



Agenda — Public Health System Improvement Task Force Meeting

October 5, 2016

10:00 am – 3:00 pm

Radisson Colonial Hotel, Helena MT

10:00 am Roll call of members Chair

Approval of previous meeting minutes and announcements Chair

Announcements

State Epidemiologist Position Todd Harwell PHSD Administrator

Old Business

CDC Opioid Grant Todd Harwell PHSD Administrator

PRAMS Grant Todd Harwell PHSD Administrator

12:00 pm Working lunch– order from the menu

New Business

PHSD and partners communication discussion Todd Harwell PHSD Administrator

Review of the 2017 PHSITF calendar Terry Ray PHSIO

Changes to the PHHS Block Grant work plan for 2016. Terry Ray PHSIO

Public Hearing on the PHHS Block Grant changes Chair

Section F -State Health Improvement Plan annual assessment Terry Ray PHSIO

State Health Assessment and State Health Improvement Plan Updates
and the role of the PHSITF Terry Ray PHSIO

Public Health System Support Unit updates Tia Hunter PHSSU

Public Comment

3:00 pm Adjourn

If you are unable to attend the meeting in-person. The following conference line will be open:

Dial: 866-398-2885

Participant Code: 8339961

For more information, contact Tia Hunter at 406-444-6892 or thunter@mt.gov

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



Department of Public Health and Human Services

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Steve Bullock, Governor

Richard H. Opper, Director

Public Health System Improvement Task Force Minutes

October 5, 2016

10:00 a.m. – 3:00 p.m.

Radisson Colonial Hotel Helena, MT

Task Force Attendees:

- **Todd Harwell** (DPHHS, PHSD) – Co-Chair
- **Heather Jurvakainen** (Park County Public Health Department – Medium County Representative)
- **Janet Runnion via phone** (Rocky Boy’s Health Board — Tribal Health Department Representative)
- **Jean Curtiss** (County Commissioner — MACo/Local Boards of Health Representative)
- **Kathy Moore via phone** (Lewis and Clark Public Health — MEHA)
- **Kristi Aklestad** (Toole County Health Department — Small County Representative)
- **Melanie Reynolds** (Lewis and Clark Public Health — Large County Representative)

Other Attendees:

- **Tony Ward via phone** (University of Montana)
- **Jessica Miller** (PHAP Candidate, PHSD)
- **Terry Ray** (System Improvement Office, PHSD)
- **Tia Hunter** (System Improvement Office, PHSD)

Excused Task Force Members:

- **Lora Wier** (MPHA Representative) – Co-Chair
- **Joe Russell** (Flathead City-County Health Department — AMPHO Representative)
- **Kim Cuppy** (Fallon County Public Health — Frontier County Representative)
- **Craig Molgaard** (University of Montana — Montana University System Representative)

Review of Previous Meeting Minutes

- No comments on previous minutes. Minutes were approved.

Announcements

- Mary Lynne Billy-Old Coyote was not able to make it to this meeting, but will be at another meeting for an introduction. Mary Lynne was hired in April to lead the state’s new Office of American Indian Health. She has been traveling across the State for feedback from Tribes for improvement of American Indian health. There is a focus on the healthcare system and access to healthcare. This feedback will be integrated into the SHIP and provided to local health departments.
- Carol Ballew retired about a month ago. Carol had 30 plus years in public health work. Laura Williamson will be taking the position of Coordinator and State Epidemiologist for the Office of Epidemiology and Scientific Support (OESS). Laura has ten years of experience as an epidemiologist in the Tobacco Prevention Program and six years as the supervising epidemiologist with the Montana Central Tumor Registry. Laura will start on Friday. OESS plans to support the Division and local/Tribal health departments.
- Denise Higgins has accepted a position at the Community Medical Center in Missoula, MT. She will be setting up a maternal fetal medicine program. Denise will be at Public Health and Safety Division (PHSD) for another

