Public Health and Safety Division

Strategic Plan

Version 2.0

2013-2018

Updated September 2015

A Message from the Administrator

This Public Health and Safety Division (PHSD) Strategic Plan version 2.0 represents our continued commitment to improve and protect the health and safety of Montanans by creating conditions for healthy living. Our commitment is to the people of Montana and the many organizations with which we will work in order to achieve the goals and objectives highlighted. This plan sets the direction for strengthening our organization over the next five years by working intensively in seven key results areas:

- Policy development and enforcement
- Disease and injury prevention and control, and health promotion
- Health services, particularly clinical preventive services
- Assessment and surveillance
- The public health and health care system
- Internal operations and workforce development
- Financial systems and relationships with governing entities

The PHSD Strategic Plan describes our approach and is not organized to mirror our organizational chart, but rather to focus on strategies that are likely to bring the greatest results across programs and the entire Division. Successful implementation of the plan will continue to strengthen public health programs that have yielded great public health achievements and address public health issues for which there is a science base for action.

A driving force behind this new approach is voluntary national public health accreditation. The Division is actively pursuing accreditation by the Public Health Accreditation Board and by becoming accredited, will demonstrate our commitment to strengthen the quality of our programs, services and operations.

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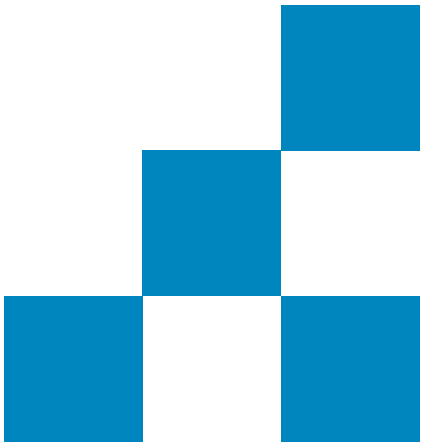
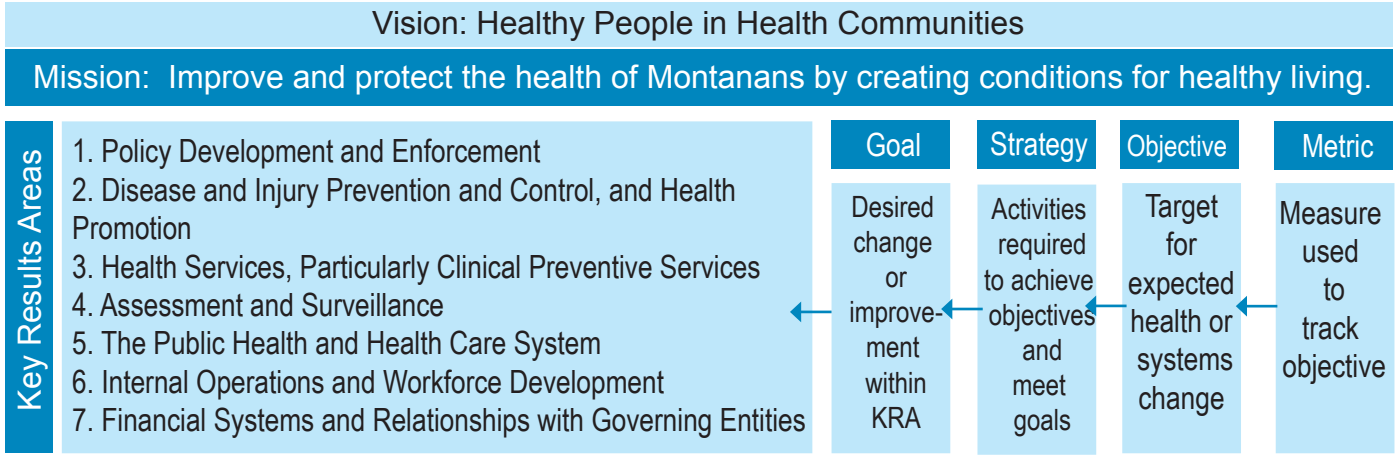


Executive Summary

This plan presents the strategic direction for the Public Health and Safety Division (PHSD), to improve and protect the health of Montanans by creating the conditions for healthy living. The plan describes three key aspects of the work of the PHSD.

1. How we improve the health of Montanans

The PHSD engages in specific strategies to achieve goals in 7 Key Results Areas that are all aligned with its vision and mission. Metrics are tracked over time to determine if the PHSD has met the targets outlined in the objectives, holding the PHSD accountable for achieving measurable health improvements in Montana's population.



2. Who we are

The PHSD leads public health efforts in Montana and provides state-level coordination of key public health services to local and tribal public health agencies. The Division includes 31 programs organized into four bureaus that are supported by another bureau and two offices. The Division serves a diverse group of customers and stakeholders while working to protect the health of Montanans and is committed to serving all of our customers and stakeholders with excellence. We operate within a complex organizational environment with internal strengths and weaknesses and external threats and opportunities that must be understood and managed appropriately to achieve the objectives set forth in this plan.

3. How we do business

This plan was developed over an intensive, four month planning process that included input from the PHSD management team, the Office of Public Health System Improvement, PHSD staff and external reviewers. The strategic planning process included a "Balanced Scorecard Approach" whereby business and organizational processes were included alongside strategic goals. The plan will be implemented using the Integrated Performance Management System, also known as HealthStat. All PHSD programs will develop operational plans aligned with the strategic plans objectives and the PHSD budget. These operational plans will be regularly reviewed at the program and bureau level and the entire strategic plan will be reviewed and updated annually.

How we improve the health of Montanans

Our Strategic Plan

The PHSD mission, vision and guiding principles form the foundation for our strategic plan.

Mission

Improve and protect the health of Montanans by creating conditions for healthy living.

The goals, strategies, objectives and metrics in this plan are aligned with the mission. The following overarching objectives and metrics will be used to evaluate the extent to which we are achieving our mission.

Objective, by 2018	Metric
Increase the number of adult Montanans who report their health is good or excellent from 83% (+/- 1%) in 2011 to 86%	Percent of Montana adults surveyed who report their health is good or excellent
Decrease the age-adjusted mortality rate from 7.6 per 1,000 population during 2007-2011 to 6.0	Annual age adjusted Montana mortality rate
Decrease the mean years of potential life lost before age 75 years from 18.7 years during 2007-2011 to 16.7 years	Years of potential life lost

Vision

Healthy people in healthy communities.

Guiding Principles

- Evidence-based decision making: Use scientific evidence to select and implement programs that address documented health issues.
- Collaboration: Engage in collaborations to build public trust and Division effectiveness.
- Equal access: Ensure conditions of health are accessible to all.
- Individual rights: Achieve community health in a way that respects the rights and confidentiality of individuals.

This plan is organized into seven "Key Results Areas" (KRAs) with corresponding goals, strategies, objectives and metrics. KRAs are those functions or functional areas in which the PHSD must perform well in the next five years in order to be successful in achieving its mission.

