

Agenda

MT Public Health System Improvement Task Force

Wednesday, February 26, 10:00am – 12:30pm
Cogswell Building C209, 1400 Broadway St. Helena MT

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Meeting Objectives

- PHSD Programs provide information on outcomes from 2019 PHHS Block Grant activities. (PHSITF Charter Activity)
 - TF advises on planned 2020 PHHS Block Grant activities. (PHSITF Charter Activity)
 - Provide feedback on PH workforce assessment product. (State PH Sys. Imp. Plan Obj. 6.1)
 - Provide recommendation on the first focus area for a MT Public Health Institute. (State PH Sys. Imp. Plan- various objectives)
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- Welcome, introductions, announcements.
 - PHHS Block Grant review – Terry Ray and Program Managers
 - Public Comment on proposed Block Grant activities.
 - Break
 - Maternal and Child Block Grant update – Blair Lund
 - Review PH workforce assessment product– Alexis Wolf
 - Review possible focus areas for a Public Health Institute. Provide on a recommendation on the first focus area.
 - Updates from member organizations.
 - Public/visitor comments and conclusion.

Next meeting is on April 29th 10:00am- 2:00pm. In-person meeting, Helena.

Contact is Terry Ray, Public Health System Improvement Coordinator, at 406-444-9352 or Terenceray@mt.gov

Public Health System Improvement Task Force

Meeting Notes: Wednesday, February 26, 2020, 10:00 AM-12:30 PM, via GoToMeeting

Task Force Chair:

Todd Harwell, DPHHS PHSD Administrator (Co-Chair)

Lora Wier, Montana Public Health Association Executive Director (Co-Chair)

Task Force Coordinator:

Terry Ray, DPHHS PHSIO Office Coordinator

Task Force Members Present:

Hillary Hanson – Association of Montana Public Health Officials

Natalie Claiborne – MSU Office of Rural Health

Cindia Ellis – Small Health Department Member

Todd Harwell – Public Health and Safety Division, DPHHS

Andy Hunthausen -Montana Association of Counties (MACo)

Lora Wier – Montana Public Health Association (MPHA)

Jennifer McCully – Medium Health Department Member

Karen Sullivan – Large Health Department Member

Tony Ward – University of Montana

Jeff Havens – Montana Environmental Health Association (MEHA)

Task Force Members Absent

Lois Leibrand – Frontier County Health Department Member

Kari Smith – Department of Environmental Quality

Rosemary Cree Medicine – Blackfeet Tribal Health

Non Task Force Members Present

Patrick Paradis – Prevention of Sexual Assault Program

Kerry Pride - Zoonotic Disease Program

Terry Ray – Public Health System Improvement Office (PHSIO)

Weight, Ryan – Latent Tuberculous Program

Laura Williamson – Office Epidemiology and Scientific Studies (OESS)

Wolf, Alexis – Public Health System Improvement Office (PHSIO)

Zanto, Mandi – Nutrition and Physical Activity Program (NAPA)

Detienne, Jim – Emergency Management Systems (EMS)

Myers, David – Public Health System Improvement Office (PHSIO)

Michele Henson – Montana Healthcare Foundation (MHCF)

Welcome and Introductions

Terry Ray welcomed everyone to the call; remote as well as on-site participants were introduced. Terry then briefly reviewed the agenda, which was provided prior to the meeting.

PHHS Block Grant Review

The history of the block grant with the Public Health & Safety Division was outlined, including the timeframe and some of the types of programs which are funded using the block grant. In particular, the block grant is useful as one of PHSD's few flexible funding sources. Funding has been fairly steady over the last few years, and funds are expected to be received within the next few weeks. Some specifics of the timing and method of receiving funding were discussed, then individual sections presented summaries of their work.

- History of block grant outlined.
- Funds are fairly flexible.
- Over the years funding has been fairly steady.

EMS & Trauma Systems

The EMS program has broad authority and responsibility for developing emergency care systems in the State of Montana. The block grant is used for EMS activities broadly and the program has been receiving these funds for more than thirty (30) years. Jim Deteinne outlined three specific areas in which the block grant was used:

Develop and Improve Systems of Care

Funding is used to help with advisory groups, like the emergency care council, which is a broad group of healthcare and EMS personnel who help to prioritize activities for the state; and the trauma care committee which focuses on development of the trauma system. Cardiac funding has been a focus in the last few years, specifically helping communities to be cardiac ready. Another area of focus in the last few years has been increased surveying of the EMS system across the state. Many areas are operating with a very minimal number of individuals who can respond to a 911 call. Some funding last year was used to conduct in-person surveys, as this seemed to be more effective than electronic surveys in getting accurate responses. A draft report of roughly 60 services statewide will be available shortly.

- Funding is used to help with advisory groups.
 - Emergency Care Council
 - Trauma Care Committee
- Cardiac funding has been a focus in the last few years.
- Increased surveying of EMS systems across the state.
 - Surveying in the past all electronic, more in person surveying is beginning to happen.

System Surveillance & Evaluation

A lot of effort has been put into developing an EMS database. Now moving past simply collecting the data, EMS is exploring how to use the data. A contractor has already been engaged and been to three different sites teaching how to use the collected data and do quality improvement on it. Money has also been put into a system called Image Train, which is useful in a variety of applications statewide.

- EMS database is being developed.
 - Currently exploring how to use the collected data.
 - Contractor engaged to do QI on the collected data.
- Funding is used for a system called Image Train.

Workforce Development

Surveillance has also been useful in providing assistance to communities whose EMS systems are struggling due to inability to find volunteers. Funding is used for many programs like service manager education, which trains volunteers to lead other volunteers. In the coming years there will be an expansion of mental health first aid. Funds are also used to provide distance training for EMT volunteers, which helps screen out bad fits for the position before an expensive in-person training is undertaken. Block grant funds have also been used to expand the emergency medical dispatch. This is important as these personnel must sometimes have advanced knowledge to give callers assistance while volunteer service (which can arrive slower) gets there.

Office of Rural Health, Montana Hospital Association and AMDD all have funding for mental health first aid training. DPHHS is looking into working with these groups to provide better mental health first aid to Montana first responders.

- Funding for communities with difficulty finding volunteer EMS personnel.
 - Service manager education.
 - Mental health first aid
 - Expand dispatch services, which can be critical in rural areas.
- Office of Rural Health, MHA, and AMDD all have funding for mental health first aid training.

Latent Tuberculosis Infection Treatment

Program Background

Program has been around for over 30 years. It generally provides services to individuals who are under-insured or have no insurance. Somewhere between $\frac{1}{4}$ and $\frac{1}{3}$ of people in the world are infected with tuberculosis bacteria. Most of these are non-active. In the United States we see roughly 10,000 active cases annually, which translates to roughly 14 million infected total. In Montana the current estimate is that there are between 7,000 and 9,000 people.

- Program has been around for roughly thirty years.
 - Provides service to non-insurance or low-insurance individuals.
- Somewhere between $\frac{1}{4}$ & $\frac{1}{3}$ of people worldwide have latent TB.
 - 10,000 active cases/year in the US
 - Roughly 14 million latent cases.
 - Montana roughly 7,000-9,000 latent cases.

