

TASK ORDER 21-07-3-01-001-0

TO BUTTE SILVER BOW COUNTY UNIFIED GOVERNMENT MASTER CONTRACT
THAT COVERS THE PERIOD OF JULY 1, 2019 THROUGH JUNE 30, 2026
(Montana Cancer Control Programs, Montana Asthma Control Program, Montana
Tobacco Use Prevention Program, Montana Healthy Living Program, and the Montana
CONNECT Program)

THIS TASK ORDER is entered into between the Montana Department of Public Health and Human Services (hereinafter referred to as the "Department"), whose address and phone number are 1400 Broadway, P.O. Box 202951, Helena, Montana 59620-2951, and (406) 444-3385 and Butte Silver Bow City-County Health Department (hereinafter referred to as the "Contractor"), whose federal ID number, mailing address, fax number, and phone number are 81-0368698, 25 West Front Street, Butte, MT 59701 (406) 497-5099 and 406-497-5085 for the purpose of committing the Contractor to provide health-related services required by this task order. In consideration of the mutual covenants and stipulations described below, the Department and Contractor agree as follows:

SECTION 1: PURPOSE

The purpose of this Task Order is to commit Butte Silver Bow City-County Health Department to serve as Contractor to:

- A. Continue to implement breast and cervical screening services and patient guidance, and continue accelerating implementation of the Montana Comprehensive Cancer Control (CCC) Plan by strengthening community capacity and facilitating policy and systems change in the counties of Beaverhead, Deer Lodge, Granite, Madison, Silver Bow, Powell and Ravalli County (for Tobacco Use Prevention Only) (hereinafter referred to as the "multi-county area"). The primary programmatic focus is the prevention and early detection of cancer in the general population.
- B. Continue to implement the Montana Asthma Home Visiting Program (MAP) as provided to the Contractor 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 visits, 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-month and nine-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.

C. The purpose of the Montana Tobacco Use Prevention Program (MTUPP) community-based program funding is 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 Department agrees that the community-based program funding will be used to prevent the abuse of commercial tobacco or tobacco-for-profit products only. The Department 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.

D. Implement the Health Coaches for Hypertension Control (HCHC) program curriculum.

E. Implement at least one (1) of the selected Health Living Programs (HLP), chronic disease community evidence-based programs to improve the health and wellbeing of Montanans.

F. CONNECT Services: Implement the CONNECT bidirectional referral system. The system allows client contact information to be sent between service providers. The secure web-based system is available at no cost to approved organizations that make client referrals. The goal of CONNECT is to reduce common barriers for external referrals and increase client uptake in services. Through the regional approach, contractors are expected to:

- Conduct referral mapping, Identify and onboard community partners and service providers to engage and actively use the CONNECT referral system;

- Provide technical assistance to those partner organization;
- And continue to promote and market the system

SECTION 2: SERVICES TO BE PROVIDED

A. The Contractor 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 of two (2) professional level staff assigned (.5) FTE to conduct interventions in Cancer Control and Healthy Living Program (HLP) community evidence-based programs through SFY20-21. Maintain a minimum of two (2) people from the multi-county area trained as a Chronic Disease Self-Management Program (CDSMP), Worksite Chronic Disease Self-Management (wCDSMP), Walk with Ease (WWE), Walk with Ease Self-Directed (WWE-SD), Stepping On and/or Healthy Heart Ambassador-Blood Pressure Self-Management (HHA-BPSM) program instructors; send new staff to be trained as needed.
 - 2. A minimum professional level staff assigned to conduct interventions in Montana Tobacco Use Prevention Programs as follows: Deer Lodge County: (1.25); Madison County: (1.0); Ravalli County: (.75); Silver Bow County: (.75).
- (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 Department a proposed SFY 2022 one-year work plan, due June 11, 2021, to further implement MCCP, HLP and MTUPP activities during the period July 1, 2021 through June 30, 2022. Use the work plan template to be provided by the Department and enter the SFY 2022 work plan into the Catalyst online reporting system. The work plan will be final once it has been approved by the

Department.

