



Presentation to the 2017 Health and Human Services  
Joint Appropriation Subcommittee

## **DPHHS DIRECTOR'S OFFICE**

**Department of Public Health and Human Services (DPHHS)**



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**1. Where are we Now:**

**1a. AGENCY MISSION:**

To improve and protect the health, well-being, and self-reliance of all Montanans.

**DIRECTOR'S OFFICE MISSION**

To provide necessary leadership and professional support to the agency's 3 Branches and 12 Divisions.

**1b. CONTACT INFORMATION**

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**1c. DIRECTOR’S OFFICE OVERVIEW:**

The Director’s Office of the Montana Department of Public Health and Human Services provides professional support to the agency’s three branches and 12 divisions. The three branches are Operations Services, Medicaid and Health Services, and Economic Security Services. The Director’s Office is comprised of: the Department Director and Deputy Director, the Office of Legal Affairs, the Human Resources Office, the Prevention Resource Center, the Tribal Relations Manager, the Public Information Office, the Office of American Indian Health, Director’s Office policy and project staff, the No Kid Hungry campaign, and the Suicide Prevention Coordinator.

**1d. MAJOR FUNCTIONS OF THE DIRECTOR’S OFFICE:**

The DPHHS Director’s Office works to ensure a cohesive and strategic approach to Department’s work as a whole, and to bring important missions together through professional and legal support, resources and partnerships to promote the larger vision.

In addition to providing strategic leadership and partnerships throughout the Department, the Director’s Office serves as the backbone for the Department, with the Office of Legal Affairs, Human Resources Office, the Branch Managers as well as project and policy staff. The Director’s Office is also home to major, statewide health efforts and initiatives, including the Office of American Indian Health, the Tribal Relations Manager, the No Kid Hungry initiative, the Prevention Resources Center, and the Suicide Prevention Coordinator.

The Director’s Office serves as an in-house strategic leader and policy guide for work Department-wide. On a global level, the department’s efforts to serve Montanans are extensive and diverse. Program staff protect adults from abuse and neglect and license nursing homes. They provide care and services to people with developmental disabilities. They fund the treatment of adults and children with mental health and/or substance abuse issues. They ensure that people who provide medical services or prescription drugs to people with Medicaid as their insurer get paid. Program staff determine eligibility of people for benefits like SNAP, TANF,

residential energy assistance, and Medicaid. They oversee the collection and distribution of child support payments. And they protect children from abuse and neglect through the foster care and adoption systems, investigations, and removal of children from dangerous living situations. On the public health front, our programs protect and work to improve the health of all Montanans through immunizations programs, asthma control, tobacco cessation, healthy heart and stroke prevention programs, and other core health and safety programs statewide.

### **Major Activities:**

*The Director's Office serves as a strategic leadership partner in many realms of the Department. Below are a few examples of that work. This collaborative approach has resulted in meaningful progress in areas such as health equity, mental health access, protecting Montana's kids and nationally-recognized pilots and other programs to improve the health of Montanans.*

**Providing Health Care Access to More than 67,000 fellow Montanans.** *HELP Plan (Medicaid expansion) implementation.* On April 29, 2015, the bipartisan HELP Act was signed into law and just eight months later, Montanans were able to sign up for health coverage through the new plan. Today, more than 67,000 Montanans now have health coverage, many for the first time in their lives. Montana was the first state in the country to expand Medicaid using a private Third Party Administrator. The HELP Act has also contributed significantly to the decrease in the uninsured rate in Montana and it is saving millions in taxpayer dollars. In a global scale helps Montana's economy. A sick work force is less productive. The Medicaid Expansion will improve the health of workers in our state, and this has been shown to boost productivity. The health industry is an important part of state and local economies, and Medicaid Expansion will increase business in the health industry and stimulate the state economy. Hospitals that had been struggling under the weight of uncompensated care have been thrown a lifeline.