Key Results Areas

1. Policy Development and Enforcement
2. Disease and Injury Prevention and Control, and Health Promotion
3. Health Services, Particularly Clinical Preventive Services
4. Assessment and Surveillance
5. The Public Health and Health Care System
6. Internal Operations and Workforce Development
7. Financial Systems and Relationships with Governing Entities

Policy Development and Enforcement

Key Results Area 1

Goal	Strategy
1.1 Develop and support policies to promote and protect health.	1.1.1 Support worksites, healthcare organizations, schools, childcare agencies and other settings to implement policies that promote and protect health (e.g., policies that promote tobacco-free lifestyles; healthy eating; increased physical activity; communicable disease prevention and control; use of restraints by motor vehicle occupants; breastfeeding; worksite safety; reduction of environmental health hazards). 1.1.2 Maintain up-to-date regulations requiring vaccines recommended for children and adolescents by the Advisory Committee on Immunization Practices (ACIP). 1.1.3 Promote and monitor policies that define patient centered medical homes to include the delivery of clinical preventive and disease management services (e.g., hypertension control, age-appropriate immunizations, tobacco use cessation).
1.2 Enforce public health laws and regulations to promote and protect health.	1.2.1 Enforce public health laws and regulations including the Montana Clean Indoor Air Act, disease reporting requirements, food and consumer safety regulations, immunizations requirements and ensuring valid medical exemptions to immunization requirements. 1.2.2 Provide timely inspections and certifications of laboratories that test public drinking water supplies in the state of Montana to assure they meet EPA and state water testing standards. 1.2.3 Provide licensure and inspection of licensed establishments (restaurants, public accommodations, pools, body art establishments and other recreational facilities). 1.2.4 Provide mandated public health operations, programs and services.

Objective, by 2018	Metric
1.A Decrease the percent of youth who report they have smoked cigarettes in the past 30 days from 15% to 14%	Percent of Montana youth surveyed who report they have smoked cigarettes in the past 30 days
1. B Decrease the percent of adults who report they are smokers from 20% to 15%	Percent of Montana adults surveyed who report they are current smokers
1.C Increase the percent of renters in multi-unit housing that report having a smoke-free policy in their complex from 20% (Montana ATS, 2009) to 35% by 2018	Percent of renters in multi-unit housing that report having a smoke-free policy in their complex
1.D Increase the percent of children aged 19-35 months who are fully immunized from 67% to 70%	Percent of Montana children aged 19-35 months who are fully immunized
1.E Increase the percent of adolescents aged 13-17 years who are fully immunized against Tetanus, Diphtheria and Pertussis (TdaP), Meningococcal (MCV4) and Human Papilloma Virus (HPV) from 85% (TdaP), 40% (MCV4), and 43% (HPV) to 90%, 60% and 60% respectively	Percent of adolescents aged 13-17 years who are fully immunized against Tetanus, Diphtheria and Pertussis (TdaP), Meningococcal (MCV4) and Human Papilloma Virus (HPV)
1.F Increase the percent of motor vehicle occupants in Montana that report they wear seat belts from 73% to 83%	Percent of Montanans surveyed who report they were motor vehicle occupants and report they always wear seat belts

Disease and Injury Prevention and Control, and Health Promotion

Key Results Area 2

Goal	Strategy
2.1 Implement evidence-based health promotion and prevention programs.	2.1.1 Implement evidence-based programs to facilitate chronic disease prevention and self-management, injury prevention and maternal and child health (e.g., heart disease and type 2 diabetes prevention; asthma; arthritis; diabetes self-management; fall prevention; screening and brief intervention for alcohol abuse; use of the Montana Prescription Drug Registry; blood lead screening and education; tobacco cessation for pregnant women; home visiting; breastfeeding; curricula intended to reduce teen pregnancy). 2.1.2 Maintain and use evidence-based protocols for the containment and mitigation of public health problems and environmental public health hazards. 2.1.3 Provide training and technical assistance to schools and childcare settings to implement evidence-based programs to promote and protect health (e.g., programs to enable students with chronic disease to self-manage their conditions; to implement communicable disease prevention and control activities; to conduct environmental assessments to identify and remediate asthma triggers, potential sources of exposure to lead, and other environmental health hazards).
2.2 Promote health by providing information and education to help people make healthy choices.	2.2.1 Increase awareness of the benefits of adopting a healthy lifestyle, reducing risk for preventable conditions, and disease self-management strategies through public education (e.g., awareness of tobacco quit line; importance of appropriate health screenings; baby on back to sleep; physical activity; healthy eating; age-appropriate immunizations; food safety; use of motor vehicle restraints; reduced exposure to environmental health hazards).

Objective, by 2018	Metric
2.A Decrease the percent of youth who report they have smoked cigarettes in the past 30 days from 15% to 14%	Percent of Montana youth surveyed who report they have smoked cigarettes in the past 30 days
2.B Decrease the percent of adults who report they are smokers from 20% to 15%	Percent of Montana adults surveyed who report they are smokers
2.C Decrease the percent of adults who report they engage in no leisure time physical activity from 24% to 22%	Percent of Montana adults surveyed who report they engage in no leisure time physical activity
2.D Decrease the percent of adults who report they are overweight or obese from 60% to 54%	Percent of Montana adults surveyed who report they are overweight or obese
2.E Increase the percent of infants who are breastfed at hospital discharge from 91% to 95%	Percent of women breastfeeding at hospital discharge

Health Services, Particularly Clinical Preventive Services

Key Results Area 3

Goal	Strategy
3.1 Improve the delivery of clinical preventive services.	3.1.1 Implement quality improvement activities in collaboration with health care providers that increase the delivery of clinical preventive services and the use of clinical practice guidelines (e.g., increase use of tobacco cessation services; age-appropriate immunizations; breast, cervical and colorectal cancer, STD and blood lead screening and follow-up; hypertension control; patient-delivered partner therapy; early prenatal care; highly effective contraception for women who choose contraception; reduced induction and early elective cesarean sections; cardiovascular, diabetes and asthma management services; counseling on drinking and driving; and seat belt use). 3.1.2 Use technology to improve the delivery of clinical preventive services (e.g., electronic health records; telehealth; recall-reminders for immunizations and prenatal care; Montana Infectious Disease Information System (MIDIS); Electronic Laboratory Results; Montana Immunization Information System (imMTrax).
3.2 Increase use of appropriate health services, particularly by underserved and at-risk populations.	3.2.1 Support health care providers to identify eligible women and children, and refer them to WIC, home visiting, Children's Special Health Services, and other public health services. 3.2.2 Provide timely newborn screening services to facilitate referral for diagnosis and treatment.