Deliverable 3 Training and Technical Assistance

- (a) Assigned staff under Deliverable 1 will participate with the Department in telephone consultations, program orientations, on-site visits, contractor meetings, and training and program evaluations according to the schedule provided by the Department.
- (b) Funds for travel to required meetings and trainings for MCCP and MTUPP are included in this Task Order.
- (c) A minimum of one (1) individual from each program area (MTUPP, MCCP, HLP and MAP) within the region must attend the CDPHP Contractor Statewide meeting held in Helena May 12-13, 2021, and other required trainings as directed. Funds for registration and travel to this meeting are included in the Task Order.
- (d) Communicate questions, delays, challenges, and suggestions to the Department's liaison identified below.
- (e) All new staff will complete the new employee orientation, offered by the Department, within three months of hire date.
- (f) MTUPP holds in-person new TPS Trainings approximately twice per year. All newly hired TPS will be required to attend one of these trainings 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, the Chronic Disease Online Database System E-MAP, the Montana Asthma Program web-based data collection system, and the Montana Cancer Control Programs' Site Data System, submit quarterly progress reports to the Department, documenting completed activities laid out in the Contractor's Department-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:

1. July 1 through September 30, 2020, due October 10, 2020;
2. October 1 through December 31, 2020, due January 10, 2021;
3. January 1 through March 31, 2021, due April 10, 2021; and
4. April 1 through June 30, 2021, due July 10, 2021.

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

- (b) Enter breast and cervical cancer screening data collection forms and documentation of client services into the MCCP electronic site data system (data applications CaST and SDS) on a biweekly basis and according to the CDPHP Guidance Manual. Implement data maintenance activities as requested by MCCP state office staff and run electronic site data system reports according to a schedule provided by the Department. Provide to the MCCP state office documentation of each complete screening including the following:
1. Complete eligibility and enrollment. Informed consent forms signed by the client must be maintained on file at the administrative site.
 2. Screening forms, and when appropriate, abnormal screening forms completed and signed by the medical service provider and entered into the site data system.
 3. Any other required supporting documentation as described in the CDPHP Guidance Manual. Contractor payment is full payment for all expenses related to screening support activities for each screening, including follow-up of diagnostic test results and short-term follow-up of clients' breast and/or cervical test results.
 4. Exceptions to this contingency will be determined on a contract by contract basis.
- (c) Use the E-MAP web-based data collection tool to record all relevant client data after each home visit. MAP data must be submitted online at <https://chronicdiseasedata.undeerc.org>.
- (d) Use the Chronic Disease Online Database System to record the HLP community evidence-based programs to report workshops and participant data. The HLP data must be submitted online at <https://chronicdiseasedata.undeerc.org>. Data is requested to be submitted quarterly—January, April, July, and October. The Healthy Living Program Manager must be notified if data cannot be submitted quarterly.

- (e) All contractors will complete surveys that are sent out by the Department.

Deliverable 5 Contractor Administrative Responsibilities

- (a) Sub-contract with counties in designated multi-county area for the fulfillment of task order deliverables.
- (b) Communicate with sub-contractors at least quarterly throughout the year for the implementation of deliverables.
 - 1. All communication between regional partners will be tracked and reported quarterly in Catalyst.
- (c) Convene at least one (1) annual regional meeting with sub-contractors to develop coordinated work plan for the upcoming fiscal year.
- (d) Following the May 2021 CDPHP Contractor Statewide conference and any other required training, convene a meeting via conference call, web-based platform or in-person to share information gained with contractors in the region who were unable to attend.
- (e) Enter work plan in online reporting system(s).
- (f) Ensure completed quarterly reports through reporting systems and submit quarterly invoice.
- (g) Provide the Department with an updated regional contact list quarterly in Catalyst.
- (h) Distribute designated funds to subcontractors in accordance with payment schedule listed in Section 4. B. 5. below.
- (i) Communicate with Department 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 task order 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 and legislative decision makers (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

Contractor 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

Contractor will meet with local school districts to advance e-cigarette education, awareness of quit resources (i.e., My Life My Quit), and comprehensive tobacco-free school policy in collaboration with the Office of Public Instruction (OPI).