**American Indian Health Equity.** The Department is committed to government-to-government relationships with Tribal leaders and partners. One particular effort is identifying the factors that contribute to health disparities among American Indians. In 2016, the first Montana Office of American Indian Health was launched to address disparities in health outcomes and other outcomes that exist between the American Indian and non-Indian population in Montana. The ultimate goal is to build on our partnerships and develop strategies to bring health equity and access to quality care to all our Montana communities.

**Protecting the Next Generation.** The Department has been working hard to ensure that all Montana kids have the opportunity not just to survive but thrive. Our state system built to protect children from harm has undergone an unprecedented review and made substantial and meaningful progress over the past year. Through the Protect Montana Kids Commission, the Governor brought together many of the state's best experts to study this issue and asked for recommendations to make our system better. They brought forward several recommendations, many of which have already been implemented. This session there is important legislation before this Legislative body, as we continue to make comprehensive, systematic improvements to our child protection system to ensure future generations of Montana kids are safe and healthy.

**Honoring Montana's Foster Parents.** There are many heroes in Montana, including our dedicated foster parents. One such set of foster parents from Helena, Ben and Lena Havron. The

Havrns were the 2016 Foster Parents of the Year after being nominated for the award by foster youth Charlie Heil. The Havrns gave what every child deserves, simply a loving home. They also gave Charlie her first birthday party, and a future. [http://helenair.com/news/local/making-your-mark-ben-and-lena-havron-honored-as-foster/article\\_0b295dd5-7f85-50a0-9fa6-33cd4c9b178f.html](http://helenair.com/news/local/making-your-mark-ben-and-lena-havron-honored-as-foster/article_0b295dd5-7f85-50a0-9fa6-33cd4c9b178f.html)

**Life-changing Mental Health Initiatives.** In Montana, we take care of each other. In recent years at the state level, we've made record advancements in mental health services, including in crisis intervention, youth mental health, short term admission care and emergency detention. Just a few weeks ago, we announced a promising mental health treatment program that targets those 16-25 who have experienced their first psychotic episode. This announcement adds yet another building block to what we've already accomplished in our state. This program is so vital because we'll be reaching people before they are in crisis and before their mental illness can overwhelm them and disrupt their lives seemingly at times beyond repair. We know that once mental illness takes root, it can lead to problems such as high rates of school dropout, unemployment, incarceration and unfortunately suicide. The healthier our youth are, the more likely they are to be healthy later in life, and avoid some of these problems.

**Commitment to Public Health and Safety.** We continue to work hard to improve and protect the health of all Montanans through various public health programs that promote cancer screenings, prevent diabetes and tobacco use, improve immunization rates, and encourage using telemedicine to help stroke patients living in rural communities. The state's public health and safety division just became the 20th state to achieve national accreditation. Four other local health departments in Montana achieved accreditation as well. (Missoula City-County Health Department, RiverStone Health, Gallatin City-County Health Department, and most recently Flathead City-County Health Department.) The response to emerging infections such as Ebola and Zika continue to require a significant amount of public health attention and monitoring. Montana's state and local public health agencies have worked together to address today's public health issues. And, they will be there for all of us when tomorrow's public health emergency emerges.

**Montana Developmental Center – Transitioning clients into the Community.** Last session, the Montana Legislature passed SB 411 which required closure of the Montana Developmental Center and moving the residents into community-based services. We were able to work with community providers to create a plan to safely and successfully transition 24 of the 52 MDC residents who required community placement. Additional time will be needed to transition the remaining clients. A multidisciplinary transition planning committee was established to make recommendations and offer advice.

**Nationally Recognized Health Care Innovations.** In October of 2015, the Governor appointed a council of private and public payers, providers, regulators, and patient advocates to guide the development of Montana's statewide health transformation plan. This Council identified key priorities for Montana, such as reducing the health disparities experienced by American Indians as well as better integrating the treatment of physical and behavioral health. Many successes came out of the Council on Healthcare Innovation and Reform, which includes Montana's selection as one of only 14 locations across the country to join the Comprehensive Primary Care Plus (CPC+) model. CPC+, the largest-ever initiative of its kind, is a five-year,

multi-payer, multi-provider initiative to improve primary care, which is critical to promoting health and reducing overall health care costs.

