

Chronic Disease Prevention and Health Promotion Program Subcontractor Agreement
Anaconda-Deer Lodge County Health Department

This cooperative Agreement is made between Butte-Silver Bow County Health Department, hereinafter referred to the “Hub” and Anaconda-Deer Lodge County Health Department, hereinafter referred to as “Subcontractor,” to assist in providing Montana Asthma Control Program (MAP) and Montana Tobacco Use Prevention Program (MTUPP) services to the residents of Deer Lodge, Powell and Granite Counties.

SECTION 1: PURPOSE

The purpose of this Agreement is to commit Anaconda-Deer Lodge County Health Department to serve as Subcontractor to:

- A. Continue to implement the Montana Asthma Home Visiting Project (MAP) as provided to the Subcontractor by the Montana Asthma Control Program (MACP) as detailed in Attachment A. The MAP utilizes home visiting staff to provide education to individuals with uncontrolled asthma and their families about self-management of asthma and control of environmental asthma triggers. The program includes six (6) contacts, including at least four (4) in-home visiting, provided over the course of a one-year period. In addition to the first visit, visits occur at one (1) month, six (6) months, and one (1) year. Phone contacts (or optional in-home visits) occur at the three (3) month and nine (9) month time periods. One registered nurse or respiratory therapist will conduct each visit. Home-visiting interventions for children with asthma are evidence-based and have been shown to have a positive return on investment. MAP home visitors may choose to work with up to 5 adults as part of the MACP’s pilot program to study the effectiveness of the intervention for adults.
- B. Implement the Montana Tobacco Use Prevention Program (MTUPP) to address the public health crisis caused by the use of all forms of commercial tobacco products in Montana (including cigarettes, spit tobacco, cigars, pipe tobacco, bidis, snuff, and any nicotine delivery devices that are not related to nicotine replacement therapy), thereby reducing the disease, disability, and death related to tobacco use. Through their affiliation with MTUPP, community-based programs join with peers throughout Montana in a comprehensive statewide effort utilizing best practice methodologies to prevent tobacco use among youth and promote quitting among adult users. Key features of effective community-based programs include:
 - Building community-level capacity for tobacco prevention work;
 - Preventing local youth from beginning a lifetime of addiction to tobacco products;

- Promoting quitting among adults and young people;
- Eliminating exposure to the hazardous effects of secondhand smoke and actively supporting the Montana Clean Indoor Air Act of 2005; and
- Eliminating disparities related to tobacco use and its effects among certain population groups such as women of childbearing age, American Indians, and low-income residents.

The Hub agrees that the community-based program funding will be used to prevent the abuse of commercial tobacco or tobacco-for-profit products only. The Hub understands, respects, and supports the traditional, ceremonial and sacred uses of tobacco by Montana’s American Indian population. MTUPP’s long-term goal is to eliminate disparities related to tobacco use and its effects among certain population groups such as women of childbearing age, American Indians, low-income residents, and individuals with mental health or substance use disorders.

SECTION 2: SERVICES TO BE PROVIDED

A. The Subcontractor agrees to provide the following services:

Deliverable 1 Staffing

Support, develop and implement activities in Capacity Building and Education, Community Programs, Environments and Worksites.

- (a) Use funds received under this Task Order to hire and/or retain:
 1. A minimum professional level staff assigned to conduct interventions in Montana Tobacco Use Prevention Programs as follows: 1.25 FTE for Deer Lodge, Powell and Granite Counties.
- (b) Hire and/or retain a 0.25 to 0.5 FTE registered nurse (RN) (preferred), respiratory therapist, or licensed practical nurse (LPN) that holds an active Montana license to be responsible for carrying out the home visits for the Montana Asthma Home Visiting Program, within the focus area of Community Programs.

Deliverable 2 Work Plan Submission

- (a) Submit to the Hub, a proposed FY 2022 one-year work plan, due June 5, 2021, to further implement MTUPP activities during the period July 1, 2021 through June 30, 2022. Use the work plan template to be provided by DPHHS and enter the FY2022 work plan into the Catalyst online reporting system. The work plan will be final

once it has been approved by DPHHS.

Deliverable 3

Training and Technical Assistance

- (a) Assigned staff under Deliverable 1 will participate with the Hub in telephone consultations, program orientations, on-site visits, contractor meetings, and training and program evaluations according to the schedule provided by the Hub.
- (b) Funds for travel to required meetings and trainings for MTUPP are included in this Agreement.
- (c) Communicate questions, delays, challenges, and suggestions to the Hub liaison identified below.
- (d) All new staff will complete the new employee orientation, offered by DPHHS, within three months of hire date.
- (e) MTUPP holds in-person new TPS Trainings approximately twice per year. All newly hired TPS will be required to attend one of these training which are held in Helena.

Deliverable 4

Data Collection, Reporting and Communication

Communicate with and report to the Chronic Disease Prevention and Health Promotion (CDPHP) Bureau programs according to the guidelines, policies and procedures outlined in the CDPHP Guidance Manual.

- (a) Using the reports provided in Catalyst and the Montana Asthma Program web-based data collection system, submit quarterly progress reports to the Hub, documenting completed activities laid out in the Subcontractor's Hub-approved 2020-2021 work plan. Submit documentation of supplemental program resources received through in-kind contributions, monetary contributions, and earned media. The quarterly report schedule is:
 - (i) July 1 through September 30, 2020, due October 5, 2020;
 - (ii) October 1 through December 31, 2020, due January 5, 2021;
 - (iii) January 1 through March 31, 2021, due April 5, 2021; and
 - (iv) April 1 through June 30, 2020, due July 5, 2021.

Refer to Catalyst Quarterly Report Worksheet to be provided by DPHHS for guidance reporting in Catalyst.

- (b) Use the MAP web-based data collection tool to record all relevant client data after each home visit. MAP data must be submitted online into the data management system chosen by the MACP.
- (c) All subcontractors will complete surveys that are sent out by the Hub or DPHHS.

