



**Agenda—Public Health System Improvement Task Force Meeting
December 14, 2016
1:30pm-2:30pm
Conference Call**

Conference Call Information

Dial: 1-866-398-2885

Participant Code: 8339961

Press *6 to 'mute' or 'unmute' your microphone

Press #5 to increase the volume of your voice/line

Press *8 to decrease the volume of your voice/line

- 1:30pm** Roll call of members- Identify new Task Force members **Chair**
- Approval of previous meeting minutes and announcements **Chair**
- Public Health Certificate Program **Chair**

Old Business

- 1:40pm** PHSSU Block Grant **Terry Ray (System Improvement Coordinator)**
- PHSITF information sharing- Healthier Montana website updated

New Business

- 1:45pm** Vote on updated Charter and representative slots for new SHA/SHIP coalition **Chair**
- 1:50pm** Maternal and Child Health Block Grant (public input process and results) **Blair Lund (Health Services Grant Specialist)**
- 2:00pm** Preventive Health and Health Services Block Grant- Budget Proposal **Terry Ray (System Improvement Coordinator)**
- 2:10pm** 2018 State Health Assessment Progress and Work Plan **Laura Williamson (State Epi)**
- 2:20pm** Legislative Update (items coming up in the session) **Chair**

For more information, contact Jessica Miller at 406-444-5968 or JMiller5@mt.gov

Office of Public Health System Improvement, Public Health and Safety Division, MT DPHHS



Department of Public Health and Human Services

Public Health and Safety Division ♦ PO Box 202951 ♦ 1400 Broadway ♦ Helena, MT 59602-2951

Phone: (406) 444-4141 ♦ Fax: (406) 444-6943

Steve Bullock, Governor

Richard H. Opper, Director

Public Health System Improvement Task Force Minutes

December 14, 2016

1:30pm-2:30pm

Conference Call

Task Force Attendees:

- **Todd Harwell** (DPHHS, PHSD) – Co-Chair
- **Lora Wier** (MPHA Representative) – Co-Chair
- **Heather Jurvakainen** (Park County Public Health Department – Medium County Representative)
- **Kim Cuppy** (Fallon County Public Health — Frontier County Representative)
- **Kathy Moore** (Lewis and Clark Public Health — MEHA)
- **Tony Ward** (University of Montana)
- **Kristi Aklestad** (Toole County Health Department — Small County Representative)
- **Melanie Reynolds** (Lewis and Clark Public Health — Large County Representative)
- **Kari Smith** (Department of Environmental Quality)

Other Attendees:

- **Natalie Claiborne** (Montana State University Office of Rural Health)
- **Jane Smilie** (Association of Montana Public Health Officials)
- **Blair Lund** (Family and Community Health Bureau, PHSD)
- **Terry Ray** (System Improvement Office, PHSD)
- **Laura Williamson** (State Epidemiologist, PHSD)
- **Brandn Green** (Office of Epidemiology and Scientific Support, PHSD)
- **Kerry Pride** (System Improvement Office, PHSD)
- **Tia Hunter** (System Improvement Office, PHSD)
- **Jessica Miller** (Plans Coordinator, PHSIO, PHSD)

Excused Task Force Members:

- **Joe Russell** (Flathead City-County Health Department — AMPHO Representative)
- **Janet Rynnion** (Rocky Boy's Health Board — Tribal Health Department Representative)
- **Kristin Juliar** (Montana State University Office of Rural Health)
- **Jean Curtiss** (County Commissioner — MACo/Local Boards of Health Representative)

Review of Previous Meeting Minutes

- No comments on previous minutes. Minutes were approved.

Announcements

- Terry Ray announced that we have two new members to the Task Force, Kristin Juliar from Montana State University Office of Rural Health and Kari Smith from Department of Environmental Quality
 - Still missing one representative for the Tribal Health Department, we are currently in the process of asking Rosemary Cree Medicine to see if she is interested
 - Todd Harwell discussed the Certificate of Public Health Program. PHSD is working with Tony Ward at the School of Public Health in the University of Montana to offer a Certificate of Public Health to state and local
- Point of contact for this document:** Jessica Miller, Office of Public Health System Improvement, 406-444-5968 or JMiller5@mt.gov

health workers. The program will start next fall, but we are currently accepting applications from any state and local health employees that are interested. It will provide four core courses for basic Masters in Public Health and will offer credits for those classes for anyone who wants to continue on to obtain their Masters in Public Health at the University of Montana. PHSD's System Improvement Office will be supporting half of the costs associated with the program and we are asking that the other half of the costs be provided by the employer. The estimated total cost of the program will be about \$4,000 [*correction: amount is \$5,065 for the four classes*]. We currently are tracking 20 possible applicants and will be able to accept 30 into the program.