Goal of Program

It is estimated that over 80% of active TB cases were cases where the individual already had latent TB and then became actively sick due to environmental factors. Because individuals with active sickness are a public health concern, it is logical to attempt to fight the latent cases before they

can become active. This is also far more cost-effective as treatment for latent TB is about \$3,000 and treatment for active is \$20,000 to \$50,000. One challenge is that historically, the treatment for latent TB has been a nine months daily regimen of drugs, which is difficult to get compliance for, particularly when the person is not actively sick. Recently developed regimens have become less onerous, which is promising for continuing to improve compliance. The funding for the program will support roughly 35 patients per year.

Latent infection is now a reportable condition, as of January 1, 2020. The program was originally funded by the block grant back in 2009, was not for several years, and is now being funded by the block grant again, which is good, as the TB specific grant does not allow for treatments.

Todd brought up that there is currently a national push to eliminate active TB in the United States. These efforts to treat latent TB are an important part of that push. Four states have roughly 50% of the disease burden in the US; New York, Florida, California, and Texas.

Another question is how much work still needs to be done on educating providers about the reality of latent TB and the importance of testing/treating for it? There is work still to be done, part of the reason that latent TB has become reportable is to put it more on providers radar. There was some discussion of the risk factors for individuals to get active TB, and how providers might be better educated to be aware of those, as well as the differences between active and latent TB.

Provide Community Health Data for Community Health Improvement Planning

BRFSS (Montana Behavioral Risk Factor Surveillance System)

The Block Grant is used to fund the BRFSS. The BRFSS is a telephone survey which is conducted of non-institutionalized Montana adults every year since 1984. The goal is to get data on 6,000 respondents. This data is extremely important for information on various behavioral health risk factors, such as smoking, alcohol use, mental health, etc. For the last 4 to 5 years support for the survey has been dropping from the CDC, and this shortfall has been made up by the block grant.

Data System Implementation

Block grant funds are also used to pay for Montana IBIS, which is a public facing system containing a great deal of public health data. Anyone can create and run their own queries, and there are also several canned reports. The Office of Epidemiology & Scientific Support also conducts trainings on both with local health departments and at DPHHS to be sure that personnel are aware of how to use the system.

Nutrition & Physical Activity

Baby Friendly Hospital Initiative

Recognizes hospitals that offer the optimal level of care for infant feeding and mother baby bonding. State of Montana currently has 11 hospitals recognized as “baby-friendly.” Process is intensive and can take years. Provides assistance to currently designated hospitals and works to get more hospitals designated.

Breastfeeding support is another initiative that can be taken on by hospitals without the resources to become “baby-friendly.” In partnership with the Montana Hospital Association Nutrition & Physical Activity is working on the rural breastfeeding initiative.

Montana Breastfeeding Learning Collaborative

In partnership with WIC this is the fifth year that is given to all sorts of medical personnel statewide

who are interested in advocating for breastfeeding and training in their communities.

EMS & Trauma Systems

Poisoning

The majority of this funding goes to fund MT Poison Center. This is important to public health because the center received about 13,000 calls last year, of which roughly 8,000 were potential human contact with poison. 5,000 of those were handled over the phone. This is effective and a huge cost savings over having emergency personnel go out.

Public Health System Improvement Office

Workforce Development

There were 11 training events for public health personnel on a variety of topics. There is also support for public health personnel to take part in the University of Montana Public Health Certificate program. Funds were spent to support the Arizona State University Certified Public Manager Program that results in a credential.

For the upcoming year, there will be 6 in person trainings, including the ones done at the annual Summer Institute. Recently finished 2019 statewide public health workforce assessment. There will be additional funding this year for training and workforce development. Additional funding will go to training and staffing.

Local & Tribal Community Health Improvement Planning

- Outcomes
 - Plan for 2019 was provide TA or resources to 50 local or Tribal health departments.
 - Actual: 19
- This activity is partially funded with the Block Grant and partially funded with the Montana Healthcare Foundation.

State Health Department Strategic Planning

- Outcomes
 - PHSD and stakeholders will conduct one progress review towards objectives found in the State Health Improvement Plan.
 - Actual: Not met
- Primarily, block grant funding is used to pay the Plans Coordinators salary, but next year there should be more money to fund specific programs.
- There is also work to be done in setting up good relationships between different types of community healthcare providers.

Public Health Accreditation

- The PHSIO will provide direct TA or resources to 9 local or Tribal health departments to support PHAB accreditation.
- Actual: Not met
- 2020 Projected Outcome: PHSIO will provide direct TA or resources to 12 local or Tribal health departments.
 - PHSIO will also do some mock site visits to assist them in accreditation preparedness.

Sexual Violence Prevention & Victim Services

Victim Referral Improvement

- Outcomes: The SVP & VSP will increase the number of partners that use a closed-loop referral system to encourage collaboration from zero to three.
- Actual: Not met
 - Staff turnover prevented this objective from being completed.
- 2020 Outcomes: Number of partners will increase from zero to three.

Youth Engagement Training

- Outcomes: Will provide training to one hundred youth across Montana.
- Actual: Met. Provided training to one hundred youth.
- 2020 Outcomes: Training will be provided to 100 youth across America.

Zoonotic Disease Prevention

Zoonotic Disease Prevention

- PHSD Public Health Veterinarian will conduct 18 zoonotic disease in Montana communication activities.
- Actual: Not started; new activity scheduled for the second year of the grant period.
- 2020 Objectives: PHSD Public Health Veterinarian will conduct 18 zoonotic disease in Montana communication activities.

The Task Force had no further questions on the Block Grant activities and approved activities pending release of CDC funding.

Public Comment on Proposed Block Grant Activity – one member of the public attended the meeting (from the Montana Healthcare Foundation). No comments provided.

Break

Maternal & Child Health Block Grant Update

Background

- Until June 2018, there was slightly different guidance from HRSA which resulted in more requirement for number so national and state performance measures they needed to meet.
- There has now been a reduced requirement of national performance measures, and there is no requirement for state performance measures, it is up to the state.
 - All data is looked at strictly for children ages zero to nineteen, and adult women from 19 to forty-four.
- Other programs the block grant supports:
 - Montana Newborn Screening Program
 - Genetic Financial Assistance Program
 - CSGS Financial Assistance Program
 - Montana Medical Home Portal
 - Montana Parent Partner Program
 - Montana Transition Resources

Fetal, Infant, Child & Maternal Mortality Review (FICMMR) Program

- The FICMMR Program reviews deaths of fetal, infant, child, and determines whether they were preventable.
 - 2013-2017 Data

- Total Reviewed: 712
 - 322 Deemed preventable
 - 321 Deemed not preventable
 - 69 Couldn't be determined
- An activity that has resulted from FICMMR: CPHD Efforts to address youth suicide & mental health
 - Trainings provided on Evidence-Based/Informed & Best Practice Program Models
- Currently in the middle of the 5-year statewide needs assessment update
 - 73 Maternal & child program and population experts were recruited. They were invited to four separate health population domain meetings:
 - Maternal
 - Infant
 - Child
 - Adolescents
 - After this, two meetings were held of a leadership advisory board.
- Upcoming Events for 2020
 - May 1: Inform CPHD's of new choices for performance measures.
 - June 15-30: Pre-contract survey of CPHD's
 - July 15: Initial MCHBG 2021 Application & 2019 Annual Report due to HRSA,
 - August TBD: Date of federal review panel.
 - September: Final information and clarification requested by federal review.
 - October 1: New CPHD Task Orders effective date.