**No Kid Hungry.** No child should have to go hungry. More than 1 out of every 5 kids in Montana will struggle with hunger. Malnutrition is damaging to health, education, and overall well-being. Through a public-private partnership between DPHHS, the Governor's office and our national non-profit organization Share Our Strength, Montana No Kid Hungry is dedicated to ending childhood hunger in Montana. By improving food access, nutrition education, and raising awareness, Montana No Kid Hungry gives hope to all kids across the state so they will become healthy and successful adults.

**Suicide Prevention Program.** The Department coordinates statewide activities, including the suicide crisis hotline, trainings to a variety of groups and professions, education in suicide awareness and prevention, as well as a media program to increase awareness around suicide prevention. The Suicide Mortality Review Team is coordinated through DPHHS and has reviewed every suicide that occurred in the state since January 1, 2014, identifying interventions including reaching out to survivors and providing immediate resources. The program also provides training in suicide prevention including depression screening, suicide risk assessment, and safety planning to five schools of nursing around the state every semester as well as the residency program at the Billings Clinic and the Physician Assistant program at Rocky Mountain College. Similar trainings were provided to health care professionals and statewide conferences and symposiums. The program provides lethal means counseling and gun locks to pediatricians and other health care providers. Over the past two years, approximately \$120,000 in community grants have been distributed to counties and reservations around the state to implement suicide prevention programs and trainings.

## 1e. OFFICE OF AMERICAN INDIAN HEALTH:

Statistics show health disparities for American Indians in Montana that impact the health of our communities across the state. Examples include:

- **Infant Mortality Rates:** Over the last five years (2011-2015), the infant mortality rate among American Indians was 9.8 per 1,000 live births compared to 4.9 per 1,000 live births among Non-Indians. This means that infants born to American Indian women in Montana were nearly two times more likely to die than infants born to White mothers.
- **Motor Vehicle Fatalities:** Over the last five years, the motor vehicle death rate in Montana was nearly two times higher among American Indians compared to our non-Indian residents.
- **Suicide:** Suicide is a pervasive problem in American Indian communities. More American Indian high school students in Montana report suicide ideation and attempted suicide than white high school students. In 2015, nearly 1 in 4 American Indian high school students (24%) report seriously considering suicide in the past year and 16% report attempting suicide in the past year.
- **Smoking:** nearly 1 in 5 adults in Montana are current smokers. Unfortunately, smoking is particularly high among Montana American Indians. In 2015, approximately 1 in 3 American Indian adults are current smokers and 1 in 5 (20%) American Indian high school students are current smokers.

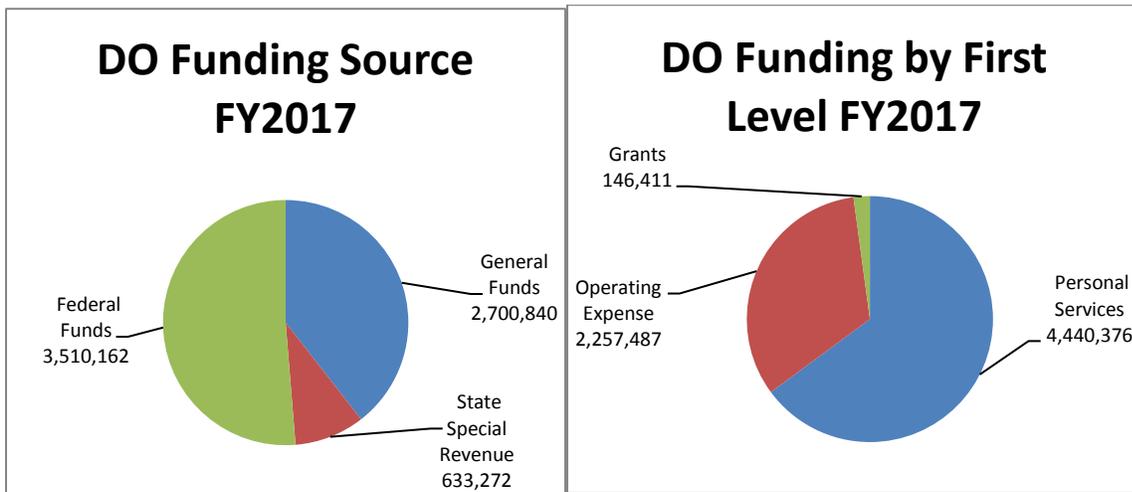
- **Obesity:** Obesity is known to be associated with heart disease, stroke, type 2 diabetes and certain types of cancer. These conditions are the leading causes of death among Montana American Indians. In 2015, 70% of American Indian adults in Montana were overweight or obese compared to 55% of our non-Indian population.
- **Lifespan:** In 2015, the median age at death in Montana was 61 years for American Indian residents while Non-American Indian residents 78 years.