Deliverable 5 Subcontractor Administrative Responsibilities

- (a) Convene with Hub at least one (1) annual regional meeting with Hub to develop coordinated work plan for the upcoming fiscal year.
- (b) Enter work plan in online reporting system(s).
- (c) Ensure completed quarterly reports through reporting systems and submit quarterly invoice.
- (d) Communicate with Hub liaison quarterly, regarding implementation of coordinated work plan.

FOCUS AREA: CAPACITY BUILDING AND EDUCATION

Deliverable 6 Partnership Building

Engage and achieve support for chronic disease prevention and health promotion goals with community members during the contract year and sustain ties with existing partners that include broad-based community members, non-governmental organizations, as well as county/tribal health organizations.

Deliverable 7 Education of Decision Makers

- (a) Work with and through the Lead Local Public/Tribal Health Official or Public Health Officer to make personal contact, by phone or in person with relevant local elected officials (such as senators and house representatives, mayor, county attorney, county commissioners, city commissioners, Board of Health, and/or tribal leaders) to promote and educate each about chronic disease prevention and health promotion programs, solicit their thoughts, and answer any questions they have. Personally deliver any reports and other program news made available for the purpose of educating about the CDPHP community programs.

- (b) Make contact by phone or in-person, with the Lead Local Public Health Official to inform them of program activities, provide information to share with local decision makers and include them in outreach efforts. Personally deliver any reports and other program news made available for the purpose of educating about CDPHP community programs.

Deliverable 8 Education Through Schools

- (a) reACT Projects/Youth Events

Subcontractor will engage schools or youth clubs to provide youth-led community activities and mass-reach media about tobacco prevention and local tobacco policy.

- (b) Public/Private K-12 Comprehensive School Policy

Subcontractor will meet with local school districts to advance e-cigarette education and comprehensive tobacco-free school policy in collaboration with the Office of Public Instruction (OPI).

Deliverable 9 Education of the Public

- (a) Mass Media

- (i) Mass-Reach Health Communication Interventions

Subcontractor will provide no-cost tobacco use prevention media (news stories or PSA's on TV or radio, letters to the editor from coalition members, and/or outside-sponsored media).

- (ii) Provide and Track Paid Media

Subcontractor will provide paid tobacco use prevention media at least each quarter (includes paid radio ads, TV ads, purchased news ads, billboards, etc.).

- (b) Tobacco Education

- (i) Quarterly, Subcontractor will provide education, community activities and mass-reach media on point-of-sale tobacco marketing, secondhand smoke and e-cigarette aerosol, the dangers of nicotine, harms of tobacco use, evidence-based tobacco control strategies to local schools, youth clubs, community groups, health organizations, coalitions and other

leaders to grow community consensus about the burden of tobacco in Montana.

- (c) American Indian Outreach
 - (i) Coordinate with the American Indian Tobacco Prevention Specialist, where applicable, to conduct a minimum of one (1) American Indian outreach or education event related to chronic disease prevention and health promotion to an American Indian audience in the multi-county area each task order year. Outreach/education must be done in partnership with an American Indian contact from the multi-county area.

FOCUS AREA: COMMUNITY PROGRAMS

Deliverable 10 Interventions for Vulnerable Populations

- (a) Coordinate across MCCP, MTUPP, HLP, MAP, and HCHC to educate and/or offer a CDPHP community-based program to vulnerable populations to reduce health disparities. Vulnerable population audience may include but is not limited to Medicaid or Public Assistance recipients, Pregnant Women, the LGBTQ community, Veterans, Behavioral Health Clients and/or American Indians. Subcontractors may address additional specific populations if desired but must provide justification of the selected health equity population other than listed.
- (b) Subcontractor will work with behavioral health systems, providers, hospitals, outpatient facilities, residential care facilities and recovery residences to create tobacco-free campuses, increase tobacco use and dependence screening, offer tobacco dependence treatment assistance, and increase referrals to the Montana Tobacco Quit Line.

Deliverable 11 Breast & Cervical Cancer Screening Services

Collaborate with and support Hub when applicable to provide and facilitate screening support activities.

Deliverable 12 Breast & Cervical Cancer Patient Navigation

Collaborate with and support Hub when applicable to facilitate patient navigation activities.

Deliverable 13

Healthy Living Community Based Interventions

Collaborate with and support Hub when applicable to implement HLP in the multicounty region.

Deliverable 14

Montana Asthma Home Visiting Program

- (a) Continue to implement a system for obtaining patient referrals to the MAP. Participant home should be located within Montana and within a reasonable driving distance to the Subcontractor as determined by the Subcontractor and as the budget allows. This may include counties outside the region without an existing MAP.
- (b) Provide storage space to store the materials necessary for conducting the MAP.
- (c) Participate in telephone conference calls with the Montana Asthma Control Program at regular bi-monthly intervals (specific dates to be agreed upon by the parties).
- (d) Maintain regular contact with each participant's primary care provider (or the healthcare provider primarily responsible for managing the participant's asthma) for the duration of the participant's enrollment.
- (e) Attend a MAP specific training during the task order year. The Montana Asthma Control Program will pay for the MAP staff to attend this training outside the scope of this agreement.
- (f) Dependent on local capacity, at least once a month, share relevant social media posts created by the Montana Asthma Control Program and develop posts to promote the MAP and increase asthma awareness. Maintain and update information on the MAP on organization website.
- (g) Obtain referrals for and provide home visiting services to a minimum of 15 clients per year through the MAP. The minimum of 15 clients may include up to 5 adults. Subcontractors may choose to serve only children/adolescents for a minimum of 15 per year. If the subcontractor does not enroll and provide home visiting services to a minimum of 15 clients per contract year for two (2) consecutive years, the subcontractor is required to participate in a one-year MAP site improvement plan. Funding levels may be adjusted by the Montana Asthma Control Program or the contract may not be renewed if the subcontractor does not meet the goals outlined in the

improvement plan.