- Please contact Jackie Tunis at (JTunis@mt.gov) or Terry Ray at (TerenceRay@mt.gov) if you have any questions concerning the Certificate of Public Health program or if you have any applicants. Tony Ward would be happy to answer any questions concerning the courses related to the program as well.
- Question from Heather Jurvakainen-are books included in the budget? Yes books will be included in the budget covered by PHSD.
- Terry Ray spoke about the Public Health System Support Unit Block Grant request for reallocation of funding from the CDC. We were approved for \$50,000 for system support unit salaries and also the practicum placement support program was approved by the CDC and \$15,000 was approved for conference sponsorship for MPHA for next year.
 - Todd Harwell commented that in regards to the Block Grant, it is funded under the Affordable Care Act and Public Health Prevention Fund and we will follow up if there are any changes made when President Trump comes into office.
- Terry Ray followed up on the updates to the Healthier Montana website. The Task Force members have been updated on the website as well as the new data for indicators that had updates this year. We would like to include member's contact information on the website somewhere, in order to allow individuals to contact their representative for the small, medium, large, or frontier counties. We will follow up with everyone for feedback through email. The contact information that would be provided will be email address and business address.

Public Health System Improvement Task Force Charter

- Terry Ray discussed changes to the PHSITF Charter. The changes involved the addition of the SHA/SHIP coalition sub-committee, new proposed representative positions for the SHA/SHIP coalition are also provided on the last page of the charter.
 - There are new positions proposed: Montana Hospital Association, the Addictive and Mental Disorders Division (DPHHS), the Office of American Indian Health (DPHHS), Developmental Services Division (Children's Mental Health Bureau DPHHS), Health Resources Division (Medicaid, DPHHS), State Medical Officer (DPHHS), Montana Health Care Foundation, Office of Public Instruction, and Indian Health Services.
 - Todd Harwell mentioned that the additional members are not limited to just these, but will be working with Jane Smilie at AMPHO and Joan Miles to assist with the planning process and the revisions. Will also be working with multiple groups across the state to receive feedback.
 - Once these new positions are approved, Terry Ray and Jessica Miller will be working to obtain a point of contact for each position.
 - These members will be responsible for reviewing progress on the State Health Improvement Plan annually. Every five years when the new updated SHA/SHIP will be released, the coalition will be responsible for providing feedback and reviewing staff analysis for both the SHA and SHIP. Prior changes involved increasing the term of appointment for a task force member from two years to three years and a member may be reappointed multiple terms.
 - Members voted on new charter, no members opposed. The updated charter was approved.

- The new members Kristin Juliar and Kari Smith are welcome to visit with Todd Harwell and learn more about the background and role of the PHSITF. We appreciate your participation and Bonnie Lovelace's contribution over the past couple of years. Kari Smith expressed interest in getting more information about the PHSITF.

Maternal and Child Health Block Grant

- Blair Lund discussed the Maternal and Child Health Block Grant, summary of public input results. Back in July, an email went out to request public input on the Maternal and Child Health Block Grant, this is always an application for the upcoming fiscal year and a report on the previous federal fiscal year.
- This was an application of the 2017 federal fiscal year and a 2015 annual report. The majority of comments received had to do with children and youth with special health care needs; this was however, only a third of the measures included in the report.
- The organization, Parents Lets Unite with Kids (PLUK), resent the public input email address to the subscribers on their listserv, to ask for input. A response was provided for every public input comment received.
- Todd Harwell commented that some of the feedback was coordination of services and that this is beyond the scope of our program, but that DPHHS might be able to bring other programs together to help address these concerns. Overall the feedback on the application and report itself was positive.
- Blair Lund commented that Rachel Donahoe, the supervisor for Children's Special Health Services was heavily involved in responding to the comments involving Children and Youth with Special Health Care Needs. If she knew of a resource that someone was not aware of, they were given that information as part of the response.
- If any members haven't had a chance to review the summary results and have any questions or comments concerning the report, please contact Blair Lund (BLund@mt.gov).

