# MISSOULA CITY-COUNTY HEALTH DEPARTMENT

## STRATEGIC PLAN

## FY2016-2018


Missoula Public Health
City-County Health Department

ADOPTED ON OCTOBER 15, 2015, BY THE MISSOULA CITY-COUNTY BOARD OF HEALTH

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## MESSAGE FROM THE DIRECTOR

Dear Missoulians, Board, Staff, and Elected Officials,

Many of today's health problems are preventable. We have known for some time how important clean air, clean drinking water, safe and nutritious food, immunizations, and healthy pregnancy and parenting are to our public health. We are learning more about how our built environments – where we live, work and play – affect our long-term health. The Missoula City-County Health Department is charged with keeping fundamental public health protections in place and addressing emerging public health problems. This strategic plan – informed by the 2014 Missoula County Community Health Assessment, the 2015 Community Health Improvement Plan, department staff, and the Missoula City-County Boards of Health, Air Pollution Control, and Water Quality District – identifies the department's priorities, goals, objectives and work plans for the period July 1, 2015 through June 30, 2017.

The plan sets forth major goal areas for the next three years and identifies key indicators telling us how we are doing in each. Because the plan is a living document, the annual work plan objectives and activities are adopted one year at a time, each new year building on the previous year's progress. This approach allows us to adjust key strategies each year while keeping sight of the longer-term goals. The department is involved in numerous efforts to protect you, your family, and our environment, which are not reflected in this plan. This other work is important, may even be mandated, and is monitored in the department's performance management system. The strategic plan specifically addresses larger and longer-term public health priorities that require focused effort to improve, not just maintain, our community's health. Strategic priorities are categorized as "Population Health Status" and "Environmental Health Conditions" within the plan. And as an accredited* health department, MCCHD must uphold national standards in all of its work. The FY2016-2018 strategic plan includes a new category of "Internal Capacity and Support" aimed at keeping our work up to those standards.

As with past progress, future progress is heavily reliant on Missoula's citizens, volunteers, experts, community-based agencies, health care institutions, employers, families, and you. Thank you for contributing to a healthier Missoula.

Sincerely,

Ellen Leahy
Director and Health Officer

**ACCREDITED BY THE PUBLIC HEALTH ACCREDITATION BOARD, MARCH 2014*

## VISION STATEMENT

Health For All

## MISSION STATEMENT

Building conditions that support the health of people, environments, and communities.

## GUIDING PRINCIPLES

The department proactively works to operate from the following principles:

- Respect the dignity of every individual and strive to understand the cultural diversity of those we serve, protect, or regulate.
- Assure debate and decisions are grounded in science (best and promising practices) and consider community values.
- Use population-based strategies as the best way to help the most people.
- Employ prevention at the earliest opportunity—acknowledging that improved surveillance is a key aspect of effective prevention.
- Engage proactively with the community to develop and communicate the Department's mission, goals, and ongoing activities.
- Promote partnerships with all stakeholders in an open public process, creating incentives for optimal public health outcomes.
- Protect our constitutional right to a clean and healthy environment.
- Advocate to improve social justice—work to identify and address health disparities and promote health equity.
- Use approaches that strengthen the impact of programs across the public health system.
- Recognize emerging issues and the evolving territory of public health and prioritize the key areas to focus on, considering the resources available.
- Recognize both community and personal responsibility as essential in improving public health.

## MISSOULA CITY-COUNTY HEALTH DEPARTMENT OVERVIEW

**The Missoula City-County Health Department** operates under an interlocal agreement between the City of Missoula and Missoula County and is accredited by the national Public Health Accreditation Board. The seven-member Board of Health, which governs the Department, is appointed equally by the City Council and the County Commissioners. The department's Health Services, Environmental Health, and Health Promotion Divisions serve to protect, maintain, and improve the public health of citizens in the community. Health Board members also serve in separate governing capacities as the Air Pollution Control Board and as the Water Quality District Board, both of which are also established by city-county interlocal agreements. The Water Quality District Board has an eighth member appointed by the local Conservation District.

**The Health Services Division** programs are designed to prevent disease and promote the health and well-being of individuals and families in Missoula County. Activities include immunizations offered on a sliding fee scale, maternal and child health programs, the federal Women's, Infants and Children's Supplemental Nutrition Education Program (WIC) and various grant programs designed to prevent health problems at the earliest stages of life. Key among these is the Nurse-Family Partnership home visitation program for pregnant women and infants, which operates in partnership with several Montana counties, and other maternal-child health and evidence-based home visiting programs. The division also operates the community's travel immunization program, a model foster child health program and programs in daycare health and diabetes prevention. This division is central to the "Health Status of the Population" priorities of the department strategic plan.

**The Environmental Health Division** conducts programs to improve and maintain the safety and quality of Missoula's air, water, food, and the overall built and natural environments our residents inhabit. This work includes inspections and education of licensed food establishments, regulation of on-site wastewater systems and drinking water wells. The air quality program, governed by the Air Pollution Control Board, works to bring and keep Missoula's airsheds in compliance with National Ambient Air Quality Standards for particulate pollution. The Water Quality District, governed by the Water Quality District Board and administered through the Environmental Health Division, aims at protecting surface and ground water quality including our sole source of drinking water, the Missoula Valley aquifer. Its work includes, water quality monitoring, education, hazardous waste collection and clean-up, and enforcement. Animal Control serves to protect against spread of rabies among animals and subsequent spread to humans, as well as protecting our public from injuries from domestic animals. This division is central to the "Environmental Health Conditions" priorities of the department strategic plan.

