



Department of Public Health and Human Services

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2016 Public Health and Safety Division Strategic Plan Annual Report

This document provides a progress review of the Public Health and Safety Division’s (PHSD) strategies that are contained within the seven key results areas listed in the PHSD 2013-2018 Strategic Plan version 2.0. For each Key Result Area, program planners considered successes, challenges, and opportunities/next steps related to strategic plan strategies. By conducting this annual review, the PHSD is better able to share successes and identify areas of needed improvement and successes that will ultimately lead to a stronger organization and improved public health programs.

Key Results Area 1: Policy Development and Enforcement

Metric	2015 Review	2016 Review	2018 Target
1.A- Decrease the percent of youth who have smoked cigarettes in the past 30 days	15.2% (2013 data)	13.1%	14%
1.B- Decrease percent of adults who are smokers	19.9%	18.9%	15%
1.C- Increase percent of renters in multi-unit housing that report having a smoke-free policy in their complex	23.5%	23.5%	35%
1.D- Increase percent of children aged 19-35 months who are fully immunized	67%	68.1%	70%
1.E- Increase percent of adolescents aged 13-17 years who are fully immunized against Tetanus, Diphtheria and Pertussis (Tdap), and Meningococcal (MCV4). Increase percent of adolescents aged 13-17 years who have initiated the	85%, 60% HPV (33.3%, 57.2%)	89.5%, 65.8% HPV (46%, 55%)	90%, 60%, 60%

Metric	2015 Review	2016 Review	2018 Target
Human Papilloma Virus (HPV) immunization series for males and females respectively. ¹			
1.F- Increase percent of motor vehicle occupants in Montana that report they wear seat belts	72.1%	76.7%	83%

Strategy 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).

Obj.	Successes	Challenges	Opportunities/ Next Steps
1.D, 1.E	<ul style="list-style-type: none"> • 34 worksites are working with local health departments on policies regarding tobacco use, breastfeeding, physical activity and cancer screenings • One day training was provided to those involved in the Healthy Schools Cohort. • A student health history form was created, to identify those with chronic conditions and to develop a care plan for them. <ul style="list-style-type: none"> ○ Created by the Montana Association of School Nurses and the School Health Program • New requirements for Varicella and Tetanus, Diphtheria, and Pertussis took effect in schools. 	<ul style="list-style-type: none"> • A consensus statement from the state Infectious Disease Physician Network was proposed to address issues related to judicious use of antibiotics in health care facilities. <ul style="list-style-type: none"> ○ The focus and specific efforts will be determined as national guidance and resources become available. • Montana’s Immunization Information System opt-out bill was unsuccessful during the 2015 legislature session. 	<ul style="list-style-type: none"> • The worksites program is a newer program, therefore it is important to continue to collect data. <ul style="list-style-type: none"> ○ Future surveys will be conducted to gather information on effectiveness of policies that were implemented. • Centers for Disease Control and Prevention identified antimicrobial resistance as a national priority and is funding states to address the issue. <ul style="list-style-type: none"> ○ Support will allow the Communicable Disease Epi section to begin the process of addressing the issue. • Readdress Montana’s Immunization Information System opt-out bill during the 2017 legislature season.

¹ Human Papilloma Virus immunization series requirements have changed since the original 2013 Strategic Plan has been published. Therefore, indicator changed to track if adolescents have started the immunization series rather than ask if they are fully immunized. Indicator is now also tracking males and females separately to emphasize the need for males to be immunized against HPV as well.

Strategy 1.1.2: Maintain up-to-date regulations requiring vaccines recommended for children and adolescents by the Advisory Committee on Immunization Practices (ACIP).

Obj.	Successes	Challenges	Opportunities/ Next Steps
1.D, 1.E	<ul style="list-style-type: none"> • New Varicella and Tetanus, Diphtheria and Pertussis school immunization code change took effect. • A rule change that includes Hepatitis B and pneumococcal vaccination will also be put into effect. <ul style="list-style-type: none"> ○ This will be a part of the requirements for attending a licensed child care setting. 	<ul style="list-style-type: none"> • Many health departments maintain records manually, resulting in errors. <ul style="list-style-type: none"> ○ Need to maintain records electronically. • Some systems have the same person entered multiple times, thus data is not reliable. • The recall reminder system is rarely used due to lack of reliability. • The system support vendor combines 7 states resulting in a delay in technical support. 	<ul style="list-style-type: none"> • The immunization program is looking for ways to reduce the number of duplicate entries in the system. • Develop a way to increase the use of the recall reminder system such as through training and technical assistance. • Shorten the time on testing to increase the transferring of data. • Complete drafting and adoption of revised child care immunization rules.

Strategy 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, and tobacco use cessation).

Obj.	Successes	Challenges	Opportunities/ Next Steps
1.A, 1.B, 1.C, 1.D, 1.E	<ul style="list-style-type: none"> • Chronic Disease Prevention and Health Promotion Bureau offered Quality Improvement assistance to Patient-Centered Medical Homes in the areas of blood pressure, diabetes, childhood immunization and tobacco cessation. <ul style="list-style-type: none"> ○ To date, several Patient-Centered Medical Homes have chosen to work with the Cardiovascular Health Program and Health Technology Services on diabetes or blood pressure Quality Improvement. 	<ul style="list-style-type: none"> • Collaboration with partners, and the creation of immunization targets, may lead to overall improvement of immunization coverage levels for all age groups. • Patient-Centered Medical Homes continue to encounter difficulties pulling patient-level data from their electronic health record and using data to implement quality improvement. 	<ul style="list-style-type: none"> • Chronic Disease Prevention and Health Promotion Bureau epidemiologists have analyzed data for the Patient-Centered Medical Homes clinics. <ul style="list-style-type: none"> ○ This data through the Commissioner of Securities and Insurance office has been given back to clinics in a report. ○ Many clinics have chosen quality improvement projects related to the data analysis.

