

## PRESENTATION TO THE 2022 INTERIM BUDGET COMMITTEE

# Public Health and Safety Division

Department of Public Health and Human Services

### THE FOLLOWING TOPICS ARE COVERED IN THIS REPORT:

- **Overview**
- **Summary of Major Functions**
- **Highlights and Accomplishments during the 2023 Biennium**
- **Efficiencies and Cost Savings**
- **Funding and FTE Information**

# OVERVIEW

Since 1901, when the first state board of health was established by the 7<sup>th</sup> Montana legislature, public health has worked to protect and improve the health of Montanans. Public health aims to strengthen prevention and control efforts to promote the health and well-being of Montanans; increase health equity; increase access to timely, affordable, and effective health services; and to improve public health system capacity. Staff in the Public Health and Safety Division (PHSD), local and tribal health departments, and other key partners work toward these goals by implementing activities to prevent and control disease outbreaks, assure clean indoor air, safe drinking water and food, provide programs and services to support healthy living, ensure community emergency preparedness, and respond to emerging threats. Through the implementation of public health initiatives over this past century, life expectancy increased approximately 30 years, accompanied by significant reductions in deaths rates due to disease and injury.

The mission of PHSD is to protect and improve the health of Montanans by advancing conditions for health living. To achieve this mission, public health focuses on three core functions: assessment, policy and program development and implementation, and assurance.

PHSD leads the state's public health efforts and provides state-level coordination and funding of key public health services to support the health and well-being of communities. Public health programs and services are delivered in communities across the state by our partners, which include local and tribal health departments, health systems, community health centers, hospitals, community-based organizations, and other organizations. The work of public health impacts the daily lives of all Montanans, even though they may not be aware of it. Public health also has a significant influence on our economy. To have a healthy economy, we need healthy citizens and healthy communities.

PHSD employs 150 FTE, and the Divisions annual budget is approximately \$39 million dollars.

## SUMMARY OF MAJOR FUNCTIONS

PHSD houses the core organizational components of public health (excluding maternal and child health), which includes chronic and communicable disease prevention and control, public health emergency preparedness, public health planning, capacity and work force development, emergency medical services, trauma and injury prevention programs, the public health and environmental laboratories, and the office of vital statistics.

### COMMUNICABLE DISEASE PREVENTION AND CONTROL

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The Communicable Disease Control Bureau (CDCB) includes the Immunization, Sexually Transmitted Disease (STD)/Human Immunodeficiency Virus (HIV), Food and Consumer Safety, and Public Health Emergency Preparedness sections. The STD and HIV section works with local and tribal health departments and other partners to prevent and control outbreaks of STD's including chlamydia, gonorrhea, and syphilis and to provide health and preventive services to under/uninsured persons living with HIV. In 2021, state and local public health agencies identified and responded to 5,581 reportable STD's. The Immunization section implements activities to increase and maintain high immunization rates to address vaccine preventable diseases among children, adolescents, and adults. The Food and Consumer Safety section licenses and inspections over 12,000 public establishments including hotels, restaurants, and swimming pools to ensure safe operations and to prevent injury and the spread of communicable disease and other illnesses. The section monitors the frequency and quality of mandated inspections and ensures requirements and rules regulating business are reasonable and necessary for public safety. The Public Health Emergency Preparedness section oversees and maintains the Division's planning and operations for emergencies and disasters with local and tribal public health departments and hospitals.

### LABORATORY SERVICES

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Montana's clinical public health and environmental laboratories provide testing to support newborn screening for metabolic disorders, environmental sampling, and disease prevention and control efforts statewide. In 2021, the state laboratories conducted nearly 244,266 tests in support of these efforts. These tests include 232,278 tests in support of disease control programs (e.g., tuberculosis and HIV), 12,038 environmental tests in support of clean drinking water (e.g., bacterial contamination and heavy metals), and 191,128 COVID-19 tests. In addition, newborn screening tests for 29 metabolic and genetic diseases are performed for essentially every baby born in Montana (approximately 12,500 per year).

