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

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

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 Services