Deliverable 9 Education of the Public

- (a) Mass Media
 - 1. Mass-Reach Health Communication Interventions
Contractor 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).

2. Provide and Track Paid Media

Contractor 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

1. Quarterly, Contractor 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

1. 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 M CCP, 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. Contractors may address additional specific populations if desired but must provide justification of the selected health equity population other than listed.
- (b) Contractor 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

Provide and facilitate screening support activities throughout the multi-county area according to the guidelines, policies and procedures outlined in the CDPHP Guidance Manual; Public Law 101-354; and the following:

- (a) Between July 1, 2020 through June 30, 2021, enroll and provide services that ensure 100 eligible clients receive breast and cervical cancer screening services, with at least 15 individuals being of American Indian status. Provide MCCP clients with a list of enrolled medical service providers from whom they may choose to receive MCCP services.
 - 1. For planning purposes, the 2017 Small Area Health Insurance Estimates indicate the number of **uninsured** women under the age of 65 and less than or equal to 250% of federal poverty level for your region broken down by county as: Beaverhead County 248; Deer Lodge County 194; Granite County 87; Madison County 207; Powell County 118; and Silver Bow County 724.
- (b) Collaborate with subcontractor(s) if applicable, statewide partners and the MCCP state office to coordinate enrollment and screening activities with the Urban Indian Health clinic, the IHS Service Unit and/or the Tribal Health facility in the multi-county area to assist American Indian men and women living on and off reservations to access MCCP services.
- (c) Initiate and maintain complete documentation of MCCP services for each client, maintain client records and ensure confidentiality of all client information.
- (d) Ensure clients with abnormal test results receive adequate and timely follow-up according to the guidelines outlined in the CDPHP Guidance Manual as long as this Task Order and any continuation thereof is in place.
- (e) In coordination with a provider office, implement a FluFIT/FluFOBT campaign during the task order period. (OPTIONAL)

Deliverable 12 Patient Navigation

- (a) Ensure clients receive guidance to other privately or publicly funded programs for health and screening services, regardless of MCCP eligibility.
 - 1. Provide clients with local contacts and resources for health services;
 - 2. Educate clients on screening guidelines and intervals;
 - 3. Encourage clients to reapply to the MCCP should their eligibility status change; and
 - 4. Collaborate with patient navigators and others who support enrollment into health insurance plans via the Marketplace in the multi-county area. Establish a formal referral process to facilitate client enrollment in either expanded Medicaid or a subsidized health insurance plan.
 - 5. Ensure client signs the informed consent document.
- (b) Initiate and maintain complete documentation of MCCP patient guidance services for each client, maintain client records and ensure confidentiality of all client information.
- (c) In order for clients navigated under this deliverable to count towards goals outlined in Deliverable 11 (a), screening data must be obtained and entered into CaST.
 - 1. For planning purposes, the 2017 Small Area Health Insurance Estimates indicate the number of **insured** women under the age of 65 and less than or equal to 250% of federal poverty level for your region broken down by county as: Beaverhead County 1,399; Deer Lodge County 1,289; Granite County 411; Madison County 942; Powell County 765; and Silver Bow County 5,519.

Deliverable 13

Healthy Living Program Community Based-Interventions

Regions have the options to select one (1) or more of the selected community evidence-based programs to implement in the multi-county region.

Chronic Disease Self-Management Program (CDSMP)

Worksite Chronic Disease Self-Management Program (wCDSMP)

Walk with Ease (WWE)

Walk with Ease Self-Directed (WWW-SD), Stepping On and/or the Healthy Heart Ambassador-Blood Pressure Self-Management (HHA-BPSM) program (secondary to implementing a program listed above).

- (a) Individual(s) offering selected community evidence-based programs must complete leader training to be a certified instructor before conducting a workshop.
- (b) Leaders will submit their instructor certificate to the Healthy Living Program staff within two (2) weeks of completing training, if the training was completed online.
- (c) As part of the multi-county area 2020-2021 work plan, include plans for the continuation of implementing the selected community evidence-based workshop in the multi-county area.
- (d) Workshop data will be collected and reported into the Chronic Disease Online Database System and in Catalyst on a quarterly basis.
- (e) Each workshop will be comprised of a minimum of eight (8) participants.
- (f) Conduct a minimum of two (2) workshops per task order year, with workshops held in different counties in the multi-county area.
- (g) At least one (1) instructor per multi-county area will participate on a required annual phone call or site visit with the Healthy Living Program staff.