**The Health Promotion Division** initiates and coordinates with other agencies to prevent and curb risk factors that would otherwise lead to obesity, injury, cancer or other chronic conditions. The division also serves as the hub of the department-wide infectious disease control and emergency preparedness programs. Again operating in a department-wide fashion, this division serves as a coordinating point for the department's performance management, quality improvement and

accreditation work. This division is central to the "Population Health Status" and the "Internal Support Capacity" priorities of our strategic plan.

**Health Administration** provides staffing for the work of the Health, Air Pollution Control, and Water Quality District Boards, oversees the department budget and policies, strategic planning process, and coordinates many of the "Internal Support Capacities" necessary for carrying out our strategic plan.

## WORKFORCE DEVELOPMENT

MCCHD bases its work on the Ten Essential Public Health Services. The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994. The committee included representatives from US Public Health Service agencies and other major public health organizations. The ten essential services are:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

The eighth essential service is assuring a competent public health workforce. At MCCHD, this is done based on the Core Competencies for Public Health Professionals (Core Competencies). The Core Competencies are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health. These competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.

The three tiers of career stages are Front Line Staff/Entry Level, Program Management/ Supervisory Level, and Senior Management/Executive Level.

The eight domains of the core competencies are as follows:

1. Analytical/Assessment Skills
2. Policy Development/Program Planning Skills

3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

Each year, each staff member individually completes a self-assessment of their level of understanding and application of the core competencies. Based on this assessment, each staff member proposes and completes an individual learning plan which is reviewed by her supervisor. The collective results from all staff assessments are analyzed and used to determine areas for all-staff training offered annually. Throughout the Strategic Plan work plans, additional training and education is provided for staff in order to best work toward strategic goals and objectives.

## STRATEGIC PLAN PROCESS OVERVIEW

The Strategic Plan for FY2016-2018 was developed through a strategic planning process that involved input from staff at all levels, the management team, and the Board of Health. The strategic priorities in this plan do not encompass all of the work done at MCCHD. These goals and objectives were chosen for this three-year period in order to bring specific attention to these priority areas. This does not mean that other work done by the department is less important; it just gives specific attention to areas that need additional focus. The following are the steps taken throughout the process.

### Organize/Identify Strategic Issues

**On June 16, 2015,** key Accreditation, Performance Management, and Quality Improvement staff met with the Department Director to discuss the strategic planning process and determine the next steps to initiating the strategic planning process. The steps identified included organizing three meetings in which all staff reviewed the Community Health Assessment data and Community Health Improvement Plan as a basis for selecting priorities. The process that was determined called for nominal voting technique would be used to gain staff input and a small group brainstorming sessions to identify strengths, challenges, opportunities, and threats (SCOT). (See section below on SCOT analysis for more detail.) The three staff meetings involved a mix of department-wide staff rather than meetings separated by division. The results of these meetings were combined and used as a basis for moving strategic planning forward with the management team and representatives from the Board of Health. Following the management team meeting with representatives from the board of health, a draft of the strategic priorities would be presented to the Board of Health for review prior to adoption of the formal strategic plan.

### Assess/Develop Strategy

**On July 9, 14, and 30, 2015,** meetings were held with all staff in the department. These meetings were open invitation and staff was asked to sign up for one of the three meetings according to

their work schedule. Sixty-nine MCCHD staff attended the meetings and provided input for strategic priorities. The staff voted for the top five health indicators within the 2014 Community Health Assessment. They were asked to consider and identify up to four health indicators that were not previously identified. They were broken up into small groups and brainstormed strengths, challenges, opportunities, and threats to the department as a whole in order to assist in identifying barriers and/or facilitators to public health issues.

**Facilitated Planning Session/Build the Plan**

**On September 2, 2015,** MCCHD managers, key staff members, and Board of Health representatives provided input to determine the FY2016-2018 strategic goals. The 2014 Community Health Assessment, Community Health Improvement Plan, staff strategic planning sessions, and performance management measures were discussed prior to strategic goal proposals. The group reviewed and edited the department's vision and mission statements as well as the guiding principles. The group conducted a strengths, challenges, opportunities, and threats (SCOT) assessment to identify internal strengths and challenges and to identify external threats and opportunities. With this information, each participant selected a maximum of three strategic goals. These goals were assessed based on the following criteria for prioritizing public health issues: size and seriousness of problem, trends, equity, prevention and early intervention opportunities, values, and resources. Group members agreed on the proposed goals which were then presented, along with indicators, to the Board of Health for their review and adoption on **September 17, 2015.** The management team then prepared the Year One annual Work Plan for each goal. The full three-year Strategic Plan and the first year annual work plans were presented to the Board of Health and adopted on **October 15, 2015.**

## STRENGTHS, CHALLENGES, OPPORTUNITIES & THREATS ANALYSIS

The Strengths, Challenges, and Opportunities and Threats (SCOT) analysis provides a systematic assessment of the internal and external environment of an organization. The SCOT analysis was utilized as a tool to identify barriers and facilitators in achieving MCCHD's goals. Strengths are internal characteristics that allow the program or department to meet community needs. Challenges are internal characteristics of the program or department that may hinder meeting community needs. Opportunities are external events that MCCHD may take advantage of to achieve Public Health goals. Threats are external events that may negatively impact MCCHD's ability to perform effectively. At the aforementioned meetings, SCOT analysis was performed with all levels of health department staff and representatives from the Board of Health. Following is a summary of the strengths, challenges, opportunities, and threats that were identified.