- month or so. The PHSD will be recruiting for the position. A candidate should have five years of experience in public health, a master's degree is preferred, and basic education in health services. Please let people know.
- The department was awarded the CDC Opioid grant. The grant started in late September. The goal is to convene State and external partners to assess gaps with prescription drugs, opioids, heroin, and other drugs abused. Data from enhanced surveillance, law enforcement, and other sources will be used to identify hotspots. A full-time epidemiologist and health educator will be hired for this grant.
 - Task force members suggested other helpful partners that include the following: students, community colleges, physician group (overprescription), Children and Family Services, Fetal, Infant, Child and Maternal Mortality Review (FICMMR), home visiting, Office of Public Instruction, national registry of prescription drug database.
 - DPHHS will strategically look at external partners and make it manageable. Todd will send the partner list to the task force after it is drafted.
 - The board of pharmacy is working to get a bill un-sunsetted to get data from the Montana Prescription Drug Registry. Currently the registry doesn't work very well.
 - Teens get started with prescription drugs and other drugs. It is similar to tobacco use.
 - Currently DPHHS uses death records to track heroin use. Montana has not seen any spikes in heroin deaths, but other states have seen spikes. Montana needs to be ready for complications from heroin use.
 - Where is drug abuse more prevalent?
 - There have been hints of opioid abuse in western Montana. There have been no hints of heroin hotspots.
 - Rocky Boy has a medical safety committee that meets every other week. Anyone who is on controlled substances signs a contact about use.
 - The Addictive and Mental Disorders Division (AMDD) oversees prevention and treatment. The department plans to bring a bill amendment that will help break down a barrier that prevents new treatment programs from being set up. Access to treatment is an issue and this bill amendment would help.
 - The AMDD block grant helps pay for some treatment programs. Medicaid is looking at coverage of substance use treatment.
 - Montana is behind on naloxone (opioid overdose treatment). There is a funding opportunity for naloxone training for EMS and law enforcement. There may be a bill for that. Other states use naloxone and have good outcomes.
 - Is there funding for the education side?
 - The next steps include things that the CDC recommends. Once the prescription drug registry works well, there will be more physician use. There will also be education about national guidelines on prescribing drugs, long-term drug abuse, and public education.
 - There is a forum for children and youth in Missoula. Missoula brings an educator from Chicago to speak for a day in high school. There are good resources out there.
 - How far back upstream are you going? Will you combine drug abuse with ACES?
 - DPHHS is not there yet. The State and external partners will start with a SWOT analysis.
 - The Health Alliance is holding community forums throughout the State to assess updated health issues. There is a forum on November 18th.
 - The PRAMS grant, the Pregnancy Risk Assessment Monitoring System, is a surveillance program that conducts outreach to mother's with live births about health behaviors and attitudes. PHSD received Montana Healthcare Foundation funding to conduct a pre-PRAMS survey. There will be preliminary data from the pre-PRAMS grant this fall. Staff has been hired and it is up and running.
 - How do you target mothers?
 - PHSD tries to get an overall sample, but currently PHSD is oversampling American Indian mothers
 - Senator Sands, from Missoula, is drafting a bill to add e-cigarettes and marijuana to the Clean Indoor Air Act and to add labels on e-cigarettes about pesticides in the product.
 - There is interest by local groups to make 21 the minimum age for tobacco. It has been looked into before, but the challenge is that the State constitution defines adulthood as 18, except for the purpose of consuming alcohol. The constitution would need to be opened to change the age.
 - Lewis and Clark will have a site visit in February.