Objective	Metric
3.A Increase the percent of adult Montanans who report they are up-to-date with colorectal, breast, and cervical cancer screening from 57%, 71%, and 78%, respectively to 61%, 80%, and 86%, respectively	Percent of Montana adults surveyed who report they are up-to-date with colorectal, breast, and cervical cancer screening
3.B Decrease the percent of women who report they smoke during pregnancy from 16% to 12%	Percent of women who report they smoke during pregnancy
3.C Increase the percent of pregnant women who report they entered prenatal care in the first trimester from 76% to 83%	Percent of pregnant women who entered prenatal care in the first trimester
3.D Establish a baseline and increase the percent of adults with diagnosed hypertension whose blood pressure is adequately controlled (<140/90 mmHg)	Percent of adults with diagnosed hypertension whose blood pressure is adequately controlled (<140/90 mmHg)
3.E Increase the percent of communicable diseases and conditions that are reported to local public health departments from health care providers within 24 hours of identification from 74% to 85% to improve timeliness of identification, control, and treatment	Percent of communicable diseases and conditions reported to local public health departments from health care providers within 24 hours of identification
3.F Establish a baseline and decrease the percent of adults with diagnosed diabetes whose blood sugar is uncontrolled (A1c > 9.0%)	Percent of adults with diagnosed diabetes whose blood sugar is uncontrolled (A1c > 9.0%)
3.G Assess completeness and quality of data submitted to the immunization registry from 100% of immunization clinics, and increase the percent of children for whom a complete immunization record is available	Percent of children with data in the immunization registry with a complete immunization record

Assessment and Surveillance

Key Results Area 4

Goal

4.1 Monitor health status, health-related behaviors, disease burdens, and enviornmental health concerns.

Strategy

4.1.1 Maintain, evaluate, improve and use disease surveillance systems to ensure the collection, analysis, and reporting of timely, accurate and complete information to direct public health programs and actions.

4.1.2 Maintain, evaluate, improve and use 24/7 surveillance systems that receive and respond to health problems and threats in a timely manner.

4.1.3 Conduct epidemiologic investigations in collaboration with partners to identify public health problems and implement public health actions.

4.1.4 Produce and disseminate regular surveillance reports that describe health status, health related-behaviors, disease burdens and environmental health concerns related to all PHSD programs.

4.1.5 Produce and disseminate a state health assessment report every five years in collaboration with stakeholders.

Objective, by 2018	Metric
4.A Establish a baseline and increase the percent of programs that produce and disseminate assessment and/or surveillance reports annually	Percent of programs that produce and disseminate at least 1 assessment and/or surveillance report annually
4.B Establish a baseline and increase the percent of surveillance systems evaluated for accuracy, timeliness, completeness, and other appropriate measures	Percent of surveillance systems evaluated for accuracy, timeliness, completeness, and other appropriate measures
4.C Increase the percent of outbreak investigations resulting in an outbreak report to 100%	Number of outbreak investigations resulting in a report
4.D Increase the number of disease/condition investigations resulting in a manuscript submitted to a journal for peer review and publication or accepted for presentation at a regional or national conference to a minimum of 2 per year per bureau	Number of disease/condition investigations resulting in a manuscript submitted to a journal for peer review and publication per bureau

The Public Health and Health Care System

Key Results Area 5

Goal	Strategy
5.1 Provide leadership to strengthen the public health and health care system.	5.1.1 Maintain capacity to provide and provide epidemiological and scientific consultation and technical assistance to public health and health care partners. 5.1.2 Prepare public health and health care systems at the state, local and tribal levels to plan for and respond to significant public health events and emergencies. 5.1.3 Assure the availability of emergency medical and trauma care services, particularly in rural and frontier areas. 5.1.4 Maintain and use laboratory systems that respond to biological and chemical threats to public health in a timely manner. 5.1.5 Improve coordination among partners to promote effective public health policies and adequate public health funding. 5.1.6 Build the public health and health care systems capacity to turn data into information for action, including improved use of information technology and data exchange. 5.1.7 Promote the use of evidence-based interventions and practice guidelines. 5.1.8 Participate in health care reform efforts that promote and protect health.
5.2 Lead by engaging the community and partners to identify and solve health problems.	5.2.1 Engage communities and partners to develop and implement a state health improvement plan that is informed by an assessment of the health status of Montanans (on a five year cycle) and report annually to stakeholders on progress in implementing the plan. 5.2.2 Provide training and technical assistance to local and tribal health departments to engage local communities and partners to produce local and tribal health improvement plans that are informed by an assessment of the health status of the community.

Goal

5.3 Strengthen public health practice to improve population-based services.

Strategy

5.3.1 Use the national Public Health Accreditation Board standards to improve public health practice by state, local and tribal public health agencies.

5.3.2 Provide training and technical assistance to local boards of health to support and strengthen local public health practice.

5.3.3 Create a system to train and develop the statewide public health workforce.

5.3.4 Employ cross-jurisdictional approaches to deliver public health services, programs and protections when these are more efficient and/or effective than those that are locally delivered.

5.3.5 Improve integration of DPHHS programs and services that promote and protect health.

Objective. by 2018	Metric
5.A Increase the number of local and tribal Montana health departments that have applied for PHAB accreditation, or are accredited by PHAB from 3 to 20	Number of local and tribal Montana health departments that have applied for PHAB accreditation, or are accredited by PHAB
5.B Increase the number of local and tribal health assessments and community health improvement plans from 8 to 20	Number of local and tribal health assessments and community health improvement plans completed

Internal Operations and Workforce Development

Key Results Area 6

Goal	Strategy
6.1 Implement effective internal management and service delivery processes.	6.1.1 Develop and implement a PHSD strategic plan (on a five year cycle) and report to staff and stakeholders on progress annually. 6.1.2 Achieve and maintain PHAB accreditation.
6.2 Evaluate and improve public health programs.	6.2.1 Evaluate the effectiveness of all programs and modify them as needed, using established quality improvement methods and other tools. 6.2.2 Implement a division-wide integrated performance management system (e.g., strategic planning, operational planning, HealthStat reviews, quality improvement processes).
6.3 Assess and continuously improve the satisfaction of Montanans with services provided directly by PHSD.	6.3.1 Develop a standardized approach across PHSD programs to measure, monitor and improve customer, supplier, and stakeholder satisfaction.

Key Results Area 6

Goal	Strategy
6.4 Recruit, retain, develop, and support a highly effective workforce.	6.4.1 Integrate nationally-recognized public health workforce competencies into hiring, performance standard setting, evaluation, individual development planning, orientation, training and succession planning processes. 6.4.2 Develop career ladders to allow for employee advancement and retention. 6.4.3 Train employees to use evidence-based public health practices and to contribute to public health literature. 6.4.4 Collaborate with schools of public health and other academic programs to develop the public health workforce. 6.4.5 Recruit, support and train public health interns and fellows to increase public health capacity, enhance public health education and training, and increase the likelihood of recruiting highly trained public health workers (e.g., CDC Epidemic Intelligence Service Officers, CDC Preventive Medicine Residents/Fellows, CDC PHAPs, CSTE Fellows, ORISE fellows, AmeriCorps Vistas).
6.5 Use information systems that support the Division mission and workforce.	6.5.1 Routinely conduct an information technology needs assessment and develop and implement a division information systems improvement plan. 6.5.2 Improve the capability of the Health Stat application to be used as a program management tool.