Governor Steve Bullock recognized the tragedy of Montana's American Indian population dying a generation earlier than their non-Indian neighbors. To address the health disparities, he directed the Montana Department of Health and Human Services to create the Office of American Indian Health (OAIH). The Office of American Indian Health was established within the Director's office of DPHHS in 2016. Led by Mary Lynne Billy Old Coyote, the objectives of the office are to oversee the development and implementation of a plan to reduce the health disparities described above. The Office recognizes that solutions ultimately will include more than improving access to and the quality of health care delivered to Montana's American Indian residents. Social determinants of health, including access to economic, educational, employment, and housing opportunities have a significant impact on population health as well.

The OAIH has worked, through direct Tribal engagement and Tribal partnership meetings and working sessions, to begin to develop an action plan to guide the OAIH in setting priorities and measurements for activities related to addressing American Indian Health disparities and fostered health equity for American Indian people in Montana. This work will continue in 2017 with a final plan delivered to State government, Tribal partners and others. OAIH has also developed an American Indian Health training program and curriculum. Recently, OAIH has initiated a resource repository to provide information regarding the impact of the ACA repeal or amendment for American Indian people in Montana.

**1f. CURRENT BUDGET/EXPENDITURES:**

	<b>2017 Budget</b>	<b>FY 2018 Request</b>	<b>FY 2019 Request</b>
<b>Directors Office</b>			
FTE	49.50	49.50	49.50
Personal Services	4,440,376	4,460,640	4,471,445
Operating	2,257,487	2,090,238	2,092,884
Equipment	0	0	0
Grants	146,411	694,079	194,079
Benefits & Claims	0	0	0
Debt Services	0	0	0
<b>Total Request</b>	<b>6,844,274</b>	<b>7,244,957</b>	<b>6,758,408</b>
General Fund	2,700,840	3,077,261	2,582,781
State Special Fund	633,272	682,215	683,347
Federal Fund	3,510,162	3,485,481	3,492,280
<b>Total Request</b>	<b>6,844,274</b>	<b>6,866,323</b>	<b>6,758,408</b>



**2a. 2019 BIENNIUM GOALS AND OBJECTIVES:**

<p><b>Department of Public Health and Human Services</b>  <b>Director’s Office</b></p>	
<p><b>Goals and Objectives for the 2019 Biennium</b></p>	
<p><b>Goal:</b> The Office provides leadership and direction for the agency, and oversees overarching goals including communication, research and analysis, human resources, and legal services.</p>	
<p><b>Objective</b></p>	<p><b>Measures</b></p>
<ul style="list-style-type: none"> <li>• Ensure personnel policies and processes are equitable and fair.</li> <li>• Ensure continuity of operations through a qualified and trained workforce.</li> <li>• Provide timely and accurate legal support, advice and consultation.</li> <li>• Ensure the Director’s Office is actively involved in shaping future policies for DPHHS.</li> <li>• Assist top management in the analysis and development of policy.</li> <li>• Ensure a department-wide communication strategy.</li> </ul>	<p>Through review and analysis, the Director determines whether:</p> <ul style="list-style-type: none"> <li>• Human resource processes strengthen the pool of qualified applicants for positions.</li> <li>• Legal support to the Department in legislative activities is effective in areas including, but not limited to, development, passage and implementation of applicable laws, rules, and regulations.</li> </ul>