Public Health System Improvement Task Force

- The Healthier Montana Task Force was established in June 2013 to monitor the implementation of the state health improvement plan (SHIP). The task force expired in November 2015.
- There wouldn't be any additional meetings, but webinars may need to be incorporated. There would also need to be changes to the charter.
 - Will there be enough time to work on the SHIP?
 - There may need to be additional meetings as needed.
- The initial draft concept is on page three of the Public Health System Improvement Task Force (PHSITF) meeting notes.
- The PHSD recognizes that the Healthier Montana Task Force had challenges. The task force had great people, but the process didn't work.
- The SHIP coalition will consist of the PHSITF members with some additions. Page four of the of the PHSITF meeting notes. Are there other groups or representatives that should be included in the planning and process group? The goal is to keep the task force from becoming too big, but to include high level people from different areas.
 - Task force members suggested other partners that include the following: Zoe Barnard (Addictive and Mental Disorders Division Administrator), Bobbi Perkins (Chemical Dependency Bureau Chief), someone representing Medicaid, someone representing senior long-term care, case manager for mental illness for people eligible for long-term care, Health Resources Division, more representation from eastern Montana and rural health departments, someone from a faith-based program, enough American Indian representation, someone who can look at plans from an economic standpoint, Office of Public Instruction, education, United Way, Indian Health Services
- In 2011 – 2012 the PHSD worked on the state health assessment (SHA). Data was analyzed from across the Division. Meetings were held in Billings and Helena, MT to collect feedback from local and Tribal health departments, and others. This started the process to identify goals for the SHIP.
- There will be an internal PHSD group looking at needs assessments. The group will examine community health assessment and improvement plans for additional data and common themes. Anything that is a common theme in communities, but not in the state health assessment will be added. Laura Williamson will lead the team with Kerry Pride.
 - Transportation, the build environment, and Medicaid are missing from the state health assessment.
 - Aging issues
- The draft SHA and SHIP will be sent out to the task force for feedback. The documents will then be sent out for public feedback. The task force can be used to distribute the draft SHA and SHIP to local partners.
 - Make sure that the plan strategically looks at economics and health disparities. Rural areas have health disparities.
- Should the Department of Environmental Quality (DEQ) and Montana State University Office of Rural Health be moved from the PHSITF to the SHIP coalition?
 - DEQ does a lot public health related activities including air quality, subdivision review, sewage, water, and licensed establishment inspections. It would feel strange not to have DEQ representation on the full task force.
 - DEQ lost touch with the public health component since the department split up. It is important to have DEQ representation on the PHSITF so that information can be taken back to DEQ. Public health needs to be in touch with DEQ. The DEQ representative needs to be strategically selected.
 - In rural areas sanitarians go directly to county commissioners. The task force should model that environmental health is part of public health.

- There will be a meeting with DEQ water and underground storage. There are new people and the relationship between public health and DEQ can be redeveloped.
- Kathy might be able to recommend someone who would be a good representative for the task force.
- The Montana State University Office of Rural Health has done a lot to support rural areas.
- Martha Robertson, the Western Montana Area Health Education Center program coordinator, is a good person to consider.
- Todd Harwell will speak to Kristin Juliar about a representative.
- The PHSITF will become the steering group for the five year SHA and SHIP updates. They will also be responsible for the progress report every year. The charter will be modified and approved at the next meeting.
- The draft SHA/SHIP workplan is on page four of the PHSITF meeting notes.
- The SHA/SHIP process will have fewer face-to-face meetings. The 2013 SHA/SHIP will be used as baseline documents and they will be improved.
 - Will there be regional meetings?
 - The plan included two regional meetings for feedback.
 - Who is on the planning team?
 - The planning team will include OESS and Kerry Pride. There will also be PhD students on the planning team and consultant for graphic design.
- There is a website for the Healthier Montana Task Force and the Health Improvement Dashboard. The PHSITF can take over the website. The website needs to be updated.
 - Who manages the website?
 - The Office of System Improvement manages the website.
 - Remember who the website audience is and have a link to county data.
 - Is there a place for training videos or education for local boards of health?
 - The PHSD is working on a place to host trainings.

Preventive Health and Health Services Block Grant (PHHS BG)

- Terry Ray announced that the diabetes program will not be funded through the PHHS block grant leaving an extra \$100,000.
- Terry spoke with Tony Ward about the Montana Public Health practicum program and doctoral program and how to support these programs.
- PHHS block grant funding was also used to provide funding for scholarships for public health people who wanted to attend MPHA. Twenty-eight scholarships were awarded. Scholarship awardees included students from the University of Montana Community Health Program, students from the University of Montana Master of Public Health (MPH), a student from the Doctor of Public Health Program, and Americorp Vista volunteers. Lora Wier estimates that two-thirds of the scholarship awardees would not have attended without the funding.
- The 2017 PHHS block grant recommendations are on page one of the PHSITF meeting notes.
- \$15,000 for Montana Public Health Association (MPHA) conference scholarships.
 - Perhaps you can reduce the MPHA scholarship amount. Some students may not need the full amount of funding if the MPHA conference is held in the same city as their university.
- \$50,000 for the Public Health System Support Unit.
 - Funding will be used to support local and Tribal public health system improvement grants and salaries for grant support.
- \$15,000 for practicum placement and support activity. Funding will be used to support practicum travel costs and a presentation to local board of health. This will be a pilot and any left over funding will be reallocated.
- \$20,000 for SHA/SHIP process. Funding will be used to hire a consultant and meeting support. Funding might also be used to pay for a University of Montana Doctor of Public Health for assistance. Funding will be reallocated if needed.