Objective	Metric
6.A 80% of PHAB accreditation measures scored as "fully met" in the PHSD PHAB accreditation review	Percent of PHAB accreditation measures scored as "fully met"
6.B 100% of performance management logic models and core activities reported as up-to-date in the HealthStat Database	Percent of logic models and core activities up-to-date
6.C Develop and implement a Division Information Technology plan	Division level IT Plan implemented
6.D Track and monitor the average annual number of training hours per employee from baseline	Average number of training hours per employee per year
6.E 100% of new employees receive a new employee orientation	Percent of new employees oriented to the PHSD
6.F Increase the number of manuscripts submitted to peer reviewed journals to at least 2 per bureau per year (one can be investigation report or presentation described in Objective 4.D)	Number of manuscripts describing the initiation or evaluation of a public health surveillance system, evaluation of a public health program, or outbreak investigation, submitted to a peer-reviewed journal
6.G Maintain number of academic, CSTE, CDC, and other types of interns, residents, and fellows in the Division.	Number of interns, residents, and fellow trainees

Financial Systems and Relationships with Governing Entities

Key Results Area 7

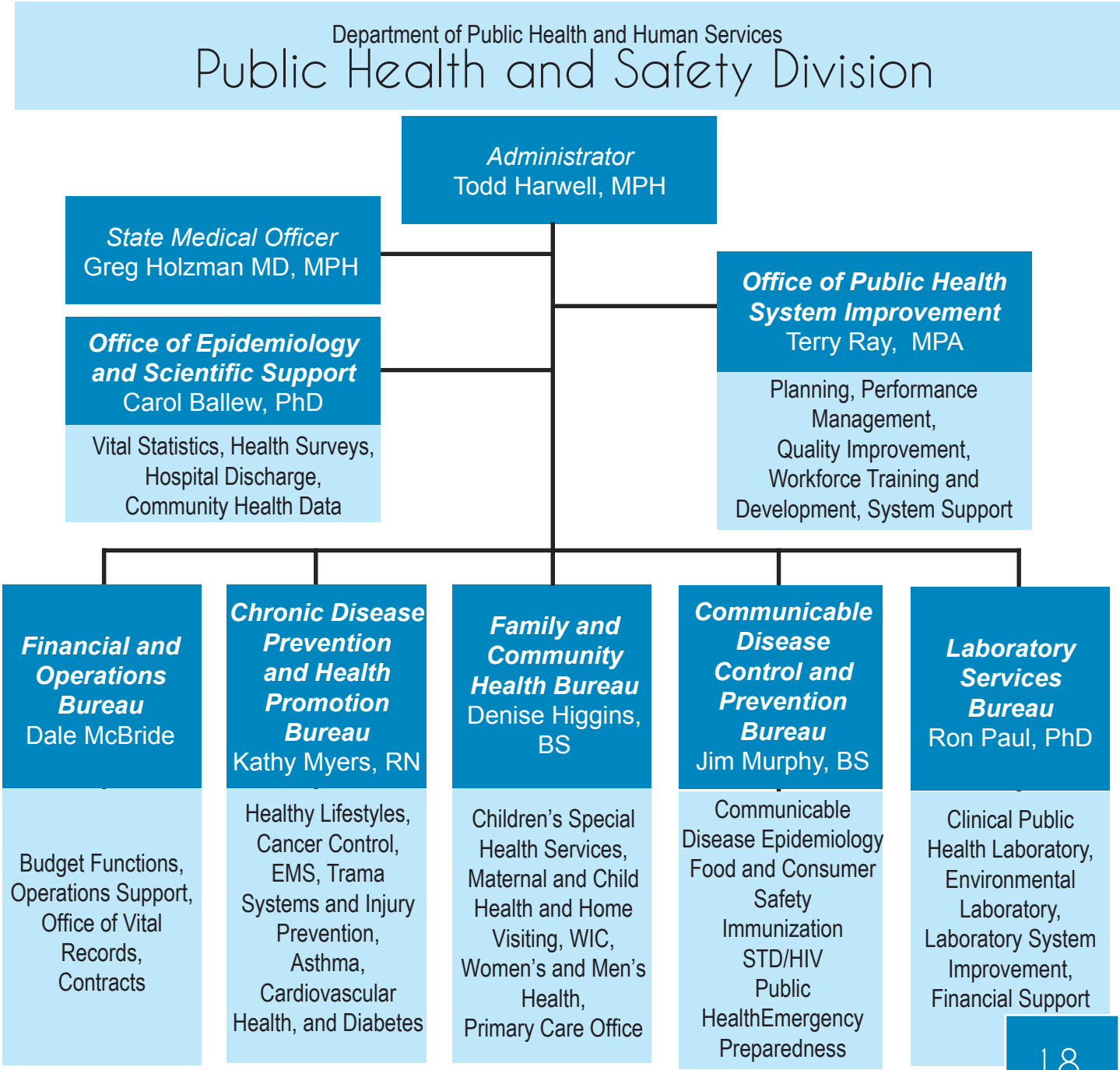
Goal	Strategy
7.1 Establish and maintain effective financial management systems.	7.1.1 Continue to comply with internal and external funding requirements for the receipt and maintenance of program funding. 7.1.2 Comply with state and federal audit requirements and demonstrate sound fiscal processes and procedures. 7.1.3 Maintain a contracts management system to develop and monitor services purchased or delegated by the division. 7.1.4 Use the integrated performance management system to link program budgets to program operational plans. 7.1.5 Maintain and seek resources to support public health programs and the public health system.
7.2 Inform and educate governing entities about the health of the public and the public health system.	7.2.1 Communicate regularly with governing entities such as the governor's office and the legislature regarding public health issues, programs, responsibilities and the public health system.

Objective, by 2018	Metric
7.A 100% of all audits free of deficiency findings	Percent of audits free of deficiency findings
7.B Establish a baseline and decrease the percent of grants/ cooperative agreements that have carryover requests of greater than 10% (excluding one-time-only sources of funding)	Percent of grants that have carryover requests greater than 10%

Who we are

Our organizational structure

The Public Health and Safety Division (PHSD) leads public health efforts in Montana and provides state-level coordination of key public health services to local and tribal public health agencies. Public health services are delivered primarily through contracts with local and tribal public health agencies, as well as with private providers, clinics, hospitals and other organizations. Without the centralized resources, expertise and support the PHSD provides, many areas of the state would be unable to support even the most basic public health services. The Division includes 31 programs organized into four bureaus that are supported by another bureau and two offices.



Chronic Disease Prevention and Health Promotion Bureau

The PHSD is charged with preventing chronic disease and promoting health. This is accomplished with activities that promote healthy behaviors including physical activity, seat belt use, fall prevention, healthy eating, abstinence from tobacco and tobacco cessation and that address chronic conditions such as asthma, cardiovascular disease, stroke, diabetes, arthritis and injury. Preventable risk factors and chronic conditions such as those listed above place a major burden on Montanans due to reduced quality of life, high costs of health care and death.