Deliverable 14

Montana Asthma Home Visiting Program

- (a) Continue to implement a system for obtaining patient referrals to the MAP. Establish and maintain a referral recruitment plan. Participant homes should be located within Montana and within a reasonable driving distance to the Contractor as determined by the Contractor 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 contract year through the MAP. The minimum of 15 clients may include up to 5 adults. Contractors may choose to serve only children/adolescents for a minimum of 15 per year. If the Contractor does not enroll and provide home visiting services to a minimum of 15 clients per contract year for two (2) consecutive years, the contractor 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 Contractor does not meet the goals outlined the improvement plan.
- (h) Maintain regular contact with each participating child's childcare or 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 in 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

- (a) Follow the program curriculum developed by Clemson University. Any additions, deletions, or changes in protocol must be reviewed and approved by the Cardiovascular Health Program prior to implementation.
- (b) Market and recruit participants to the program from within the community.
- (c) Provide private room to conduct group intervention sessions.
- (d) Host two classes and meet enrollment goal of 8-12 participants with hypertension per class. Any variance in class enrollment numbers must be pre-approved by the Cardiovascular Health Program.
- (e) Participate in regular conference calls and other correspondence with the Cardiovascular Health Program as agreed upon by the parties.
- (f) Submit required data and final report information to the Cardiovascular Health Program by June 30, 2021.

Deliverable 16

Healthcare Provider Liaison

Coordinate across M CCP, 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, conduct brief tobacco treatment interventions, and refer to the Quit Line via fax, web or electronic health records (where applicable).

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

Contractor 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. Contractor will include mention of the Montana Tobacco Quit Line in publications and all presentations.

(b) Cancer Screening Services

Maintain a medical service provider network throughout the multi-county area according to the guidelines outlined in the CDPHP Guidance Manual and the following:

1. Enroll on behalf of the Department qualified medical service providers to provide breast and cervical cancer screening services. Enrollment activities include:
 - i. providing an enrollment packet and instructions for completion to each interested medical service provider;
 - ii. providing at least one (1) orientation program to each new medical service provider in the multi-county area, through group or individual offerings;
 - iii. include training on barriers to screening regardless of insurance status; the importance of a physician recommendation; and Marketplace application assistance available at www.healthcare.gov.
 - iv. providing each enrolled medical service provider a reference to www.cancer.mt.gov for a current CDPHP Guidance Manual and/or updates;
 - v. submitting a signed, completed provider enrollment packet to the Department's fiscal agent (to be determined), for review, approval, and data entry.

2. Identify and maintain a list of all medical service providers who practice in the multi-county area and who provide breast and cervical cancer screening services to women in the targeted age and population including those providing services through the Indian Health Service (IHS) or tribal health units as cited in the CDPHP Guidance Manual.
3. Notify the Department's fiscal agent of any changes in the medical service provider network.
4. Act on behalf of the Department between the enrolled medical services providers and the MCCP.

Deliverable 17

CONNECT Referral System

- (a) Individual designated to be the Regional Coordinator will:
 1. Identify community partners and service providers to engage and actively use the CONNECT referral system on a monthly basis.
 - (i) Examples of partners and service providers can include, but are not limited to: school districts, human resource development councils, medical and mental health providers, hospitals, clinics, law enforcement, courts, faith-based organizations, nonprofits, employment agencies, veteran services, disability services, public health, housing and food programs, youth services, aging services, and anyone else who may be interested in becoming part of the referral network.
- (b) Onboard all programs and service organizations that indicate readiness and dedication to be a part of the CONNECT referral system on a monthly basis.
 1. Onboarding new programs and service organizations to be conducted as primary function of Regional Coordinator.
 2. Onboard programs and service organizations as requested by the Department.
 3. Conduct referral mapping with partners and service providers to identify other partners and services to onboard when applicable.

