

MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN/CHILD READY MT



CONNECTION NEWSLETTER

VOLUME 3, ISSUE 8, AUGUST 2016

AUGUST ISSUE:



The AUGUST issue has resources, educational opportunities and articles related to pediatric care-EYE HEALTH; MENTAL HEALTH; COMMUNICATION RESOURCES; GLACIER CO EMS & MORE! TRIVIA- answer & win Bag Valve Masks (infant & child size.)

CHILDREN'S EYE HEALTH AND SAFETY MONTH

It's almost back-to-school time-time for an eye checkup? Yes- August is Children's Eye Health and Safety Month—a great time to schedule children's checkups before school starts. Most children have healthy eyes. But there are conditions that can threaten good vision. Because you can't always "look" into a child's eyes to tell if she/he has eye health problems. A child's eyes should be examined during regular pediatric appointments and vision testing should be conducted around age three. **Nearly 25 percent of school-aged children have vision problems. Of children ages 3 to 5, close to one in 20 has a problem that could result in permanent vision loss if left untreated. The American Academy of Ophthalmology estimates that 80 percent of preschoolers do not receive vision screenings.**

Parents should be aware of signs that may indicate their child has vision problems, including:

- Wandering or crossed eyes
- A family history of childhood vision problems
- Disinterest in reading or viewing distant objects
- Squinting or turning the head in an unusual manner while watching television

Talk to your child's pediatrician if you suspect your child has any of the eye diseases below:

- Amblyopia (lazy eye)
- Strabismus (crossed eyes)
- Ptosis (drooping of the eyelid)
- Color deficiency (color blindness)
- Refractive errors (nearsightedness, farsightedness and astigmatism)

More than 12 million children suffer from vision impairment, and eye injuries are one of the leading causes of vision loss in children. An estimated 42,000 sports-related eye injuries occur each year and the majority of them happen to children. Children should: Wear protective eyewear while participating in sports or recreational activities and play with age-appropriate toys. One of the best ways to ensure a child keeps his/her good vision throughout life is to set a good health example. For more information visit: [prevent blindness webpage](http://www.preventblindness.org/) <http://www.preventblindness.org/> and/or [eye health](http://www.aaopt.org/) <http://www.aaopt.org/>.

HOUSE PASSES MENTAL HEALTH REFORM WITH INFANT AND EARLY CHILDHOOD MENTAL HEALTH PROVISION

We are one step closer to the passage of federal law that recognizes that babies' mental health matters! The House of Representatives passed comprehensive mental health reform legislation along bipartisan lines, including a provision to invest in infant and early childhood mental health. In March, similar legislation was approved by the Senate Health, Education, Labor, and Pensions Committee, and it is expected to soon be considered by the full Senate.

The provision addresses the need for mental health prevention, intervention, and treatment programs specifically for very young children. While the provision was not originally included in the draft mental health reform legislation in the House or Senate, ZERO TO THREE worked with infant mental health advocates around the country to spearhead the effort to add the critical measure. Its inclusion underscores the need to focus comprehensive mental health reform where the foundations of strong mental health are laid – with young children, starting from birth.

The infant and early childhood mental health provision added to the bill would: Award grants to develop, maintain, or enhance infant and early childhood mental health prevention, intervention and treatment programs; Ensure that funded programs are grounded in evidence and are culturally and linguistically appropriate; and Allow funds to support: age-appropriate preventive, early intervention, or treatment services; training for infant and early childhood mental health clinicians to integrate with other providers who work with young children and families; training for mental health clinicians in infant and early childhood mental health; and mental health consultation to early care and education programs.

ANNOUNCING "TIMELY TOPICS IN PEDIATRIC CARE" EDUCATIONAL CONFERENCE

The target audience includes pediatricians, family practitioners, internists, hospitalists, emergency medicine practitioners, physician's assistants, nurse practitioners, nurses, rehabilitation specialists, and other interested allied healthcare providers. **Register online at: krh.org/conference- hurry space is limited!**

Space is limited and registration is on a first come, first served basis. 7.25 AMA PRA Category 1 Credits™ 7.25 contact hours of continuing nursing education (CNE) credit.