Review PGH Workforce Assessment Product

Statewide Public Health Workforce Assessment

There will be reports made up for the individual health departments within the next week which will assist them in making informed decisions about their workforce.

- Some areas of the report:
 - Demographics
 - Employee skills self-assessment
 - Reported skill level
 - Reported training Motivation
 - Each of these will be given for sub-competencies.
- Feedback of the report's rough draft is encouraged and appreciated.
- Efforts were made to not just provide raw data, but to assist with some analysis of the data.

Review Possible Focus Areas for a Public Health Institute

Possible focus Area List:

- Convene and support local and statewide multi-sector health improvement initiatives
- Address PH system capacity needs by providing support services to local PH and other community organizations
- Leverage and provide funding to local communities to support health & system improvements
- Conduct, publish, and disseminate analysis in support of sound health policy and funding
- Engage and educate elected officials about PH and the healthcare system

Management Team Background

The question was initially brought up because of the limited access to public health resources in the state of Montana. The concept was that there should be an expansion on the type of work that Public Health System Improvement Office is currently doing. Another focus has been providing assistance to community health departments which are not currently taking advantage of the resources offered.

Updates from Member Organizations

MPHA

- MPHA will be having a webinar Friday the 28th which is a reschedule of a session set up for the conference last year.
 - Two-part webinar.
 - Part One: The Role of Law in Public Health
 - Part Two in April
- Public Health 101 Update
 - SME's working on their scripts – should be done by the end of March
 - March through next fall the submodules will be put into a narrative

AMPHO

- They have participants on the group that has been looking at the Public Health Institute.
- They have been working with MPHA and MEHA to think about what the future of the associations could look like.
- Partnering with DPHHS to do the Wednesday session at Summer Institute.

MACo

- PHSIO has committed to engaging with the county commissioners at their two annual meetings.

MSU Office of Rural Health

- Continuing to do a lot of training, and have a lot of grants.
- Continuing to be busy with Community Needs Assessments with critical access hospitals.
- Health Communities Conference is coming up on April 28th – 30th.
 - There are a number of scholarships available.

Montana Public Health Training Center

- The MPHTC is continuing to build.
 - Goals include making the Center sustainable, through fee for service, or some other method.
 - Trying not to grow too fast. There is a limitation in the state currently for trainers.
 - The Public Administration Department under the Law School will hold a Public Service Academy this year.

Next Meeting:

In-person on April 29, from 10:00 AM – 2:00 PM.



CDC Block Grant

2019 Outcomes and 2020 Objectives

February 26, 2020

PHHS Block Grant Review

- Preventive Health and Health Services BG - Terry Ray
- Emergency Medical Services and Trauma Systems – Jim Detienne
- Nutrition and Physical Activity - Mandi Zanto
- Deaths from Poisoning – Jim Detienne
- Provide Community Health Data for Community Health Improvement Planning - Laura Williamson
- Public Health System Improvement– Terry Ray
- Sexual Violence Prevention and Victim Services- Patrick Paradis
- Zoonotic Disease Prevention and Control- Kerry Pride



- Outcomes from FFY 2019 work plan activities and FFY 2020 work plan objectives.

PHHS Block Grant Review

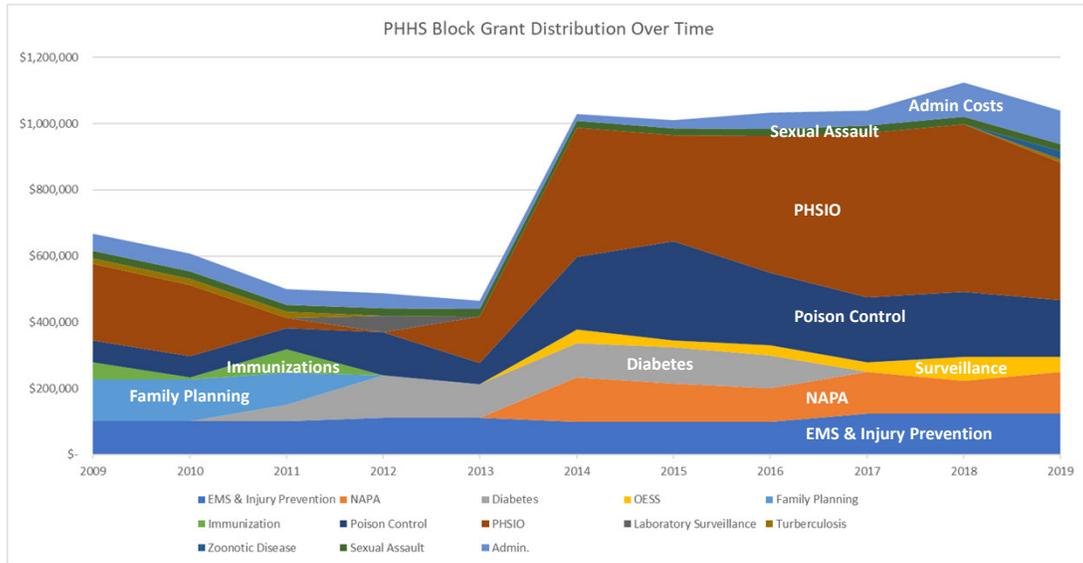
- Purpose of review:

“Serve as the advisory board to the Preventive Health and Health Services Block Grant and the Title V Maternal and Child Health Block Grant.”