Test results are used by clinicians to aid in diagnosing and treating patients. The state communicable disease epidemiology and STD/HIV programs, as well as local and tribal public health officials, use these laboratory results to enhance responses to disease outbreak or water contamination and to monitor disease trends.

## **CHRONIC DISEASE PREVENTION AND CONTROL**

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The Chronic Disease Prevention and Health Promotion Bureau (CDPHPB) protects and improves the health of Montanans by promoting healthy lifestyles through regular physical activity, healthy nutrition, and being free of commercial tobacco/nicotine. CDPHPB promotes the use of clinical preventive services (e.g., cancer screening, tobacco cessation counseling) and community programs to support chronic disease prevention and self-management. In addition to tobacco use prevention, the bureau's programs focus on asthma, arthritis, cancer control, cardiovascular disease, diabetes, and disability.

This bureau also includes the Emergency Medical Services (EMS), Trauma, and Injury Prevention programs. The EMS program licenses EMS services across the state and provides coordination and training to ensure Montana has high-quality EMS services statewide. The Trauma program oversees trauma hospital designation and collaborates with facilities statewide to improve trauma care. The injury prevention program works with state and community partners to address leading causes of injury-related morbidity and mortality, such as fall prevention, prescription and illicit drug abuse, and poisoning.

## **PUBLIC HEALTH PLANNING, CAPACITY AND WORK FORCE**

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The Public Health System Improvement Office (PHSIO) supports state, local and tribal public health departments to improve their public health system capacity through health improvement planning, workforce development, and technical assistance to support national public health accreditation. PHSIO provides resources and technical assistance to local and tribal public health to conduct community health assessments and to develop community-based improvement plans. The office maintains and updates the Division's strategic plan, the state health assessment, the state health improvement plan, and the state public health workforce development plan. The DPHHS public health programs became nationally accredited by the Public Health Accreditation Board in 2016 and the department is currently working to achieve reaccreditation in 2022.

## **EPIDEMIOLOGY AND SCIENTIFIC SUPPORT**

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The Epidemiology and Scientific Support Bureau (OESSB) includes the Communicable Disease Epidemiology, Surveillance and Informatics, Infection Prevention and Health Care Associated Infection, and Environmental Health sections. The Communicable Disease Epidemiology section work closely with local and tribal public health departments and other partners to respond to communicable disease reports/outbreaks and significant public health events. In 2021, state, local and tribal public health departments identified and responded to over 2,621 cases of reportable diseases (non-COVID-19/non-STD/HIV), including 36 outbreaks sickening at least 521 people.

The Infection Prevention and Health Care Associated Infection section conducts infection prevention/control assessments of long-term care and assisted living facilities, hospitals including critical access hospitals, dialysis and ESRD facilities, state facilities, and other congregate care settings. Based on the assessment findings the section provides

technical assistance and consultation to assist these facilities with implementing effective infection control plans and procedures. This section provides ongoing assistance to these facilities during COVID-19 and other communicable disease outbreaks. Additionally, this section oversees the state's health care associated infection prevention program, which includes health care system and laboratory-based surveillance and follow-up to monitor, prevent and control the spread of multiple drug resistant organisms.

The Surveillance and Informatics section assesses the health of Montanans by maintaining and utilizing a variety of key data sources including birth and death records, inpatient hospital and emergency department utilization data, infectious disease information system, and the Behavioral Risk Factor Surveillance System survey. This section maintains and updates the state health assessment and provides epidemiology technical support to PHSD programs and other divisions across the DPHHS, local and tribal health departments, and other organizations. Additionally, this section is implementing activities to update and modernize the Division's communicable disease data systems.

The Environmental Health Education section's activities focus on the reduction, elimination, or prevention of exposures to toxic substances across Montana. Working in collaboration with DEQ, EPA and the CDC, this section evaluates state and federal hazardous waste sites for hazardous substances to determine whether communities could be harmed. This section also implements activities to increase blood lead screening and strategies to reduce/eliminate lead exposure among children and provides consultation and technical support to local and tribal health departments on environmental health related issues.