Timely Topics in Pediatric Care
Friday, October 21, 2016 8:00 am - 5:15 pm
Kalispell Regional Medical Center | Buffalo Hill Conference Center

Timely Topics is an educational conference held in Kalispell, MT designed for physicians, mid-level providers and nurses to gain a better understanding and knowledge base regarding pediatric care. Areas of focus include inflammatory bowel disease, hematology, cardiology, acute abdominal pain, type 1 diabetes, drug abuse, and ancillary care services. Attendees should be able to formulate a practical approach to pediatric chronic and acute disease states, identify the appropriate diagnostic tests, make an accurate diagnosis, discuss the various treatment options, and recognize when to treat and when to refer pediatric patients for subspecialty assessment and care. This activity is expected to result in increased provider confidence in making an appropriate diagnosis and treatment decisions.



Child Ready Montana is a State Partnership Regionalization of Care Grant (SPROC) funded by the Federal Health Resource and Services Administration (HRSA). Montana is one of 3 states to be awarded this grant with the Montana Emergency Medical Services for Children (EMSC) Program.

HNB OUTREACH STIPEND APPLICATION

The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) is pleased to announce that outreach stipends are available for Tribes and organizations serving American Indian and Alaska Native communities to have customized materials with safe infant sleep messages printed by NICHD, utilizing the *Healthy Native Babies Project* Toolkit Disk.

The Toolkit Disk allows individuals to design culturally appropriate and regionally specific materials with phrases translated into Native languages as well as photographs of Native families taken across the country. These outreach materials provide helpful hints to parents and caregivers about placing infants on their back to sleep and using other safe sleep practices.

Please [CLICK HERE](#) for the outreach stipend application and more details about eligibility criteria. Decisions regarding awards will be made within 4 weeks of receiving your application.

If you do not wish to apply for an outreach stipend, **you may still order national flyers, brochures, a Workbook Packet (which includes the Toolkit Disk), and a Facilitator's Packet. National materials may be ordered free of charge via the toll-free line 1-800-370-2943 or online at <http://safetosleep.nichd.nih.gov>.**

If you have any questions or need additional information contact 1-888-996-9916 or largo@namsinc.org. We encourage you to take advantage of these free resources to spread the word about safe infant sleep!

Native American Management Services, Inc.
1800 Robert Fulton Drive, Suite 100C
Reston, VA 20191

REGULATORY COMMENTS:

The Centers for Medicare and Medicaid Services (CMS) has proposed new standards to advance healthcare quality and equity in our nation's hospitals.

The rule includes provisions for preventing healthcare-associated infections, stopping spread of antibiotic-resistant germs and reducing inappropriate antibiotic prescribing. Hospitals and critical-access hospitals would be required to have and demonstrate adherence to facility-wide infection prevention and control programs, as well as antibiotic stewardship programs.

Deadline for comments is August 15th.

For more information: federal registry link <https://www.federalregister.gov/articles/2016/06/16/2016-13925/medicare-and-medicare-programs-hospital-and-critical-access-hospital-cah-changes-to-promote>

SAVE THE CHILDREN AND 20TH CENTURY FOX LAUNCH PSA ON USING ICE CARDS

In a fun, new animated public service announcement ([PSA](#)), launched by Save the Children and 20th Century Fox, the *Ice Age: Collision Course* herd shows how ICE (In Case of Emergency) contact cards can keep families together.

The PSA encourages parents to create ICE cards for their children so families can quickly reunite after a disaster. ICE cards can be created for download on the Save the Children [website](#) and include contact and identification information that can be critical during emergencies. For a limited time, families can select a custom ICE card featuring Scrat and his elusive acorn from the new animated film *Ice Age: Collision Course*.

HAVE YOU REVIEWED YOUR PLANS FOR CHILDREN AND FAMILIES ASSOCIATED WITH ACTIVE SHOOTER?

Each community needs to prepare within their own capabilities and this recent online resource from New York may inform your efforts. **NOTE: This is real world "lessons learned" information.** Encourage all hospitals, law enforcement and emergency managers to view. **Key take-away = "Use Plain Language" and "Drill Together"** [total webcasting http://www.totalwebcasting.com/view/?func=VOFF&id=hany&date=2016-06-16&seq=1](http://www.totalwebcasting.com/view/?func=VOFF&id=hany&date=2016-06-16&seq=1)

Active Shooter Planning for New York State Healthcare Providers- offers a two-hour, 55 minute presentation featuring speakers who discuss current and potential threats, and provide an overview of active shooter incident planning in healthcare emergency operations plans. They also discuss plans and resources for healthcare facilities and share lessons learned.