Staff most often identified Missoula's level of physical activity and active transportation options as a community strength. Lack of resources for MCCHD programs and activities were most often identified by staff as a challenge. Community supports were most often mentioned as an opportunity that the MCCHD can take advantage of. Last, community barriers were most often

mentioned as a threat to MCCHD's reach of programs and activities. See Table 1 below for categories and select examples from the staff SCOT analysis workgroup.

| **Table 1. SCOT Analysis Staff Outcomes** | |
|---|---|
| **Strengths** | |
| Category (Freq) | Examples: |
| 1. Physical Activity/Active Transportation (13) | "trails", "Sidewalks", "Missoula in Motion" |
| 2. Academia (9) | "University", "public and private schools" |
| 3. Positive Attitude (9) | "Community involvement", "Community pride", "Attitude of caring" |
| **Challenges** | |
| 1. MCCHD Resources (13) | "Resources(people) and time", "funding", "MCCHD-parking", "Communication" |
| 2. Diversity/Disparities/Access (9) | "Lack cultural diversity", "Disparities", "Accessibility (Medicaid)", "Geographic vulnerabilities" |
| 3. Geography/Environment (8) | "Increasing population", "Transportation", "Sprawl", "Competitive (non-existent) job market" |
| 4. Socioeconomic Status: Income (8) | "Economic gap", "Poverty", "Pockets of Inequality" |
| **Opportunities** | |
| 1. Community-level (19) | "Sales tax", "Students gather data for research", "Increase collaboration with Parks n Rec" |
| 2. MCCHD-level (15) | "Grant-funded", "Collaboration with Social Work students", "Increase data", "Focus more on results than data" |
| 3. Staff-level (6) | "Dedicated and expert staff", "Accountability", "More training to staff", "Breakdown MCCHD silos" |
| **Threats** | |
| 1. Community-level (16) | "Public attitude", "Rentals [home] deplorable", "Unfocused growth", "High cost of services or care" |
| 2. Funding Limitations (12) | "Funding", "Funding of program in health dept.", "Lack of funding", "Cuts in public funding" |
| 3. Geography/Environment (11) | "Train wrecks", "Water quality", "Sensitive, sole-source aquifer", "Air quality" |

The Management Team identified positive qualities of staff and Boards, Performance Management, and Quality Improvement efforts as strengths within MCCHD. Lack of resources (staff) to address problems, staff burnout, IT training needs, billing practices training, education needs and the City-County funding approach were identified as challenges within MCCHD. Community resources – concerned community, collaborations with key agencies, local government support and the Public Health Master's program at the University of Montana in Missoula – were identified as opportunities that MCCHD has or can take advantage of. Last, external threats were identified as community issues (e.g., limited access for substance abuse and mental health treatment options, negative attitude about government), national issues (e.g., lack of Missoula-specific key data, (Affordable Care Act (ACA) and legislation), funding cuts, and environmental

issues (e.g., global warming) for MCCHD programs and services. See Table 2 Below for categories and select examples from the Management Team SCOT analysis.

| **Table 2. SCOT Analysis Team Management Outcomes** | |
|---|---|
| **Strengths** | |
| Category (Freq) | Examples: |
| 1. Staff level | "Expert staff", "Passionate staff" |
| 2. MCCHD level | "Addition of PM & QI", "Responsive upper management team able to try new things" |
| 3. Community level: | "Supportive Boards" |
| **Challenges** | |
| 1. Funding Limitations | "Funding", "Unilateral city county funding approaches" |
| 2. MCCHD level | "IT – lack of adequate tech training for our staff for core apps", "overwhelming number of problems to address", "HDIS/Training –education R/T billing practices", "Burnout", "increase expectations of staff/management with evolving dedication and leadership". |
| 3. Community-level | "succession planning needs" |
| **Opportunities** | |
| 1. Community-level | "Concerned community", "New collaborations with key agencies", "Local government support (CC and BCC), "Master of PH program at the University" |
| **Threats** | |
| 1. Community-level | "Lack of access to treatment for substance abuse/mental health issues", "Perception of 'government over-reach",…Competition (Box stores)" |
| 2. National-level | "Lack of key data/information that is Missoula-specific, "ACA/Legislation…" |
| 3. Funding Limitations | "Funding cuts" |
| 4. Geography/Environment | "Global warming" |

## STRATEGIC PRIORITIES AND GOALS

Each of the following Strategic Priorities and Goals has an accompanying annual work plan that details the work to be done in pursuit of the goal. These work plans will be reviewed, reported to the Board of Health, and updated annually.