PHSITF Charter



PHHS BG Overview



PHHS Block Grant Overview

Year	EMS & Injury Prevention	NAPA	Diabetes	OESS	Family Planning	Immunization	Poison Control	PHSIO	Laboratory Surveillance	Tuberculosis	Zoonotic Disease	Sexual Assault	Admin.	Total Amount
2009	\$ 101,058				\$125,948	\$ 52,738	\$ 64,298	\$ 231,446		\$ 18,381		\$ 22,093	\$ 50,934	\$ 666,896
2010	\$ 101,000				\$126,000	\$ 6,000	\$ 65,000	\$ 213,990		\$ 20,000		\$ 22,093	\$ 53,796	\$ 607,879
2011	\$ 101,000		\$ 50,000		\$ 97,000	\$ 69,900	\$ 65,000	\$ 30,436		\$ 17,500		\$ 22,093	\$ 47,870	\$ 500,799
2012	\$ 112,000		\$ 127,890				\$ 130,000		\$ 49,701			\$ 22,123	\$ 45,863	\$ 487,577
2013	\$ 112,000		\$ 100,000				\$ 65,000	\$ 140,227				\$ 22,123	\$ 25,373	\$ 464,723
2014	\$ 100,000	\$133,994	\$ 103,089	\$ 40,000			\$ 220,000	\$ 390,000				\$ 22,123	\$ 19,660	\$ 1,028,866
2015	\$ 100,000	\$114,000	\$ 110,000	\$ 20,000			\$ 300,000	\$ 320,000				\$ 22,123	\$ 24,821	\$ 1,010,944
2016	\$ 100,000	\$100,000	\$ 100,000	\$ 30,000			\$ 220,000	\$ 412,280				\$ 22,123	\$ 48,000	\$ 1,032,403
2017	\$ 124,000	\$125,000		\$ 30,000			\$ 196,000	\$ 496,312				\$ 22,123	\$ 45,000	\$ 1,038,435
2018	\$ 124,000	\$100,000		\$ 72,000			\$ 196,000	\$ 505,941				\$ 22,123	\$ 103,000	\$ 1,123,064
2019	\$ 124,000	\$125,000		\$ 47,000			\$ 170,000	\$ 415,929		\$ 10,000	\$ 25,000	\$ 22,123	\$ 101,000	\$ 1,040,052
2020	\$ 124,000	\$100,000					\$ 170,000	\$ 487,929		\$ 10,000	\$ 25,000	\$ 22,123	\$ 101,000	\$ 1,040,052
Total	\$ 1,323,058	\$797,994	\$ 590,979	\$ 239,000	\$348,948	\$ 128,638	\$ 1,861,298	\$ 3,644,490	\$ 49,701	\$ 75,881	\$ 50,000	\$ 265,386	\$ 666,317	\$ 10,041,690



Emergency Medical Services and Trauma Systems

(1 of 3)

Develop and Improve Systems of Care - 2019 Outcomes

EMS program will implement 3 strategies from the Emergency Care Strategic Plan related to workforce, education and public education.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

The EMS program implemented 6 strategies from the Emergency Care Strategic Plan related to workforce, education and public education.

Develop and Improve Systems of Care - 2020 Objective

The EMS program will implement 3 strategies from the Emergency Care Strategic Plan related to workforce, education and public education.



Reasons for Success or Barriers/Challenges to Success: The program continues to implement several strategies to provide education to EMS providers including EMS manager education, performance improvement assistance, and education at statewide and regional EMS and trauma education events.

Strategies to Achieve Success or Overcome Barriers/Challenges: Workforce and EMS sustainability issues continue to be a great challenge. A survey/interview process is being conducted of hospitals and EMS services in order to collect better information about challenges and to be able to develop an updated strategic plan

2020 Activities

1. Emergency Care Council

Hold four (4) quarterly meetings of the Emergency Care Council to provide advice about implementation of the Emergency Care System Strategic plan.

2. State Trauma Care Committee

Hold four (4) quarterly meetings of the State Trauma Care Committee to provide advice about the development and implementation of a State Trauma Care System plan.

3. EMS Service of Pediatric Care Recognition

Assist 50% of ambulance services to receive formal recognition as EMS services of excellence for pediatric care.

4. Cardiac Ready Community Recognition

Assist (3) communities to received recognition as Cardiac Ready Communities.

5. Participation in National System Related Activities and Strategies

Support staff participation in (2) national meetings and activities of significance related to system development such as the National Association of State EMS Officials (NASEMSO).

Emergency Medical Services and Trauma Systems

(2 of 3)

System Surveillance and Evaluation 2019 Outcomes

Emergency Medical Services program will distribute the new NEMISIS version 3.45 ePCR surveillance system to 95% of all licensed ambulance services.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Emergency Medical Services program distributed the new NEMISIS version 3.45 ePCR surveillance system to 98% of all licensed ambulance services.

System Surveillance and Evaluation 2020 Objective

The Emergency Medical Services program will distribute the new NEMISIS version 3.45 ePCR surveillance system to 98% of all licensed ambulance services.



Reasons for Success or Barriers/Challenges to Success: Several strategies were implemented to engage EMS services to utilize the NEMISIS software.

Strategies to Achieve Success or Overcome Barriers/Challenges: The program utilized education, regulation and technical assistance to bring EMS services into the system.

2020 Activities

1. Systems Reports

Engage the services of a program epidemiologist to analyze data and develop (4) system reports and data linking opportunities.

2. Online Prehospital Information System

Implement the EMSTS Section's new online prehospital information system provide EMS service managers and medical directors with six (6) data reporting / performance improvement educational activities.

Emergency Medical Services and Trauma Systems

(3 of 3)

Workforce Development 2019 Outcomes

The EMS program will implement 3 strategies to address workforce leadership challenges, especially for volunteers.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

The EMS program implemented 0 strategies to address workforce leadership challenges, especially for volunteers.

Workforce Development 2020 Objective

The EMS program will implement 3 strategies to address workforce leadership challenges, especially for volunteers.



Reasons for Success or Barriers/Challenges to Success: The program provides education for service managers as a preconference to EMS services during the year. A program staff member provides ongoing technical assistance to EMS services as part of a bi-annual inspection process. The program has begun a survey/interview process to better understand the workforce challenges of EMS services.

Strategies to Achieve Success or Overcome Barriers/Challenges: The survey interview process will be completed spring 2020 and the results of the report will be utilized to prioritize ongoing activities and strategies

2020 Activities

1. Educational Opportunities

Provide at least six (6) educational opportunities for EMS providers in rural Montana that increase their skills and knowledge on EMS support for trauma, pediatrics and other essential subjects.

2. Service Leadership Education

Provide at least two (2) leadership education opportunities for EMS service managers and/or service medical directors.

Latent Tuberculosis Infection Treatment

(1 of 1)

TB Treatment - 2019 Outcomes

Montana LTBI will provide treatment to 35 patients.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Montana LTBI provided treatment to 30 patients.

TB Treatment- 2020 Objective

Montana LTBI will provide treatment to 35 patients.



Reasons for Success or Barriers/Challenges to Success: Enrollment for 2019 was slightly below average. There is some overlap from year to year as an individual that starts treatment at the end of the 2018 year could finish treatment in 2019. We don't have treatment completion for all individuals enrolled yet so we could be closer to our goal than what is being represented. One change that slightly affected enrollment numbers for this year was the time frame that we are requiring chest radiographs (CXR) and treatment initiation. It is not recommended to start treatment with a CXR older than 6 months as changes could take place between that time and the LTBI regimen might not be enough if disease has progress. This has affected our seasonal migrant workers slightly as the rule before was having a CXR within a year. This change was necessary for disease treatment and programs have been adjusting to meet these new criteria throughout the state.

Strategies to Achieve Success or Overcome Barriers/Challenges: Prompt and early communication was necessary to implement this new condition previously described. We also allowed some leniency for programs as they adjusted to this new requirement. Had we not done this we would have fewer enrollments this year and now programs have adjusted accordingly. We do not expect this criterion to be a factor next year as programs will have had ample time to adjust.