COMMUNICATION ACCESS FOR PEOPLE WITH LIMITED SPEECH

The Rehabilitation Engineering Research Center in Augmentative Communication has prepared materials for first responders/receivers to use with people who have complex communication needs.

The Site offers a PDF of a free Emergency Communications Aid for downloading and tips for Emergency Personnel who may not be adequately prepared to communication with people who are unable to rely on their natural speech during an emergency. There are also a webcast describing 7 steps for emergency preparation that are critical for all individuals with difficulty using speech.

For more information- <http://www.augcominc.com/index.cfm/aac-rerc.htm>

EMS LEADER'S 8-STEP GUIDE TO EXCELLENT PEDIATRIC CARE

Paramedic Chiefs and EMS Leaders can ensure pediatric patients receive the correct care with the right preparation, equipment and training- by Sean Caffrey, NEMSMA-Colorado EMSC.

It is easy to find a wealth of [educational material](#) on EMS pediatric care despite the fact that most children encountered by EMS are not seriously ill or injured. How is it then that kids are a small fraction, 5 to 10 percent, of EMS patients, but command so much attention? The reason is that effectively managing pediatric patients, including the rarely encountered critically ill pediatric patients, requires good preparation, ongoing training and comprehensive oversight by EMS services.

[EMS care for sick children starts with leaders](#) - Since we know sick kids are infrequently encountered and cause significant EMS provider apprehension, we have an obligation to improve provider's preparation, While the knowledge and equipment needed to take care of kids may be specialized, this should not suggest that EMS responders or response organizations are not equipped to handle sick kids.

You have likely heard "children are not small adults." While this line is certainly catchy, there is significant debate about its value within the pediatric emergency medicine community since it seems to imply that providers who take care of adults may not be skilled with children.

To the contrary, providing good care for children follows the same basic care principles as adult patients. Therefore, a more appropriate line might be "kids are patients, too," since they deserve the same level of assessment and care provided to an adult. There are certainly some differences and special considerations, but nothing a skilled EMS practitioner can't handle. So how can leaders build these pediatric care skills for their teams?

1. Know frequent pediatric call types

The first preparatory step is knowing what to expect. The most frequent chief complaints for younger children include respiratory distress and seizures. For older children and adolescents, traumatic injury and behavioral or psychiatric complaints are the most common reasons for EMS activation.

What is most interesting, however, is that these are not the critical call types practitioners prepare for in a PALS class, nor are these the scenarios for which length-based resuscitation tapes were designed to handle. As such, the forward-thinking EMS leader should examine their agency-specific call data to ensure that providers have the appropriate supplemental training to be well prepared for what likely constitutes the vast majority of their pediatric call volume.

2. Offline medical direction from evidence-based guidelines (EGBs)

Another important preparatory step is securing offline medical direction based on protocols reflecting current standards of pediatric care. Within the last few years, a number of EGB guidelines have been published to assist medical directors and administrators in this area.

These pediatric EGBs represent a [methodical approach](#) to evaluating existing evidence in order to build the most effective care guidelines. While not protocols themselves, EGBs are great tools to use when building protocols and have already been implemented in a number of states. Currently published guidelines include [pediatric seizure management](#), as well as [pain control for traumatic injuries](#). A respiratory distress guideline is also expected soon. Share these links and resources with your EMS medical director.

3. Medical direction from a pediatric specialist

A number of progressive services across the country, as well as a couple of states, have begun to add associate EMS medical directors for pediatric care. This trend primarily occurs in EMS services with ready access to children's hospitals. However, it may be worth contacting your regional children's hospital to see if their pediatric emergency medicine specialists are willing to participate in your medical direction system, or at least review your department's pediatric protocols.

4. Providers need pediatric-specific tools

A final step in offline medical direction is making sure your practitioners have good tools available to implement their protocols. The most important tool is a method to estimate patient weight and determine drug dosages. A pediatric drug quick-reference guide to determine fluid and drug dosage calculations needs to include information for commonly used respiratory, anti-seizure and pain medications. Many systems use pocket cards, quick-reference books, charts or apps in addition to length-based tapes that focus on resuscitation.