The strategic priorities have been separated into three distinct sections: Population Health Status, Environmental Health Conditions, and Internal Capacity and Support.

**Part I Population Health Status**

**Maternal Child Health**

**Goal 1:** Sustain and increase home visiting services that demonstrate effectiveness in reducing child maltreatment (child abuse and neglect). *See 2015 CHIP Focus Area: Improve Access to Care through Public Health Nurse Home Visiting Services.

Indicator: Sustained program funding.

Baseline (or Trend): NFP: funded through MIECHV/formula and HMFP** (through 6/30/16), and TCM (on-going) SafeCare: funded through MIECHV/competitive (through 9/30/16), and TCM (on-going) MFCHP: funded through CBS (CBO)*** and DPHHS-CFSD (through 6/30/16), and TCM (on-going)

*2015 CHIP, page 10-11
**9.3% decrease from FY2015
***15.84% decrease from FY2015

**Goal 2:** Participate in a collaborative pilot project (University of Montana, Community Medical Center, MCCHD) for Universal Post-Natal Home Visiting. *See 2015 CHIP Focus Area: Improve Access to Care through Public Health Nurse Home Visiting Services.

Indicator: Families contacted by phone by MCCHD in the immediate post-natal period after hospital discharge who engage in at least one encounter after hospital discharge with the MCH home visiting team.

Baseline (or Trend): 20%

*2015 CHIP, page 10-11

**Nutrition**

**Goal 3:** Increase the percent of WIC-eligible families that are enrolled in Missoula County WIC to 50%.

Indicator: Percent of eligible families served.

Baseline (or Trend): SFY15 estimate: 45% eligible served. (Total average Missoula County served 2,302. Total eligible 5,092*)

*The most current ACS county level poverty rates by appropriate age category for WIC comparison is for 2005-2009. Estimates are based on older, but best available poverty data.

**Goal 4:** Improve the school nutrition environment in Missoula County through collaborative relationships with community stakeholders.

Indicator: Currently there is not a consensus on how to measure improvement in the nutrition environment in school settings.

Baseline (or Trend): Baseline needed - see Objective #1 in Work Plan for steps to determine baseline

**Immunizations**

**Goal 5:** By June 30, 2018 the billing process for immunization services will receive 80% of collectible charges.

Indicator: Collection rate for collectible charges

Baseline (or Trend): Baseline needed - see Objective #1 in Work Plan for steps to determine baseline

**Goal 6:** By June 2018, there will be a detailed outreach campaign to increase community awareness about the public health impact of vaccine-preventable diseases and immunization services provided by MCCHD.

Indicator: Outreach campaign

Baseline (or Trend): There is no current coordinated approach for outreach regarding vaccine-preventable diseases and services.

**Driving Under the Influence**

**Goal 7:** Decrease death and serious injury related to driving under the influence in Missoula County.

Indicator: Deaths and serious injury related to driving under the influence

Baseline (or Trend): CY2014 = Deaths 5.32/100,000; Deaths plus serious injury 43.48/100,000

**Suicide**

**Goal 8:** Decrease completed suicides in Missoula County. * See 2015 CHIP Focus Area: Improve Access to Mental Health Services.

Indicator: Completed Suicides

Baseline (or Trend): CY2013= US 13.0; Montana 23.9; Missoula County 32.8/100,000 population

*2015 CHIP, page 16-17

**Part II Environmental Health Conditions**

**Ambient Air Quality**

**Goal 1:** Bring air quality in Seeley Lake closer to compliance with current Federal PM2.5 standards by having no more than 9 exceedance days per year by the end of 2018.

Indicator: PM 2.5 particulates in air is based on daily monitoring in Seeley lake.

Baseline (or Trend): During the winter of 2014-15 Seeley Lake had 13 exceedance days

**Groundwater Protection**

**Goal 2:** Ensure that connections to public sewer systems inside the Water Quality District occur at a rate such that the total number of septic systems in the District does not increase over time.

Indicator: The City and County track connections to public sewer systems. The Health Department tracks the number of sources using septic systems. According to the Voluntary

Nutrient Reduction Program (VNRP), the number of systems on septic in the urban area should be maintained at not more than 3,390.

Baseline (or Trend): Baseline needed - see Objective #1 in Work Plan for steps to determine baseline

**On-Site Wastewater Information**

**Goal 3:** Increase the methods, frequency and efficiency with which the department provides information to property owners about their septic system(s) by June 30, 2018.

Indicator: Number of ways the department provides information

Baseline (or Trend): 1 method

**Public Drinking Water**

**Goal 4:** Increase percentage of County population obtaining drinking water from public water systems, to protect public health and safety.

Indicator: Homes connected to community public water supplies in Missoula County.

Baseline (or Trend): Total resident population of 71,375, or 63.8 % of Missoula County's population of 111,807 (EPA and DEQ Safe Drinking Water Information System, US Census). Nationally in 2011, 93.2% of the population receives water from public water supplies. The HP 2020 goal is 91%. (HP 2020)

**Indoor Air Quality (Radon)**

**Goal 5:** The majority of new homes built in Missoula County will incorporate radon-resistant construction techniques by 2018.