- PHS block grant comments and questions
 - Is there funding for the leadership track at the Summer Institute?
 - Yes, it is already in the budget.
 - Tony Ward stated that the University of Montana is working to get students more engaged in MPH practicums. There will be a health policy class designed to have the practicum built into it. MPH practicums will also be marketed better to students and more students will take advantage of the opportunity.
 - There will be a large amount of turn over for local public health officials. 40% of lead locals intend to leave within five years. Are there any opportunities for new lead locals to travel to other jurisdictions and watch local board of health meetings? A mentorship program would be strategic for both the State and local jurisdictions. A mentor could have monthly calls with a new lead local and the mentor could also visit the lead local. A small amount of money could be given for travel costs etc.
 - Could AMPHO or MPHA support the program?
 - Not every lead local is a member of AMPHO. If the State has a contract with AMPHO, they need to make sure the mentorship program is available to everyone.
 - The mentorship program could be open to anyone in public health, not just lead locals. Also, the program does not need to be based on jurisdiction size.
- Todd Harwell, task force co-chair, made an announcement for public comment and opened the public hearing. There was no public comment. No members of the public attended the hearing.
- **MOTION: Jean Curtiss moved to approve the proposed Preventive Health and Health Services Block Grant recommendations with the addition of a mentorship program. Melanie Reynolds seconded the motion**
- **VOTE: The motion was carried unanimously by voice vote.**

Montana Public Health Association (MPHA) Communication Discussion

- During the MPHA pre-conference, there was discussion about communication between the PHSD and local and Tribal health departments.
- One activity that was suggested was having the State talk to county commissioners. PHSD would like more feedback on that activity.
 - It is a communication issue. Many commissioners don't know about public health.
 - PHSD needs to find the root cause of why local health departments want the State to talk with county commissioners. Is it funding and balancing the budget, political issues, understanding, or do commissioners have other priorities?
 - A mentorship program would help.
 - Other organizations like MPHA and AMPHO could work to teach people how to work with their county commissioners and problem solve. The Montana Environmental Health Association (MEHA) has a lot of good expertise on working with county commissioners.
 - The first week of December is the Montana Association of Counties (MACo) training for county commissioners. That would be a good time to inform commissioners on the importance of public health.
 - There have been public health people invited to the training, but the presentation time is short.
 - Some counties have a training packet for county commissioners with public health information. The best way to advocate for public health is to meet with the county commissioners. There needs to be a relationship between lead public health officials and their governing entity.
- Several other topics arose at the pre-conference discussion. PHSD needs to gather more information about the root causes for these topics.
 - The topics could be discussed at MPHA, AMPHO, and the PHSITF.
 - The topics could also be discussed on the lead local health official calls. Bureau updates and announcements could be sent out in an email and each call could have a discussion topic. There could be ten minutes for questions and announcements and the rest of the time could be an open discussion with a facilitator.

- If the call is just informational, it makes it easy to delegate it to someone else in the health department.