The Chronic Disease Prevention and Health Promotion Bureau has programs that serve youth and adults statewide. For example, the Cancer Screening Program has served more than 26,000 low-income women and men with breast, cervical and colorectal cancer screenings. Since its inception in 2004, more than 64,000 Montanans have enrolled in the Montana Tobacco Use Prevention Program Quit Line (866-Quit-Now), and approximately 22,400 (35%) have quit using tobacco with this statewide resource. Our chronic disease prevention programs also collaborate with and support health care professionals, health care facilities, local and tribal health departments, and numerous other organizations across the state. The Emergency Medical Services (EMS) Section licenses and regulates more than 150 emergency medical services across Montana, providing education for EMS technicians and works to improve the quality of care provided for trauma patients.

Family and Community Health Bureau

Improving the health of Montana's maternal and child population is a priority for the PHSD. This population encompasses women of childbearing age (15 to 44 years) pregnant women, infants, children, and youth with special health care needs and their families. Annually, the Family and Community Health Bureau provides reproductive health services to approximately 27,000 women and men and supports home visiting services for at-risk families in nine communities. The WIC program provides nutrition screening and education, referrals to health and human services and nutritious food to more than 20,000 participants each month. These services are provided at 85 sites, including seven American Indian Reservations.

The Children's Special Health Services Program coordinates clinics staffed by medical specialists and health care professionals that address 20 chronic pediatric conditions. Each year, these clinics serve approximately 5,000 children and youth who have special health care needs. Nearly all babies born in Montana (over 12,000 per year) are screened for hearing impairment and 28 metabolic and genetic conditions as part of the Newborn Hearing and Metabolic Screening Program. In 2012, seven babies were identified and treated for conditions that, without treatment, can cause serious disease and life-long effects with significant costs for medical care.

Laboratory Services Bureau

Montana's clinical public health and environmental laboratories provide testing to support disease prevention and control. In 2012, residents and health care providers from 54 counties in Montana submitted samples for laboratory testing services. Staff at the state laboratories performed over 247,000 tests last year. Laboratory tests performed include both medical tests in support of disease control programs (such as for tuberculosis and HIV) and environmental tests in support of clean drinking water (such as for bacterial contamination and heavy metals). In addition, newborn screening for 28 metabolic and genetic tests are done at the laboratory for the 12,000 babies born in Montana each year.

Test results are used by clinicians to aid in diagnosing and treating their patients and by local and tribal public health officials to enhance response to disease outbreaks or water contamination, and to track disease trends. In 2012, Montana experienced the most pertussis cases since 2005. Outbreaks like these cause clinicians, and local and tribal public health agencies to look to the PHSD for needed testing. Timely and accurate testing is also important to track and respond to influenza. During the 2012 influenza season, testing was performed on 1,683 specimens from throughout the state, of which 28% were confirmed positive. Approximately 42% of the positive specimens were further typed and subtyped, providing important information about strains circulating this season and strains to consider for inclusion in next year's vaccine.

Communicable Disease Control and Prevention Bureau

To prevent and control the spread of communicable disease, the PHSD conducts disease surveillance and control activities; regulatory activities for public establishments; and the coordination of activities such as immunization and HIV/AIDS treatment programs. These programs are responsible for assisting with the approximately 4,700 cases of communicable diseases reported each year, working with providers and local and tribal public health agencies to ensure that proper treatment and investigation are conducted to prevent additional illnesses. Recent activity includs continued high levels of pertussis activity as well as gonorrhea and syphilis. Each requires significant coordination of state, local, and tribal resources.

Additional communicable disease prevention and control activities include providing life-extending therapies and case management to over 550 individuals living with HIV in Montana and shipping over 170,000 doses of vaccine to local health care providers for use annually. In addition, the Food and Consumer Safety Section of the Division coordinates with local sanitarians to ensure that approximately 11,500 public establishments that provide food services and lodging in Montana are inspected to protect the public's health and safety. DPHHS and local and tribal public health agencies work together to continue to develop and test a variety of public health emergency response plans.

Financial, Operations and Support Services Bureau

The Financial, Operations and Support Services Bureau (FOSB) provides budget and financial support to the Division, including monitoring budgets and expenditures for more than 90 funding sources, and preparing state and federal financial reports. Every year, the Bureau develops more than 450 contracts for services with local and tribal public health agencies, health care providers and facilities and community-based organizations, as well as budget requests for presentation to the legislature. The FOSB staff serve a vital role in coordinating with Department-level support services including financial, facility maintenance and human resource services. Finally, the Office of Vital Records is housed in the FOSB and issues over 16,000 birth and death certificates each year and maintains records of vital events including all marriages and divorces back to 1860.

Office of Epidemiology and Scientific Support

The PHSD is responsible for monitoring and tracking the health of Montanans. This is accomplished using a variety of data sources including birth and death records, hospital discharge data, survey information and disease registries and reports. By managing and analyzing all of these data sources, the Office of Epidemiology and Scientific Support provides technical assistance to all of the PHSD bureaus as well as external programs, helping them to use the best available data to make programmatic and budgetary decisions. Surveys like the Behavioral Risk Factor Surveillance System, a survey that is conducted annually, provide a population level snapshot of the health of all Montanans, allowing the PHSD to determine where to direct resources and how to best improve the health of Montanans.

Office of Public Health System Improvement

Strengthening our public health system continues to be a focus for the PHSD. The Public Health Accreditation Board has established a national voluntary accreditation program for state, local, and tribal public health agencies. Montana's citizens will benefit from public health departments that deliver contemporary public health services and meet national standards. The PHSD is providing training and technical assistance to local and tribal public health departments to increase their readiness for voluntary national public health accreditation.

Within the Division, the Public Health System Improvement Office is working with each program to develop and implement performance and quality improvement activities, and increase the use of evidence-based interventions. These activities are focused on bringing all public health programs and practices into alignment with national public health standards and measures.

Who we are — Our customers and stakeholders

The PHSD serves a diverse group of customers and stakeholders while working to protect the health of Montanans. As such, our top priority is customer service. Our customers include the individuals or organizations that directly use our services. PHSD stakeholders are organizations and individuals that have an interest in our mission to improve health, but that may or may not use our services directly. To successfully serve our customers and stakeholders, we must manage these relationships carefully and be aware of their needs, wants and expectations.