- (c) Promote and market the CONNECT system on a monthly basis.
 - 1. Conduct small media activities to be posted under local health department public organization profile. Posts may not be made from personal, private, or individual profiles.
 - 2. Social media outlets may include but are not limited to Facebook, Instagram, Twitter, local health department webpage or blog, email listservs, and other forms of public electronic platforms.
 - 3. Marketing of printed CONNECT materials at community events, conferences, and/or events as relevant to the system.
 - 4. Host a community stakeholder meeting or event focused on and centering around the CONNECT referral system.
 - 5. Continue to meet with identified lead team to bring community partners together, identify interested parties, and help with creating a sustainability plan.
- (d) Offer technical assistance and support for CONNECT referral system to all programs and provider organizations within designated region on an as needed basis.
 - 1. Technical assistance can be made via email, telephonic communication, and in person meetings.

FOCUS AREA: ENVIRONMENTS

Deliverable 18 Montana Clean Indoor Air Act (CIAA)

- (a) Contractor will provide public notice/published education that includes information on second-hand smoke and processes available to report a violation of MT CIAA.
- (b) Contractor will supply businesses with materials regarding CIAA or smoke-free signage.
- (c) Contractor 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) Contractor will inform CDPHP when CIAA enforcement challenges arise.

Deliverable 19

Secondhand Smoke Policy – Smoke-free Multi-Unit Housing (SFMUH)

- (a) Contractor 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) Contractor 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, Contractor will work with local Public Housing Authority to implement, enforce, or strengthen smoke-free policies annually.

Deliverable 20

Contractor will continue to explore opportunities to implement other local tobacco policies. Contractor 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. Contractor may continue work on policy efforts from previous contract years with approval from the Montana Tobacco Use Prevention Program. Working towards a policy includes educating 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

- (a) Partner with a total of three (3) worksite organizations each task order year to adopt worksite wellness policies and interventions that support preventive care and a reduction in chronic disease incidence and prevalence.
 1. In accordance with Department guidance, obtain a signed Memorandum of Agreement (MOA) with each partner organization, delineating each party's time and resource commitment to the worksite systems change effort for the 36-

month period.

2. Use the Worksite Wellness Score Card (Based on the Centers for Disease Control and Prevention (CDC) Worksite Health Score Card) to assist worksite progress on wellness initiatives. Implement the Worksite Wellness Score Card with each worksite within the first quarter they are partnered with and thereafter on a yearly basis to evaluate progress.
 3. Offer a worksite wellness policy, evidence-based interventions, and small media campaigns that include information on screening for breast, cervical and colorectal cancer and other cancer prevention topics.
 4. Offer a worksite wellness policy, evidence-based interventions, and small media campaigns that include information on nutrition standards, breastfeeding standards, and diabetes as relevant to specific worksites.
 5. Offer a worksite wellness policy, evidence-based interventions, and small media campaigns that include information on physical activity standards and opportunities at the workplace.
 6. Offer a worksite wellness policy, evidence-based interventions, and small media campaigns that include information on comprehensive tobacco-free campuses and information on tobacco cessation as relevant to specific worksites.
 7. Offer other worksite wellness policies, evidence-based interventions, and small media campaigns that include prevention topics to address chronic disease.
 - i. Examples of other prevention topics include, but are not limited to, the following: mental health, stress management, neurological disorders, sleep hygiene, environmental issues, substance abuse.
 8. Each policy must include elements to ensure inclusive opportunities (inclusive opportunities defined in guidance document) and provide alternatives for employees with disability.
- (b) Partner with each worksite for a period of up to 36 months. Worksite

systems change organizations must be identified and implementation must begin by the end of the first quarter of the specific worksites participation. Quarterly progress on each activity must be demonstrated in the Contractor's quarterly report. As part of statewide systems change efforts, worksite(s) may be assigned to the Contractor by the Department.