State health Improvement Plan Section F Progress Review

- F.2. Improve coordination among public health partners to promote effective public health policies and adequate public health policy was discussed.
 - AMPHO/MPHA/MEHA weekly information and coordination calls during the legislative session.
 - MPHA focus on advocacy and telling the story during the annual conference.
 - Add the MPHA pre-conference discussion about communication.
- F.1. Strengthen partnerships between the health care sector and public health agencies.
 - Currently assessing local and Tribal CHA/CHNA and level of collaboration.
 - Presentations at MPHA
 - Current grant recipients must collaborate with local healthcare providers, clinics, or hospitals to the best of their ability.
 - Non-profit hospitals are required to conduct a community health needs assessment (CHNA) and provide benefits to the community.
 - Hospitals and health departments can come together and create a community health improvement plan (CHIP) with common objectives.
 - Collaboration can take time and relationships are different in different sized counties.
- F.3. Build the public health and health care system's capacity to turn data into information for action.
 - Indicator-Based Public Health Information System (IBIS) at <http://ibis.mt.gov/> was launched in 2016. IBIS is an online data query system where large data sets will be housed. Data sets are currently being added to IBIS.
 - There are some data systems that collect data, but cannot push data out. The State also needs to coordinate with outside people to make sure that data is getting entered into registries.
 - PHSD is working to do better when purchasing data systems to make sure that they meet State and local/Tribal needs.
 - Epidemiologists are no longer centralized in the Office of Epidemiology and Scientific Support (OESS). Epidemiologists now provide direct support to programs and bureaus.
 - Local and Tribal health departments don't have epidemiologists. It would be a dream if the State hired an epidemiologist to concentrate on local work. Universities could also work with locals on epidemiology work.
 - Todd will bring the idea of a local epidemiologist to the management team.
 - The Public Health Certificate will have classes on epidemiology and there will be more workforce development pieces on epidemiology.
 - PHSD is also providing epidemiology support to the Addictive and Mental Disorders Division (AMDD) on substance abuse data. The data will be used to develop a plan for the division and it will be pulled into state health improvement plan process.
 - Second round of grants to support the creation of performance management systems scheduled for January 2017.
- F.4. Promote the use of evidence-based grants to support the creation of performance management systems scheduled for January 2017.
 - Grants tied to evidence-based interventions.
 - Public health system improvement grant activities require alignment with the Public Health System Support Unit's (PHSSU) interpretation of PHAB standards and measures.
 - Public health is moving to evidence-based interventions. The CDC now makes a menu of interventions that are tied to literature.
 - Public health is also changing models from individual care to a community or population based model.
 - Small health departments (0.5 FTE) need support.
- F.5. Accelerate the use of the national Public Health Accreditation Board's national standards for public health practice by state, local, and Tribal health agencies.
 - Public health system improvement grant activities require alignment with the PHSSU's interpretation of PHAB standards and measures.

- Accreditation Network and annual breakfast during Summer Institute.
 - Is there any plan to expand the network?
 - Three health departments are accredited and five are in the process of accreditation.
- F.6. Promote the use of quality improvement methods to strengthen public health and health care services, programs, and processes.
 - Public health system improvement grant activities include funding for quality improvement plan and for quality improvement training and technical assistance.
 - The annual assessment of local and Tribal health departments provides the PHSD with training needs and support feedback.
 - Summer Institute will have technical trainings, like quality improvement. MPHA will have a discussion of best practices and local successes and challenges.
- F.7. Create a system for public health and health care workforce and leadership development.
 - Public Health Management Certificate was completed in 2016. There were 28 participants.
 - Annual leadership symposium during Summer Institute. PHSD is looking for feedback on topics for the Wednesday leadership track.
- F.8. Enhance use of health information technology.
 - PHSD is fielding the IBIS system.
 - Montana Tech of the University of Montana offered scholarships for their Certificate of Public Health Informatics. PHSD has an employee working on the certificate program.
 - The immunization program is doing work on interoperability between the registry and clinics.
 - PHSD is working with the Commissioner of Securities and Insurance on patient-centered medical homes and improving electronic health records.
 - PHSD received an informatics intern from Montana Tech. The intern was good and there may be an opportunity for local/Tribal health departments.
- F.9. Strengthen local board of health.
 - Local boards of health trainings are continuing. PHSD is determining the best frequency for board of health trainings.
 - There could be a train the trainer session with county commissioners.
 - It was suggested that the local board of health bylaws, meetings, and agendas should be tied to Public Health Emergency Preparedness (PHEP) deliverables.
 - There is a lot of pushback on making everything a PHEP deliverable. It seems like an overreach.
 - There are disparities in rural areas and the State has the same expectations for different amounts of funding.
 - The State should examine the root causes behind local board of health issues.
- F.10. Support and maintain an integrated public health emergency preparedness system.
 - There seems to be a communication disconnect between Disaster and Emergency Services (DES), PHEP, and Local Emergency Preparedness Committees (LEPC).