2020 Activities

Care for TB

The TB program will encourage providers to use the most recent recommended treatment regimens. At present this includes the 3HP and 4RIF regimens for treatment of LTBI. These regimens are much easier on patients and are much shorter. Typical treatment can be 9 months daily or with the 3HP regimen 12 weeks once a week. Education will be provided to providers and local health jurisdictions on the 3HP and 4RIF regimens to maximize their usage.

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Nutrition and Physical Activity

(1 of 2)

Breastfeeding Promotion and Support 2019 Outcomes

Montana Nutrition and Physical Activity Program will increase the number of Baby-Friendly Designated facilities from 10 to 12.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Montana Nutrition and Physical Activity Program increased the number of Baby-Friendly Designated facilities from 10 to 12.

Breastfeeding Promotion and Support – 2020 Objectives

Montana Nutrition and Physical Activity Program will increase the number of Baby-Friendly Designated facilities from 10 to 12.



Reasons for Success or Barriers/Challenges to Success: Recently, the number of designated Baby-Friendly Hospitals have increased from 10 facilities to 12. However, having low number of hospitals combined with small facility size with little resources makes it a challenge for these facilities to sign on to the Baby-Friendly Hospital Initiative (BFHI). It is also challenging to maintain momentum to become or stay designated as Baby-Friendly when there is turn over or changes among lead task-force members. Some facilities have dropped off due to lack of buy-in from administration, the requirements and time it takes to become a designated baby-friendly.

Strategies to Achieve Success or Overcome Barriers/Challenges: Comprehensive resources and education have helped to create hospital staff and administrative buy-in as well as adoption and implementation of best practices.

2020 Activities

1. Technical Assistance

Continuing until September 2021, Montana NAPA Program and Breastfeeding Consultant will provide technical assistance and support 1-2 new Baby-Friendly facilities as they work towards and show progress to register in the 4-D Pathway to Baby-Friendly Designation. The program will also provide technical assistance and support to the existing 11 designated facilities to ensure sustainability and best practices. Technical assistance will include monthly conference calls and check-ins, face-to-face work groups, on-going email correspondence, and site visits. The NAPA program will also outreach with rural perinatal healthcare providers to inform and partner with them on the new Rural Breastfeeding Support Initiative.

2. Partnership and Collaboration

Continuing until September 2021, Montana NAPA Program will partner with the Montana State Breastfeeding Coalition (MSBC) through quarterly meetings to support and promote statewide breastfeeding-related activities including Baby Friendly hospital designation and to increase the number of and access to Certified Lactation Counselors. Montana NAPA Program will also partner with the MSBC to promote the program's Mother-Friendly Worksite Initiative. This initiative recognizes and awards business that proactively support employees who choose to breastfeed their infants.

3. Support and Outreach

Continuing until September 2021, provide support for local breastfeeding promotion activities in communities with existing and new Baby Friendly seeking hospitals to create more linkages with WIC, health professionals and worksites who engage with postpartum moms and babies at 3 days, 3 months, 6 months and one year.

4. Statewide Training

Continuing until September 2021, the Montana NAPA Program will plan and host the state-wide Montana Breastfeeding Learning Collaborative in partnership with WIC and the MT State Breastfeeding Coalition. The Collaborative provides training for physicians, nurse practitioners, lactation specialists, WIC clinic staff, public health professionals, hospital staff, health clinic staff, dietitians, nurses and other interested healthcare advocates on the latest breastfeeding topics and training.

Nutrition and Physical Activity

(2 of 2)

Community Plans – 2019 Outcomes

The Montana Nutrition and Physical Activity Program will increase the number of Communities that develop and/or adopt a pedestrian or transportation master plan from 24 to 26.

Impact/Process Objective Status

Not Started/ Cancelled

Impact/Process Objective Outcome

N/A



Reasons for Success or Barriers/Challenges to Success: Funding diverted to breast-feeding promotion activities since the program did not receive funding from 1807 federal funds. Activities under this outcome cancelled for this FFY.

Strategies to Achieve Success or Overcome Barriers/Challenges: Cancelled

Deaths from Poisoning

(1 of 2)

Data and Evaluation – 2019 Outcomes

The Emergency Medical Service and Trauma System section will implement **2** mitigation and prevention strategies utilizing poison control data to inform stakeholders of the burden of poison.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

The Emergency Medical Service and Trauma System section implemented **2** mitigation and prevention strategies utilizing poison control data to inform stakeholders of the burden of poison.

Data and Evaluation – 2020 Objective

The Emergency Medical Service and Trauma System section will implement **2** mitigation and prevention strategies utilizing poison control data to inform stakeholders of the burden of poison.



Reasons for Success or Barriers/Challenges to Success: Using the expertise of in-house epidemiologists, EMSTS has increased surveillance significantly. During this period query of poison center was implemented beyond historical aggregate reports provided by the center. Reports related to different age groups and poisonings of interest have become available. Additionally, Montana became a participant in the National Collaborative for Bio-Preparedness system enabling enhanced use of EMS data for poisoning events.

Strategies to Achieve Success or Overcome Barriers/Challenges: The use of epidemiologist services as well as expanded data bases is helping EMSTS to query poisoning issues better to plan for and implement more specific information and prevention strategies.

2020 Activities

- 1. Distribute information** - Utilize data from the Rocky Mountain Poison Center to develop and disseminate 1 surveillance report. It will highlight the burden of poisoning including trending information and demographics of poison exposures.
- 2. Burden of Poisoning Report** - Develop one (1) focused report on poison issues (e.g. poisonings from opiate and other medications) to be presented to State Trauma Committee, EMS for Children committee and the Injury Prevention Coalition. Enhanced data utilizing CDC ESSENCE data populated with hospital discharge information.

Deaths from Poisoning

(2 of 2)

Support and Promote MT Poison Center – 2019 Outcomes

The Poison Control System will maintain 1 24-hour, toll-free poison control line to manage poison emergencies.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

The Poison Control System maintained 1 24-hour, toll-free poison control line to manage poison emergencies.

Support and Promote MT Poison Center – 2020 Objective

The Poison Control System will maintain 1 24-hour, toll-free poison control line to manage poison emergencies.



Reasons for Success or Barriers/Challenges to Success: Montana continues to contract with the Rocky Mountain Poison Control Center for 24/7 call services as well as support for education and information related to Montana issues.

Strategies to Achieve Success or Overcome Barriers/Challenges: Montana will continue to utilize the poison center services. Increased epi capabilities will be leveraged to support continued and enhanced prevention efforts.

2020 Activities

Poison Information

Contract with the Rocky Mountain Poison and Drug Center to provide poison information and distribute approximately 10,000 poison information and prevention materials to Montana citizens.

Provide Community Health Data for Community Health Improvement Planning

(1 of 3)

BRFSS Data Collection- 2019 Outcomes

Montana Behavioral Risk Factor Surveillance System (BRFSS), via a contract with the University of Wyoming, will collect 500 completed landline and cell phone interviews each month.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Montana Behavioral Risk Factor Surveillance System (BRFSS), via a contract with the University of Wyoming, collected 500 completed landline and cell phone interviews each month.

BRFSS Data Collection – 2020 Objective

Montana Behavioral Risk Factor Surveillance System (BRFSS), via a contract with the University of Wyoming, will collect 500 completed landline and cell phone interviews each month.