Last, a frequently overlooked tool is one to measure pain. As many younger children cannot use a standard zero-to-10 pain scale. Having access to a Faces, Legs, Activity, Cry and Consolability and a Wong-Baker Faces Scale are important to be able to treat pediatric pain or traumatic injuries effectively.

5. Essential pediatric equipment

Most states have minimum requirements for pediatric equipment based on [nationally recommended equipment lists](#). As part of the work of the National EMS for Children program, your service has likely been surveyed regarding the availability of this equipment. EMS leaders should strongly consider adding the following items:

- **A set-up for pull-push fluid administration.** According to the most recent sepsis and shock guidelines, children in shock should receive 20 mL/kg in the first 5 to 10 minutes. Fluid resuscitation goals are to achieve normal vital signs within the first hour of shock presentation. Infusions at this rate are simply not possible using the unregulated administration of fluid through an intravenous bag alone or through a burette system. Services should consider carrying a three-way stopcock device and 60-cc Luer lock tip syringes that can be used to quickly and accurately administer fluid during resuscitation.
- **Diagnostic equipment to assess blood pressure and pulse oximetry.** This includes appropriately sized blood pressure cuffs and pulse oximetry probes. In addition, automatic blood pressure cuffs, which are essential in obtaining a blood pressure on infants and toddlers, should be strongly considered. Previous teaching that blood pressure measurement is unimportant in children should be disregarded, as this vital sign is as critical to effective assessment and care of children as it is in adults.
- **Mushroom-tip or BBG type suction catheters** are significantly more effective than bulb syringes or traditional Yankauer rigid suction tips at removing nasal secretions, especially in young children unable to blow their noses to alleviate respiratory distress. Such a device is easier to use and less traumatic, and does not risk stimulation of a vagal response.
- **Appropriate distraction and trust-building tools** such as stuffed animals or search-and-find distraction books can assist children in coping with the EMS encounter.

6. Delivering pediatric care

When delivering pediatric care, it is important to consider that the most common problem with the care of children is the failure to deliver appropriate care when indicated. In some instances, practitioners may talk themselves out of essential interventions due to inadequate assessment or fear of agitating a child. Examples of this include not obtaining vital signs and withholding essential respiratory, fluid resuscitation, glucose, pain control or spinal motion restriction. The best method to address these issues is to ensure a complete assessment, including a blood pressure, pulse oximetry, glucose measurement, pain measurement and capnography on all seriously ill children.

Simulation training improves care through practice with your service's protocols, reference materials, diagnostic tools and pediatric equipment. This is especially important considering the low volume of pediatric EMS encounters.

7. Assign a pediatric care champion

Appoint a Pediatric Champion who will be responsible for preparation, equipment and training issues. In the most recent national Pediatric Readiness Assessment, over 4,000 U.S. hospital ED representatives were asked if they assigned a nurse or physician to the role of a pediatric care coordinator or champion to oversee pediatric readiness at their facilities. The facilities that indicated such a role existed were found to score significantly higher on their overall readiness scores [1]. Assigning this role to an aspiring and motivated practitioner or supervisor in your organization could be just as helpful to your overall pediatric readiness.

8. MEASURE SUCCESS

Children are a specialized patient population that requires additional effort. Comprehensive review of your organization's pediatric calls is critical. Use your electronic records, which do a great job of describing what types of patients you encounter and how well care is delivered to them. Since critically ill children are a rare occurrence in any EMS system, the ability to evaluate and communicate findings about the care delivered on these calls, if done in an [effective and non-punitive manner](#), will provide the opportunity for all of your practitioners to learn from these rare experiences. As such, QI personnel should be sure to develop guidelines to regularly review both high-acuity and a subset of low-acuity pediatric calls.

If your service implements these eight steps, your department will be well positioned to meet or exceed the expectations and provide great care for kids in the process.

COMMUNICATION TOOLS

Kwikpoint Medical Translators- (<http://www.kwikpoint.com>) are laminated booklets designed to facilitate communication between hospital staff and non-English speaking patients. The cards include pictures for basic medical-related topics and assistance phrases that patients can point at to express their needs. Translators are available in Spanish and French as well as for disaster assistance.