University of Montana Certificate of Public Health

- PHSD is working on an announcement for the certificate of public health.
- The announcement will outline details and the cost of the certificate.
- The majority of students are professionals.
- One class equals about three to nine hours of work per week.

Public Health System Support Unit (PHSSU) Updates

- The PHSSU is reviewing the first activity reports from the 2016 grant awardees and the third activity report from the 2015 grant awardees. A few health departments have finished the 2015 grant deliverables and are now working on the 2016 grant.
- There are three more local board of health trainings planned.
- The PHSSU hopes to have another round of grant funding in January.
- The PHSD funded twenty-eight scholarships for MPHA. Lora Wier will provide a report on the scholarship awardees soon.

- Several trainings for local and Tribal public health workers have been held.
 - There was a Performance Evaluation and Metrics training on September 6th and 7th. The instructor was Luann D'Ambrosio from the Northwest Center for Public Health Practice. There were twelve participants, from both local health departments and Rocky Boy. The PHSSU received good feedback and we are waiting for the final evaluation report from Luann.
 - The Quality Improvement Training wrapped up on September 29th with an in-person QI workshop in conjunction with the MPHA Conference. There were also three online sessions. The training was taught was Grace Gorenflo.
 - The Strategic Planning Training is still going. There has been an online training, and there will be another five online trainings.
 - The Workforce Development Training is still going. Katie Loveland is leading the training. There has been an online training and will be another three online trainings.

Follow-up Items

- Todd will send the CDC Opioid grant partner list to the task force after it is drafted.
- Todd will find candidates to fill the open PHSITF seats.
- Todd and Terry will update the PHSITF Charter.
- PHSD will keep the PHSITF updated on AMDD's bill amendment that will help break down a barrier that prevents new treatment programs from being set up.
- PHSD will keep the PHSITF updated on the potential funding opportunity for naloxone training for EMS and law enforcement.
- PHSD will look into a mentorship program for local and Tribal health departments.

The next meeting will be a call on December 14, 2016

Public Health System Improvement Task Force

Meeting Notes

October 5th, 2016

PHHS Block Grant Update – Terry Ray PHSIO

- Diabetes Prevention Program – withdrew from PHHS BG work plan for 2016 returning \$100k.
- Recommendations for use of funds through Sept 2017.
 - \$50k to support the Public Health System Support Unit. Increase funding from \$100k to \$150k. Includes PHSSU salaries from April – Sept 2017.
 - \$15k practicum placement and support activity. In partnership with UM and MPHA.
 - \$15k MPHA conference scholarships. \$750 each.
 - \$20k SHA and SHIP processes. Planning team, document production, and meeting support.

State Health Improvement Plan Section F progress review items- Terry Ray PHSIO

- F.1. Strengthen partnerships between the health care sector and public health agencies.
 - Currently assessing local and Tribal CHA/CHNA and level of collaboration.
 - Presentations at MHA
 - Current grant recipients must collaborate with hospital
- F.2. Improve coordination among public health partners to promote effective public health policies and adequate public health funding.
 - AMPHO weekly information and coordination calls during the legislative session.
 - MPHA focus on advocacy and telling the story during annual conference.
- F.3. Build the public health and health care system's capacity to turn data into information for action.
 - Indicator-Based Public Health Information System (IBIS) at <http://ibis.mt.gov/> launched in 2016
 - Epidemiologist direct support to programs- assigned to bureaus/programs at PHSD
 - Second round of grants to support the creation of performance management systems scheduled for January 2017.
- F.4. Promote the use of evidence-based interventions and practice guidelines across the public health and health care systems.