Reasons for Success or Barriers/Challenges to Success: The Montana BRFSS is on track to collect between 6,020 and 6,060 total completes for the 2019 survey year. This exceeds the objective of collecting 500 complete landline and cell phone interviews each month (average 502-505 completes per month).

Strategies to Achieve Success or Overcome Barriers/Challenges: The BRFSS Coordinator and the University of Wyoming worked with CDC to adjust sampling on an as needed basis throughout the 2019 survey year. These adjustments ensured that the University of Wyoming had sufficient sample to fulfill the requirements of the objective.

2020 Activities

1. Collect landline completes

The University of Wyoming will complete at least 200 monthly landline interviews to remain on track to reach the annual target sample size. The Montana BRFSS has an established target sample size of 6,000 respondents per survey year, with 2,400 of these respondents being reached through the landline sample in 2019.

2. Collect cell phone completes

The University of Wyoming will complete at least 300 monthly cell phone interviews to remain on track to reach the annual target sample size. The Montana BRFSS has an established target sample size of 6,000 respondents per survey year, with 3,600 of these respondents being reached through the cell phone sample in 2019.

3. Edit and transfer data to CDC monthly

The University of Wyoming will continue to edit and transfer data to CDC monthly, as according to CDC protocol. This will ensure that CDC is able to release accurate and timely data to the Montana BRFSS program. This will also enable the Montana BRFSS Coordinator to periodically review the data and to disseminate results to internal and external partners effectively.

Provide Community Health Data for Community Health Improvement Planning

(2 of 3)

Data System Implementation – 2019 Outcomes

The Office of Epidemiology and Scientific Support will increase the number of surveillance systems accessible via the Montana Indicator-Based Information System (MT IBIS) from 7 to 8.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

The Office of Epidemiology and Scientific Support increased the number of surveillance systems accessible via the Montana Indicator-Based Information System (MT IBIS) from 7 to 7.

Data System Implementation- 2020 Objective

Between 01/2020 and 12/2020, the Office of Epidemiology and Scientific Support will maintain 7 surveillance systems accessible via the Montana Indicator-Based Information System (MT IBIS).



Reasons for Success or Barriers/Challenges to Success: Between 01/2019 and 12/2019, the Office of Epidemiology and Scientific Support (OESS) conducted 3 trainings on how to access data and other relevant information on the MT IBIS website. OESS will also collect and evaluate feedback regarding the MT IBIS website. This feedback will be utilized to inform quality improvements that facilitate ease of use and access to the data.

Strategies to Achieve Success or Overcome Barriers/Challenges: OESS was able to complete three of four trainings and was able to gather feedback on MT-IBIS. OESS has identified good target audience and venues to conduct these trainings and gather feedback. OESS should continue to identify new target audiences and venues to provide training on MT-IBIS to ensure that more public health professionals in Montana are aware of this resource.

2020 Activities

1. Data System Implementation

The MT IBIS project coordinator will work with Software Technology Group (STG) and relevant data stewards to increase the number of Community Health Profiles Indicators available on IBIS from four indicators to six. This will provide local health departments with county specific data relevant for evaluating public health at the local level and tracking progress towards local public health goals and objectives.

2. Maintenance of Surveillance Systems

The Office of Epidemiology and Scientific Support will provide at least two training events on how to access data and other relevant information on the MT IBIS website. OESS will also collect and evaluate feedback regarding the MT IBIS website. This feedback will be utilized to inform quality improvements that facilitate ease of use and access to the data.

Provide Community Health Data for Community Health Improvement Planning

(3 of 3)

Data System Usage – 2019 Outcomes

The Office of Epidemiology and Scientific Support will conduct **4** trainings on how to access data and other relevant information on the MT IBIS website. OESS will also collect and evaluate feedback regarding the MT IBIS website. This feedback will be utilized to inform quality improvements that facilitate ease of use and access to the data.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

The OESS conducted **4** trainings on how to access data and other relevant information on the MT IBIS website. OESS will also collect and evaluate feedback regarding the MT IBIS website. This feedback will be utilized to inform quality improvements that facilitate ease of use and access to the data.

Data System Usage – 2020 Objectives

OESS will conduct **2** trainings on how to access data and other relevant information on the MT IBIS website. OESS will also collect and evaluate feedback regarding the MT IBIS website. This feedback will be utilized to inform quality improvements that facilitate ease of use and access to the data.

Reasons for Success or Barriers/Challenges to Success: Between 01/2019 and 12/2019, the Office of Epidemiology and Scientific Support (OESS) conducted 3 trainings on how to access data and other relevant information on the MT IBIS website. OESS will also collect and evaluate feedback regarding the MT IBIS website. This feedback will be utilized to inform quality improvements that facilitate ease of use and access to the data.

Strategies to Achieve Success or Overcome Barriers/Challenges: OESS was able to complete three of four trainings and was able to gather feedback on MT-IBIS. OESS has identified good target audience and venues to conduct these trainings and gather feedback. OESS should continue to identify new target audiences and venues to provide training on MT-IBIS to ensure that more public health professionals in Montana are aware of this resource.

2020 Activities

1. Training on Information System

Provide training on MT IBIS to user groups, namely epidemiologists and staff working in the Public Health and Safety Division, as well as local health department staff. Statewide events such as the Montana Public Health Association Annual Meeting will be targeted as opportunities to train local health department staff on MT IBIS.

2. Queries Assessment

The Office of Epidemiology and Scientific Support will conduct a customer satisfaction survey of MT IBIS to assess how customers use MT IBIS, for what purposes, and suggestions for further improvement of MT IBIS. Results of the customer satisfaction survey will be used to improve the MT IBIS website and to identify future training needs and opportunities.

Public Health System Improvement

(1 of 4)

Public Health Workforce Professional Development - 2019 Outcomes

The Public Health System Improvement Office will conduct 21 individual or group training opportunities for workforce development.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

The Public Health System Improvement Office conducted 3 individual or group training opportunities for workforce development

Public Health Workforce Professional Development - 2020 Objectives

The Public Health System Improvement Office will conduct 11 training events for workforce development.



Reasons for Success or Barriers/Challenges to Success: With the support of grant funding, PHSIO has continued to coordinate statewide training and education opportunities for Montana public health professionals. Without this funding, state, local, and Tribal public health professionals would not have the opportunity to develop and improve their core public health competencies. Support from partner health departments and public health organizations in Montana has strengthened communication of training and education opportunities and increased participation as well. Partnership has been a gateway to success for public health workforce development in the state. PHSIO will continue to provide additional training and education opportunities to statewide public health professionals through 2020.

Strategies to Achieve Success or Overcome Barriers/Challenges: Training and education opportunities will continue to be offered to Montana's public health workforce through collaborative efforts with local and tribal health departments and statewide public health organizations. Continued partnership building and communication with health departments and public health organizations will improve accessibility and applicability of the training and education opportunities. It will also increase participation from public health professionals in these opportunities. PHSIO will continue to utilize its partners to regularly communicate upcoming trainings through their websites, newsletters, listservs, and other such mechanisms.