- (h) Maintain regular contact with each participating child's childcare of school, if applicable, for the duration of the child's enrollment.
- (i) Obtain consent from all participants in the MAP (utilizing a consent form to be provided by the Montana Asthma Control Program).
- (j) Provide six (6) contacts (including at least four (4) in-home visits) for all participants enrolled the MAP that wish to remain in the program over the course of the year.
- (k) Conduct the activities during each home visit and/or phone call that are listed on the Montana Asthma Control Program's Home Visiting Guidelines (See attached document titled "Home Visiting Program Description', Attachment A).
- (l) Attempt to contact participants who have completed or left the program six (6) months after their last visit. Conduct a brief asthma assessment of participants using provided forms as well as answer any of their questions. MAP Contractors may administer the follow-up assessment over the phone, by mail, in-person, or by sending an access link allowing participants to independently complete the assessment online.
- (m) Dependent on local capacity and funding, work with regional CONNECT coordinator to:
 - 1. Identify and recruit local healthcare organizations, public health programs, and community services that can refer to the MAP and/or receive referrals from the MAP.
 - 2. Promote the MAP as a community service and CONNECT partner.
- (n) Use CONNECT to manage incoming referrals to the MAP and send referrals to other programs, services, or providers using the system.

Deliverable 15

Health Coaches for Hypertension Control

HCHC is available in Madison County. This deliverable is not applicable to Deer Lodge, Granite and Powell Counties.

Deliverable 16

Healthcare Provider Liaison

Coordinate across MCCP, MTUPP, HLP, MAP and HCHC programs to educate and provide information to medical, dental and social service providers in the multi-county area on the available CDPHP community programs. Through in-person visits share new research and data about programs and health topics. Provide promotional material and information on how to refer and engage patients/clients to the available CDPHP community programs, and the following services:

(a) Quit Line Services

Provide material for community promotion of the Montana Tobacco Quit Line including encouraging providers to ask about tobacco use and refer to the Quit Line via fax, web or electronic health records (where applicable).

Subcontractor will conduct targeted outreach to prenatal providers to increase awareness of the Pregnancy and Post-Partum Program available through the Montana Tobacco Quit Line.

Subcontractor will provide materials and education on all Montana Tobacco Quit Line specialized programs, including the American Indian Commercial Tobacco Quit Line, Pregnancy and Postpartum Program, and My Life, My Quit. Subcontractor will include mention of the Montana Tobacco Quit Line in publications and all presentations.

Deliverable 17 CONNECT Referral System

Collaborate with and support Hub when applicable to identify community partners and service providers to engage and actively use the CONNECT referral system.

FOCUS AREA: ENVIRONMENTS

Deliverable 18 Montana Clean Indoor Air Act (CIAA)

- (a) Subcontractor will provide public notice/published education that includes information on secondhand smoke and processes available to report a violation of MT CIAA.
- (b) Subcontractor will supply businesses with materials regarding CIAA or smoke-free signage.

- (c) Subcontractor will continue to monitor CIAA compliance and Clean Air Reporting System (CARS) complaints, will follow local protocol for enforcement with documentation in CARS. If a local CIAA Enforcement Team and local protocol has not been established, a plan must be developed and submitted to the Department liaison. This CIAA Enforcement Team must be active in every county that receives tobacco prevention funds.
- (d) Subcontractor will inform CDPHP when CIAA enforcement challenges arise.

Deliverable 19 Secondhand Smoke Policy – Smoke Free Multi-Unit Housing (SFMUH)

- (a) Subcontractor will develop contacts with private and public multi-unit housing facilities without smoke-free policies and educate on the benefits of smoke-free housing policies and offer ongoing support and technical assistance.
- (b) Subcontractor will maintain communication with private and public multi-unit housing facilities with existing smoke-free policies and other guidance to strengthen and enforce policies.
- (c) Where applicable, Subcontractor will work with local Public Housing Authority to implement, enforce, or strengthen smoke-free policies annually.

Deliverable 20 Subcontractor will continue to explore opportunities for to implement other local tobacco policies. Subcontractor will select a minimum of one of the following policies to work towards: (A) expanding the local Clean Indoor Air Act protocol to include e-cigarettes; (B) policies aiming to restrict youth access to tobacco products. Subcontractor may continue work on policy efforts from previous contract years with approval from the Montana Tobacco Use Prevention Program. Working towards a policy includes education the community on the need for the benefits of a policy and providing technical assistance during introduction, implementation, and enforcement of a policy.

FOCUS AREA: WORKSITES

Deliverable 21 Implementation of Evidence-Based Practices

Collaborate with and support Hub to partner with organizations in the multicounty area to adopt worksite wellness policies and

interventions that support preventative care and a reduction in chronic disease incidence and prevalence.

- B. Time is of the essence under this Agreement. Uninterrupted and continuous delivery of the contracted goods and services is required. The Subcontractor agrees:
1. To use funds from this Agreement solely to provide the services described in this Agreement.
 2. To fully participate in site visits, meetings, webinars, or conference calls that DPHHS staff, or Hub, make to the Subcontractor's multi-county area. DPHHS, or Hub, will conduct at least one (1) site visit to evaluate the Subcontractor's work, determine progress, and/or provide technical training or assistance, and additional phone visits or in person visits as needed.
 3. That funds received under this Agreement may not be used for:
 - (a) any activity that involves, or may lead to involvement in, endorsement of the nomination and/or election of a political candidate, the passage of legislation or of a ballot issue, or political support or opposition in connection with a political committee or political activity;
 - (b) activities outside the approved Annual Work Plan or not otherwise specified in the Agreement;
 - (c) replacing or supplant existing activities;
 - (d) out-of-state travel - except with prior written approval from DPHHS;
 - (e) construction or remodeling;
 - (f) equipment and computer hardware and/or printers - prior written approval is required from DPHHS before purchasing with these funds.
 - (g) collaboration with tobacco industry sponsored or tobacco industry subsidiary sponsored activities/events/funding;
 - (h) paying for pharmacological aids for the treatment of nicotine dependence, such as nicotine gum, patches, or prescription drugs;
 - (i) individual behavioral change activities such as cessation classes;
 - (j) providing regular tobacco prevention curriculum instruction in K-12 and higher education classroom or school settings except with prior written approval from MTUPP;
 - (k) paying tobacco users to quit using;
 - (l) cash incentives for participation in community or youth coalitions or coalition activities.
- C. This is a performance-based Agreement; therefore:

1. Funding/payments to the Subcontractor will be partly based upon the review and approval of the deliverables mentioned above.
 - a. Funds will be released upon the review and approval of each deliverable due on or before the following dates: August 15, 2020; October 10, 2020; January 10, 2021; April 10, 2021 and July 31, 2021.
2. Payment for activities outside of the scope of services will not be made.