Obj.	Successes	Challenges	Opportunities/ Next Steps
	<ul style="list-style-type: none"> • Immunization program provides immunization data and technical support to improve immunization rates • Collaborated with state insurance commissioner and stakeholders to collect second year of Patient-Centered Medical Homes quality metric data to measure performance of Patient-Centered Medical Homes. 		

Strategy 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.

Obj.	Successes	Challenges	Opportunities/ Next Steps
1.A, 1.B, 1.C, 1.D, 1.E	<ul style="list-style-type: none"> • Immunization program is working with local health jurisdictions to monitor compliance, conduct reviews and provide assistance. • Food and Consumer Safety produced guidance documents for local public health programs. • Communicable Disease and STD/HIV programs work closely with local public health agencies to monitor compliance with state reporting requirements. • A few counties have adopted policies restricting <ul style="list-style-type: none"> ○ Electronic cigarettes <ul style="list-style-type: none"> ▪ Lewis and Clark, Carbon, Sanders ○ Tobacco free park policies <ul style="list-style-type: none"> ▪ Lewis and Clark, Carbon, Glacier 	<ul style="list-style-type: none"> • Quit Line enrollment/participation seems to stagnate except when there are concentrated media campaigns. • Need ways to embed Quit Line referrals into the electronic health records to better track them • Improving immunization coverage rates in settings such as child care and preschools are challenged due to limited resources of state and local programs. 	<ul style="list-style-type: none"> • Updating of child care rules, will be an opportunity to improve rates, increase reviews, and address compliance issues in childcare safety. • Create new marketing strategy to target at risk user groups. • Tobacco program monitors and responds to complaints regarding non-compliance with the Clean Indoor Air Act • Work with Medicaid expansion, to integrate Quit Line referrals into health care processes.

Strategy 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.

Obj.	Successes	Challenges	Opportunities/ Next Steps
General	<ul style="list-style-type: none"> Improved time between on-site audits for laboratories testing commercial water supplies in Montana to 36 months or less. 	<ul style="list-style-type: none"> There are only two Environmental Protection Agency auditors 	

Strategy 1.2.3: Provide licensure and inspection of licensed establishments (restaurants, public accommodations, pools, body art establishments and other recreational facilities).

Obj.	Successes	Challenges	Opportunities/ Next Steps
General	Food & Consumer Safety reviews of counties statewide have completed 95% of the inspections of licensed establishments in each of the last two years.	<p>Most counties have completed their inspections.</p> <ul style="list-style-type: none"> Room for improvement in completing inspections exists 	<ul style="list-style-type: none"> Evaluate the effectiveness of the modifications to the reports and outreach and modify our outreach accordingly.

Strategy 1.2.4: Provide mandated public health operations, programs and services.

Obj.	Successes	Challenges	Opportunities/ Next Steps
1.D, 1.E	<ul style="list-style-type: none"> Food and Consumer Safety conducts inspections of pools and body art operations which may not be inspected at the local level. 	<ul style="list-style-type: none"> Immunization, communicable disease and STD/HIV programs work with local public health to monitor and address infectious disease threats through surveillance, consultation and vaccination. <ul style="list-style-type: none"> Ebola and Zika have both presented challenges to respond promptly and effectively. 	<ul style="list-style-type: none"> Ebola and Zika have presented opportunities to work with new partners and ways to message the public and strengthen existing response plans.

Key Results Area 2: Disease and Injury Prevention and Control, and Health Promotion

Metric	2015 Review	2016 Review	2018 Target
2.A- Youth who report they have smoked cigarettes in the past 30 days	Same as 1.A		
2.B- Adults who report they are smokers	Same as 1.B		
2.C- Adults who report they engage in no leisure time physical activity	22.4%	22.5%	22%
2.D- Adults who report they are overweight or obese	63%	61%	54%
2.E- Infants who are breastfed at hospital discharge	91.2%	91%	95%

Strategy 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).

Obj.	Successes	Challenges	Opportunities/ Next Steps
2.C, 2.D, 2.E	<ul style="list-style-type: none"> • Personal Responsibility Education Program is supported by Department of Public Health and Human Services and six local agencies to prevent teen pregnancy and STDs. • Maternal Early Childhood Home Visiting maintains four, evidence-based home visiting services to serve in 19 communities. • The Cardiovascular Health Program funded three hospitals to work on blood pressure/diabetes management. • The Nutrition and Physical Activity Program has designated St. Peters as Baby Friendly. <ul style="list-style-type: none"> ○ Currently 12 birthing facilities are involved in the Baby Friendly Hospital Initiative process 	<ul style="list-style-type: none"> • Personal Responsibility Education Program is difficult to implement in conservative areas. <ul style="list-style-type: none"> ○ Limited health education time makes it difficult to incorporate curriculum. • Changes in federal requirements make it challenging to implement Maternal and Early Childhood Home Visiting. • Hospitals have difficulty obtaining patient-level medication adherence data. 	<ul style="list-style-type: none"> • Personal Responsibility Education Program will incorporate Making Proud Choices curriculum <ul style="list-style-type: none"> ○ Reducing number of sessions from 16 to 10. ○ Women’s and Men’s Health Section will be hosting contractor training. • Maternal and Early Childhood Home Visiting’s Healthy Montana Families is releasing a Request for Proposals to award funding to programs. • There will also be more recruiting of additional hospitals to engage in Baby-Friendly Hospital Initiative and to provide technical assistance and sub awards to facilities assisting in baby friendly designations.

Obj.	Successes	Challenges	Opportunities/ Next Steps
	<ul style="list-style-type: none"> Chronic Disease Prevention and Health Promotion Bureau offers 13 community programs that focuses on cancer screenings, fitness, and overall health and wellness. 		

Strategy 2.1.2: Maintain and use evidence-based protocols for the containment and mitigation of public health problems and environmental public health hazards.