2020 Activities

1. Montana Public Health Summer Institute

Public Health System Improvement Office will offer training opportunities during a week-long, resident, public health summer training session (Montana Public Health Summer Institute) for local and Tribal health officials.

2. System Improvement Targeted Workforce Development Opportunities

Continuing until September 2021, the Public Health and Safety Division will offer training opportunities for state, local, and Tribal public health officials based on needs identified in the PHSD Workforce Development Plan and the State-Wide Workforce Development Plan.

3. Public Health Professional Certificate Programs

Continuing until September 2021, the Public Health System Improvement Office, in partnerships with the

University of Montana, Arizona State University, the Northwest Center for Public Health Practice, or the Association of Montana Public Health Officials will provide professional development opportunities for selected public health professionals to participate in long-term, individual, programs.

4. Montana State Professional Development Center Training Opportunities

Continuing until September 2021, the Public Health System Improvement Office will offer classroom training opportunities from the State's Professional Development Center open to the state-wide public health workforce

Public Health System Improvement (2 of 4)

Local and Tribal Community Health Imp. Planning - 2019 Outcomes

Public Health System Improvement Office will provide direct technical assistance or resources to **15** local or Tribal health departments to complete community health assessments, community health improvement plans, and strategic plans.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Public Health System Improvement Office provided direct technical assistance or resources to **19** local or Tribal health departments to complete community health assessments, community health improvement plans, and strategic plans.

Local and Tribal Community Health Imp. Planning– 2020 Objectives

Public Health System Improvement Office will provide direct technical assistance or resources to **15** local or Tribal health departments to complete community health assessments, community health impr and strategic plans.

Reasons for Success or Barriers/Challenges to Success: The Public Health System Improvement Office provided 12 grants and technical assistance to 7 public health jurisdictions. Promotion and reception of the grants and assistance has maintained steady. Challenges include low participation by the smaller health departments and many recipients of assistance this year are previous year recipients. There are still about 15 public health jurisdictions that have not participated in the grant or TA opportunity over the past 5 years.

Strategies to Achieve Success or Overcome Barriers/Challenges: Establish stricter criteria for the assistance especially for health departments that have received previous grants or are consider higher capability health departments. Conduct deliberate marketing to the health departments that have not participated in past programs.

2020 Activities

1. Community Health Assessments

The Public Health System Improvement Office will provide direct technical assistance or resources to local and Tribal health departments develop a comprehensive community health assessment based on NACCHO best practices and PHAB standards and measures.

2. Community Health Improvement Plans

The Public Health System Improvement Office will provide direct technical assistance or resources to local and Tribal health departments to development a Community Health Improvement Plan based on NACCHO best practices and PHAB standards and measures.

3. Organizational Strategic Plans

The Public Health System Improvement Office will provide direct technical assistance or resources to local and Tribal health departments to develop organizational strategic plans based on NACCHO best practices and PHAB standards and measures.

Public Health System Improvement (3 of 4)

State Health Dept. Strategic Planning– 2019 Outcomes

Public Health and Safety Division and stakeholders will conduct 1 review of progress towards objectives found in the State Health Improvement Plan.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Public Health and Safety Division and stakeholders conducted 1 review of progress towards objectives found in the State Health Improvement Plan.

State Health Dept. Strategic Planning– 2020 Objectives

Public Health and Safety Division and stakeholders will conduct 1 review of progress towards objectives found in the State Health Improvement Plan.



Reasons for Success or Barriers/Challenges to Success: Working with lead epidemiologists in each PHSD Bureau to do comprehensive review of all metrics within the SHIP. Barriers include some metrics that were designed in response to the needs prioritized in the SHIP but unable to be measured as currently defined. Those metrics are under review by epidemiologists to more accurately monitor them in the future. The first SHIP Annual Report, which will include updated data for the metrics that were able to be measured and an overview of progress thus far, will be released in January 2020. Having lead epidemiologists as points of contact for each Bureau was a factor in our success as it streamlined communication. Additional factors for success included the incorporation of an evaluation framework and plan from the beginning of the SHIP implementation (Results-Based Accountability) and tasking a staff person to monitor SHIP implementation.

Strategies to Achieve Success or Overcome Barriers/Challenges: State epidemiologists are working to review the measures that are unable to be measured as currently defined. These metrics were developed with the aim of better tracking and monitoring health disparities in Montana; however, when calculating the metrics after the first year the data sources were found to be not as descriptive or inclusive as needed to comprehensively monitor the situation. No technical assistance is needed at this time regarding metric definition or monitoring. Having a designated staff person to monitor SHIP implementation with a background in program planning and evaluation has been one strategy that led to several successes, including the ongoing monitoring and evaluation of SHIP implementation, which can then be described and shared with stakeholders in the form of an Annual Report. In order to continue to improve SHIP implementation, PHSIO staff have applied for technical assistance from subject matter experts within ASTHO and are awaiting response on whether we were accepted into their cohort. No other technical assistance on SHIP implementation is needed at this time.

2020 Activities

1. Public Health System Improvement Task Force and State Health Improvement Coalition Coordination

The Public Health System Improvement Office will coordinate two face-to-face meetings of the Public Health System Improvement Task Force and State Health Improvement Coalition. The objectives of these meetings are to review progress and challenges associated with implementing the Montana State Public Health Improvement

Plan and to produce a report of progress to be shared with partners and the public.

Public Health System Improvement

(4 of 4)

Public Health Accreditation – 2019 Outcomes

The Public Health System Improvement Office will provide direct technical assistance or resources to 9 local or Tribal health departments to develop workforce development plans, performance management systems, quality improvement plans, management policies and procedures, or accreditation administrative processes in support of PHAB Accreditation.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

The Public Health System Improvement Office provided direct technical assistance or resources to 12 local or Tribal health departments to develop workforce development plans, performance management systems, quality improvement plans, management policies and procedures, or accreditation administrative processes in support of PHAB Accreditation.



Reasons for Success or Barriers/Challenges to Success: Funding from the PHHS Block Grant and additional funding made available by the Montana Health Care Foundation contributed to successful completion numerous management systems improvement projects that may not have occurred otherwise. One dedicated full time staff person from the Public Health System Improvement Office has also been instrumental in the great success of projects related to National Public Health Accreditation. The PHHS Block Grant pays for this subject matter expert.

Strategies to Achieve Success or Overcome Barriers/Challenges: Engaging the smaller health departments with Accreditation is difficult. Due to limited capability and capacity, many smaller health departments do not consider Accreditation. The PHSIO recently developed a technical assistance capability and is now working directly with smaller health departments on specific activities that form the foundation of accreditation such as creating QI plans and developing Performance Management systems.

2020 Activities

Will be funded solely by the MHCf grant in 2020. Staff time funded by the Block Grant.

Sexual Violence Prevention and Victim Services

Victim Referral Improvement – 2019 Outcomes

The Sexual Violence Prevention and Victim Services Program will increase the number of partners that use a closed-loop referral system to encourage community collaboration between service providers who work with youth and young adults that have been involved with domestic violence or sexual assault from 0 to 3.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

The Sexual Violence Prevention and Victim Services Program increased the number of partners that use a closed-loop referral system to encourage community collaboration between service providers who work with youth and young adults that have been involved with domestic violence or sexual assault from 0 to 0.