## **FINANCIAL OPERATIONS AND SUPPORT SERVICES**

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Financial Operations and Support Services Bureau (FOSSB) provides financial and contract management for PHSD and oversees the Office of Vital Records (OVR). FOSSB manages a budget of over \$39 million, including general fund, state special revenue, federal funds, and funding from private foundations.

The OVR maintains vital event registration and reporting for all Montana counties. The OVR collects information regarding birth, death, adoption, marriage, marital termination, paternity, and provides access to birth and death records. OVR also develops and maintains statistical information and provides data and reports for use by county, tribal, state, and federal agencies, as well as a variety of other data users statewide.

# HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2023 BIENNIUM

## SUPPORT AND COORDINATION FOR THE ONGOING PUBLIC HEALTH RESPONSE TO THE COVID-19 PANDEMIC

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On March 13, 2020, Montana identified its first cases of COVID-19. These initial cases lead to the rapid development of public health response systems at the local, tribal, and state level focused on testing, case investigation, and contact tracing and other prevention/mitigation strategies to reduce additional transmission of the SARS-CoV-2 virus and severe outcomes including hospitalization and death. Through February 25, 2022, 266,494 COVID-19 cases, 11,608 hospitalizations, and 3,187 deaths have been reported in Montana. Over the course of the pandemic, Montana has experienced three major surges in COVID-19 cases, hospitalizations, and deaths, which have severely strained our health care systems with many hospitals above bed/staffing capacity and exceeded local and tribal public health resources for case investigation and follow-up. Below are some key findings when comparing COVID-19 cases, hospitalizations, and deaths between 2020 and 2021<sup>1</sup>:

- From 2020 to 2021, there was an increase in the overall number of COVID-19 cases (+44%), hospitalizations (+69%) and deaths (+17%) in Montana.
- The number of COVID-19 cases, hospitalizations and deaths increased in every demographic subgroup (age, sex, and race) from 2020 to 2021 except among American Indian/Alaska Native persons where cases, hospitalizations, and deaths decreased by 6%, 26%, and 51%, respectively, and among persons 70+ years of age where deaths decreased by 2%.
- COVID-19 incidence per 100,000 persons for the 18-29 and 30-49 age groups were lower in Fall 2021 compared to Fall 2020. However, incidence among persons 0-9 years of age increased in Fall 2021 compared to Fall 2020.
- The hospitalization and mortality rates among the 70+ age group were lower in Fall 2021 compared to Fall 2020. However, the hospitalization and mortality rates increased among the 30-49 and 50-69 age groups in the Fall of 2021 compared to Fall 2020.
- Among persons aged 50-69, for every 100 reported COVID-19 cases, there were 8.2 hospitalizations and 1.6 deaths.
- Among persons aged 70+, for every 100 reported COVID-19 cases, there were 21.2 hospitalizations and 9.3 deaths.