Obj.	Successes	Challenges	Opportunities/ Next Steps
General	<p>Communicable Disease Bureau employed efforts in</p> <ul style="list-style-type: none"> Implementation of the Food and Drug Administration 2013 Food Code by adopting the Food and Consumer Safety Program Developed Ebola response plans Revised communicable disease rules adopting standards defined in the Centers for Disease Control and Prevention and American Public Health Association Guidelines. 	<p>Emerging conditions of public health importance require frequent modification of Department of Public Health and Human Services rules and operation plans.</p> <ul style="list-style-type: none"> As a result, a significant investment of time is needed to maintain plans and ensure proper responses are in place. 	<ul style="list-style-type: none"> Challenges result in constant evaluation and improvements of programs.

Strategy 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).

Obj.	Successes	Challenges	Opportunities/ Next Steps
General	<ul style="list-style-type: none"> Nutrition and Physical Activity program conducted two “I am Moving I am Learning” trainings to early care and education providers. 	<ul style="list-style-type: none"> Trainings for childcare are challenging due to the fact that, child care settings have high staff turnover. 	<ul style="list-style-type: none"> Promote asthma and diabetes trainings to tribal childcare organizations. Identify state and regional childcare

Obj.	Successes	Challenges	Opportunities/ Next Steps
	<ul style="list-style-type: none"> ○ In person trainings have been provided to 47 childcare providers to create asthma friendly childcare environment. ○ 8 childcare providers have completed the online asthma training. ● The Immunization program provides trainings regarding immunization issues and regulations to both schools and child care settings. ● Food and Consumer Safety and Communicable Disease Programs have conducted a number of activities related to school health and safety. 	<ul style="list-style-type: none"> ● Little contact with childcare providers on the seven reservations. ● Regional education organizations who offer training also organize the events. <ul style="list-style-type: none"> ○ A large amount of childcare providers do not belong to these organizations. 	<ul style="list-style-type: none"> ○ provider conferences where unaffiliated providers can be reached ● Explore online recorded training for programs to use.

Strategy 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).

Obj.	Successes	Challenges	Opportunities/ Next Steps
2.A, 2.B, 2.C, 2.D	<ul style="list-style-type: none"> ● Programs within the Department of Public Health and Human Services have implemented media campaigns related to chronic disease. <ul style="list-style-type: none"> ○ The Cardiovascular Health Program promoted awareness of stroke signs/symptoms and calling 9-1-1 immediately. ○ Arthritis program did a campaign on Chronic Disease Self-Management. ○ Tobacco program did a campaign on e-cigarettes and youth smoking ○ Cancer program spread awareness on 		<ul style="list-style-type: none"> ○ Develop new methods to spread information to the public quickly, with the use of evolving social media.

Obj.	Successes	Challenges	Opportunities/ Next Steps
	<p>skin cancer.</p> <ul style="list-style-type: none"> The Communicable Disease Bureau programs issued press releases and conducted several campaigns related to health promotion. 		

Key Results Area 3: Health Services, Particularly Clinical Preventive services

Metric	2015 Strategic Review	2016 Strategic Review	2018 Target
3.A- Adult Montanans who report they are up-to-date with colorectal, breast, and cervical cancer screening	62.5%, 69.8%, 76.1%	No data, just analysis	61%, 80%, 86%
3.B- Women who report they smoke during pregnancy	15.8%	15.8%	12%
3.C- Pregnant women who entered prenatal care in the first trimester	69.7%	70.3%	83%
3.D- Adults with diagnosed hypertension whose blood pressure is adequately controlled (<140/90mmHg)	66% ²	61.4% ³	N/A
3.E- Communicable diseases and conditions that are reported to local public health departments from health care providers within 24 hours of identification	78%	69.8%	85%
3.F-Adults with diagnosed diabetes whose blood sugar is uncontrolled (A1c>9.0%)	12%	10.4%	N/A
3.G- 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.	98%	101%	100%

² Montana Patient-Centered Medical Home Program 2015, 1-31. Data taken from Attested Aggregate.

³ Ward, B.; Rolle, E. Montana's Patient-Centered Medical Home Program 2016, 1–20. Data taken from Attested Aggregate.

Strategy 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).

Obj.	Successes	Challenges	Opportunities/ Next Steps
3.A, 3.D, 3.E, 3.F	<ul style="list-style-type: none"> • Montana Primary Care Association has identified 4 Federally Qualified Health Center's to work with this year to collect Colorectal Cancer baseline data and work on improving clinic systems to improve Colorectal Cancer rates. • Montana Cancer Control Programs along with Montana-Pacific Quality Health Foundation completed 3 webinars on implementing FLU/FIT clinics • The Colorectal Cancer media campaign has been expanded to now include six counties • Communicable Disease Programs conducted quarterly reviews of important performance indicators and shared this information with local partners, providing technical assistance as needed • Newborn Screening staff offered four regional trainings for midwives • Women's and Men's Health Section, provided Long Acting Reversible Contraception skills building training for Title X Family Planning providers 	<ul style="list-style-type: none"> • Looking at multiple areas of chronic disease with Blue Cross Blue Shield take more effort and time. • Some providers feel they have no time for Immunization Quality Improvement activities. • Newborn Screening programs struggle to motivate midwives to report their screenings in a timely manner. • Barriers to Long Acting Reversible Contraception include <ul style="list-style-type: none"> ○ Provider availability and training ○ High initial up-front cost ○ Knowledge/attitudes towards the methods. • Children's Special Health Services' amendments to the State Plan approval process and new rules have been somewhat delayed due to Medicaid expansion in Montana. 	<ul style="list-style-type: none"> • The Chronic Disease Prevention and Health Promotion Bureau has offered Quality Improvement assistance to Patient-Centered Medical Homes on blood pressure, diabetes, childhood immunization and tobacco cessation. • Newborn Screening programs will continue to monitor reporting and screening by Montana Midwives and offer training and technical support as needed. • Women's and Men's Health Section epidemiologist will analyze clinic data in detail on Long Acting Reversible Contraception use and provide clinic specific data to services sites and trainings. • Children's Special Health Services staff is working on a provider manual and materials for Targeted Case Management providers.

Strategy 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).