Victim Referral Improvement – 2020 Objectives

The Sexual Violence Prevention and Victim Services Program will increase the number of partners that use a closed-loop referral system to encourage community collaboration between service providers who work with youth and young adults that have been involved with domestic violence or sexual assault from 0 to 3.



Reasons for Success or Barriers/Challenges to Success: Objective 1 is still in progress. The SVPVS Program Specialist has yet to meet with representatives of the Connect Referral System. However, a meeting to discuss the funding and procedure.

Strategies to Achieve Success or Overcome Barriers/Challenges: A new Program Specialist for the Sexual Violence Prevention and Victims Services Program began Oct. 28, 2019, which delayed progress for Objective 1. This initial planned meeting with the Montana Connect Referral System is now scheduled in January to discuss any next possible steps.

2020 Activities

1. Montana Connect

Sexual Violence Prevention and Victim Services program will meet with Montana Connect representatives to discuss procedure and funding requirements to add Victim Services program sites to Connect closed loop referral system.

2. Communicate Montana Connect to Program Sites

Present information to Victim Services program sites about Montana Connect. DPHHS will work with the Montana Coalition Against Domestic and Sexual Violence to identify Victim Service program sites that have capacity to implement Connect referral system, or other locally developed referral.

Sexual Violence Prevention and Victim Services

(2 of 2)

Youth Engagement Training– 2019 Outcomes

Between 10/2018 and 09/2019, Sexual Violence Prevention and Victim Services program will provide training to 100 youth across Montana.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2018 and 09/2019, Sexual Violence Prevention and Victim Services program provided training to 100 youth across Montana.

Youth Engagement Training – 2020 Objectives

Sexual Violence Prevention and Victim Services program will provide training to 100 youth across Montana.



Reasons for Success or Barriers/Challenges to Success: Montana Coalition for Sexual and Domestic Violence held a Youth Leadership Summit in September. The previous SVPVS Program Specialist attended the summit. The exact number of individuals that attended the summit is currently unknown. The attendance has been requested and will be provided in a follow-up report. It is estimated that the summit was able to meet its approximate goal of 50 youth.

Strategies to Achieve Success or Overcome Barriers/Challenges: A report of barriers experienced during the planning and implementation of the Youth Summit Leadership has been requested of MCADSV. One possible barrier to consider for the SVPVS Program Specialist is communication and the reporting of information. The lack of reports is likely due to the transition period. This can barrier can be overcome with more contact with MCDSV and continued involvement in 2020.

2020 Activities

1. Building a Youth-Focused Leadership Network

The first year of the project (October 2018-September 2019) focused on engaging adult and youth leaders who already work with people ages 13-19 through a variety of projects and activities in order to build a network of thought leaders and organizers who will directly work with the planning and execution of a proposed Youth Summit in 2020. The second-year activities will be focused on identifying more leaders and inviting them to a planning meeting during summer 2020. The leaders and youth they are working with will be encouraged to attend the Montana Coalition Against Domestic and Sexual Violence Annual Conference in September which will be focused on serving and engaging youth. Anticipated to engage 50-60 leaders in this process throughout the first and second year. Among other topics, this conference will improve awareness of services available to sexual assault victims.

2. Statewide Youth Summit and/or Regional Institutes

Continue to engage the Youth-focused Leadership Network in the planning and execution of a Youth Summit and/or Regional Institutes. The venue and type will be decided by the planning team based on what is deemed to be most suitable for an event in a state the size of Montana. Regional institutes may take place in more rural parts

of Montana due to transportation concerns from year one. Among other topics, this summit or conferences will improve awareness of services available to victims of sexual assault.

Zoonotic Disease Prevention and Control

Zoonotic Diseases Prevention and Control – 2019 Outcomes

Public Health and Safety Division Public Health Veterinarian will conduct 18 zoonotic disease in Montana communication activities to various organizations and partners.

Impact/Process Objective Status

Not Started – new activity scheduled for the second year of the grant period.

Impact/Process Objective Outcome

Not Started

Zoonotic Diseases Prevention and Control – 2020 Objectives

Public Health and Safety Division Public Health Veterinarian will conduct 18 zoonotic disease in Montana communication activities to various organizations and partners.



Reasons for Success or Barriers/Challenges to Success: Activities are programmed for the second year of the grant.

Strategies to Achieve Success or Overcome Barriers/Challenges: Activities will be carried out in the second year of the grant.

2020 Activities

1. Montana One Health

Continuing until Sept. 2021 work with Department of Livestock to determine topics for the quarterly newsletter. Write and publish an article for the Montana One Health quarterly newsletter.

2. Zoonotic Disease Presentations

Continuing until Sept. 2021, attend annual board meeting of the Montana Veterinary Medical Association with DOL, APHIS, and FWP in January to discuss continuing education opportunities for the conference attendees and to gain approval of training/presentations. Attend annual winter meeting of the Montana Veterinary Medical Association to participate in committee meetings. Create and present content on important zoonotic disease topics, regulatory issues, and other topics with DOL, FWP, and APHIS (we have 8 hours at the summer meeting in June).

Working with the Department of Livestock (DOL), present public health 101, zoonotic disease importance, and suicide risk information to veterinarians new to Montana at 3 accreditation courses. Plan a 1 hour meeting monthly with DOL staff to discuss animal disease topics, options for training/education of veterinarians and physicians, and other topics as pertinent. Attend and participate in preparedness exercises as they schedule.

3. Zoonotic Disease Epidemiology

Continuing until Sept. 2021, consult when needed with CDEpi on zoonotic disease cases work (1-2 a month). Member of the Healthcare Acquired Infection Roundtable to bring the animal perspective to antibiotic stewardship around the state (4 quarterly meetings).

4. National Association of State Public Health Veterinarians

Continuing until Sept. 2021, participate as an active member in the Compendium to Prevent Disease Associated

with Animals in Public Settings, attend the 4 conference calls and attend the one in person meeting.

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Agency:
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◀ **February** ▶

Mo	Tu	We	Th	Fr	Sa	Su
27	28	29	30	31	1	2 <small>wk</small>
3	4	5	6	7	8	9 <small>wk</small>
10	11	12	13	14	15	16 <small>wk</small>
17	18	19	20	21	22	23 <small>wk</small>
24	25	26	27	28	29	1 <small>wk</small>

Month: ▼ Year: ▼

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◀ **February 2020** ▶

Title MT Public Health System Improvement Task Force Meeting
Date 2020/02/26 - 2020/02/26
Time 10:00 AM - 12:30 PM
Location Room C209, 1400 Broadway St, Helena MT 59601
Contact name Terry Ray
Contact phone (406) 444-9352
Contact email terenceray@mt.gov
Event type Public meeting
Event status Handicap access
Author Brad Ricker

Attachment(s):

File

[PHSITF February 2020 Agenda.pdf](#)