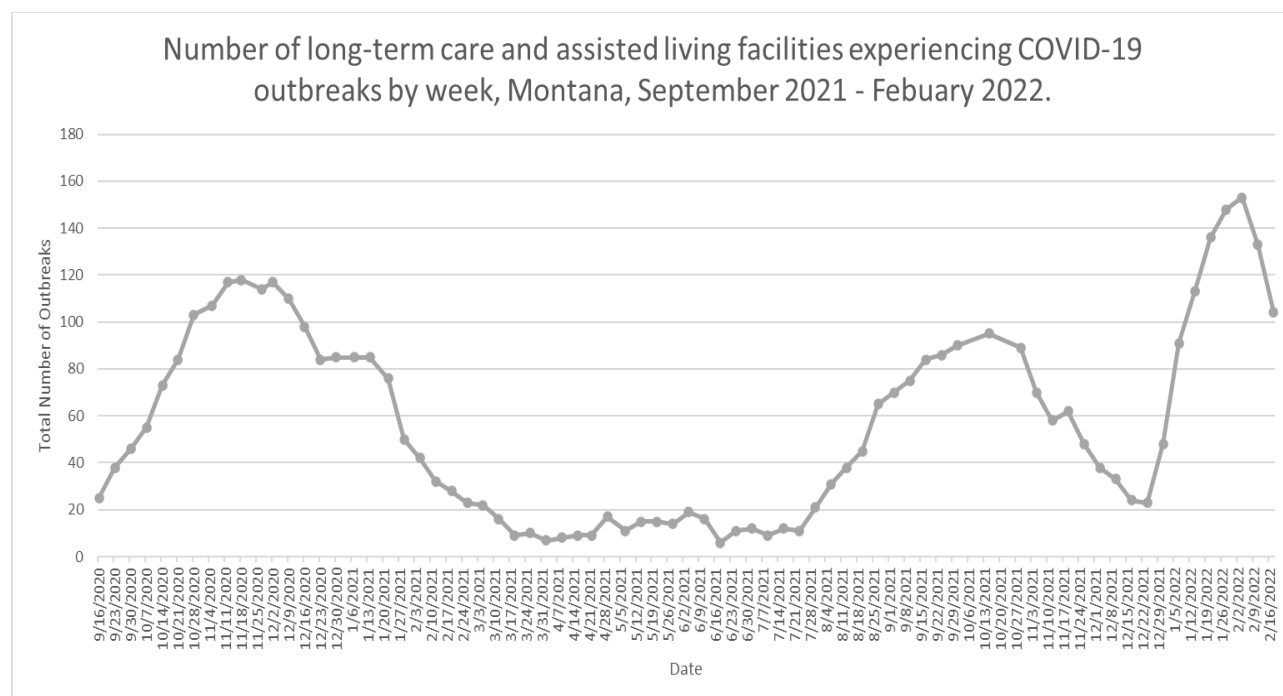
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<sup>1</sup> Montana DPHHS, PHSD. [Comparison of COVID-19 Cases, Hospitalizations, and Deaths, by Selected Demographic Characteristics and Jurisdiction, Montana, March 2020 through December 2021. \(mt.gov\)](#) 6

## Prevention and Mitigation Efforts and Surveillance to Monitor Trends

Throughout 2021, PHSD has continued to coordinate and work with local and tribal public health departments to conduct case investigations, contact tracing and other prevention/mitigation activities to reduce transmission of the SARS-CoV-2 virus. To ensure statewide coordination, PHSD conducted weekly/biweekly coordination webinars with the local and tribal health jurisdictions to provide the latest updates and guidance.

As an example, PHSD staff provided daily support and technical assistance to local and tribal health departments and congregate care facilities (e.g., long-term care [LTCF], assisted living facilities [ALF], group homes, prisons, hospitals) to address COVID-19 outbreaks within these facilities. The figure below displays the weekly number of LTCFs and ALFs experiencing COVID-19 outbreaks from September 2020 through February 2022. There are 282 LTCFs and ALFs in Montana. In 2021, 88% of these facilities experienced one or more COVID-19 outbreaks that were reported to local public health. There were 521 total COVID-19 outbreaks reported in LTCFs/ALFs in 2021. Since the beginning of the pandemic through December 2021, there were a total of 8,119 COVID-19 cases among residents and staff in LTCFs/ALFs, with 616 deaths reported.



In addition to providing daily support and technical assistance to these facilities during their outbreak responses to prevent further spread of COVID-19 to residents and staff, the PHSD Infection Prevention Specialist team provides infection control consultations to healthcare facilities. When a facility is in outbreak status for COVID-19, the team provides one-on-one consultations to review infection control mitigation strategies. Upon completion of the consultation, the team provides a written summary of recommendations and guidance.