Indicator: Percentage of new homes built with radon-resistant construction;

Baseline (or Trend): Baseline needed - see Objective #1 in Work Plan for steps to determine baseline

**Food Safety**

**Goal 6:** By 2018, develop and implement a program in conjunction with 3 or more high schools to teach food safety to teenagers (potential food service workers).

Indicator: Program established that effectively targets high schoolers.

Baseline (or Trend): 0

**Human Injury/Infection from Dog Bites**

**Goal 7:** By June 2018, reduce the number of dog bites requiring medical care to less than 60% of the national average of (129.3 per 100,000 population-data from CDC); by calculation the target goal is less than 86 dog bites needing medical attention in Missoula County per year.

Indicator: Number of animal bites

Baseline (or Trend): In CY 2014, there were 116 reported dog bites in Missoula City/County and a total of 26 cat bites. The metrics to track “medical attention required” needed to be improved for tracking purposes and accuracy, this has been done allowing for a more accurate report at the end of each CY.

## Part III Internal Capacity and Support Goals

### Information Technology

**Goal 1:** Increase information technology capacity for engaging the public, stakeholders, and partners, and for improving department branding, by adding and using specific tools for:

a. File sharing (Own Cloud)
b. Website (new)
c. GIS mapping (for health factors)
d. Agenda Management (on-line access to board agenda, minutes, videos)
e. Social media

Indicators: Use of new and expanded information technology applications

Baseline (or Trend): a) new website, b) new cloud file sharing, c) new on-line agenda management, d) expanded use of GIS for public health factor plotting, and expanded use of social media.

### Health Equity

**Goal 2:** Build capacity to support health equity and decrease health disparity in the community by taking specific actions as follows:

a) Adopt a department health equity policy and plan. *See 2015 CHIP Focus Area: Remove Barriers for Groups Experiencing Health Disparities
b) Become a Trauma-Informed Organization
c) Decrease the rate of uninsured among clients we serve* *See 2015 CHIP Focus Area: Improve Access to Health Care Coverage.
d) Build partnerships with the Native American population/community ***See 2014 CHIP Focus Area: Remove Barriers for Groups Experiencing Health Disparities
e) Build capacity to serve populations living with disabilities

Indicators: Assess and implement existing and new programs related to health equity

Baseline (or Trend): Capacities a, b and e do not exist; capacity c can be expanded when Medicaid waiver is approved, capacity d and e have minor baseline data and strategies for improvement.

*2015 CHIP, page 27
**2015 CHIP, pages 6-8
***2015 CHIP, page 27

### Performance Management System Evolution

**Goal 3:** Adopt a revised PM policy and procedures that integrates PM indicators, CHIP, and QI Plan including the following action steps:

a. Improve data collection for Performance Measures
b. Increase reliance on data

c. Use input, output, quality, efficiency, and outcomes for performance measures
d. Improve population surveillance for demographic information of the populations that we serve directly

Indicators: Revised PM system that "always" or "almost always" includes necessary components are in place to achieve results and continually improve performance.

Baseline (or Trend): Public Health Performance Management Self-Assessment Tool 2015 results: 32.3% Goal: 39%

**Financial System**

**Goal 4:** Health fund tax support from city and county-only taxing jurisdictions will be aligned with service costs by end of FY 2018.

Indicator: Ratio of city and county service costs in comparison to ratio of city and county tax revenue support.

Baseline (or Trend): In 2010 service costs were 60% city, 40% county-only and respective tax contributions were 54% to 46%.


# Missoula City-County Health Department
# Strategic Plan Work Plan: Year One FY 2016
# July 1, 2015 – June 30, 2016

**ADOPTED BY THE BOARD OF HEALTH**
**OCTOBER 15, 2015**

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Strategic Priorities

## I. Strategic Priorities: Population Health Status — Maternal Child Health Home Visiting

| | |
|---|---|
| **Goal 1** | **Sustain and increase home visiting services that demonstrate effectiveness in reducing child maltreatment (child abuse and neglect).** |
| **Indicator** | Sustained program funding<br>Baseline (or Trend):<br>NFP: funded through MIECHV/formula and HMFP* (through 6/30/16), and TCM (on-going)<br>SafeCare: funded through MIECHV/competitive (through 9/30/16), and TCM (on-going)<br>MFCHP: funded through CBS (CBO)** and DPHHS-CFSD (through 6/30/16), and TCM (on-going)<br>*9.3% decrease from FY2015<br>**15.84% decrease from FY2015 |