Obj.	Successes	Challenges	Opportunities/ Next Steps
3.E, 3.F, 3.G	<ul style="list-style-type: none"> The Cardiovascular program connected more than 100 patients to neurologists for telemedicine consults. Cardiac Ready Communities project will advance care in Emergency Medical Services agencies and hospitals in the State by installing automated chest compression devices to perform Cardiopulmonary Resuscitation. Public Health and Safety Division collaborated with Medicaid to develop a health risk assessment for new enrollees in Medicaid expansion. Communicable disease program implemented a state-wide secure communicable disease registry to facilitate prompt and complete reporting. Women, Infants, and Children starting an Electronic Benefit Transfer (EBT) to deliver food benefits more efficiently. 	<ul style="list-style-type: none"> Connecting the new software developed for Electronic Benefit Transfer to the Women, Infants, and Children’s Successful Partners in Reaching Innovative Technology (SPIRIT) interface. <ul style="list-style-type: none"> This may delay the rollout of Electronic Benefit Transfer. Establishing data connections with providers and laboratories is often resource intensive. 	<ul style="list-style-type: none"> Test software for Electronic Benefit Transfer implementation Develop training materials for local agency staff Facilitate retailer enablement to upgrade systems to accept Electronic Benefit Transfer transactions. Data systems are constantly evolving and immunization and communicable disease systems are undergoing upgrades to ensure maximum functionality.

Strategy 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.

Obj.	Successes	Challenges	Opportunities/ Next Steps
3.B, 3.C, 3.G	<p>Local agency staff are working with local providers to inform them about the</p> <ul style="list-style-type: none"> Women, Infants, and Children program Eligibility criteria To provide pamphlets to make information available to potential 	<p>There is no way to know how many referrals come to Women, Infants, and Children from health care providers, including local Family Planning clinics</p> <ul style="list-style-type: none"> The field is not easy to identify in 	

Obj.	Successes	Challenges	Opportunities/ Next Steps
	participants.	<p>the Management Information System</p> <ul style="list-style-type: none"> • Women, Infants, and Children participation is down and targeting health care providers for better coordination is a priority for the program. 	

Strategy 3.2.2: Provide timely newborn screening services to facilitate referral for diagnosis and treatment.

Obj.	Successes	Challenges	Opportunities/ Next Steps
3.G	<p>Received Newborn Screening Technical assistance and Evaluation Program (NEWSTEPS) 360 grant award for improving timeliness in Newborn Screening.</p> <ul style="list-style-type: none"> • Implemented Sunday courier services to improve timeliness of specimen receipt for babies born between late Wednesday and Saturday. <ul style="list-style-type: none"> ○ Newborn screening follow-up services are available for metabolic, hematology, immunology, endocrine, and genetic disorders; and for cystic fibrosis. ○ Sub-specialists contracted from Children’s Special Health Services, must report confirmatory diagnosis to the state and assure that families have been referred for necessary treatment. 	<ul style="list-style-type: none"> • Keeping birthing centers on the Sunday schedule • Getting a buy-in from one additional major birthing center with regard to the weekend pickups 	<p>Expanding this service by using commercial carriers to more rural areas not serviced by a courier</p>

Key Results Area 4: Assessments and Surveillance

Metric	2015 Strategic Review	2016 Strategic Review	2018 Target
4.A- Programs that produce and disseminate assessment and/or surveillance reports annually.	Data not compiled.	Not available yet	N/A
4.B.1- Surveillance systems evaluated for accuracy, timeliness, completeness, and other appropriate measures. ⁴	74%	N/A	90%
4.B.2- Surveillance systems reported to local public health agencies within one day.	70%	Not available yet	90%
4.C- Outbreak investigations resulting in an outbreak report to 100%	93%	99%	100%
4.D- Disease/condition investigations or other programmatic work resulting in a manuscript submitted to a journal for peer review and publication or accepted for presentation at a regional or national conference	No submissions from program	No submissions from program	2 per year per bureau

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.

Obj.	Successes	Challenges	Opportunities/ Next Steps
4.A, 4.B	<ul style="list-style-type: none"> The Chronic Disease Bureau partnered with Medicaid to survey Medicaid enrollees regarding health behaviors. The Injury Prevention Program was awarded the Centers for Disease Control and Prevention opiate grant to maintain and enhance statewide surveillance systems. A formal Centers for Disease Control and Prevention based evaluation of the Pertussis Surveillance system was performed. Ongoing continuous Quality Improvement processes maintain high 	<ul style="list-style-type: none"> Determining the optimal linking protocol and data inclusion criteria has been a challenge. A formal Centers for Disease Control and Prevention evaluation of surveillance systems is time consuming. Metric 4B is tracked and measured by evaluating two separate outcome metrics. May need to change metric. 	<ul style="list-style-type: none"> Upon finalization of data inclusion criteria, the Social Security Disability Insurance epidemiologist will complete record linkage for 2008-2014 and then the Family and Community Health Bureau will share the linkage database with other bureaus. The Social Security Disability Insurance epidemiologist intends to pursue additional linking projects, in collaboration with Montana Women, Infants, and Children, Maternal and Early Childhood Home Visiting, and

⁴ Crossed out accuracy, timeliness, and other appropriate measures, because HealthSTAT was currently only tracking completeness. Follow up with program to ensure that strategy is being tracked, will be required.

Obj.	Successes	Challenges	Opportunities/ Next Steps
	<p>levels of performance for the Communicable Disease Reporting System disease surveillance system.</p> <ul style="list-style-type: none"> The Social Security Disability Insurance epidemiologist has developed a protocol to link birth records and Medicaid claims, for both infants and mothers. 		<p>Pregnancy Risk Assessment Monitoring System.</p> <ul style="list-style-type: none"> Incorporation of STDs into Communicable Disease Reporting System will provide standardized disease reporting systems and opportunities for evaluation.

Strategy 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.