Preventive Health and Health Services Block Grant

- Terry Ray discussed that the Preventive Health and Health Services Block Grant can be applied to any areas within the Healthy People 2020 at the federal level; we would just have to align our state activities with the healthy people 2020 objectives. The areas are very broad ranging from accreditation to programmatic areas.
- A general budget worksheet was sent out describing the programs we are funding and many of these are a continuation of last year or the year priors. A breakdown of how much each program is budgeting for each area is also provided. System Support is the workforce development and accreditation and grants that focus on public health management allocates \$335,000 for budget.
- If you have any questions regarding this Block Grant proposal, please contact Terry Ray. The finalized work plan will be presented to the Task Force in April, where the programs that are receiving funding will provide an update on their accomplishments in the past year and an overview of what they plan on doing with the budget in the year to come.
- Todd Harwell mentioned that a large amount of money (\$335,000) was invested to support local and state for workforce development. This includes the budget for the Public Health Certificate Program. The \$155,000 used for Local and Tribal Public Health System Support, is an extension to continue the work that we started, through the funding of the Montana Healthcare Foundation. This helps fund the planning pieces for the Local and Tribal Health Departments. This includes the Community Health Assessments, Strategic Plans, and Community Health Improvement Plans. The \$30,000 for the community health data for community health improvement planning, (IBIS) is for an online data system to provide summary data for the State, local and tribal health departments.
 - With IBIS, State, local and tribal health departments can observe trends and health priorities in local communities
- Lora Wier commented that the funding for the Block Grant comes from the Affordable Care Act.
- Todd Harwell mentioned that the money for Home Visiting is no longer associated with this budget and will be safe.

2018 State Health Assessment Progress and Work Plan

- Laura Williamson, the new State Epidemiologist, discussed the progress on the 2018 State Health Assessment.
- The State Health Department recognizes the need to assess the health status of Montanans and the need to establish health improvement strategies to address these health issues and disparities. In order to do this, the State Health Assessment (SHA) and State Health Improvement Plan (SHIP) documents are created. The worksheet provided defined the purposes of both documents.
 - The SHA flows into the priorities that will be identified in the SHIP and the intent is to have these documents act as a framework for all of the entities across the State that are working to improve the population health in Montana. Strategic Plans are then built off of these plans.
 - The first SHA/SHIPs were drafted in 2012 to cover the years 2013-2018 and these next documents will cover the years 2018 to 2022. The handout outlines key division staff, Laura Williamson is the point of contact for the SHA and Terry Ray will be the point of contact for the SHIP.
- Key tasks and dates for the division and task force are also highlighted in the handout. We hope to have the SHA finalized and published by the end of June 2017.
- SHA/SHIP coalition will be asked to provide big picture feedback on health content areas for the SHA in February during our first webinar. Draft feedback on the SHA will be requested in April during our first face-to-face meeting.
 - Jane Smilie commented that it is important to notice that there needs to be a flow between the SHA and SHIP and to try to decrease the gray area that can exist between the two documents. Terry Ray stated that we are noticing that as well and have established a planning team made up of both SHA and SHIP point of contacts within the division to create a better flow.
 - Todd Harwell commented that some issues and challenges that were brought up during the last SHA and SHIP documents, involved addressing mental health and substance abuse. These health issues will be better defined and hopefully provide a clearer picture with the work that needs to be addressed for these priorities. Terry Ray mentioned that we will be requesting feedback on identifying SHIP health indicators at the February meeting as well.