D. The Hub agrees to:

1. Provide training, technical assistance, and consultation necessary for the performance of services described in A and B above.
2. Consult with the Subcontractor, upon the Subcontractor's request, concerning the subject matter of this Agreement.
3. Provide the Subcontractor with program guidance in the areas of planning and developing tobacco use prevention activities, HCHC activities, program administration, establishing goals and objectives, policy development and media relations, and provide ready access to the Hub's liaison listed in Section 6.
4. Be readily accessible to the Subcontractor to discuss program issues through on-site meetings, phone, email, webinars and fax as necessary to enable the Contractor to complete task order requirements.
5. Review the Subcontractor's proposed work plan and amendments for compliance with DPHHS guidance and negotiate revisions as needed.
6. Provide alternatives to in-person meetings, such as phone or web meetings when possible.
7. Provide notice at least 30 days prior to any meeting or training workshop which the Subcontractor is required to attend and for which travel is necessary.
8. Provide formats and guidelines for all reports required a minimum of 30 days prior to the required due date.
9. Provide the Subcontractor with access to tobacco use prevention related materials and data available within DPHHS subject to the confidentiality limitations of the Hub.

10. Interpret State laws and rules relating to tobacco use prevention issues, as well as provide updates on changes to federal and state laws, rules, and regulations.
11. Whenever input, review, and changes to the Subcontractor's work plan or reporting are required for approval by DPHHS, as a condition of this Agreement, provide it within seven business (7) days to the Subcontractor.

SECTION 3: EFFECTIVE DATE AND PERIOD OF PERFORMANCE

- A. Performance of this Agreement will begin July 1, 2020 and must be continued through and completed by June 30, 2021.
- B. This is a one-time Agreement and there are no assurances that this agreement may be extended for any period beyond that specified above, or beyond termination otherwise provided for in the master contract. However, contingent upon successful completion of Agreement services, approval of the Subcontractor's 2021-2022 work plan, and availability of funds, the Hub anticipates offering comparable continuation funding for further program implementation.
- C. Based on funding received, the Hub reserves the right to modify services and/or funding amounts at time of Agreement renewal or as necessary during the task order year.
- D. The completion date of performance for purposes of issuance of final payment for services under this Agreement is the date upon which:
 - 1) the Subcontractor is required to perform nothing further and has no additional corrective actions to complete; and
 - 2) all final reports required under this Agreement are appropriately submitted and are satisfactory in form and content as determined by the Hub.
- E. After completion or termination of the Agreement, the Subcontractor remains obligated to comply with all continuing legal and contractual obligations, duties and responsibilities including but not limited to obligations related to state and federal reporting, record retention, provision of access and information for audits, indemnification, insurance, protection of confidential information, recipient grievances and appeals, and property ownership and use.

SECTION 4: COMPENSATION

- A. In consideration of the services provided through this Agreement, the Hub will pay the Subcontractor up to a maximum total of \$108,624.00 as follows:

1. \$78,624.00 for Montana Tobacco Use Prevention Program payable as:
 - Anaconda-Deer Lodge County: \$ 28,080.00
 - Anaconda-Deer Lodge County (For Granite County): \$ 23,760.00
 - Anaconda-Deer Lodge County (For Powell County): \$ 26,784.00
2. \$30,000.00 for Montana Asthma Program.
3. The total task order amount includes funds for health educators and staff at the discretion of the Contractor to attend up to two (2) annual in-person Contractor meetings and any needed orientations and trainings for MTUPP.

B. Payments will be made according to the following schedule. The Hub will provide the invoice template.

1. \$21,724.80 upon receipt and approval of regional work plan for 2020-2021 due July 10, 2020.
2. \$21,724.80 upon receipt and approval of each quarterly progress report uploaded to Catalyst and the Montana Asthma Program web-based data collection system as applicable and approved by the Hub's liaison due October 5, 2020, January 5, 2021, and April 5, 2021.
3. \$21,724.80 upon receipt and approval of 1) regional work plan for 2021-2022 and 2) final quarterly progress report have been uploaded to Catalyst and the Montana Asthma Program web-based data collection system as applicable and approved by the Hub liaison due July 5, 2021.
4. The Hub liaison will email or fax the Subcontractor's quarterly invoice template to the Subcontractor's liaison for verification. The Subcontractor will return the signed invoice to the Hub liaison for review and approval before processing.
5. Costs associated with all travel required under this Agreement must be paid by the Subcontractor from funds received through this Agreement, with the following exception:
 - a. DPHHS will cover the travel costs (meals, accommodation and mileage at rates set for travel of state employees pursuant to Title 2, Chapter 18, Part 5, MCA) from funds outside of the Subcontractor's budget for the RN responsible for carrying out the MAP home visits to attend any required MAP trainings as described in Section 2. Deliverable 14.

SECTION 5: SOURCE OF FUNDS AND FUNDING CONDITIONS

A. Sources of Funding

The sources of funding for this Agreement period (July 1, 2020 through June 30, 2021) are from the Montana Tobacco Master Settlement Account from several cooperative agreements from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), C.F.D.A. 93.898 C.F.D.A. 93.800 and C.F.D.A. 93.070.

B. Adjustments to Consideration

The Hub may adjust the consideration provided to the Subcontractor under this Agreement on any reductions of funding, governing budget, erroneous or improper payments, audit findings, or failings in the Subcontractor's delivery of services.

C. Other Programs as Payers for Services – Non-duplication of Payment

The Subcontractor may not seek compensation from monies payable through this Agreement for the costs of goods and services that may be or are reimbursed, in whole or in part, from other programs and sources.