The PHSD team also offers free, non-regulatory infection control assessments/reviews to all healthcare settings in Montana. The goal of these assessments is to support and improve infection control practices in these facilities to prevent the introduction and spread of not only COVID-19, but other infectious agents that can cause significant morbidity and mortality in these facilities (e.g., influenza, norovirus). During an assessment, the team systematically reviews the facility's infection prevention and control practices. This assessment helps to guide quality improvement activities at facilities. An assessment takes approximately 6-8 hours and is completed onsite or virtually. During these assessments, areas such as infection control program infrastructure, antimicrobial stewardship, policies, hand hygiene, personal protective equipment, prevention of health care acquired infections, injection safety, environmental cleaning, device reprocessing, and multidrug-resistant organisms are reviewed by the team. A written report is provided to the facility upon completion of the assessment. In 2021, 39 assessments were completed. In addition to the consultations and assessments, the PHSD team provides ongoing monthly training to facility staff on infection prevention and control practices.

Throughout 2021, PHSD continued to conduct COVID-19 surveillance and to distribute key information on trends in cases, testing, SARS-CoV-2 variants patterns, vaccination rates, hospitalizations, deaths and prevention and mitigation recommendations/messages to key partners and to the public. This included the state's COVID-19 dashboard, and the weekly COVID-19 surveillance reports. All of these reports can be found on our website at <https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt/demographics>.

To support local and tribal health department capacity throughout the pandemic, the PHSD has provided funding to these agencies to hire additional staff. Since 2020 PHSD has provided over \$7 million dollars to local and tribal jurisdictions supporting 90 FTE. These positions include disease intervention specialists, public health nurses, contact tracers, epidemiologists, congregate care coordinators and other positions.

PHSD also received funding through a cooperative agreement with the CDC to support K-12 school health workforce capacity in August 2021. These funds can be utilized by schools to support staff and activities for their COVID-19 prevention and mitigation efforts as well as general school health promotion efforts. PHSD received 14 applications from K-12 public and private school districts/schools. All 14 applicants were funded (total funding of \$2.1 million dollars). Participating school districts/schools are utilizing these funds to support school nurses, school health coordinators, and behavioral health staff.

## **Testing**

Increasing capacity for and utilization of COVID-19 testing is one key prevention/mitigation strategy to reduce transmission and outbreaks in Montana. In 2021, PHSD continued to work to increase capacity for COVID-19 testing statewide. The state public health laboratory and our partner reference laboratories conducted over 361,797 COVID-19 polymerase chain reaction (PCR) tests to support this effort in 2021. PHSD procured and distributed over 690,000 COVID-19 rapid antigen tests to outpatient clinics, hospitals,



LTCFs and ALFs, local and tribal health departments, corrections, K-12 schools, colleges and universities, and other settings.

In January 2022, DPHHS began experiencing shortages of COVID-19 rapid antigen tests due to manufacturer shortages and the demand for these tests nationally during the Omicron surge. To address this challenge, PHSD procured over 60,000 additional over the counter COVID-19 rapid antigen tests and provided them for distribution through the county and tribal health departments in February. By mid-March 2022, over 62% of these tests had been distributed to the public.

Beginning in August 2021, PHSD provided funding to K-12 schools to implement school based COVID-19 rapid testing to support their prevention and mitigation efforts. These funds have been used by schools to support staffing, equipment and supplies and PHSD has provided rapid antigen test kits. In the Fall 2021, 82 K-12 public and private school districts/schools applied and were provided funding (\$2.9 million dollars). These school districts serve over 80,000 K-12 students. In January 2022, PHSD, reopened the application process for K-12 schools to apply for additional funding to support their efforts through the remainder of the 2022 school year. To date, 37 school districts/schools have applied for this second phase of funding.

In addition to PCR and rapid antigen testing, the state public health laboratory and its three partner reference laboratories have continued to provide surveillance testing for SARS-CoV-2 virus variants in 2021.