Emergencia! Emergency Translation Manual

by Lisa Maitland de Hernandez (<http://www.emergencystuff.com/0766836266.html>)

EMERGENCIA! Emergency Translation Manual is a language reference for English speaking medical caregivers who need to communicate effectively with Spanish speakers in emergency situations. Translations of a wide array of medical emergencies include phonetic pronunciations of words and phrases and relevant questions that require only "yes" or "no" answers. Diagrams of the human body labeled in Spanish and pages of commonly used words and phrases further facilitate communication and ultimately quicken response time.

Language Identification Flashcard --The Department of Commerce, Bureau of the Census, uses this **Flashcard**, containing 38 languages, to help identify the language of their respondents. It can be used to determine the language of their patients. The card can be downloaded for free [here](#).

Tips for First Responders

[tips for responders http://cdd.unm.edu/products/tipsforfirstresponders.htm](http://cdd.unm.edu/products/tipsforfirstresponders.htm)

Tips for First Responders is a 14-page, color-coded, laminated 4.5 x 5.5-inch field guide, incorporating "tip sheets" that provide information that first responders can use during emergencies as well as routine encounters. They are not meant to be comprehensive, but contain specific information that can be read quickly either before or while responding to an incident, and can be downloaded free or purchased in laminated field guide form. Tips are included for persons with a wide range of disabilities, as well as Seniors, People with Service Animals, People with Mobility Challenges, People with Mental Illness, Blind or Visually Impaired People, Deaf or Hard of Hearing People, People with Autism, People with Multiple Chemical Sensitivities, and/or People with Cognitive development delays.

For Safekeeping: First Responders Autism Training Video

<http://www.autismalliance.org/video.htm#order>

The Autism Alliance of MetroWest has produced a 20-minute video for first responders on how to work with autistic patients. The topics covered include a general overview of autism, safety communication techniques, and initial contact tactics. The video was developed with the collaboration of an autism expert and a member of the Massachusetts police force. The video is available in DVD form as well; both cost \$29.99 plus \$5.00 S&H.

Emergency Location

[itunes http://itunes.apple.com/us/app/emergency-location/id327003429?mt=8](http://itunes.apple.com/us/app/emergency-location/id327003429?mt=8)

This app sends a quick email to a pre-designated contact in case of an emergency. The user gives the name, email and phone number of a contact person; in the event of an emergency, the user presses a button to notify the contact. The contact then receives a map of the user's location.

How much is it? \$0.99 for Platforms: iPhone, iPod Touch, iPad. Requires iOS 3.0 or later.

SmallTalk Intensive Care

<http://itunes.apple.com/us/app/smalltalk-intensive-care/id403057381?mt=8#>

An app to help patients with speaking difficulties (due to an impairment or an operation) express their needs to medical care providers in the ICU. Users choose from picture-based vocabulary to "speak" phrases like, "I am in pain," or "I want to be comforted." The pictures that match the words make this app useful for non-English speakers as well.

How much is it? Free □ Platforms: iPhone, iPad, iPod Touch. Requires iOS 3.0 or later.

RIDE FOR A CAUSE

Sarah Schindler, a Glasgow native, rode her bicycle 678 miles for one reason, to bring awareness to the high suicide rate in Montana & to fundraise for the MT Chapter of American Foundation for Suicide Prevention (AFSP).

Sarah started her journey at the Idaho border in Troy, Mont. on June 5; she rode 40 to 60 miles a day until she reached her destination of the North Dakota border. Sarah is honoring her brother Brian, who committed suicide in 1997 and raising awareness of Montana's crisis suicide rate. Sarah was 14 years old when her brother committed suicide. And even though it has been a long time since that fateful day, she and her family have never gotten over the loss. But Sarah found a way she could learn to cope and that was to get involved and be a part of an organization that tries to help those suffering in silence.

Sarah made a stop in Cut Bank on Friday, June 10. Tauna Evans with the Glacier County EMS shared the story and picture. The Glacier County EMS celebrated with a parade of emergency personnel to lead her through



town and onward to the next section of her journey.