Follow-up Items

- PHSD will follow up on Legislative updates in the next few meetings.
- Contact Jessica Miller (JMiller5@mt.gov) for questions regarding upcoming webinar.
- The next two face-to-face meetings will be in Helena, MT offsite.
- PHSD will follow up with Kari Smith on visiting to learn more on the background of PHSITF.
- PHSD will work to find Tribal Health Department representative.
- Please contact Jackie Tunis at (JTunis@mt.gov) or Terry Ray at (TerenceRay@mt.gov) if you have any questions concerning the Certificate of Public Health program or if you have any applicants. Tony Ward would be happy to answer any questions concerning the courses related to the program as well.
- PHSD will follow up with everyone for feedback on providing contact information on the Healthier Montana website through email. The contact information that would be provided will be email address and business address.
- Terry Ray and Jessica Miller will be working to obtain a point of contact for each position for the SHA/SHIP coalition.
- If any members haven't had a chance to review the summary results for the Maternal and Child Health Block Grant Report and have any questions or comments concerning the report, please contact Blair Lund (BLund@mt.gov).

- If you have any questions regarding the Preventive Health and Health Services Block Grant proposal, please contact Terry Ray.
- Terry Ray will present the Final PHHS Block Grant proposal to the Task Force in April.
 - Programs that are receiving funding will provide an update on their accomplishments in the past year and an overview of what they plan on doing with the budget in the year to come.
- SHA/SHIP coalition will be asked to provide big picture feedback on health content areas for the SHA in February during our first webinar.
- Draft feedback on the SHA will be requested in April during our first face-to-face meeting.

The next meeting will be a webinar on February 22, 2017

Public Health System Improvement Task Force Charter

Introduction

The original focus of the Public Health System Improvement (PHSI) Task Force was the development of a *Strategic Plan for Public Health System Improvement*. The plan was published on March 31, 2000. Since that date, the focus has been implementation of the Strategic Plan through short-term “action plans” that reflect current conditions and realities. In June 2013, the Montana Department of Public Health and Human Services, Public Health and Safety Division disseminated the state health improvement plan “Big Sky. New Horizons. A Healthier Montana: A Plan to improve the Health of Montanans.” The state health improvement plan (SHIP) was developed in collaboration with over 300 individuals representing more than 130 organizations.

As the Montana public health system evolves, the focus and responsibilities of the PHSI Task Force will also evolve. The perspective and input of system stakeholders is valued and included in the Task Force work.

Purpose

The purpose of the Public Health System Improvement Task Force is to:

- Provide direction and guidance to the SHA/SHIP Coalition ensuring the completion of annual reviews and the five year updates of the State Health Assessment and State Health Improvement Plan;
- Monitor and advise on the implementation of Section F of the state health improvement plan and assess;
- Assess progress towards public health system goals and objectives aligned with strategies in Section F;
- Provide policy development recommendations to state and local agencies regarding public health system improvement issues;
- Advocate for statewide public health system improvement efforts; and
- Serve as the advisory board to the Preventive Health and Health Services Block Grant and the Title V Maternal and Child Health Block Grant.

Appointment, terms and composition

Appointment

Appointments to the Public Health System Improvement Task Force are made by the Director of the Department of Public Health and Human Services based on recommendations of the constituent organizations. An alternate member (delegate) may be recommended by the constituent organization.

Terms of office

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Members are appointed for three (3) year staggered terms. Members may be reappointed for additional terms after the completion of their initial term.

Composition

The composition of the Task Force is limited to fourteen (14) members including:

Co-Chairs

1. The Administrator of the Public Health and Safety Division, DPHHS
2. A task force member as nominated and selected by the PHSITF

Population-based representatives from Local Health Departments in Montana:

3. Large county representative (serving a population of more than 20,000)
4. Medium county representative (serving a population of 10,000—19,999)
5. Small county representative (serving a population of 5,000—9,999)
6. Frontier county representative (serving a population of 4,999 or less)

Representatives from the following agencies or statewide associations:

7. Association of Montana Public Health Officials (AMPHO)
8. Montana Association of Counties (MACo)
9. Montana Department of Environmental Quality (DEQ)
10. Montana Environmental Health Association (MEHA)
11. Montana Public Health Association (MPHA)
12. University of Montana, School of Public and Community Health Sciences
13. Tribal Health Departments (Two members)
14. Montana State University Office of Rural Health

Operating principles

- Task Force members are expected to: act as a conduit of information between their constituency and the Task Force; solicit input from their respective constituencies; and attend quarterly meetings of the Task Force.
- A quorum of Task Force members (>50% of members) is necessary for any decisions/recommendations made.
- The Task Force is co-chaired by: 1) the Administrator of the Public Health and Safety Division of the Department of Public Health and Human Services; and 2) one other task force member.
- The Public Health and Safety Division's Public Health System Improvement Office provides staff support to the Task Force and all Task Force committees.
- The work of the Task Force and the charter is reevaluated at a minimum of every three years. As the public health system evolves and matures, the role, function and structure of the Task Force may change substantially or the Task Force could be replaced by another council that is defined as an integral component of the public health system.