D. In-state travel charges or rates should be in accordance with the Subcontractor's rates of reimbursement for its own employees; however, use of Montana State rates is encouraged. For rates please see <http://doa.mt.gov/doatravel/default.mcp.x>. Costs associated with all travel required under this Agreement must be paid by the Subcontractor from funds received through this Agreement.

E. Any out-of-state travel should be in accordance with the Subcontractor's rates of reimbursement for its own employees and must receive prior written approval from DPHHS and Hub liaisons before occurring.

F. Administrative or indirect costs cannot exceed 10% of the total direct costs of the Agreement.

G. Withholding for Failure to Perform

DPHHS may withhold payment at any time during the term of the Agreement and may withhold final payments under the Agreement if the Subcontractor is failing to perform its duties and responsibilities in accordance with the terms of this Agreement. DPHHS will give the Subcontractor written notice via the Hub of both the amount of withheld and of the basis for the withholding of payment.

H. Erroneous and Improper Payments

The Subcontractor may not retain any monies the Hub pays in error or which the Subcontractor, its employees, or its agents improperly receive. Any monies the Subcontractor receives in error are a debt the Subcontractor owes to the DPHHS or Hub. The Subcontractor must immediately notify the Hub if it determines a payment may be erroneous or improper and must return that payment within 30 days of the Hub requesting its return. If the Subcontractor fails to return to the Hub any erroneous or improper payment, the Hub may recover such payment by any methods available under law or through this Agreement, including deduction of the payment amount from any future payments to be made to the Subcontractor.

- I. The Hub, in consultation with, DPHHS may terminate at any time the whole or any part of this Agreement or modify the terms of the Agreement if federal or state funding for the Agreement is reduced or terminated for any reason. Modification of the Agreement includes but is not limited to reduction of the rates or amounts of consideration or the alteration of the manner of the performance in order to reduce expenditures under the Agreement.

SECTION 6: LIAISONS AND SERVICE OF NOTICES

- A. Lori Stenson, or her successor, will be the liaison for the Hub. Her contact information is as follows:

Lori Stenson, Community Health Division Program Manager
Butte-Silver Bow City-County Health Department
25 W. Front St.
Butte, MT 59701
(406) 497-5025 – phone
(406) 497-5099 – fax
lstenson@bsb.mt.gov

- B. Leigh Ann Holmes or her successor will be the liaison for the Subcontractor. Her contact information is as follows:

Leigh Ann Holmes, Lead Public Health Official
Anaconda-Deer Lodge County Health Department
118 East 7th St. Suite 2
Anaconda, MT 59711
(406) 563-7863 – phone
(406) 563-0356 – fax
lholfmes@adlc.us

These persons serve as the primary contacts between the parties regarding the performance of the Agreement. The Hub's liaison and Subcontractor's liaison may

be changed by written notice to the other party.

- C. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties' addresses set out in this Agreement.

SECTION 7: DISPUTE RESOLUTION PROCESS

The following process is to be used in the event of a disagreement between the Subcontractor and the Hub about the terms of this contract. Written notification by the Subcontractor providing specific details about the disagreement must first be provided to the Butte-Silver Bow County Health Department Director identified below:

Tina Randall, Community Health Division Director, (406) 497-5001, trandall@bsb.mt.gov.

The Department Director shall attempt to resolve the dispute. If resolution of the disagreement is not obtained, then the Subcontractor may request a review and determination to be made by the Health Officer. The Subcontractor shall provide in writing specific details about the remaining issues that are in dispute. The Subcontractor may also request an in-person meeting with the administrator to present its reasons or position on the disagreement. If the division administrator cannot resolve the dispute, the reasons for the Hub's position on the issues in dispute must be presented to the Subcontractor in writing.

SECTION 8: PUBLIC INFORMATION AND DISCLAIMERS

- A. The Subcontractor may not access or use personal, confidential, or privileged information obtained through the Hub, its agents and subcontractors, unless the Subcontractor does so:
1. in conformity with governing legal authorities and policies;
 2. with the permission of the persons or entities from whom the information is to be obtained; and
 3. with the review and approval by DPHHS prior to use, publication or release.

Privileged information includes information and data DPHHS, its agents and contractors produce, compile or receive for state and local contractual efforts, including those local and state programs with which DPHHS contracts to engage in activities related to the purposes of this Agreement.

- B. The Subcontractor may not use monies under this Agreement to pay for media, publicity or advertising that in any way associates the services or performance of the Subcontractor, Hub, or DPHHS under this Agreement with any specific political agenda, political party, a candidate for public office, or any matter to be voted upon by the public. Media includes but is not limited to commercial and noncommercial print, verbal and electronic media.

- C. The Subcontractor must inform any people to whom it provides consultation or training services under this Agreement that any opinions expressed do not necessarily represent the position of DPHHS. When using non-federal funds from this Agreement, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Agreement prepared and released by the Subcontractor must include the statement:

“This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.”

- D. The Subcontractor must state the percentage and the monetary amount of the total program or project costs of this Agreement funded with (a) federal monies and (b) non-federal monies in all statements, press releases, and other documents or media pieces made available to the public describing the services provided through this Agreement.

“For contracts funded in whole or part with federally appropriated monies received through programs administered by the U.S. Department of Health & Human Services, Education or Labor. Section 503 of H.R. 3288, “Consolidated Appropriations Act, Division D, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2010”, Pub. L. No. 111-117, and in H.R. 1473, “Department” Of Defense And Full-Year Continuing Appropriations Act, 2011”, Title I – General Provisions, Sec. 1101, Pub. L. 112-10, and as may be provided by congressional continuing resolutions or further budgetary enactments.”

- E. When using federal funds from this Agreement, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Agreement prepared and released by the Subcontractor must include the following statement or its equivalent and must be approved by DPHHS liaison, prior to use, publication and release.

“This project is funded (in part or in whole) by grant number(s) (*to be provided by DPHHS at time of review*) from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services and from the Montana Department of Public Health and Human Services. The contents herein do not necessarily reflect the

official views and policies of the U.S. Department of Health and Human Services or the Montana Department of Public Health and Human Services.”