- B. Time is of the essence under this Task Order. Uninterrupted and continuous delivery of the contracted goods and services is required. The Contractor agrees:
1. To use funds from this Task Order solely to provide the services described in this Task Order.
 2. To fully participate in site visits, meetings, webinars, or conference calls that Department staff, or assigned sub-contractor(s), make to the Contractor's multi-county area. The Department, or assigned sub-contractor(s), will conduct at least one (1) site visit to evaluate the Contractor'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 Task Order 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 Task Order;
 - (c) replacing or supplanting existing activities;
 - (d) out-of-state travel - except with prior written approval from the Department;
 - (e) construction or remodeling;
 - (f) equipment and computer hardware and/or printers – prior written approval is required from the Department 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 behavior 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 Task Order; therefore:

- 1. Funding/payments to the Contractor 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 Department 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 Contractor, upon the Contractor's request, concerning the subject matter of this Task Order.
- 3. Provide the Contractor with program guidance in the areas of planning and developing asthma control activities, cancer control activities, tobacco use prevention activities, chronic disease self-management, program administration, establishing goals and objectives, policy development and media relations, and provide ready access to the Department's liaison listed in Section 6.
- 4. Be readily accessible to the Contractor 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. Reimburse all approved medical service providers for allowable claims relating to MCCP services and according to the current approved fee schedule, within the time frames and under the guidelines outlined in the CDPHP Guidance Manual.
- 6. Ensure the Department's fiscal agent, on behalf of the Department, will:
 - (a) Receive all medical service provider enrollment packets and ensure all federal and state requirements are met for each provider.
 - (b) Ensure medical service providers meet all insurance, licensure and

certification requirements for program services as outlined in the CDPHP Guidance Manual.

- (c) Receive and adjudicate all claims and reimbursement data, including review for third party payment, duplication, client eligibility and allowable services.
- 7. Provide relevant documents, program policy updates, and fee schedule changes to the Contractor and enrolled medical service providers in the multi-county area via <http://dphhs.mt.gov/publichealth/chronicdisease>, www.cancer.mt.gov, <http://dphhs.mt.gov/publichealth/mtupp> and by phone and email communications addressed to the Contractor.
- 8. Provide electronic access to regular reports to the Contractor, which includes a list of M CCP clients screened in the multi-county area and the status of clinical data as required in the CDPHP Guidance Manual for these clients.
- 9. Review the Contractor's proposed work plan and amendments for compliance with Department guidance and negotiate revisions as needed.
- 10. Monitor the Contractor's breast and cervical screening goals and funding quarterly and provide the Contractor with a status report.
- 11. Provide a toll-free fax line with which the Contractor may communicate with the Department.
- 12. Provide telephone and web meetings related to Chronic Disease Prevention and Health Promotion operations at the Department's expense.
- 13. Provide notice at least 30 days prior to any meeting or training workshop which the Contractor is required to attend and for which travel is necessary.
- 14. Provide formats and guidelines for all reports required a minimum of 30 days prior to the required due date.
- 15. Provide electronic access to the M CCP site data system as applicable for site entry of data collection forms.
- 16. Provide the Contractor with access to tobacco use prevention related materials and data available within the Department subject to the confidentiality limitations of the Department.
- 17. 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.

18. Whenever input, review, and changes to the Contractor's work plan or reporting are required for approval by the Department, as a condition of this Task Order, provide it within seven business (7) days to the Contractor liaison.

SECTION 3: EFFECTIVE DATE AND PERIOD OF PERFORMANCE

- A. Performance of this Task Order will begin July 1, 2020 and must be continued through and completed by June 30, 2021.
- B. This is a one-time task order 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 task order services, approval of the Contractor's 2021-2022 work plan, and availability of funds, the Department anticipates offering comparable continuation funding for further program implementation.
- C. Based on funding received, the Department reserves the right to modify services and/or funding amounts at time of task order 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 Task Order is the date upon which:
 - 1) the Contractor is required to perform nothing further and has no additional corrective actions to complete; and
 - 2) all final reports required under this Task Order are appropriately submitted and are satisfactory in form and content as determined by the Department.
- E. After completion or termination of the Task Order, the Contractor 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 Task Order, the Department will pay the Contractor up to a maximum total of \$472,894.00 as follows:
 1. \$27,405.00 for Regional Coordination Compensation to include all indirect costs incurred on all sub-contracts;

2. \$435,489.00 in administrative funding (non-screening activities); and
3. \$10,000.00 for Breast and Cervical Cancer Screening Support.
4. 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 MCCP, CDSMP, and MTUPP.