Obj.	Successes	Challenges	Opportunities/ Next Steps
4.B	<ul style="list-style-type: none"> Systems at state and local level are maintained and tested frequently to ensure performance at all hours. State systems and local public health jurisdictions are checked weekly and monthly, respectively. 	<ul style="list-style-type: none"> Occasional turnover at the local level presents issues. 	

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

Obj.	Successes	Challenges	Opportunities/ Next Steps
4.C	<ul style="list-style-type: none"> The Communicable Disease Epi Montana Outbreak Improvement Team improved outbreak reporting quantitatively and qualitatively. Collaborative investigations at state and local level are routinely conducted and proven to be effective at determining cause of several outbreaks. 		<ul style="list-style-type: none"> Rule changes to incorporate Healthcare Associated Infections reporting with attendant state level ability to address identified problems is being developed. Federal efforts to improve and expand outbreak reporting are resulting in rule changes that encompass healthcare associated infections (HAI).

Strategy 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.

Obj.	Successes	Challenges	Opportunities/ Next Steps
4.A, 4.C, 4.D	<ul style="list-style-type: none"> Montana Women, Infants, and Children released its first annual Breastfeeding Surveillance report in August 2015. The Communicable Disease Bureau prepares standard outbreak reports, and quarterly and annual summaries related to general communicable diseases and immunization issues. 	<ul style="list-style-type: none"> The Child Death Review System has two years of the Fetal, Infant, Child & Maternal Mortality Review teams' reviews, resulting in an insufficient amount of data for a report. The project to potentially cross reference the 2006 to 2012 access Fetal, Infant, Child & Maternal Mortality Review data has not been completed. 	<ul style="list-style-type: none"> Maintaining effective messaging that improves performance of the system provides opportunities to incorporate Continuous Quality Improvement processes. Newborn Screening 5-year summary report

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

Obj.	Successes	Challenges	Opportunities/ Next Steps
4.D	<ul style="list-style-type: none"> Annual reviews are being conducted 	<ul style="list-style-type: none"> Keeping stakeholders engaged. 	<p>State Health Assessment review process will begin mid 2017-early 2018.</p> <ul style="list-style-type: none"> State Health Assessment and State Health Improvement Plan will be published by end of 2018 Public Health System Improvement Task Force will take on the role of leading the review and update of the SHA and SHIP.

Key Results Area 5: The Public Health and Health Care System

Metric	2015 Strategic Review	2016 Strategic Review	2018 Target
5.A- Local and tribal Montana health departments applying for PHAB accreditation, or accredited by PHAB	No data	4 accredited, 3 in process	20
5.B- Local and tribal health assessments and community health improvement	No data	24 completed	20

Metric	2015 Strategic Review	2016 Strategic Review	2018 Target
plans			

Strategy 5.1.1: Maintain capacity to provide and provide epidemiological and scientific consultation and technical assistance to public health and health care partners.

Obj.	Successes	Challenges	Opportunities/ Next Steps
5.A	<p>Communicable Disease Epi was able to enhance both core surveillance and vaccine preventable disease surveillance by:</p> <ul style="list-style-type: none"> • Adding a Vaccine Preventable Disease full time equivalent position to the Communicable Disease Epi section. <ul style="list-style-type: none"> ○ This will enhance Vaccine Preventable Disease activities at many levels. 	<p>Modifying existing Vaccine Preventable Disease surveillance systems to meet new grant requirements will be a gradual process at the local and state level.</p>	<p>Incorporation of new elements tied to ability to provide improved insight into Vaccine Preventable Disease related issues at the state level.</p>

Strategy 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.

Obj.	Successes	Challenges	Opportunities/ Next Steps
5.A	<ul style="list-style-type: none"> • Met goal of ensuring 80% of the Public Health and Safety Division workforce is trained in Incident Command System. • All local health jurisdictions continue to participate in statewide preparedness efforts through a contract with Department of Public Health and Human Services. • Updated and developed several documents related to department preparedness efforts working with relevant state and local partners. 	<ul style="list-style-type: none"> • Each Emergency Operation Plan document requires a different amount of attention. <ul style="list-style-type: none"> ○ The 38 planning documents include stakeholders outside of Public Health Emergency Preparedness, the Bureau, Division, and even the Department. • A few local health jurisdictions struggle to meet contract requirements and Department of Public Health and Human Services provides assistance as 	<ul style="list-style-type: none"> • Planning goals should be adjusted to reflect the complexity of the Emergency Operation Plan documents under review. • Goals should be adjusted to reflect the increased administrative workload between January-June of each year. • The program should review documents that impact fewer stakeholders during this time.

Obj.	Successes	Challenges	Opportunities/ Next Steps
		necessary.	

Strategy 5.1.3: Assure the availability of emergency medical and trauma care services, particularly in rural and frontier areas.

Obj.	Successes	Challenges	Opportunities/ Next Steps
5.A	<p>The Emergency Medical Services/Trauma programs received funding to implement a three-year Cardiac Ready Communities initiative in Montana.</p> <ul style="list-style-type: none"> • Targeted funding will be provided to deploy automatic compression devices to Emergency Medical Services and hospital to aid in the delivery of quality Cardiopulmonary resuscitation (CPR) and cardiac care. • Montana now participates as the national Cardiac Arrest Registry for Enhanced Survival (CARES) state. 	<p>There is a great need for development of a statewide cardiac care program for Montana.</p> <ul style="list-style-type: none"> • The rural nature of Montana often prevents even the best of emergency service systems from arriving at rural scenes in time to help cardiac arrest patients. 	<ul style="list-style-type: none"> • Cardiac Ready Communities developed around the deployment of automatic compression devices offers an opportunity to improve elements of a system of cardiac care. • Cardiac Arrest Registry for Enhanced Survival state enables Emergency Medical Services responders to see patient outcomes then identify quality improvement opportunities.

Strategy 5.1.4: Maintain and use laboratory systems that respond to biological and chemical threats to public health in a timely manner.