**Please see the Table of Acronyms on page 26 to help you translate parts of this work plan.**

### Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

| **Objective 1** | Meet or exceed 80% of caseload projections for each program by the end of FY '16 (Caseload projections: NFP = 23 clients per 1.0 FTE; SafeCare=18 clients per 1.75 FTE; Foster Child Health=60 clients for 1.5 FTE) | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |
| 1. Review caseloads with home visiting staff on a quarterly and as-needed basis | Kate Siegrist, Health Services Director<br>Vicki Dundas, MCH Unit Supervisor<br>Lavonne Blunt, NFP Nursing Supervisor | Quarterly, by June 30, 2016 |
| 2. Work with Outreach team to maximize referrals from community agencies | Kate Siegrist, Health Services Director<br>Vicki Dundas, MCH Unit Supervisor<br>Lavonne Blunt, NFP Nursing Supervisor | June 30, 2016 |
| 3. Maximize billing capacity for various programs/funding streams | Kate Siegrist, Health Services Director<br>Vicki Dundas, MCH Unit Supervisor<br>Lavonne Blunt, NFP Nursing Supervisor | June 30, 2016 |

| **Objective 2** | Complete applications for NFP, Safe Care, MFCHP, CBO grants annually. Complete required caseload reporting for NFP, Safe Care, and MFCHP monthly. Complete financial reports for NFP, Safe Care, MFCHP, and CBS/CBO grants quarterly. | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |
| 1. Assure required reports for each program are completed by due dates | Kate Siegrist, Health Services Director<br>Vicki Dundas, MCH Unit Supervisor<br>Lavonne Blunt, NFP Nursing Supervisor | NFP, SafeCare, MFCHP caseload= 15th each month<br>NFP, SafeCare, CBS/CBO financials= quarterly, 15th<br>MFCHP financials= 15th each month |
| 2. Assure available funding streams are pursued and applied for in a timely manner for each program. (NFP - potential RFP from MT DPHHS, HMFP contract via MT DPHHS, TCM billing; SafeCare - potential RFP from MT DPHHS, CFSD for non-voluntary program; TCM billing, Foster Child Health - CFSD, County CBO, TCM billing | Kate Siegrist, Health Services Director<br>Vicki Dundas, MCH Unit Supervisor<br>Lavonne Blunt, NFP Nursing Supervisor | Annually By June 30, 2016 |
| 3. Explore additional funding options on a local, state or federal level | Kate Siegrist, Health Services Director<br>Vicki Dundas, MCH Unit Supervisor<br>Lavonne Blunt, NFP Nursing Supervisor | June 30, 2016 |

# I. Strategic Priorities: Health Services — Maternal Child Health Universal Post-Natal Home Visiting

| | |
|---|---|
| **Goal 2** | **Participate in a collaborative pilot project (University of Montana, Community Medical Center, MCCHD) for Universal Post-Natal Nurse Home Visiting.** |
| **Indicator** | Families contacted by phone by MCCHD in the immediate post-natal period after hospital discharge who engage in at least one encounter after hospital discharge with the MCH home visiting team. Baseline (or Trend): 20% |

## Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** Complete the follow planning for pilot program by May 31, 2016

| Actions | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Present overview of pilot project to the Perinatal Leadership Team at CMC | Kate Siegrist, Health Services Director<br>Vicki Dundas, MCH Unit Manager | December 31, 2015 |
| 2. Finalize the family risk assessment tool and visit to visit curriculum | Kate Siegrist, Health Services Director<br>Vicki Dundas, MCH Unit Manager | May 31, 2016 |
| 3. Develop and finalize the program evaluation criteria | Kate Siegrist, Health Services Director<br>Vicki Dundas, MCH Unit Manager | May 31, 2016 |
| 4. Secure funding for the “new baby gift bag” incentive for participating families | Kate Siegrist, Health Services Director<br>Vicki Dundas, MCH Unit Manager | May 31, 2016 |

**Objective 2** Begin full pilot program implementation by 6/31/16

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Designate MCCHD staff for program delivery | Kate Siegrist, Health Services Director<br>Vicki Dundas, MCH Unit Manager | March 31, 2016 |
| 2. Finalize referral systems | Kate Siegrist, Health Services Director<br>Vicki Dundas, MCH Unit Manager | April 30, 2016 |
| 3. Deliver dose #1 (face-to-face hospital bedside visit) to at least 5 families | Designated MCH Nurse Home Visitor<br>Vicki Dundas, MCH Unit Manager | June 30, 2016 |

# I. Strategic Priorities: Population Health Status — Nutrition, WIC

| | |
|---|---|
| **Goal 3** | **Increase the percent of WIC-eligible families that are enrolled in Missoula County WIC to 50%.** |
| **Indicator** | Percent of eligible families served.<br>Baseline (or Trend): SFY15 estimate: 45% eligible served. (Total average Missoula County served 2,302. Total eligible 5,092*)<br>*The most current ACS county level poverty rates by appropriate age category for WIC comparison is for 2005-2009. Estimates are based on older, but best available poverty data. |

## Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** Collect and analyze data on Missoula WIC participation barriers by the end of FY2016

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Conduct at least 100 phone surveys of former Missoula WIC clients who dropped off the program between January and August 2015 in the past six months; compile data. | Arwyn Welander, WIC Clinic Coordinator; | February 28, 2016 |
| 2. Research retention strategies in other states and other Montana clinics. | Debbie Hirshberg, WIC CPA | February 28, 2016 |
| 3. Develop next steps based on phone survey results and retention strategy research results. | Arwyn Welander, WIC Clinic Coordinator; Kate Devino, WIC & Nutrition Unit Manager | April 30, 2016 |