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

1. \$94,578.80 upon receipt and approval of regional work plan for 2020-2021 due July 10, 2020.
2. Up to \$94,578.80 upon receipt and approval of each quarterly progress report uploaded to Catalyst, The Chronic Disease Online Database, the Montana Asthma Program web-based data collection system and the Montana Cancer Control Programs' Site Data system as applicable and approved by the Department liaison due October 10, 2020, January 10, 2021, and April 10, 2021.
3. Up to \$94,578.80 upon receipt and approval of 1) regional work plan for 2021-2022 and 2) final quarterly progress report have been uploaded to Catalyst, The Chronic Disease Online Database, the Montana Asthma Program web-based data collection system and the Montana Cancer Control Programs' Site Data system as applicable and approved by the Department liaison due July 10, 2021.
4. A portion of Cancer Screening funding for each quarter will be contingent on performance according to the following:
 - (a) Cancer Screening funding will be paid according to percentage of completed screening goal cited in Section 2.A. Deliverable 11 (a) and must be documented in the MCCP data base by the end of each quarter.
 - (b) By September 30, 2020, 25% of the overall goal should be completed.
 - (c) By December 31, 2020, 50% of overall goal should be completed.
 - (d) By March 31, 2021, 75% of overall goal should be completed.
 - (e) By June 30, 2021, 100% of the goal met.
 - (f) If at end of 4th quarter the Contractor has not met their annual goal,

they will receive whatever percentage of the annual goal they did complete. If at end of 4th quarter the Contractor has completed 100% of goal, they will be paid for any quarter they did not meet and did not receive full funding for. The Contract will then be paid in full for screening dollars. Examples will be provided by the Department under separate correspondence.

(g) Exceptions will be determined on a contract by contract basis.

5. Contractor agrees to pay multi-county area sub-contractors as follows for Tobacco and Asthma activities listed above in deliverables. Payments are due to sub-contractors on or before August 31, 2020, November 15, 2020, February 15, 2021, May 15, 2021, and August 15, 2021.

Butte Silver Bow County (Asthma):	\$ 6,000.00
Butte Silver Bow County (Tobacco):	\$12,960.00
Butte Silver Bow County (HCHC):	\$ 1,000.00
Butte Silver Bow County (Cancer Screening):	\$ 2,000.00
Butte Silver Bow County (Cancer Non Screening/ CDSMP):	\$18,480.20
Butte Silver Bow County (CONNECT):	\$ 3,000.00
Butte Silver Bow County Regional Compensation Fee):	\$ 5,481.00
Anaconda-Deer Lodge County (Asthma):	\$ 6,000.00
Anaconda-Deer Lodge County (Tobacco):	\$ 5,616.00
Anaconda-Deer Lodge County (Tobacco for Granite County):	\$ 4,752.00
Anaconda-Deer Lodge County (Tobacco for Powell County):	\$ 5,356.80
Madison County (Tobacco):	\$ 5,356.80
Madison County (Tobacco for Beaverhead County):	\$ 5,616.00
Ravalli County (Tobacco):	\$12,960.00

6. The Department will fax the Contractor's quarterly invoice template to the Contractor's liaison for verification. The Contractor will return the signed invoice to the Department liaison for review and approval before processing.

7. Costs associated with all travel required under this Task Order must be paid by the Contractor from funds received through this Task Order, with the following exception:

a. The Department 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 Contractor's budget for the RN, respiratory therapist or licensed LPN 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 task order period (July 1, 2020 through June 30, 2021) are up to \$401,793.00 from the Montana Tobacco Master Settlement Account and up to \$71,101.00 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 (\$47,102.00), 93.800 (\$3,999.00), and 93.426 (\$20,000.00).

B. Adjustments to Consideration

The Department may adjust the consideration provided to the Contractor under this Task Order based on any reductions of funding, governing budget, erroneous or improper payments, audit findings, or failings in the Contractor's delivery of services.