Customers	Needs, Wants and Expectations
Local and tribal health departments Healthcare providers and facilities Emergency planners & responders Montana citizens The Governor Montana Legislature Other state agencies and DPHHS divisions Regulated entities Community-based organizations Federal agencies Universities Tribal entities Billings Area Indian Health Service Businesses	Timely and accurate service, data and information Credible and competent services Scientific support Effective services and operations Cost-effective services and operations Rapid response to public health events Responsive, courteous customer service Effective communication

Key Stakeholders	Needs, Wants and Expectations
Local and tribal public health departments Healthcare providers and facilities Montana citizens The Governor Montana Legislature Other state agencies and DPHHS divisions Regulated entities Community-based organizations Federal agencies Health advocates Businesses Public and private health care payers Media	Timely and accurate data and information Effective use of money Accountability Transparency Responsiveness Return on investment Credible information Effective communication Integrity

Our organizational environment

The PHSD operates within a complex system of policies, practices, and partnerships. As part of the strategic planning process in 2013, the PHSD leadership team conducted a SWOT analysis to better understand this complex organizational environment so as to better operate within it. SWOT stands for Strengths, Weaknesses, Opportunities and Threats. The PHSD leadership team analyzed strengths and weaknesses within the PHSD and opportunities and threats external to the PHSD.

SWOT ANALYSIS SUMMARY

Internal Strengths	Dedicated, knowledgeable, experienced workforce Flexible, positive work environment Experienced leadership Strong relationships with other DPHHS Divisions Competitive grant applications and adequate resources for staff Use of evidence-based, data-driven strategies Strong programs, financial systems and a new performance management system	Internal Weaknesses	Noncompetitive salaries in some career fields Lack of career ladders Need to improve consistency and regularity of communication with governing entity Weak systems to identify, create and communicate policy and procedures Lack of system for workforce training and development Documentation of activities and sharing of lessions learned
External Opportunities	New opportunities to use data in decision making Active advocacy groups, local health departments and citizens who support PHSD Accreditation process is improving operations Excellent partners in the field are implementing PHSD programs Enhanced collaborations with other MT state government agencies Affordable Care Act provides opportunities to improve health of Montanans and recent Medicaid expansion	External Threats	Unhealthy environment with prevalent products and behaviors that do not promote health Funding instability during tight economic times at both the state and federal level Commercial competition for laboratory services Fragmented public health systems Ever-changing political leadership and legislative priorities Aging populations, increased chronic disease Ever-changing leadership at local public health level

How we do business Our strategic planning process

The PHSD developed the 2013 strategic plan through an intensive, four month planning process. The management team met for six 2 to 4 hour meetings facilitated by the Office of Public Health System Improvement to develop the Key Results Areas, Goals, Strategies and Objectives included in this plan. The six meetings were designed to address the following questions:

Where are we now? Meeting 1

Background and overview including enabling and guidance inputs, identification of key customers and stakeholders, environmental scan, organizational profile and SWOT analysis

Where do we want to be? Meeting 2

Development of the overall Division mission and vision, and creation of goals by Key Results Area

How do we get there? Meetings 3-5

Development of strategies and objectives to fall under each Key Results Area

How will we measure our progress?

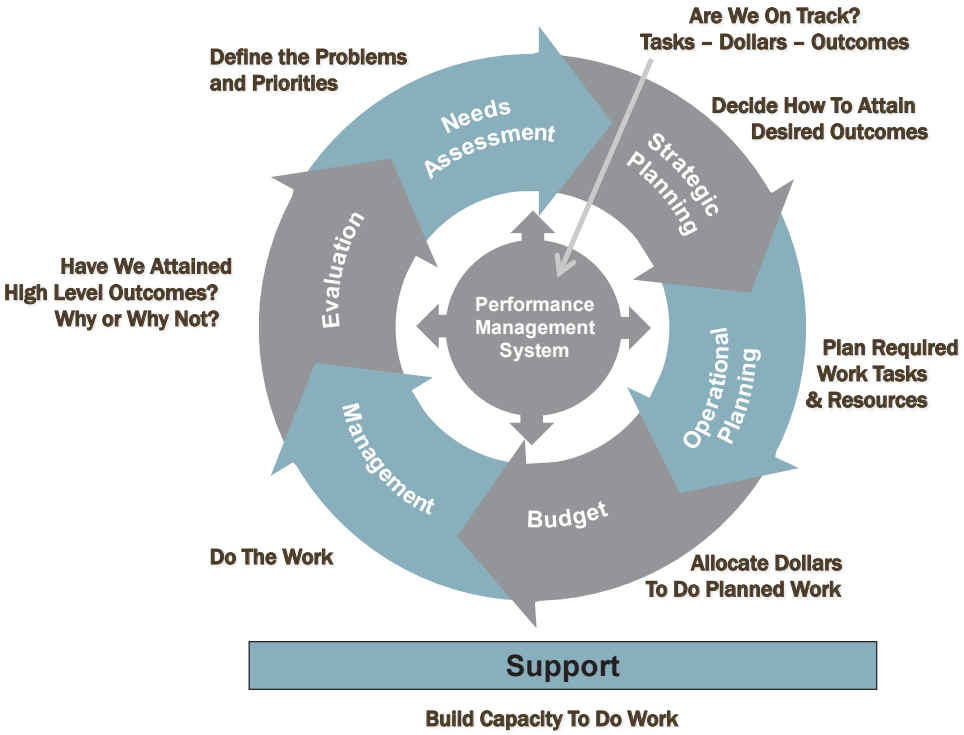
Identification of metrics to track each Key Results Area and development of the Division Balanced Scorecard

For version 2.0 of the PHSD Strategic Plan, the management team met on three occasions to evaluate progress in all objective areas by consolidating and analyzing data, identifying pertinent Health Stat metrics, noting accomplishments since the publishing of version 1.0, and identifying challenges in the upcoming year. Key stakeholders were provided drafts to review and their feedback was incorporated into this document and the accompanying Strategic Plan Update Report, Sept. 2015. A complete list of all of the individuals who participated in the original strategic planning process and their titles is listed on page 30 of this document. Many of these individuals were also involved in the review and update. Throughout the process, the following guiding principles were followed in the creation of the plan, all of which are designed to meet the Public Health Accreditation Board (PHAB) standards.

Guiding principles used in the planning process	Methods used to ensure fidelity to principles
Planning process considers opinions and knowledge from across the department	Management team members from all bureaus and offices involved; staff opinions solicited from management team members
Plan assesses the larger environment in which the health department operates	Environmental scan conducted by Office of Public Health System improvement and presented for inital planning
Department's individual strengths and weaknesses included in current assessment	SWOT conducted by the management team and updated
Plan links to the overall Montana State Health Improvement Plan	Key measures from SHIP that are primarily a PHSD responsibility are included in the Division strategic plan
Plan links to the Division's Quality Improvement Plan	Quality improvement projects directly linked to HealthStat progress reviews to assure strategic plan objectives are met
Documentation of all key steps and individuals involved in the planning process	Meeting minutes and sign in sheets created at each meeting and available to fulfill PHAB documentation requirements

The PHSD has developed an integrated performance management system to assist in monitoring, managing and improving the work of PHSD programs. The system, called HealthStat, ties program-specific metrics to the PHSD vision, mission, strategic plans and desired highest level outcomes. The graphic below depicts the finalized system. It includes a cyclical process to manage work and promote constant, iterative improvements in performance.