- F. Before the Subcontractor uses, publishes, releases or distributes them to the public or to local and state programs, DPHHS must review and approve all products, materials, documents, publications, press releases and media pieces (in any form, including electronic) the Subcontractor or its agents produce with task order monies to describe and promote services provided through this Agreement.

SECTION 9: SCOPE OF TASK ORDER

This Task Order consists of numbered pages 1 through 20 and the following Attachment A numbered pages 31 through 39.

Attachment A – MAP Home Visiting Program Description

The original Agreement and any amendments will be retained by the Hub. A copy of the original has the same force and effect for all purposes as the Original. This is the entire agreement as to this particular Agreement between the parties.

IN WITNESS THEREOF, the parties through their authorized agents have executed this Task Order on the dates set out below:

BUTTE-SILVER BOW CITY-COUNTY:

By: _____ Date: _____
Karen Sullivan, Health Officer
Butte-Silver Bow Health Department

By: _____ Date: _____
Ivy Fredrickson, JD – Chairwoman
Butte-Silver Bow Board of Health

IN WITNESS WHEREOF, the parties hereto have executed this instrument the day and year first written below.

CITY-COUNTY

DAVE PALMER
CHIEF EXECUTIVE

Date

ATTEST:

APPROVED AS TO FORM:

EILEEN JOYCE
COUNTY ATTORNEY

ANACONDA-DEER LODGE COUNTY:

By: _____ Date: _____

Bill T. Everett, Chief Executive Officer
Anaconda-Deer Lodge County
800 Main Street, Anaconda, MT 59711
406-563-4000
beverett@adlc.us

Overview of the Montana Asthma Home Visiting Program (MAP)

Attachment A



I. Background

Asthma home visiting programs provide several key services to both patients with asthma and their families. First, home visits provide an opportunity for patients with asthma to receive additional education about their disease. Asthma medications can also be reviewed during a home visiting session, to ensure that the patient's medications are up to date, and that the medications are being taken correctly. Finally, home visits provide help to patients and their families in identifying potential environmental triggers that are present in their home environment.

Numerous studies have been conducted that demonstrate the effectiveness of asthma home visiting programs. One of the key studies conducted in this area was known as the Inner-City Asthma Study. Results from this study were published in the *New England Journal of Medicine* in 2004.¹ This study, which was a randomized, controlled trial, assigned over 900 children (ages 5-11 years old) with atopic asthma to one of two groups. The intervention group received both at-home asthma education and assistance in reducing exposure to asthma triggers; the control group received limited at-home visits for evaluation purposes only. The intervention phase lasted for one year, with follow-up conducted for an additional year. Analysis of the results demonstrated a significant difference between intervention and control groups on several key outcome measures. At the end of the one-year intervention, unscheduled visits to the emergency department were significantly lower among the intervention group than the control group. Other differences included: a smaller number of missed school days, less days with wheezing, and fewer nights that the caretaker had to wake up because of the child's asthma. These other differences were still observed one year after the intervention had ended.

In addition to the Inner-City Asthma Study, other asthma home visiting studies and program evaluations have also demonstrated improvement in quality of life, healthcare utilization, and productivity outcomes in various locations around the United States. As a result

¹ Morgan WJ, Crain EF, Gruchalla RS, et al. Results of a home-based environmental intervention among urban children with asthma. *N Engl J Med.* 2004;351(11):1068–1080.

of the large amount of evidence available, the Task Force on Community Preventive Services has recommended “home-based multi-trigger, multicomponent environmental interventions for children and adolescents with asthma.”² Specifically, the Task Force found that there was “strong evidence of effectiveness in reducing symptom days, improving quality of life or symptom scores, and in reducing the number of school days missed.” Additionally, the Task Force’s economic review found “that the combination of minor to moderate environmental remediation with an education component provides good value for the money invested.” Similarly, the Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma,³ issued by the National Heart, Lung, and Blood Institute, recommends the use of asthma home-visiting programs. The Guidelines specifically recommend “that asthma education delivered in the homes of caregivers of young children be considered.” The Guidelines additionally recommend “that multifaceted allergen education and control interventions delivered in the home setting and that have been shown to be effective” be utilized for asthma patients with allergies.

The great majority of the asthma home-visiting studies and programs that have been conducted have taken place in large urban areas and among children. The Montana Asthma Home Visiting Program has been shown to be effective for children aged 0-17 years.⁴ However, before implanting an asthma home visiting program for adults on a large scale, there is a need to continue the adult asthma home visiting pilot program to determine how well this evidence-based program will translate to older ages.

II. Program Description

The Montana Asthma Home Visiting Program (MAP) will utilize home visiting nurses and respiratory therapists to provide education to adults or children with asthma and their families about self-management of asthma and control of environmental asthma triggers. Limited environmental interventions will also be utilized. For the purposes of this program, eligible participants will be defined as those children or adults that: 1) live in the geographic area where the funded agency is located; and 2) have had at least one emergency department visit/urgent care visit/hospitalization for asthma in the past year, or scored less than 20 on the Asthma Control Test™ within the past year. Patients with an asthma diagnosis who do not meet these criteria may be referred into the program by their healthcare provider. All participants should have received a diagnosis of asthma from their health care provider to participate.

