result in continued widespread morbidity, and escalating health care costs.

Asthma Surveillance and Control Project

Asthma is a common condition that currently cannot be prevented or cured. However, it can be controlled to help persons with asthma lead productive lives. The cornerstones of effective asthma control are: 1) following a thorough medical management plan and (2) avoiding contact with environmental substances (notably tobacco smoke) that trigger asthma attacks. This project will establish surveillance for asthma, identify the risks associated with inadequately controlled asthma in Montana, and implement steps to improve the control of this controllable disease.

Justification: Effective asthma control can markedly decrease emergency department visits and hospitalizations for persons with asthma. This results in cost savings from decreased health care utilization. Even more importantly, effective control has been shown to improve the quality of life for persons with asthma. This improvement includes decreases in missed school and work days which allows students to learn and workers to be productive.

In FY 2008 and FY 2009, \$350,000 and \$350,000 is requested to provide funding for the local surveillance and quality improvement projects, and to cover the cost of the expert asthma physician consultant, quality improvement software and maintenance, and the salary and benefits for the two state FTEs, respectively.

Goal: Assess and improve control of asthma in Montana youth (aged (18 years)

Performance Criteria and Milestones:

Objective 1 – Establish surveillance for asthma visits in at least 6 emergency departments (3 in large city hospitals; 3 in small town hospitals), and produce/disseminate quarterly surveillance reports regarding asthma control in Montana.

- Implement ED surveillance by December 31, 2007

Objective 2 – Identify risk factors associated with emergency department use by young persons with asthma with particular emphasis on whether or not these persons have adequate written asthma management plans.

Objective 3 – Implement an Asthma Quality Care Management System in at least one physician office/clinic in each of the cities and towns in which emergency department surveillance has been established.

- Implement asthma quality improvement interventions – March 30, 2008
- Evaluate program – June 30, 2009

FTE: 1.0 FTE

Obstacles: Recruiting qualified staff

Risk: This is a contemporary public health issue that if not addressed, will result in continued widespread morbidity, and escalating health care costs.

Language

"Tobacco Prevention Activities includes \$90,000 each year of the biennium for each of the seven Montana tribes. The funding must be used for tribal tobacco use prevention programs that meet the same requirements as other community-based contactors providing tobacco use prevention programs.

Included in Division Administration/Reporting is \$200 in general fund money each year for a semi-annual report to the legislative finance committee, the interim committee on children and families and members of the joint appropriation subcommittee for health and human services for the following:

- (1) progress towards the goals presented to the joint appropriations subcommittee on health and human services in the division's final template; and
- (2) attainment of measurable objectives as outlined in the division's final template presented to the joint appropriations subcommittee on health and human services.

If the reports are not received by the legislative finance committee on December 31, 2007, and June 30, 2008, the fiscal year 2009 general fund appropriation is reduced by \$200.

FCSS Spending Authority for Pool Inspections is contingent upon passage of House Bill 148.

Chronic Disease Program is contingent upon passage and approval of House Bill No. 743.

Genetic Program Funding is contingent upon passage and approval of House Bill No. 278."