- Grants tied to evidence-based interventions
- Public health system improvement grants activities require alignment with PHAB Standards and Measures.
- F.5. Accelerate the use of the national Public Health Accreditation Board's national standards for public health practice by state, local, and tribal public health agencies
 - PHSSU grant activities require compliance with PHAB Standards and Measures.
 - Accreditation Network and annual breakfast during Summer Institute.
 - 3 are currently accredited (Gallatin County, Missoula County, Yellowstone County,
 - 5 are in the process of accreditation (PHSD, Lewis and Clark County, Cascade County, Richland County, Flathead County)
- F.6. Promote the use of quality improvement methods to strengthen public health and health care services, programs, and processes
 - PHSSU grant connected to the development of QI procedures and plans.
 - Training on QI post MPHA Conference
- F.7. Create a system for public health and health care workforce and leadership development
 - Public Health Management Certificate completed in 2016 (28 participants)
 - Annual leadership symposium during Summer Institute
- F.8. Enhance use of health information technology
 - Fielding of the IBIS system.
 - PHSD is training a PH informatician specialist.
 - Montana Tech offered scholarships for their Certificate in Public Health Informatics- provided by CDC.
- F.9. Strengthen local boards of health
 - Continuous process of Board of Health training. Determining best frequency.
- F.10. Support and maintain an integrated public health emergency preparedness system

2018 State Health Assessment and State Health Improvement Plan

DRAFT Concept

- Healthier Montana Task Force was established late 2013 to monitor the implementation of the June 2013 SHIP. Task Force was dissolved in November 2015.
- Website can easily be converted to serve the PHSITF. Recommend we make this change. <<http://ahealthiermontana.mt.gov/About>>
- Recommend changes to the PHSITF membership to better serve the purposes of the Task Force. Create a core group that focuses on Section F of the SHIP to include Workforce Training and Development, and an expanded group that includes SHA and SHIP stakeholders. See attached structure below.
- Generally an 18 month process.
- Begins with the State Health Assessment, then the State Health Improvement Plan.
- State Health Improvement Plan process can begin prior to the completion of the written State Health Assessment.
- In accordance with ASTHO and PHAB guidelines, and established procedures.

Current PHSITF Membership: *14-15 individuals in accordance with current charter.*

Co-Chairs

1. The Administrator of the Public Health and Safety Division, DPHHS
2. A Local Health Officer or Lead Local Public Health Official

Population-based representatives from Local Health Departments in Montana:

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

Representatives from the following agencies or statewide associations:

1. Association of Montana Public Health Officials (AMPHO)
2. Montana Public Health Association (MPHA)
3. University of Montana, School of Public and Community Health Sciences
4. Tribal Health Departments (Two members)
- *5. Montana Department of Environmental Quality (DEQ)
6. Montana Environmental Health Association (MEHA)
- *7. Montana State University Office of Rural Health
8. Montana Association of Counties (MACo)

SHIP Coalition consists of the PHSITF members with some additions (for feedback from PHSITF)

Co-Chairs

1. The Administrator of the Public Health and Safety Division, DPHHS (*Ex-officio, permanent*)
2. One other individual elected from the Public Health System Improvement Task Force core membership.

Population-based representatives from Local Health Departments in Montana:

1. Large county representative (serving a population of more than 20,000)
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4. Tribal Health Departments (Two members)
5. Montana Department of Environmental Quality (DEQ)
6. Montana Environmental Health Association (MEHA)
7. Montana State University Office of Rural Health
8. Montana Hospital Association
9. Montana DPHHS, Addictive and Mental Disorders Division.
10. Montana DPHHS, Office of American Indian Health
11. Montana DPHHS, Developmental Services Division, Children’s Mental Health Bureau
12. Montana Association of Counties (MACo)
13. Montana Health Care Foundation

DRAFT SHA/SHIP WORKPLAN- For feedback

- | | |
|----------------|--|
| October 2016 - | <ol style="list-style-type: none">a. PHSITF reviews 2018 SHA work plan, confirms SHIP coalition membershipb. PHSD identifies a facilitator and planning technical assistance.c. PHSD builds the Planning Team. (<i>Lora Williamson- State Epi, Terry Ray – PHSIO, UM?, + select participation from offices/organizations</i>) |
| November 2016- | <ol style="list-style-type: none">a. Planning Team collects current data on indicators aligned with strategies in the SHIP.b. Planning Team collects and analyzes the most current Community Health Assessment and Community Health Improvement Plan from each of the 58 local or Tribal health Jurisdictions.c. Planning Team collects Community Health Needs Assessments from Hospitals. |