The program aims to increase the number of home visits to at-risk children and adults with asthma, to increase knowledge among at-risk adults or children and their families of how to manage asthma symptoms, and to increase the knowledge among at-risk adults or children and their families of how to reduce and/or eliminate environmental triggers. Additionally, the

² Guide to Community Preventive Services. Asthma control: home-based multi-trigger, multicomponent interventions. www.thecommunityguide.org/asthma/multicomponent.html

³ Available at <http://www.nhlbi.nih.gov/guidelines/asthma/asthdln.pdf>

⁴ Fernandes J *et al.* Outcomes of the Montana Asthma Home Visiting Program: A home-based asthma education program. *J Asthma*. Online 09 Feb 2018.

program aims to decrease the number of missed school/work days due to asthma in the previous six months, decrease unscheduled office visits and emergency department visits for asthma, increase the number of at-risk adults and children with a written asthma action plan, increase the mean score on the Asthma Control Test, and decrease the number of days in the last month that at-risk adults or children needed to use a short-acting beta agonist medication. Specifically, the program will aim to meet the following target outcomes:

- Increase the pre-post test scores measuring management of asthma symptoms by 25%
- Increase the pre-post test scores measuring knowledge of methods of reducing and/or eliminating environmental asthma triggers by 25%
- A 25% reduction in the number of school days missed due to asthma in the previous six months
- Demonstrate a decline in emergency department visits and unscheduled office visits for asthma, with the cost savings per participant calculated
- Increase the percentage of participants with asthma in the program with a written asthma action plan to 100%
- Increase by 3 points the mean score on the Asthma Control Test
- Decrease by 50% the proportion of participants with asthma in the program who reported using their short-acting beta agonist medication everyday within the last month
- Calculate cost savings per participant

The program will include six contacts, including at least **four in-home visits**, provided over the course of a **one-year time period**. In addition to the first visit, visits will occur at one month, six months, and one year. Phone contacts (or optional in-home visits) will occur at the three months and nine-month time periods. A nurse or respiratory therapist will conduct each visit. The first home visit will last approximately two hours and can be broken up into a phone call and an in-home visit. The one month, six month, and one-year visits will each be approximately one hour in length. The two phone contacts will be approximately 30 minutes in length or less.

Currently, the Montana Asthma Control Program (MACP) funds 11 sites to provide home visits through the MAP. The sites must serve low-income, frontier, and/or tribal communities. Funded sites will possess expertise in the management of chronic disease and the conducting of home visits for health issues. Each site will receive up to \$30,000, which will be awarded over the course of the year.

Training will be provided to the participating nurses or respiratory therapists. Training will be provided by MACP staff, as well as by healthcare professionals with expertise in asthma. In addition to receiving an overview of the program, nurses will receive training on asthma medications and devices, asthma triggers, the conducting of home environmental assessments, educational techniques, home visitor safety, and other relevant topics. The nurses will also be trained on the data collection tools that will be utilized in the MAP, including how to properly

fill out and submit all necessary forms.

At the training sessions, certain materials will be provided to the home visiting staff as well. These materials will include: asthma demonstration kits, educational hand-outs (including information about tobacco cessation, with linkages to the MT Quit Line), copies of the Asthma Control Test™, copies of an asthma knowledge test, a flashlight, a humidity reader, a clipboard, an updated nursing drug guide, allergen-impermeable covers for a child's mattress, box spring, and pillow, and an educational lung model. Throughout the course of the program, as necessary, nurses will have access to free-standing HEPA grade air purifiers and any of the materials received during training sessions.

Over the course of the grant period, conference calls with the funded sites will be held at regular bi-monthly intervals. The purpose of these calls will be to let participants share their experiences and lessons learned, obtain clarification of program implementation issues, and report on progress made. In addition to these conference calls, technical assistance will be provided by MACP staff to the funded sites throughout the duration of the grant period. MAP staff will be required to maintain contact with each participant's healthcare provider while they are enrolled in the program.

MAP sites are required to register to become authorized users in the CONNECT Bi-Way Referral System if the CONNECT system is available in their organization. MAP home visitors will participate in trainings to use and promote the CONNECT Referral System. The purpose of utilizing the CONNECT system is to increase the number of referrals into the MAP and link participants with additional community resources that may help improve their health, living conditions, and overall quality of life.

Due to asthma severity and control varying from person to person, the number of in-home visits conducted by the home visiting staff will also vary depending on the household. Nurses will periodically assess the participant's progress and work together with the family to decide if more than the required in-home visits are needed to meet the project's goals.

Timeline of Activities

Before the first home visit:

- Identify target population and develop a method of referral (preferably through the local Medicaid case manager and through existing home visiting referral systems)
- Obtain consent from families that will participate
- At the first home visit (approximately 2 hours):
- *At the discretion of the nurse, this visit can be broken into a phone call or office visit, and a home visit. See following page*

1st Visit *(At the discretion of the nurse, this visit can be broken into an office visit and a home visit)*

May be done by phone or in person	Must be done in person	Must be done in home
<ul style="list-style-type: none"> - Greet the parent/guardian and child, or adult participant <ul style="list-style-type: none"> o Introduce yourself - Explain the purpose and structure of the program - Explain why you need a release of information form for the individual's healthcare provider and the school nurse (if applicable). - Inform the participants that, to continue the program, you need written consent from the participant or if applicable, from a parent/guardian and a signature from a parent/guardian on the release of information form. 	<ul style="list-style-type: none"> - Greet the parent/guardian and child, or adult participant Introduce yourself, remind them that you talked with them on the phone. - Explain the purpose and structure of the program, request and obtain written consent to continue - Explain why you need a release of information form for the child's healthcare provider and the school nurse (if applicable), and obtain a signature from the parent/guardian - Verbally administer the "Entrance Survey" to the parent/guardian <ul style="list-style-type: none"> o Explain that the survey is necessary because we are trying to ensure that those involved have a positive experience and that the program is as successful as possible - Verbally administer the "Healthcare/Medication Use, Impairment, School, and Work Questions" form <ul style="list-style-type: none"> o Ask the individual and parent/guardian (if applicable) the questions on that form 	<ul style="list-style-type: none"> - Provide general asthma education to the child and parent/guardian(s), or adult participant <ul style="list-style-type: none"> o Use "Asthma Education Curriculum, Session One: General Asthma Education" o Use the In-Check dial to determine if the participant has correct inhaler technique - Conduct the walk-through of the home with the participant and family, utilizing the Asthma Home Environment Checklist. After filling out the form, make a decision jointly with the participant as to one change in the home environment that could be made by the next visit <ul style="list-style-type: none"> o After returning to the office, make copies of the checklist and send it to the participant and their healthcare provider - Give the allergen-impermeable covers to the family <ul style="list-style-type: none"> o Explain how they are to be placed on the participant's bed; offer to