- Non-governmental and other community partners are integral components of the statewide public health system and are involved in public health system improvement through the committee structure and other avenues of public input.

Decision Process Narrative

- Step 1: A “Public Health System Improvement Issue” is brought to the attention of the Task Force.
- Step 2: The issue is reviewed by the Task Force to determine whether it falls within the purview of the Task Force. **If no**, the issue is directed to the appropriate group.
- Step 3: For issues in alignment with the Task Force charter, the Task Force decides:
- a) Whether to assign the issue to a specific sub-committee to gather more information. If yes: the assignment is clearly defined, the responsible parties are listed and notified, and the due date is set.
 - b) If no further information-gathering is deemed necessary, the Task Force formulates a recommendation on how the issue can be resolved as well as an implementation plan.
- Step 4: The recommendation is sent to all Task Force members to assure that their respective constituencies are given the opportunity to review the recommendation and offer feedback. The recommendation is amended according to the consensus of Task Force members.
- Step 5: The final recommendation is presented to DPHHS.
- Step 6: Within a timely manner, DPHHS informs the Task Force of the final decision as well as the rationale for making such a decision (if it varies from Task Force recommendations).
- Step 7: The DPHHS decision is implemented within a timely manner with Task Force involvement and participation.

Task Force Committees

The PHSI Task Force has one standing committee, the SHA/SHIP Coalition. Additional committees may be established to focus on specific topics of interest to the Task Force. These committees may include non-Task Force participants who are subject matter experts in the area(s) being addressed by the sub-committee.

SHA/SHIP Coalition

Purpose

The SHA/SHIP Coalition provides input on SHA and SHIP changes or updates. The Coalition also provides annual assessments of progress towards SHIP goals and objectives throughout the SHIP five year cycle. The coalition is made up of members from state, local, and Tribal health departments and health promotion organizations that are implementing public health

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programs and activities with a state-wide focus. The Coalition follows the same rules of decision making as the PHSITF and adheres to the same operating principles as the PHSITF. The SHA/SHIP Coalition consists of the PHSI Task Force core members and individuals from the 9 organizations below.

1. Montana Hospital Association
2. Montana DPHHS, Addictive and Mental Disorders Division
3. Montana DPHHS, Office of American Indian Health
4. Montana DPHHS, Developmental Services Division, Children's Mental Health Bureau
5. Montana DPHHS, Health Resources Division
6. Montana DPHHS, State Medical Officer
7. Montana Health Care Foundation
8. Office of Public Instruction
9. Indian Health Service

Maternal and Child Health Block Grant - 2017 Application and 2015 Annual Report

Public Input from Interested Parties, Results as of September 2016

Purpose: The Title V Maternal and Child Health Block Grant (MCHBG) is required to solicit public comment on the MCHBG Annual Report and Application from interested parties.

Method: The Maternal and Child Health (MCH) and Children's Special Health Services (CSHS) Sections compiled a list of interested partners who have expressed an interest in or use of the MCHBG. The interested parties included:

- 49 County Health Departments
- 35 CSHS direct care providers
- 14 CSHS partner organizations
- 12 Public Health System Improvement Task Force (PHSITF) members

Parents Let's Unite for Kids (PLUK) also forwarded the request for information to their list serve of 800 families across Montana. PLUK serves as Montana's Parent Training and Information Center, the Family to Family Health Information and Education Center, and the Family Voices state affiliate.

The interested parties received an email on July 25, 2016 from the MCH Section Supervisor, requesting their input on the MCHBG 2015 Annual Report and 2017 Application. Each interested party who responded to the request received an email response acknowledging their input.

Their comments were reviewed and analyzed to determine what Title V/MCHBG and in some cases a Department of Public Health and Human Services (DPHHS) or State of Montana program (s) was being addressed. The CSHS and MCH Supervisors made recommendations for future follow up with each interested party's specific comment(s).