Obj.	Successes	Challenges	Opportunities/ Next Steps
5.A	<ul style="list-style-type: none"> • Laboratory Services bureau <ul style="list-style-type: none"> ○ Developed testing capabilities for pathogens ○ Implemented next generation sequencing technology ○ Performed outreach programs with sentinel laboratories in the areas of select agent training and the packaging and shipping of hazardous 		<ul style="list-style-type: none"> • Two biosafety workshops are scheduled in Billings and Helena in September 2016 as part of our biosafety outreach plan.

Obj.	Successes	Challenges	Opportunities/ Next Steps
	<p>materials.</p> <ul style="list-style-type: none"> ○ Assisted other Montana laboratories to improve their biosafety practices. 		

Strategy 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.

Obj.	Successes	Challenges	Opportunities/ Next Steps
5.A	<ul style="list-style-type: none"> • The Communicable Disease Reporting System is improving disease surveillance for the state and also supports meaningful use requirements for facilities and laboratories. • HiTrack data system is used by hospitals, birthing facilities, and midwives to report Critical Congenital Heart Disease and hearing screenings. • A new interface developed with Vital Statistics Information Management System can match birth records to screening data, identifying babies not screened. <ul style="list-style-type: none"> ○ Enables newborn screening programs to then follow-up with Person Centered Planning and Families. 	<ul style="list-style-type: none"> • Every system incorporated involves continuous maintenance and oversight to ensure the quality of the data in the system. • Limited human resources can be stretched. <ul style="list-style-type: none"> ○ The value of the data however requires ongoing support. • The HiTrack vendor is located out of state <ul style="list-style-type: none"> ○ Coordinating effort was complicated and took a lot of time. 	<ul style="list-style-type: none"> • The Communicable Disease Reporting (MIDIS) surveillance system will incorporate STD data into the system in the upcoming year. • Continue to perform Quality Assurance on match process to ensure records are accurate.

Strategy 5.1.8: Participate in health care reform efforts that promote and protect health

Obj.	Successes	Challenges	Opportunities/ Next Steps
5.A	<ul style="list-style-type: none"> • Family and Community Health Bureau and Medicaid are implementing group prenatal care and education program to improve access and timeliness of prenatal care. 	<ul style="list-style-type: none"> • The Women and Men’s Health Section will not have targeted funding for Affordable Care Act outreach and enrollment in SFY 2017. 	<ul style="list-style-type: none"> • Establish contracts with providers. • Continue to work with local Family Practice staff on enrolling participants in the MT Health and Economic Livelihood Partnership

Obj.	Successes	Challenges	Opportunities/ Next Steps
	<ul style="list-style-type: none"> • The Women and Men’s Health Section has been the recipient of the Title X Outreach and Enrollment Project to provide outreach and enrollment (O/E) assistance in five service sites in Montana. <ul style="list-style-type: none"> ○ One focus is the provision of culturally appropriate enrollment education and assistance to the American Indian Population in the Ft. Belknap and Rocky Boy reservations. • The HIV Treatment Program dramatically reduced the percent of uninsured persons living with HIV through its Affordable Care Act enrollment assistance program. 	<ul style="list-style-type: none"> • Local clinics will need to support cost of outreach and enrollment. • Health Risk Assessment <ul style="list-style-type: none"> ○ There may be challenges in analyzing data from the health risk assessment. • Reaching at risk and HIV positive individuals to provide linkages with services continues to be challenging. 	<p>plan.</p> <ul style="list-style-type: none"> • Recent opportunity to reach at risk and HIV positive individuals through new Health Resources and Service Administration funding sources recently began.

Strategy 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.

Obj.	Successes	Challenges	Opportunities/ Next Steps
5.B	Over the past year 24 local and tribal Health Departments have completed Community Health Assessments, while 16 have completed Community Health Improvement Plans.	<ul style="list-style-type: none"> • Determining a way to help the health departments not completing Community Health Assessments, using the grant option. • Ensuring Community Health Improvement Plans are implemented after completion. • Collaborating with hospitals on community health planning 	<ul style="list-style-type: none"> • Reviewing the sample Community Health Assessment and Community Health Improvement Plans templates in June 2016. • Create Tribal health profiles in February 2016 • Update county health profiles by June 2018. • Provide continuous technical support for Community Assessment for Public Health Emergency Response (CASPER), Community Health

Obj.	Successes	Challenges	Opportunities/ Next Steps
			Improvement Plans, and Community Health Assessments.

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.

Obj.	Successes	Challenges	Opportunities/ Next Steps
5.A	Achieved Public Health Accreditation Board accredited health department status in November 2016.	In order to meet the goal in the Strategic Plan of meeting 80% of the Public Health Accreditation Board measures as Fully Met, we would need to have at least 84 measures in this category. We have 68 measures Fully Met, or 65%.	Need to: <ul style="list-style-type: none"> Establish a plan to improve the 12 lowest ranked measures and address items noted by PHAB in the accreditation email message.

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

Obj.	Successes	Challenges	Opportunities/ Next Steps
5.A	<ul style="list-style-type: none"> There have been 34 Local Board of Health trainings, and 1 tribal discussion, all with generally positive feedback. Repeat trainings have been conducted in three jurisdictions and one more is scheduled. 	<ul style="list-style-type: none"> Sustaining Local Board of Health trainings and having a Public Health and Safety Division employee visit one board of health meeting in each jurisdiction once every 1-3 years. Helping local jurisdictions understand the importance of planning. Engaging the county 	<ul style="list-style-type: none"> Reviewing/updating the local Board of Health resource guide annually. Conducting Local Board of Health trainings for Public Health System Improvement grant awardees. Conducting outreach to non-applicants to schedule Local Board of Health trainings. Develop online training modules for local Boards of Health.

Obj.	Successes	Challenges	Opportunities/ Next Steps
		commissioners in public health.	<ul style="list-style-type: none"> Engage Montana Associations of Counties to work with commissioners on the importance of public health.