- d. Planning Team collects plans from associations and other organizations such as the Montana Hospital Association.
 - e. Planning Team consolidates priorities from DPHHS programs and other state agencies.
- December 2016-
- a. Planning Team discusses initial findings from state agency internal reviews and the literature review with the SHIP Coalition and receives feedback.
- January 2017-
- a. Planning Team receives feedback on the initial assessment (*distribution to the broader community of stakeholders*).
- February 2017-
- a. Planning Team provides findings, conclusions, and recommendations to the SHIP Coalition at scheduled PHSITF meeting.
- March 2017 -**
- a. Planning Team produces a **draft State Health Assessment and distributes to stakeholders for feedback.**
- April 2017 -
- a. Planning Team presents draft State Health Assessment to the SHIP Coalition and other stakeholders at a face to face meeting. In-person, Great Falls.
- May 2017 -
- a. Planning Team completes the State Health Assessment and distributes copy for public feed-back with a press release.
- June-Sept. 2017-
- a. Planning Team works with stakeholders to identify strategies to address SHA priority health issues
 - b. Webinar with stakeholders to modify or change SHIP strategies to address emerging health issues.
- October 2017-
- a. Annual SHIP coalition and workgroups meeting to review changes to the SHIP and to decide on evaluation plan (indicators). In-person, Helena.
- December 2017-
- a. Draft State Health Improvement plan completed and reviewed by stakeholders. Discussion at the December 2017 PHSITF meeting, webinar.
- January 2018-
- a. Media release and public feedback period on the Draft SHIP.
- February 2018 -
- a. Complete the SHIP Document.
 - b. Final review by the SHIP Coalition
- May-Aug. 2018-
- a. Communicate the SHIP- Launch the SHIP
- Sept. and onward.
- a. Synchronize local and Tribal plans with the State Plan.

DRAFT

Public Health System Improvement Task Force Meeting Schedule

10-5-2016

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 Public Health System Support Unit (PHSSU) Grant Proposal Legislative update	<i>Conference call</i> Dial: 1-866-398-2885 Passcode: 6746122
February 22, 2017 1:30 – 2:30	PHHS Block Grant budget review. 2018 State Health Assessment Update. Summer Institute courses review. Legislative update	<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. State Health Assessment review and discussion with stake holders (<i>SHIP Coalition</i>)	In-Person – Great Falls, MT
June 28, 2017 1:30-2:30	2018-2023 State Health Improvement Plan update process work plan review. PHSSU updates.	<i>Conference call:</i> Dial: 1-866-398-2885 Passcode: 8339961
August 23, 2017 1:30 – 2:30	Annual review of section F of the SHIP. 2018-2023 SHIP process update. PHSSU updates. Maternal and Child Health Block Grant application review. PHSSU annual work plan review.	<i>Webinar</i> <i>Conference call</i> Dial: 1-866-398-2885 Passcode: 6746122
October 11, 2017 10:00 – 3:00	Annual SHIP coalition and workgroups meeting to review strategies and progress. (<i>SHIP Coalition</i>) Initial meeting- 2018-2023 State Health Improvement Plan.	In-Person – Helena, MT

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 was developed in collaboration with over 300 individuals representing more than 130 organizations. The PHSI Task Force will focus on providing recommendations to the Department regarding the implementation of the state health improvement plan included in Section F, which address strengthening the public health system in Montana.

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:

- Assess Montana’s progress in implementing the goals and objectives of Section F of the state health improvement plan and other system improvement efforts;
- Assure the implementation of Section F of the state health improvement plan with updated “action plans”;
- 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 Public Health 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

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 fifteen (15) members including:

Co-Chairs

1. The Administrator of the Public Health and Safety Division, DPHHS
2. A Local Health Officer or Lead Local Public Health Official

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, Graduate School of Public Health
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) a local health officer or lead local public health official appointed by the DPHHS director.
- The DPHHS will provide 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 may establish sub-committees 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.

a:\PHSI Task Force Charter 2015. Doc. Last revised (October 2015)