# 3. How are we going to get there?

## 3a. Present Law Adjustments:

### SWPL – 1 – Personal Services -

The budget includes \$20,264 in FY 2018 and \$31,069 in FY 2019 to annualize various personal services costs including FY 2017 statewide pay plan adjustments and increases to state share costs for health insurance passed by the 2015 Legislature, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2018	\$ 22,943	\$ (6,063)	\$ 3,384	\$ 20,264
FY 2019	\$ 27,332	\$ (5,130)	\$ 8,867	\$ 31,069
<b>Biennium Total</b>	<b>\$ 50,275</b>	<b>\$ (11,193)</b>	<b>\$ 12,251</b>	<b>\$ 51,333</b>

### SWPL – 2 – Fixed Costs -

The request includes \$1,220 in FY 2018 and \$3,635 in FY 2019 in total funds to pay increases in fixed costs assessed by other agencies within state government for the services they provide. Examples of fixed costs include liability and property insurance, legislative audit, warrant writer, payroll processing, and others. The rates charged for these services are approved in a separate portion of the budget.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2018	\$ 525	\$ 90	\$ 605	\$ 1,220
FY 2019	\$ 1,564	\$ 268	\$ 1,803	\$ 3,635
<b>Biennium Total</b>	<b>\$ 2,089</b>	<b>\$ 358</b>	<b>\$ 2,408</b>	<b>\$ 4,855</b>

### SWPL – 3 – Inflation Deflation -

This change package includes an increase of \$565 in FY 2018 and \$796 in FY 2019 to reflect budgetary changes generated from the application of inflation and deflation factors to specific expenditure accounts. Affected accounts include food, postage, natural gas, electricity, gasoline, and others.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2018	\$ 222	\$ 53	\$ 290	\$ 565
FY 2019	\$ 314	\$ 74	\$ 408	\$ 796
<b>Biennium Total</b>	<b>\$ 536</b>	<b>\$ 127</b>	<b>\$ 698</b>	<b>\$ 1,361</b>

### 3b. New Proposals:

#### NP - 4004 – Boulder Development Fund OTO -

This change package requests \$500,000 general fund to help mitigate impacts to communities due to the closure of the Montana Developmental Center. This one-time-only change package is contingent upon passage of a bill which transfers \$500,000 from the Big Sky Economic Development Trust Fund spendable interest to the general fund.

<b>Fiscal Year</b>	<b>General Fund</b>	<b>State Special</b>	<b>Federal Funds</b>	<b>Total Request</b>
<b>FY 2018</b>	<b>\$ 500,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 500,000</b>
<b>FY 2019</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>Biennium Total</b>	<b>\$ 500,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 500,000</b>

#### NP - 555 - Appropriation Rebase

The Executive Budget includes targeted budget reductions across most agencies. The Executive proposes Directors Office Appropriation Rebase totaling \$276,366 per year was included in the agency reduction plan submitted in compliance with 17-7-111, MCA.

<b>Fiscal Year</b>	<b>General Fund</b>	<b>State Special</b>	<b>Federal Funds</b>	<b>Total Request</b>
<b>FY 2018</b>	<b>\$ (147,269)</b>	<b>\$ 0</b>	<b>\$ (129,097)</b>	<b>\$ (276,366)</b>
<b>FY 2019</b>	<b>\$ (147,269)</b>	<b>\$ 0</b>	<b>\$ (129,097)</b>	<b>\$ (276,366)</b>
<b>Biennium Total</b>	<b>\$ (294,538)</b>	<b>\$ 0</b>	<b>\$ (258,194)</b>	<b>\$ (552,732)</b>