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

Obj.	Successes	Challenges	Opportunities/ Next Steps
5.A	<ul style="list-style-type: none"> Public Health System Support Unit is developing a 5 year training plan based on input from a recent state-wide workforce survey of local and Tribal health officials. Trainings will be tied to Council on Linkages or another national standard. Women, Infants, and Children, in collaboration with Nutrition and Physical Activity and their baby friendly hospital initiative staff held its annual Spring Training conference. The 2016 Annual Maternal and Child Health Block Grant/Fetal, Infant, Child and Maternal Mortality Review regional trainings were held in five communities. <ul style="list-style-type: none"> 98% of participants agreed that the training enhanced their knowledge while also being useful towards their work. 	<ul style="list-style-type: none"> Aligning local and state Workforce Assessments and training coordination to address those. 	Look at ways to use Montana Public Health Association as an implementer of training events for groups of local and tribal health officials. Expand support to the Montana Public Health Association annual conference to include more training opportunities funded by the Public Health System Support Unit Block Grant.

Strategy 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.

Obj.	Successes	Challenges	Opportunities/ Next Steps
5.A		Multiple programs are doing this but there is no one way to divide up the	Over the next year, working with Association of Montana Public Health

Obj.	Successes	Challenges	Opportunities/ Next Steps
		jurisdictions for easier collaboration.	Officials, identify ways local jurisdictions can economize resources by collaborating.

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

Obj.	Successes	Challenges	Opportunities/ Next Steps
5.A	<ul style="list-style-type: none"> • STD/HIV programs have successfully partnered with Family Planning by presenting at their respective conferences. • The HIV treatment program assisted 52 clients to access expanded Medicaid. • Women, Infants, and Children has MOUs with Maternal and Early Childhood Home Visiting, Immunizations, Supplemental Nutrition Assistance Program-Education (SNAP-Ed), Child and Adult Care Food Program, and Medicaid/SNAP and Temporary Assistance for Needy Children through the Child and Family Services Division/Early Childhood Services Bureau. 	<ul style="list-style-type: none"> • Identifying opportunities for collaboration in a large department can be a challenge. 	<ul style="list-style-type: none"> • HealthSTAT reviews have increased knowledge of other programs resulting in better recognition of collaborative opportunities.

KRA 5 Strategy Evaluation—No updates for the following:

Strategy	Objective
5.1.5: Improve coordination among partners to promote effective public health policies and adequate public health funding.	5.A, 5.B
5.1.7: Promote the use of evidence-based interventions and practice guidelines.	5.A
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.B

Key Results Area 6: Internal Operations and Workforce Development

Metric	2015 Strategic Review	2016 Strategic Review	2018 Target
6.A- PHAB accreditation measures scored as “fully met” in the PHSD PHAB accreditation review.	No data, just analysis	65%	80%
6.B-100% of performance management work plans and core activities reported as up-to-date in the HealthSTAT Database.	74%	68%	100%
6.C- Develop and implement a Division Information Technology plan.	N/A	N/A	Plan produced
6.D- Track and monitor the average annual number of training hours per employee from baseline.	No data, just analysis	N/A	N/A
6.E-100% of new employees receive a new employee orientation.	N/A	N/A	100%
6.F- 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).	N/A	N/A	2 per bureau per year
6.G- Maintain number of academic, CSTE, CDC, and other types of interns, residents, and fellows in the Division.	N/A	N/A	N/A

Strategy 6.1.2: Achieve and maintain PHAB accreditation.

Obj.	Successes	Challenges	Opportunities/ Next Steps
6.A	Public Health and Safety Division achieved Public Health Accreditation Board accredited health department status in November 2016.	<ul style="list-style-type: none"> • In order to meet the goal in the Strategic Plan of meeting 80% of the Public Health Accreditation Board measures as Fully Met <ul style="list-style-type: none"> ○ We would need to have at least 84 measures in this category. ○ We had 68 measure Fully Met, or 65%. 	Need to: <ul style="list-style-type: none"> • Complete the Action Plan and submit documentation to Public Health Accreditation Board by November 2016. • Once accredited, establish a plan to improve the 12 lowest ranked measure. • After accreditation, develop a 5 year action plan to ensure re-accreditation and that accreditation requirements are integrated into division policies and procedures.

Strategy 6.2.1: Evaluate the effectiveness of all programs and modify them as needed, using established quality improvement methods and other tools.

Obj.	Successes	Challenges	Opportunities/ Next Steps
6.B, 6.F	<ul style="list-style-type: none"> Staff has experienced familiarity in programs currently in place The Montana Outbreak Improvement Group quantifiably improved outbreak reporting over a multi-year period. Rules related to outbreak reporting are currently being refined to concentrate on prompt reporting in sensitive settings. Respiratory syncytial virus reporting is also being modified to reduce local reporting burdens while preserving relevant information. 	<ul style="list-style-type: none"> The Communicable Disease Epi program incorporates quality management approaches into operations. The data that arises from the systems support data driven approaches for programs as a whole. STD/HIV section offers quarterly feedback to public health departments and local contractors. 	<ul style="list-style-type: none"> Need for programs to understand the concept of linking their program to HealthSTAT, Strategic Plan, and PolicyTech procedures and tools. Need to provide training and encourage exploration of all aspects of HealthSTAT. Launch the Annual Report Card Facilitate Help Desk tools in plain language to increase effectiveness of HealthSTAT, and Update FAQs/TIPs within HealthSTAT Resources and SharePoint

Strategy 6.3.1: Develop a standardized approach across PHSD programs to measure, monitor and improve customer, supplier, and stakeholder satisfaction.

Obj.	Successes	Challenges	Opportunities/ Next Steps
6.A	Produced a Division level Customer Satisfaction procedure and a survey of local and Tribal health departments.	<ul style="list-style-type: none"> Implementation of a division-wide customer satisfaction procedure. Data analysis and reporting from programs (how process is tracked and reported at the division level) 	Field the procedure in 2016 and produce an annual customer satisfaction report in July 2017.

Strategy 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.