**Objective 2** Identify current WIC referral sources and establish current referral data by the end of FY2016

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Evaluate existing data on referral sources through M-Spirit program. | Arwyn Welander, WIC Clinic Coordinator; Kate Devino, WIC & Nutrition Unit Manager | October 30, 2016 |

| | | |
|---|---|---|
| 2. Develop internal system to track referral sources. | Arwyn Welander, WIC Clinic Coordinator; Kate Devino, WIC & Nutrition Unit Manager | October 30, 2016 |
| 3. Actively participate in MCCHD internal QI project to improve the internal referral process. | Arwyn Welander, WIC Clinic Coordinator; Kate Devino, WIC & Nutrition Unit Manager | June 30, 2016 |

**Objective 3** Undertake feasibility evaluation of adding an Outlying Clinic site at Missoula Food Bank's new location

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Conduct initial meeting with Missoula Food Bank Executive Director to discuss feasibility of outlying clinic at their new food bank location. | Kate Devino, WIC & Nutrition Unit Manager | January 30, 2016 October 15, 2015 |
| 2. Collect data on current uses of existing outlying clinics | Debbie Hirshberg, WIC CPA | November 30, 2015 |
| 3. Develop and implement Missoula Food Bank client survey to evaluate feasibility of new outlying clinic | Arwyn Welander, WIC Clinic Coordinator; Kate Devino, WIC & Nutrition Unit Manager | March 30, 2016 |

# I. Strategic Priorities: Population Health Status — Nutrition, School Nutrition Environment

| | |
|---|---|
| **Goal 4** | **Improve the school nutrition environment in Missoula County through collaborative relationships with community stakeholders.** |
| **Indicator** | Currently there is not a consensus on how to measure improvement in the nutrition environment in school settings.<br>Baseline (or Trend): Baseline needed - see Objective #1 for steps to determine baseline |

## Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

| | |
|---|---|
| **Objective 1** | By June 30, 2016, adopt a key indicator and identify the baseline data for measuring the school nutrition environment that is concurred with by MCCHD, MCPS Graduation Matters Nutrition Work Group |

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Conduct a literature review on methods and best practices for measuring school nutrition environment | Lisa B., Mary M, Rebecca M, Lisa T, Kate D. | November 30, 2015 |
| 2. Collect tools for measuring school nutrition environment from Montana Team Nutrition | Kate Devino | October 30,2015 |
| 3. Meet with the childhood obesity prevention team to discuss evidence based tools for measuring school nutrition environment | Lisa B., Mary M, Rebecca M, Lisa T, Kate D. | December 15, 2015 |
| 4. Discuss with MCPS Nutrition workgroup what kinds of activities are currently happening | Lisa B., Mary M, Rebecca M, Lisa T, Kate D. | May 30, 2016 |

# I. Strategic Priorities: Population Health Status – Immunizations, Billing

| | |
|---|---|
| **Goal 5** | **By June 30, 2018 the billing process for immunization services will receive 80% of collectible charges.** |
| **Indicator** | Collection rate for collectible charges<br>Baseline (or Trend): Baseline needed - see Objective #1 for steps to determine baseline |

## Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** By June 30, 2016 generate accurate monthly reports to management for A/R, profit/loss, and budget reports

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Track payment from insurance companies for travel vaccines and other clinic services | Susan Fugere, Billing Specialist | Dec 30, 2015 |
| 2. Analyze payment data for travel vaccines and other vaccines and clinic services | Susan Fugere, Billing Specialist<br>Sara Heineman, Clinic Supervisor<br>Kate Siegrist, Health Services Director | Feb 29, 2016 |
| 3. Develop and implement policies and procedures related to balance billing, payment plans, sliding fee scales, collections, and write offs. | Susan Fugere, Billing Specialist<br>Sara Heineman, Clinic Supervisor<br>Kate Siegrist, Health Services Director | June 30, 2016 |

**Objective 2** By June 30, 2016, decide whether HDIS will continue to meet our billing needs including all EHR requirements (i.e. meaningful use)

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Evaluate HDIS billing reports compared to budget reports for accuracy of A/R | Susan Fugere, Billing Specialist<br>Sara Heineman, Clinic Supervisor<br>Kate Siegrist, Health Services Director | June 30, 2016 |
| 2. Maintain communication with The Baldwin Group regarding functionality of and updates to HDIS | Susan Fugere, Billing Specialist<br>Sara Heineman, Clinic Supervisor<br>Kate Siegrist, Health Services Director | June 30, 2016 |
| 3. Evaluate HDIS for meeting EHR compliance requirements | Susan Fugere, Billing Specialist<br>Sara Heineman, Clinic Supervisor<br>Kate Siegrist, Health Services Director<br>Lisa Rae Roper, Consultant | June 30, 2016 |

# I. Strategic Priorities: Population Health Status – Immunizations, Community Awareness

| | |
|---|---|
| **Goal 6** | **By June 2018, there will be a detailed outreach campaign to increase community awareness about the public health impact of vaccine-preventable diseases and immunization services provided by MCCHD.** |
| **Indicator** | Outreach campaign<br>Baseline (or Trend): There is no current coordinated approach for outreach regarding vaccine-preventable diseases and services. |

## Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** By Jan 31, 2016, complete an inventory of options for outreach opportunities to Missoula County residents