Results:

Twenty interested parties provided comments on the MCHBG 2015 Annual Report and 2017 Application. The parties were represented as follows:

- 8 parents of a child with special health care needs
- 5 organizations:
 - Mental Health America
 - CASA
 - MT Disabilities & Health Program
 - MT Independent Living Project
 - PLUK
- 2 members of the Public Health System Improvement Task Force
- 2 Local County Health Department Maternal and Child Health Block Grant Administrators
- 2 health care providers
- 1 State Representative who is a parent of an adult with special health care needs

Summary of Interested Party's Comments:

Children with Special Healthcare Needs Program

- Seven comments addressed the challenges of finding the right resources/care coordination close to home for children and youth with special health care needs (CYSHCN)
- Seven comments addressed these topics:
 - Complimented CSHS survey approach
 - Continue funding genetic testing in Montana
 - CSHS should work on prevention rather than pay for helmets for plagiocephaly
 - Use of evidence based strategies
 - Private insurance doesn't cover behavior therapy
 - Special Olympics participation needs to be yearly
 - Lack of community based resources
- Six comments addressed these three topics:
 - Distance to specialty care in Montana (in and out of state)/accessibility
 - Funding and/or oversight for specialty care and clinic in Montana
 - Support for CSHCN transition to adult care
- Five comments indicated their desire for more family, provider, or agency input

Medicaid Program

- Three parents were unaware of Medicaid travel assistance
- Two parents commented on the excessive wait for a Medicaid Waiver slot for their adult children
- One parent each commented on:
 - Medicaid did not cover her 3 children's orthodontia attributed to their CSHS condition
 - Medicaid is paying for specialized equipment (helmets for plagiocephaly)
 - Challenges having prescription filled at local pharmacy versus out of town
 - Child covered under parent's plan and Medicaid is secondary; however, Medicaid not paying the co-pays
 - Need for Medicaid Targeted Case Management for CSHS case management services
 - Unsure of what services are covered by Medicaid and/or their private insurance

Miscellaneous DPHHS Program

- Three parents shared their child's mental health challenges and they were unaware of the Children's Mental Health Bureau's services/programs
- A healthcare professional shared results of a focused mental health gap analysis in rural/frontier Montana for children and adults.
- Two parents, with developmentally disabled adult family members, expressed a need for residential care when the parents are unable to provide a home
- One parent shared that the grants provided through DPHHS must continue
- A healthcare professional asked for increased DPHHS public awareness of their services for children and adults with special healthcare needs
- A healthcare professional complimented the Office of American Indian Health's creation
- One comment specifically stated the need for increased staffing at the Lake County Department of Children and Family Services

Office of Public Instruction

- Three parents focused on the school environment not meeting their child's educational needs.
- One parent commented on the need for early screening and intervention services

Department of Labor & Industry

- Adult child's employment wages were questioned

Overall Comments about the 2017 MCHBG Application

- A healthcare professional provided two specific MCHBG Application comments:
 - *I want to document for the August 11th meeting that Montana is moving in a great direction for including families at all levels of decision making and has made great progress in the last few years in working toward systems change for CYSHCN. I believe that what will result from having the program assessment complete will truly benefit Montana Families.*
 - *Complimentary of CSHS' comprehensive program assessment to generate MT specific data within the national frameworks was a brilliant decision and step we needed to take as a state.*
- Two PHSITF members commented:
 - *I was much more impressed by this than the document that we read a year or so ago. It looked really good! From my perspective, it was especially nice to see the documentation that we (at the local level) provide to you in our MCHBG reporting in this document. Review the narrative accompanying the WIC graph on page 69 as it doesn't make sense.*
 - WIC staff reviewed the narrative and revised it. The commenter agreed with the changes.
 - *I looked over the document and think it is fine.*
- Two Local County health Department Directors commented:
 - *The application looks very comprehensive. Thanks for asking for our input.*
 - *To be honest, the length of the report was a little daunting for me so I never opened it until this morning. But I'm so glad I did! It gave me a better understanding of the grant.*

Next steps:

- Each individual will receive a personalized email response from the MCH or CSHS Supervisor with additional information for their specific comments
- Propose an in-person meeting with the PLUK Board of Directors, PLUK Executive Director and Title V/MCHBG staff to identify partnership opportunities
- Update the MCHBG website to include MCHBG Public Input from Interested Parties summary document

FFY 2017 & 2018 Preventive Health and Health Services Block Grant

Anticipated Award Amount = Approx. \$1,032,000

Program	Total	Description
Emergency Medical Services Administration	\$124,000	<p>Block Grant funding is used to develop and implement statewide, comprehensive Emergency Medical Services (EMS) and trauma care systems. This is accomplished through licensing of ambulance services, statewide coordination and training for pre-hospital emergency medical service providers, and data collection and analysis for quality improvement.</p> <p>\$15k Stakeholder meetings and report of workforce assessment and implementation of Community Health EMS.</p> <p>\$15k Stakeholder meetings and strategic plan for implementation of EMS workforce, education and medical oversight strategies.</p> <p>\$25k Facilitation and training related to EMS and trauma data systems.</p> <p>\$50k Support for local, regional and state EMS and trauma education</p> <p>\$19k EMS service management education and regionalized EMS innovation strategies</p>
Poison Control	\$196,000	<p>Block Grant funding is used to contract with the Denver-based Rocky Mountain Poison and Drug Center (RMPDC). This contract provides: 1) poison information and management services to callers and 2) clinical toxicological services to Montana's health care professionals.</p> <p>\$196k to the RMPDC</p>
Built Environment	\$125,000	<p>This funding will be used to fund up to six (6) Building Active Communities Initiative (BACI) communities to attend the Action Institute which is an annual statewide conference and training. The Action Institute will provide attendees with expertise from national and local professionals on how to create and enhance community environments so that people of all ages, ability and income levels can safely walk, bike or take public transportations to places they need to go. The funding also goes toward the costs of putting on this training. In addition, this funding will be used to support NAPA's contract with Montana State University's Office of Rural Health to employ a .75 FTE Built Environment Consultant. The consultant will provide training and technical assistance to communities on built environment strategies and will work with NAPA to plan and execute the annual Action Institute.</p> <p>\$75k MSU Contract</p> <p>\$50k Action Institute and Community Assistance</p>

Provide Community Health Data for Community Health Improvement Planning. IBIS - Data System	\$30,000	The Internet Based Information System for Public Health (IBIS-PH), is the web-based data system used by the Public Health and Safety Division (PHSD) to meet the growing demand of sharing public health data with the public. The system was competitively procured and will allow the public to create their own user-defined queries based on the data sets provided by the Office of Epidemiology and Scientific Support. \$30k Programming support
Sexual Assault (<i>required funding</i>)	\$22,000	Block Grant funding is used to provide trainings and technical assistance that prioritize primary prevention strategies to reduce sexual assault on college campuses. \$22k Training support
Public Health and Safety Division Internal Operations and Public Health Workforce Development	\$335,000	Allocated to the Public Health System Improvement Office to implement improvements to the Division's internal operations and to support the development of the state's public health workforce. \$16k Montana Public Health Mentorship program in partnership with AMPHO. \$15k Practicum Placement and Support program in partnership with UM and MPHA. \$40k Summer institute in partnership with AMPHO. \$120k Certificate of Public Health in partnership with UM. \$10k Accreditation support and fees. \$50k PHSD Workforce Development plan implementation (classes). \$20k National conference attendance. \$30k Strategic planning meetings and technical support. \$10k office and training supplies. \$30k Electronic information management systems maintenance and development. \$24k MPHA conference support. \$25k Quality Improvement Program.
Local and Tribal Public Health System Support	\$155,000	Allocated to the Public Health System Support Unit to cover operational expenses and grant opportunities for local and Tribal health departments. \$60k Employee salary and benefits \$20k Travel and technical assistance/training \$75k Small grants to local and Tribal health departments for public health planning and systems improvement.
Grant administration and cost allocation	\$45,000	Division cost allocation and grant administration to include financial management, required conferences, meetings, and products.

Point of Contact for this document is the System Improvement Office- Terry Ray at 444-9352 or terenceray@mt.gov

2018 State Health Assessment Purpose and Work Plan

State Health Assessment (SHA):

The purpose of the state health assessment is to describe the health status of the state’s population, identify factors that contribute to health status and health challenges, and identify assets that can be used to improve population health.