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

The Contractor may not seek compensation from monies payable through this Task Order 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 Contractor'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 Task Order must be paid by the Contractor from funds received through this Task Order.

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

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

G. Withholding for Failure to Perform

The Department may withhold payment at any time during the term of the Task Order and may withhold final payments under the Task Order if the Contractor is failing to perform its duties and responsibilities in accordance with the terms of this Task Order. The Department will give the Contractor written notice of both the amount of withheld and of the basis for the withholding of payment.

H. Erroneous and Improper Payments

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

- I. The Department at its discretion may terminate at any time the whole or any part of this Task Order or modify the terms of the task order if federal or state funding for the Task Order is reduced or terminated for any reason. Modification of the Task Order 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 task order.

SECTION 6: LIAISONS AND SERVICE OF NOTICES

- A. Stacy Campbell, or her successor, will be the liaison for the Department. Contact information is as follows:

Stacy Campbell, Bureau Chief
Chronic Disease Prevention & Health Promotion Bureau
1400 Broadway, Rm. C317
P.O. Box 202951
Helena, MT 59620-2951
(406) 444-3385 phone
(406) 444-7465 fax
stcampbell@mt.gov

- B. Tina Randall, or her successor, will be the liaison for the Contractor. Contact information is as follows:

Tina Randall, Community Health Division Director
Butte-Silver Bow City-County Health Department
25 W Front St
Butte, MT 59701
(406) 497-5001 phone
(406) 497-5099 fax 5096 - BJ
trandall@bsb.mt.gov

These persons serve as the primary contacts between the parties regarding the performance of the task order. The State's liaison and Contractor'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 task order.

SECTION 7: DISPUTE RESOLUTION PROCESS

The following process is to be used in the event of a disagreement between the Contractor and the Department about the terms of this task order. Written notification by the Contractor providing specific details about the disagreement must first be provided to the Department Bureau Chief identified below:

Stacy Campbell, (406) 444-3385, fax (406) 444-7465, stcampbell@mt.gov is the Bureau Chief for the Department. The Department Bureau Chief shall attempt to resolve the dispute. If resolution of the disagreement is not obtained, then the Contractor may request a review and determination to be made by the division administrator. The Contractor shall provide in writing specific details about the remaining issues that are in dispute. The Contractor 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 department's position on the issues in dispute must be presented to the Contractor in writing.

SECTION 8: PUBLIC INFORMATION AND DISCLAIMERS

- A. The Contractor may not access or use personal, confidential, or privileged information obtained through the Department, its agents and contractors, unless the Contractor 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 the Department prior to use, publication or release.

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

- B. The Contractor may not use monies under this Task Order to pay for media, publicity or advertising that in any way associates the services or performance of the Contractor or the Department under this Task Order 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 Contractor must inform any people to whom it provides consultation or training services under this Task Order that any opinions expressed do not necessarily represent the position of the Department. When using non-federal funds from this Task Order, 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 Task Order prepared and released by the Contractor 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 Contractor must state the percentage and the monetary amount of the total program or project costs of this Task Order 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 Task Order.

“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 Task Order, 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 Task Order prepared and released by the Contractor must include the following statement or its equivalent and must be approved by the Department liaison, prior to use, publication and release.

“This project is funded (in part or in whole) by grant number(s) (*to be provided by the Department 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 Contractor uses, publishes, releases or distributes them to the public or to local and state programs, the Department must review and approve all products, materials, documents, publications, press releases and media pieces (in any form, including electronic) the Contractor or its agents produce with task order monies to describe and promote services provided through this Task Order.

SECTION 9: SCOPE OF TASK ORDER

This Task Order consists of numbered pages 1 through 30 and the following Attachment A numbered pages 31 through 39

Attachment A – MAP Home Visiting Program Description

The original Task Order and any amendments will be retained by the Department. 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 Task Order between the parties.

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

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

By: _____ Date: _____
Todd Harwell, Administrator
Department of Public Health & Human Services
Public Health & Safety Division
PO Box 202951
Helena, MT 59620
406-444-4141

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:

Clerk & Recorder

Eileen Joyce
County Attorney

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/asthgdln.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.