Montana has the highest suicide rate per capita of all 50 states. "And Montana's veteran suicide rate is two and a half times higher than the national rate," Sarah added. "Those are some staggering statistics to think our state sees so much suicide. So while our mission is to bring awareness about the high suicide rate, it is also to let people that are struggling, realize there is someone they can turn to. We want people who feel suicidal to know there is someone they can talk to; there is help out there for them."

Sarah stated "This journey is not about the ride, or about me. It is about those we can still help and those in our memories we have lost."

WAY TO GO SARAH AND GLACIER COUNTY EMS!

NEW RESOURCE FOR PROVIDERS

Kansas EMSC's EMS Communication Tool is now available for download from their website... [resource page http://www.kdheks.gov/emsc](http://www.kdheks.gov/emsc). This tool is to help providers communicate with young children, non-verbal children and children with special needs in mind, to assist the pre-hospital care provider with assessments! The Kansas EMSC distributed one to each ambulance and flight service 'vehicle' and they have received amazing feedback. Give the cards a peek and see if they would work in your facility or service!!!

COMMUNITY APPROACHES TO ADVANCE HEALTH EQUITY

The Centers for Disease Control and Prevention's Division of Community Health, Office of Health Equity in collaboration with the Training, Translation and Communications Branch released an updated [Community Approaches to Advance Health Equity](https://cdc.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?tabid=62&courseid=1053476&backURL) online training module! The primary source of the module is from [A Practitioner's Guide for Advancing Health Equity](https://cdc.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?tabid=62&courseid=1053476&backURL). <https://cdc.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?tabid=62&courseid=1053476&backURL>

TRIVIA

Answer the trivia and win free Pediatric Bag Valve Masks (infant and child size)-first 5 to email answers to Robin -rsuzor@mt.gov NOT to the listserve.

1. What does the acronym AFSP stand for?
2. What are two ways to effectively managing pediatric patients?
3. What is the percentage of preschoolers who do not get eye exams?

EMERGENCY PLAN LIBRARY

University of California, San Francisco, California Childcare Health Program.

This 65-page document contains forms, templates, worksheets, checklists, and tools for child care programs and providers to use in emergency planning. Resources include a Drill Log, Emergency Checklist for Children with Special Needs, Emergency Disaster Plan Addendum, Emergency Supplies Checklist, Family Engagement and Disaster Planning Sample Meeting Agenda, Sample Emergency Disaster Drills, and Sample Staff Training Agenda. (PDF)

IMPLEMENTING A TRAUMA-INFORMED APPROACH IN PEDIATRIC HEALTH CARE NETWORKS

M. Marsac, N. Kassam-Adams, A. Hildenbrand, E. Nicholls, F. Winston, S. Leff, and J. Fein in their article **Implementing a Trauma-Informed Approach in Pediatric Health Care Networks** published this year in *JAMA Pediatrics* (Volume 170, Number 1) indicate that given the daily challenges of working in pediatric health care networks, medical professionals and support staff can experience trauma symptoms related to their work. Further, the authors highlight the importance of implementing a trauma-informed approach and offer a framework for training pediatric health care networks in trauma-informed care practices. [ABSTRACT](#) 

REGISTRATION IS NOW OPEN!

The 2016 ROCKY MOUNTAIN RURAL TRAUMA SYMPOSIUM is scheduled for Sept. 15-16 at the Great Northern Hotel in Helena, MT. Online registration is now available at this link-:[register for the RMTS](http://www.45pr.com/2016%20Rural%20Trauma%20info.htm)
<http://www.45pr.com/2016%20Rural%20Trauma%20info.htm>.

There will be a "Register Now" link posted on the page. You may also register by mail. Please let Tricia Bailey know if you have any questions or difficulties with registration. Her contact information is : Tricia Bailey, RMRTS Conference Coordinator, 45th Parallel Events Office: 406-585-9538 or Cell: 406-580-5514 or Fax: 406-994-0046. Website location: [Conference](http://www.45pr.com/) <http://www.45pr.com/>



EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM, MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEMS, P.O. BOX 202951, HELENA, M.T. 59620 -- CONTACT INFORMATION: rsuzor@mt.gov or (406) 444-0901

NEWSLETTER IS FOR INFORMATIONAL PURPOSES ONLY