Obj.	Successes	Challenges	Opportunities/ Next Steps
6.B,	<ul style="list-style-type: none"> The Council of Linkages between 		<ul style="list-style-type: none"> Orientation/on-boarding procedure

Obj.	Successes	Challenges	Opportunities/ Next Steps
6.D, 6.E	<p>Academia and Public Health Practice standards are beginning to be addressed through our training efforts.</p> <ul style="list-style-type: none"> • We have conducted more employee trainings this year than in the past such as Quality Improvement, HealthSTAT, and SharePoint training sessions. • Need for lead local orientation has been addressed. Succession planning was addressed at Summer Institute 2015. • Assessed Public Health and Safety Division competencies using national Public Health core competencies in November 2016. 		<p>is being reviewed and compared with best practices.</p> <ul style="list-style-type: none"> • Recommended changes to procedures are being developed and formal procedure will be developed. • Continued collaboration with Association of Montana Public Health Officials and Montana Public Health Association to address public health competencies for local and tribal public health employees.

Strategy 6.4.2: Develop career ladders to allow for employee advancement and retention.

Obj.	Successes	Challenges	Opportunities/ Next Steps
6.G		Career ladder initiation needs to begin with the Department HR office.	

Strategy 6.4.3: Train employees to use evidence-based public health practices and to contribute to public health literature.

Obj.	Successes	Challenges	Opportunities/ Next Steps
6.D	Office of Epidemiology and Scientific Support has conducted data trainings over the last year.		At Summer Institute an "all about data" course will be offered.

Strategy 6.4.4: Collaborate with schools of public health and other academic programs to develop the public health workforce.

Obj.	Successes	Challenges	Opportunities/ Next Steps
6.G	<ul style="list-style-type: none"> • System Improvement Office has made contact with Carroll College and University of Montana to improve intern 	Setting up a process to have opportunities visible for potential interns.	System Improvement Office applied to become a public health associate program sponsor and the Division is

Obj.	Successes	Challenges	Opportunities/ Next Steps
	<p>and practicum placement and tracking processes.</p> <ul style="list-style-type: none"> ○ An internal procedure and standard Memorandum of Understanding has been implemented with University of Montana. • The division placed public health associate program participants. 		<p>seeking an Epidemic Intelligence Service and Preventive Medicine Resident from Centers for Disease Control and Prevention.</p>

Strategy 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).

Obj.	Successes	Challenges	Opportunities/ Next Steps
6.G	<ul style="list-style-type: none"> • System Improvement Office has made contact with Carroll College and University of Montana to improve intern and practicum placement and tracking processes. <ul style="list-style-type: none"> ○ An internal procedure and standard Memorandum of Understanding has been implemented with University of Montana. • The division placed public health associate program participants. 	<p>Setting up a process to have opportunities visible for potential interns.</p>	<p>System Improvement Office applied to become a public health associate program sponsor and the Division is seeking an Epidemic Intelligence Service and Preventive Medicine Resident from Centers for Disease Control and Prevention.</p>

Strategy 6.5.1: Routinely conduct an information technology needs assessment and develop and implement a division information systems improvement plan.

Obj.	Successes	Challenges	Opportunities/ Next Steps
6.C	<ul style="list-style-type: none"> • Need has been identified. 	<p>Need to improve on</p>	<ul style="list-style-type: none"> • Create a list of current information

Obj.	Successes	Challenges	Opportunities/ Next Steps
	<ul style="list-style-type: none"> Currently training staff on PH Informatics. 	<ul style="list-style-type: none"> Creating a way to conduct an IT needs assessment Developing and implementing a division information systems improvement plan. 	<ul style="list-style-type: none"> technology Rate strengths vs. weaknesses Find/develop solutions to hurdles Implement the improvement plan by Jan 2017

Strategy 6.5.2: Improve the capability of the Health Stat application to be used as a program management tool.

Obj.	Successes	Challenges	Opportunities/ Next Steps
6.B	Staff are using and becoming actively interested in training for HealthSTAT	Need to improve on <ul style="list-style-type: none"> Marketing all uses of HealthSTAT through training and visibility on HealthSTAT Completing application enhancements Reviewing reports tool 	<ul style="list-style-type: none"> Offer HealthSTAT orientation, utilization and workshops. Better market the product (internal) Completing projected enhancements to HealthSTAT. Review current reports tool and evaluate effectiveness and uses.

KRA 6 Strategy Evaluation—No Update on the following strategies:

Strategy	Objective
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.A
6.2.2: Evaluate the effectiveness of all programs and modify them as needed, using established quality improvement methods and other tools.	6.B

Key Results Area 7: Financial Systems and Relationships with Governing Entities

Metric	2015 Strategic Review	2016 Strategic Review	2018 Target
7.A-100% of all audits free of deficiency findings.	N/A	N/A	100%
7.B- Percent of grants/ cooperative agreements that have carryover requests of greater than 10% (excluding one-time-only sources of funding).	N/A	N/A	N/A

Strategy 7.1.4: Use the integrated performance management system to link program budgets to program operational plans.

Obj.	Successes	Challenges	Opportunities/ Next Steps
7.B	Budget amounts are shown within HealthSTAT at the Bureau and Program levels. Worked with Fiscal to define level of budget information that should be maintained in HealthSTAT.	Need to improve on <ul style="list-style-type: none"> • What time period? For budgets loaded to HealthSTAT. • How often is the budget information updated? • How does the program budget link to the program operational plan? 	<ul style="list-style-type: none"> • Updating and upgrading HealthSTAT when budget changes. • Educating people on why budget updates in HealthSTAT are important. • Using additional resources to place most recent budget report. • Developing a HealthSTAT procedure that will define expectations.

KRA 7 Strategy Evaluation—No updates on the following strategies:

Strategy	Objective
7.1.1: Continue to comply with internal and external funding requirements for the receipt and maintenance of program funding.	7.A
7.1.2: Comply with state and federal audit requirements and demonstrate sound fiscal processes and procedures.	7.A
7.1.3: Maintain a contracts management system to develop and monitor services purchased or delegated by the division.	7.B
7.1.5: Maintain and seek resources to support public health programs and the public health system.	7.B
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.	7.B

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