HealthStat: PHSD Integrated Performance Management System

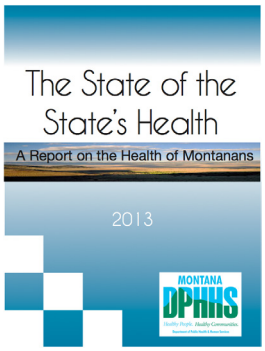


The components of HealthStat align well with the Public Health Accreditation Board (PHAB) standards 1.0 for public health practice.

HealthStat Component	PHAB Standards
Performance Management System	1.2; 9.1; 9.2
Needs Assessment	1.1; 4.1
Strategic Planning	5.2; 5.3; 4.2; 7.2; 12.2
Operational Planning	5.3; 5.4; 2.4; 7.2; 11.1
Budget	11.2
Management	2.1; 2.2; 2.3; 3.1; 3.2; 6.1; 6.2; 6.3
Evaluation	1.3; 1.4; 5.1; 7.1; 12.3
Support	8.1; 8.2; 10.1; 10.2; 11.1; 12.1

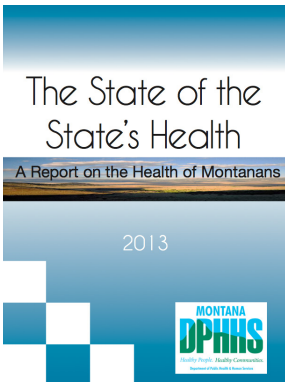
The performance management system in action

Needs Assessment - *Define problems and priorities*



The PHSD worked with stakeholders to assess the health needs of Montanans and prioritize critical health issues using a process based on Mobilizing for Action through Planning and Partnerships (MAPP), developed by the National Association of County and City Health Officials. "The State of the State's Health: A Report on the Health of Montanans," summarizes data that were presented to partners and stakeholders during the state assessment process and that continue to be used to guide community health improvement, assessment and planning.

Strategic Planning - *Decide how to obtain desired outcomes*

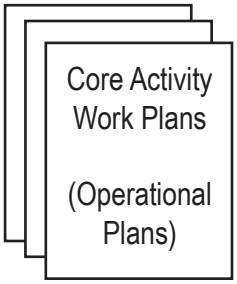


The assessment process led to the development of a state health improvement plan (SHIP) entitled, "Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans." The plan outlines evidence-based strategies to address documented health needs and establishes health indicators to track progress. It provides a common agenda for health improvement in Montana. A Governor-appointed advisory council oversees implementation of the plan in collaboration with a wide variety of partners and stakeholders from across the state.

This strategic plan articulates the Division vision, mission, guiding principles, key results areas, goals, objectives and strategies. It describes the specific strategies and objectives the Division will lead to fulfill its roles and obligations as set forth in the SHIP, as well as articulating priorities for improvement of the Division as an organization.

Operational Planning - *Plan the required work tasks and resources*

Each program in the Division has a set of operational plans, or core activity work plans that align with this strategic plan and with the SHIP. These include metrics to monitor progress toward short, intermediate and high level outcomes, and describe specifically who is going to do what, over what time period, in what sequence, and with what resources. In addition, these operational plans align with other program plans, such as grant work plans and disease- or issue-specific plans that are required by funders.



Budget - *Allocate funds*

The PHSD uses HealthStat to answer key questions about its effectiveness and its use of resources. These questions include: How can we most-effectively allocate funding and other resources to improve the health of Montanans? Which health improvement strategies are working? Which are not? Which strategies cannot work at the level currently funded? Do we need to change course?

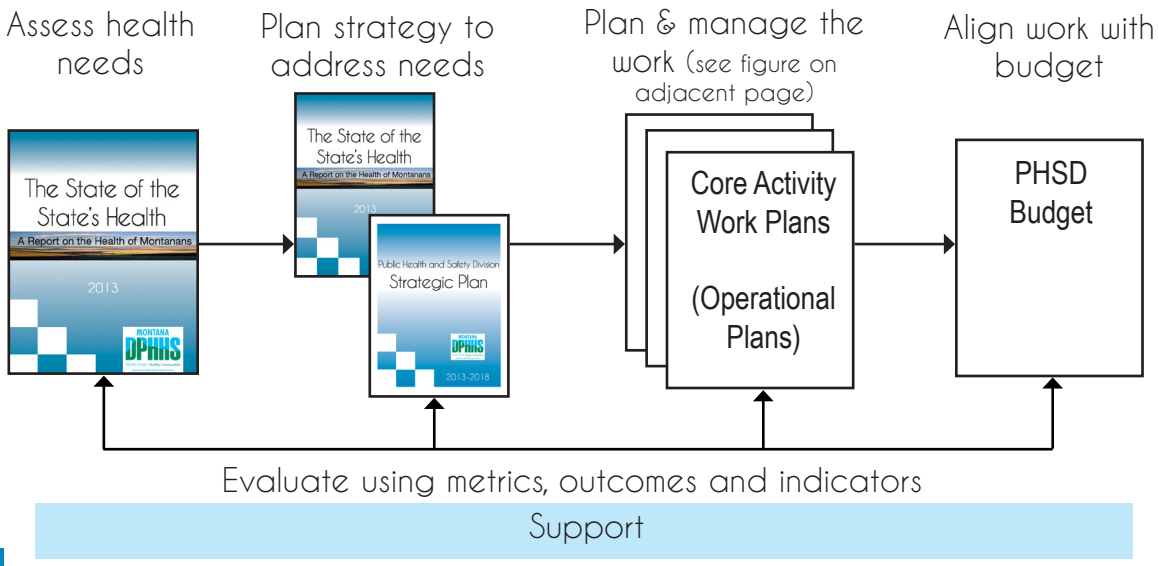
Management - *Do the work*

The operational plans are used by program staff on a regular basis to guide their work. In addition, managers and program staff use them to monitor and track program work on a monthly basis.

Evaluation - *Attain high level outcomes*

HealthStat provides a system that increases the likelihood that the PHSD will attain its desired high level outcomes. Using program metrics in the operational plans, the PHSD can evaluate the extent to which each program is attaining its program-specific desired high level outcomes. Using metrics articulated in the SHIP and this strategic plan, the PHSD can evaluate the extent to which it is attaining its desired highest level outcomes. Having operational plans with program metrics that are tied to the desired highest level outcomes in the SHIP and this strategic plan allows the Division to monitor and track progress continuously and to adjust strategies, resource allocation and everyday work as needed to stay on track.