		demonstrate their use, if necessary
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	<ul style="list-style-type: none"> - Have the parent/guardian(s) (or the child if the child is ≥ 12 years old), or adult participant complete the Asthma Knowledge Quiz <ul style="list-style-type: none"> o Explain to the parent/guardian and/or child that the quiz is being utilized to help determine what they learn during the home visiting program - Have the child and/or parent/guardian, or adult participant complete the age-appropriate Asthma Control Test <ul style="list-style-type: none"> o If participant is an adult or a child that is 12 years old or older, have them complete the Asthma Control Test on their own o If the child is between the ages of 4 and 11, have the child and parent/guardian complete the Asthma Control Test jointly (per the written instructions on the Asthma Control Test) 	<ul style="list-style-type: none"> - A folder of information will be left for the participant, including resources and educational materials. - Instruct the participant to review the materials that you are leaving with them and to ask any questions that they may have at the next visit
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After the visit:

- Send the release of information form to the participant's healthcare provider and school nurse (if applicable)
- If applicable, contact the child's school nurse and discuss your home visit
- Send the Asthma Control Test score (if applicable) to the participant's healthcare provider
- Send a copy of the "Healthcare/Medication Use, Impairment, School, and Work Questions" form to the participant's healthcare provider
- Send a copy of the environmental checklist to the participant's healthcare provider
- If necessary, send a copy of a blank asthma action plan to the participant's healthcare provider

At the one-month home visit (1 hour):

- The home visitor will go over the results from the Asthma Home Environment Checklist once again, and will see if any changes have been made to the home
 - If not, the home visitor will assess why no change(s) have been made, and provide linkages to the appropriate resources, if necessary
- Participant and/or participant's parents will be asked how often they used their short-acting beta agonist medication in the last month.
- A short quiz assessing asthma knowledge will be given.
- The home visitor will follow up to see if the participant has seen a healthcare provider and will review the participant's asthma action plan with the participant.
- Free-standing HEPA purifiers will be provided if the participant is exposed to secondhand smoke or where a dog/cat is present

At the three-month phone call or home visit (30 minutes or less):

- Contact participant or family by phone to address any questions or concerns about education or environmental issues. At the discretion of the home visitor or by participant request, a home visit may be made.
 - Events initiating a home visit may be the environmental change(s) had not been made at the one month visit, short acting beta agonist medication was used more than 2 times per week in the month prior to the second visit (not counting pretreatment for exercise), the child did not have an updated asthma action plan at the second visit, or the family had requested an in-home visit during the one month visit.
 - Otherwise, conduct the visit by telephone

At the six-month visit (one hour):

- The Asthma Control Test™ will again be administered
- A short quiz addressing asthma knowledge will be given
- Educational and environmental issues addressed as needed

- Ensure asthma action plan is still up-to-date and inhaler technique is reviewed
- Data will be collected on healthcare and medication usage
- Data will be collected on school/workdays missed

At the nine-month phone call or home visit (30 minutes or less):

- Contact participant or family by phone to address any questions or concerns about education or environmental issues. At the discretion of the home visitor or by family request, a home visit may be made if
 - Events initiating a home visit may be the environmental change(s) had still not been made by the six month visit, the score on the Asthma Control Test given at the six month visit was <20, short acting beta agonist medication was used more than 2 times per week in the month prior to the six month visit (not counting pretreatment for exercise), the participant did not have an updated asthma action plan at the six month visit, or the participant had requested an in-home visit.
 - Otherwise, conduct the visit by telephone

At the twelve-month visit (one hour):

- The Asthma Control Test™ will again be administered
- A short quiz addressing asthma knowledge will be given
- Educational and environmental issues addressed as needed
- Data will be collected on healthcare and medication usage
- Data will be collected on school/workdays missed
- Exit survey administered

Six months after completing (or leaving) the program (brief phone call/weblink survey/or mail-in):

- The MAP follow-up survey will be administered
- Educational and environmental issues addressed as needed
- The follow-up survey data will be submitted to MACP staff by MAP Contractor if collected by phone or mail.

III. Justification of program design

This program is based on the successful designs of asthma home visiting programs in other states, as well as on studies that have been described in the literature. As noted earlier, the effectiveness of asthma home visiting programs has been well established. However, it is important to keep in mind that, as noted by the Task Force on Community Preventive Services, there are still evidence gaps regarding how best to carry out some of the specific details of individual asthma home visiting programs.

For example, the effects of different levels of intensity of a home visiting program are still not well described. This includes the actual number of home visits, as well as the intensity

of asthma education and environmental remediation provided. We chose four visits, with two additional phone contacts, because programs have been shown to be successful with four to six visits per 12-month period. In addition, the amount of time that we have set aside for asthma education should be adequate to meet the needs of the target population. The environmental remediation measures we have chosen to be modest in scope. Obviously, the cost of interventions can rise dramatically when intense environmental remediation takes place (e.g. removing carpet, replacing walls, etc.) With no evidence demonstrating that such intense remediation would be necessary for the majority of the target population, we are not prepared to advocate such measures at this time.

It is also an unknown as to which type of home visitor is most effective when carrying out asthma home visiting programs. Programs across the country have used a wide variety of types of personnel to implement their programs, including social workers, community health workers, certified asthma educators, and nurses. Similar outcomes have been observed with the different types of personnel. We have chosen to use registered nurses and respiratory therapists for a couple of reasons. First, registered nurses and respiratory therapists have the healthcare background and experience to effectively educate patients about asthma management with a minimal amount of additional training needed. Using social workers or community health workers would necessitate additional training time for personnel on asthma management, and the result may be information that is not as medically accurate. Additionally, registered nurses and respiratory therapists involved in other home visiting activities have experience with the home visiting process. This experience with other chronic diseases should translate well to asthma.

In addition, as noted earlier, there is a lack of research available on implementing asthma home-visiting programs with adults or in rural settings. However, this project will continue to enable us to learn more about the implementation of asthma home-visiting programs among adults and in rural areas. The lessons learned can then be applied to a larger Montana program in the future.