State Health Improvement Plan (SHIP):

The state health improvement plan is a long term, systematic plan to address the issues identified in the state health assessment. The purpose of the state health improvement plan is to describe how the health department and the community it serves will work together to improve the health of Montanans.

Public Health & Safety Division (PHSD) Planning Team:

Plan coordinator - Jessica Miller

Assessment production- Brandn Green, Laura Williamson, Kerry Pride

Plan production - Terry Ray

Professional planning consultant(s)- Jane Smile

Products design and development - TBD

Date	Task(s)
October 2016 -- February 2017	PHSD Planning team: <ul style="list-style-type: none"> • Collecting and analyzing health status data • Collecting and analyzing of stakeholder and community input data (e.g., CHA, CHNA, CHIP, etc.) • Framework and process for gathering SHA feedback from community/public developed
January-- February 2017	<ul style="list-style-type: none"> • Health condition content areas, conceptual approach, data sources are drafted and shared with subject matter experts • SHA/SHIP coalition provide feedback on SHA health condition content areas (February 22, 2017)
March – April 2017	<ul style="list-style-type: none"> • SHA revised based upon SHA/SHIP coalition feedback by PHSD team • Health condition content area, conceptual approach, and indicators are finalized • SHA/SHIP coalition provide feedback on draft SHA (April 26, 2017)
May-- June 2017	<ul style="list-style-type: none"> • Engage public to gather feedback on SHA • Final revisions to SHA based on public feedback • Finalize SHA and ready document for publication • SHA published and released to public

**June-- December
2018**

- SHIP planning process

Public Health System Improvement Task Force Meeting Schedule 11-22-2016

December 2016 – October 2017

Core Task Force Activities:

- Advise on the implementation, and annual assessment, of Section F, Strengthen the Public Health and Health Care System, State Health Improvement Plan
- Steering group for the 5 year updates of the State Health Assessment and State Health Improvement Plan (SHIP) and annual review of the SHIP
- Advise on Preventive Health and Health Services Block Grant and Maternal and Child Health Block Grant activities

Date/Time	Agenda Item(s)	Meeting Details
December 14, 2016 1:30 – 2:30	2018 State Health Assessment work plan review Public Health System Support Unit (PHSSU) Grant Proposal PHHS Block Grant budget review Legislative update	<i>Conference call</i> Dial: 1-866-398-2885 Passcode: 8339961
February 22, 2017 1:30 – 3:00	2018 State Health Assessment presentation of findings- PHSD OESS <i>(first meeting of the SHA/SHIP Coalition)</i> Summer Institute courses review Legislative update	<i>Webinar</i> https://hhsmt.webex.com/ <i>Conference call</i> Dial: 1-866-398-2885 Passcode: 8339961
April 26, 2017 10:00 – 3:00	PHSSU update PHHS Block Grant annual report and review of FY 17 activities. Draft State Health Assessment discussion with stake holders <i>(SHA/SHIP Coalition)</i>	In-Person – Helena, MT
June 28, 2017 1:30-3:00	2018 State Health Improvement Plan update process work plan review. <i>(SHA/SHIP Coalition)</i> Review proposed objectives and strategies changes to SHIP. PHSSU updates. <i>(SHA/SHIP Coalition)</i>	<i>Webinar</i> https://hhsmt.webex.com/ <i>Conference call</i> Dial: 1-866-398-2885 Passcode: 8339961
August 23, 2017 1:30 – 3:00	Annual review of Section F of the SHIP. Review draft SHIP document with Stakeholders and discuss. PHSSU updates. <i>(SHA/SHIP Coalition)</i> Maternal and Child Health Block Grant application review. PHSSU annual work plan review.	<i>Webinar</i> https://hhsmt.webex.com/ <i>Conference call</i> Dial: 1-866-398-2885 Passcode: 8339961
October 11, 2017 10:00 – 3:00	Annual SHA/SHIP coalition and workgroups meeting to review strategies and progress. <i>(SHA/SHIP Coalition)</i> Priority health issues discussion. <i>(SHA/SHIP Coalition)</i> SHIP objectives and policy discussion <i>(SHA/SHIP Coalition)</i>	In-Person – Helena, MT