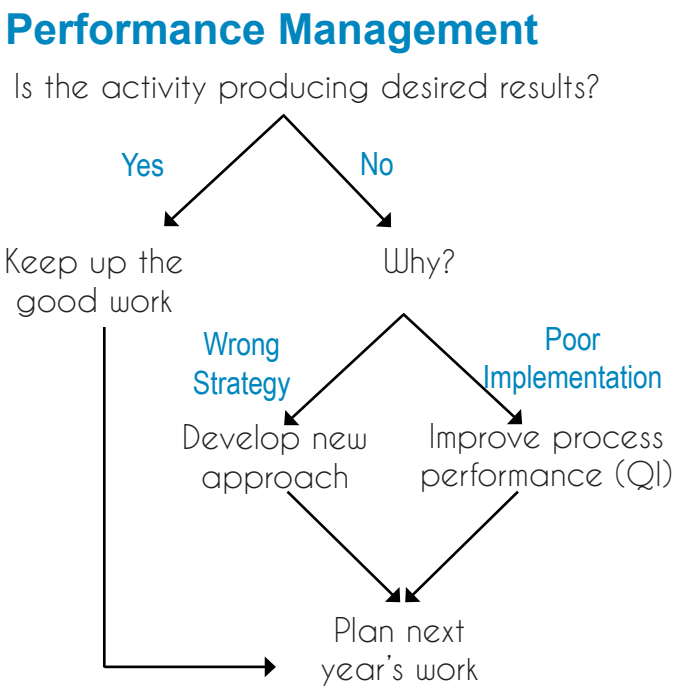
The HealthStat



The Performance management system in action

Manage Performance - *Stay on track*

Data on program metrics is updated in the HealthStat Information System on a quarterly basis. Progress review meetings are held twice monthly and provide a forum for program staff to report directly to the PHSD management team on program metrics and progress in implementing operational plans. Each program is reviewed twice a year. These meetings are used to recognize and share successes, as well as to identify opportunities for improvement and initiate quality improvement processes. The PHSD uses a public, web-based dashboard to regularly monitor and report on progress in implementing the SHIP, and plans to conduct program review meetings and to publish written annual reports that describe progress in achieving what is outlined in the SHIP and this strategic plan.



Support - *Build capacity to do the work*

To support the work of the Division, we maintain support services including budget, financial and operations, informatics and workforce development. In addition, the Division relies on many Department-level support services including the Office of Human Resources, Office of Legal Affairs and Information and Technology Services. Without these important support services, PHSD staff would not have the capacity to perform the programmatic work that will lead to achievement of this plan. All support services within the Division have operational plans that include metrics to monitor progress, and staff members from these areas also participate in the HealthStat processes.

How we do business

The Balanced Scorecard

Recognizing the value of a business-like approach to our planning, we used the Balanced Scorecard model in our strategic planning process. The Balanced Scorecard is a strategic planning and management tool used to visualize organizational and business processes alongside strategic goals. Using this approach, our programmatic activities and business processes must both be represented and "balance" one another, as both are needed for the success of the organization. Each layer from the bottom must be high-functioning in order to drive the layer above it and ultimately achieve the mission of the Division.

PHSD Balanced Scorecard

Mission

Improve and protect the health of Montanans by creating conditions for healthy living

Consumer / Constituent

KRA 1: Policy Development and Enforcement

- Develop and support policies to protect and promote health
- Enforce public health laws and regulations to protect and promote health

KRA 2: Disease and Injury Prevention and Control, and

- Implement evidence-based health promotion and prevention programs
- Promote health by providing information and education to help people make healthy choices

KRA 3: Health Services, Particularly Clinical Preventive

- Improve the delivery of clinical preventive services
- Increase use of appropriate health services, particularly by underserved and at-risk populations

Internal Processes

KRA 6: Integrated Management System

- Implement effective internal management and service delivery processes
- Assess and continuously improve the satisfaction of Montanans with services provided directly by PHSD
- Evaluate and improve programs

KRA 5: The Public Health and Health Care System

- Provide leadership to strengthen the public health and health care system
- Lead by engaging the community and partners to identify and solve health problems
- Strengthen public health practice to improve population-based services

KRA 4: Assessment and Surveillance

- Monitor health status, health-related behaviors, disease burdens, and environmental health concerns

Learning and Innovation (Capacity building)

KRA 6: Workforce Development

- Recruit, retain, develop and support a highly effective workforce

KRA 6: Technology

- Use information systems that support the Division mission and workforce

Governance / Financial

KRA 7: Financial Systems and Relations with Governing

- Establish and maintain effective financial management systems
- Inform and educate governing entities about the health of the public and the public health system

Contributors

The 2015 review of the 2013 strategic plan for the Public Health and Safety Division was a collaborative effort involving the expertise and input from Montana public health system stakeholders, employees throughout the Public Health and Safety Division, and the management team for the Public Health and Safety Division:

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The Montana Public Health System Improvement Task Force reviewed the Strategic Plan version 2.0 and provided feedback.

Record of changes for 2015 update

Removed Objective 1.G Establish baseline and increase the percent of health care employers that have policies for mandatory influenza vaccination of health care workers.

Changed Objective 5.A and associated Metric from “applying for PHAB accreditation” to “applied for PHAB accreditation”.

Removed Objective 5.C Develop and conduct an annual survey of a representative sample of health care providers to evaluate the working relationship between the clinical community and the Public Health and Safety Division.

Added Strategy 6.5.2 “Improve the capability of the Health Stat application to be used as a tool for program management”.

Removed Objective 7.A Increase the amount of funding for state and local public health by 3%.

Included Workforce Training Development, Planning, and Quality Improvement, as responsibilities of the Office of Public Health System Improvement.

Updated organizational chart.

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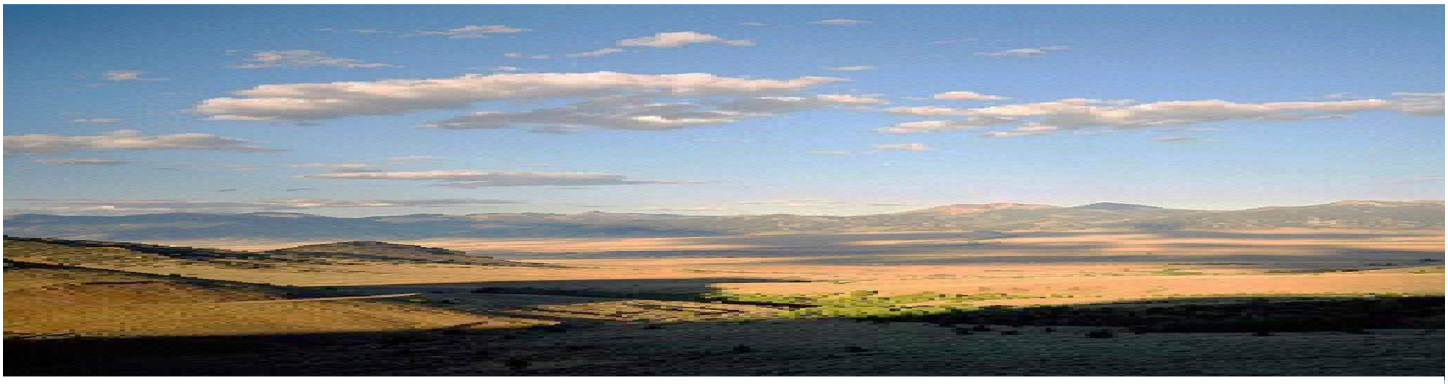

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