## **Vaccine Coordination, Distribution and Promotion**

Since December 2020, PHSD's Immunization section has played a key role in coordinating COVID-19 vaccine distribution and administration with local and tribal health departments and over 200 clinical providers. As of February 25, 2022, 1,406,161 total doses of COVID-19 vaccine have been administered in Montana, 54% of eligible Montanans are fully vaccinated, and 62% have received one dose of their primary vaccine, and 27% of eligible persons have received a booster/follow-up dose. Throughout 2021, PHSD and our partners have developed and implemented public education and awareness information regarding the safety and efficacy of the COVID-19 vaccines with the goal of increasing the overall number of eligible Montanans that are up to date on their vaccines including the booster dose. PHSD has also provided funding in 2021 (\$12,884,196) to support local and tribal public health departments efforts to increase COVID-19 vaccine education and coverage in their communities.

## **Therapeutic Medication Coordination and Distribution**

Beginning in 2020 and extending to the present day, the state has led the allocation of scarce federally purchased and FDA authorized antiviral, monoclonal antibody, and oral antiviral medications to treat and/or prevent COVID-19 infection in individuals at high risk for progression to severe disease (e.g., people with immunocompromise, co-morbid medical conditions). The monoclonal antibodies and oral antivirals are used early in the course of an individuals' COVID-19 infection to reduce the risk of severe outcomes, including hospitalization and/or death. PHSD continues to work with Federal authorities to distribute these medications in a fair and equitable manner and to provide up to date

information, technical assistance, and consultation to Montana providers regarding their use. Since Fall 2021, over 12,000 doses of the monoclonal antibody therapeutics, and 5,000 courses of antiviral medications have been distributed throughout Montana.

# EFFICIENCY AND COST SAVINGS

## INFECTION PREVENTION AND CONTROL SUPPORT FOR HEALTH CARE FACILITIES

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As describe previously, PHSD has established an infection prevention team that provides support and technical assistance to congregate care and health care facilities to prevent and control the spread of COVID-19 and other communicable disease within these facilities and to proactively conduct infection prevention assessments to ensure these facilities are implementing policies, procedures, and practices to prevent the introduction of communicable disease in these facilities. Both of these activities will save resources and most importantly prevent infection, hospitalization, and deaths among patients/residents and potentially among staff. These activities will also prevent/reduce absenteeism and loss productivity among staff in these facilities due to potential illness, isolation, and exposures to communicable disease.

## NEW TECHNOLOGY FOR THE PUBLIC HEALTH LABORATORY

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Funding from CDC and other grants has allowed the state public health laboratory to acquire new technology to enhance the laboratory's capacity to perform molecular and genomic testing in house (e.g., newborn screening tests), and automated specimen process methodologies. These new technologies allow the laboratory to perform testing at lower costs, reduce turn-around times, enhance our ability to respond quickly to detect communicable disease infections/outbreaks, and allow for more efficient use of laboratory staff time.

## RULE REFORM INITIATIVE

PHSD currently has 420 active rules associated with our programs. Through the Governor's initiative, PHSD has identified 146 rules that will be revised, consolidated, and/or repealed through this process.

# FUNDING AND FTE INFORMATION

	FY 2022	FY 2023
	BUDGET	BUDGET
<b>PUBLIC HEALTH AND SAFETY DIVISION</b>		
<b>FTE</b>	155.25	155.25
<b>Personal Services</b>	\$ 12,281,547	\$ 12,625,012
<b>Operating</b>	8,073,092	8,086,657
<b>Equipment</b>	156,741	156,741
<b>Local Assistance</b>	-	-
<b>Grants</b>	14,242,361	14,242,361
<b>Benefits and Claims</b>	3,765,354	3,765,354
<b>Transfers</b>	765,100	765,100
<b>Debt Services</b>	20,656	8,594
<b>TOTAL COSTS</b>	<b>\$ 39,304,851</b>	<b>\$ 39,649,819</b>
<b>General Fund</b>	\$ 3,133,227	\$ 3,229,635
<b>State Special Fund</b>	14,255,313	14,319,916
<b>Federal Fund</b>	21,916,311	22,100,268
<b>TOTAL FUNDS</b>	<b>\$ 39,304,851</b>	<b>\$ 39,649,819</b>