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Meet with other MCCHD programs and divisions to review current outreach/promotional activities | Sara Heineman, Clinic Supervisor<br>Cindy Hotchkiss, Health Promotional Director | Dec 31, 2015 |
| 2. Participate in editing and formatting new county website for clinic services | Sara Heineman, Clinic Supervisor<br>Pat Buffington, Administrative Secretary | Dec 31, 2015 |
| 3. Prioritize current outreach/promotional options by effectiveness/cost/reach | Sara Heineman, Clinic Supervisor<br>Kate Siegrist, Health Services Director | Jan 31, 2016 |

**Objective 2** By June 30, 2016, implement 2 of the top outreach/promotional activities

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Develop key points that will frame the message across media/outreach/promotional activities | Sara Heineman, Clinic Supervisor<br>Kate Siegrist, Health Services Director | April 30, 2016 |
| 2. Align all outreach efforts with MCCHD branding policy | Sara Heineman, Clinic Supervisor<br>Kate Siegrist, Health Services Director<br>Robin Nielson-Cerquone, Accreditation Specialist | June 30,2016 |

# I. Strategic Priorities: Population Health Status – Driving Under the Influence

| | |
|---|---|
| **Goal 7** | **Decrease death and serious injury related to driving under the influence in Missoula County.** |
| **Indicator** | Deaths and serious injury related to driving under the influence<br>Baseline (or Trend): CY 2014 = Deaths 5.32/100,000; Deaths plus serious injury 43.48/100,000 |

## Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** Increase the number of safe ride options by one new option by the end of FY2016.

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Facilitate discussion between the DUI Task Force and Uber to assist in bringing Uber to Missoula | Lonie Hutchison, DUI Task Force Coordinator; Cindy Hotchkiss, Health Promotion Division Director | June 30, 2016 |
| 2. Facilitate discussion between the DUI Task Force and Mountain Line to assess the viability and barriers to providing a late night bus route. | Lonie Hutchison, DUI Task Force Coordinator; Cindy Hotchkiss, Health Promotion Division Director | June 30, 2016 |
| 3. Work with the DUI Task Force media committee to increase the visibility of new safe ride options. | Lonie Hutchison, DUI Task Force Coordinator; Cindy Hotchkiss, Health Promotion Division Director | June 30, 2016 |

**Objective 2** Increase funding for the DUI Task Force by 10% over FY 2014.

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Work with state partners to determine the reason(s) for decreased funding in recent years | Lonie Hutchison, DUI Task Force Coordinator; Cindy Hotchkiss, Health Promotion Division Director | June 30, 2016 |
| 2. Work with the DUI Task Force to explore additional funding options | Lonie Hutchison, DUI Task Force Coordinator; Cindy Hotchkiss, Health Promotion Division Director | June 30, 2016 |
| 3. Work with the DUI Task Force media committee to improve visibility of the work done by the DUI Task Force. | Lonie Hutchison, DUI Task Force Coordinator; Cindy Hotchkiss, Health Promotion Division Director | June 30, 2016 |

# I. Strategic Priorities: Population Health Status — Suicide

| | |
|---|---|
| **Goal 8** | **Decrease completed suicides in Missoula County.** |
| **Indicator** | Completed Suicides<br>Baseline (or Trend): CY2013= US 13.0; Montana 23.9; Missoula County 32.8/100,000 population |

## Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

| **Objective 1** | By June 1, 2016 increase number of suicide prevention trained individuals in four community tiers: residents, front line personnel, youth, and educators. | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |
| 1. Train 500 Missoula County residents to become certified QPR Gatekeepers. | Kristie Scheel: Suicide Prevention Coordinator | June 1, 2016 |
| 2. Conduct 4 specialized, advanced suicide prevention trainings for 80 front line personnel (i.e. SafeTALK, ASIST). | Kristie Scheel: Suicide Prevention Coordinator | June 1, 2016 |
| 3. Visit 3 Missoula High Schools to present *SOS Signs of Suicide* curriculum to over 200 youth and 200 educators. | Kristie Scheel: Suicide Prevention Coordinator | June 1, 2016 |

| **Objective 2** | Increase the number of suicide prevention resources for high-risk targeted groups such as working-age males, the elderly and firearm owners by June 1, 2016. | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |
| 1. Create and distribute 300 stigma reduction brochures / mental health screenings designed for male audience to Missoula County agencies, University of Montana, primary care offices, the local tavern association, etc. | Kristie Scheel: Suicide Prevention Coordinator | June 1, 2016 |
| 2. Distribute and train local 25 Primary Care staff with the *Suicide Prevention Toolkit for Primary Care.* | Kristie Scheel: Suicide Prevention Coordinator | June 1, 2016 |
| 3. Provide gun locks to 300 Missoula residents via events, presentations, primary care, gun shops, hunter safety classes. | Kristie Scheel: Suicide Prevention Coordinator | June 1, 2016 |

# II. Strategic Priorities: Environmental Health Conditions – Ambient Air Quality

| | |
|---|---|
| **Goal 1** | **Bring air quality in Seeley Lake closer to compliance with current Federal $PM_{2.5}$ standards by having no more than 9 exceedance days per year by the end of 2018** |
| **Indicator** | $PM_{2.5}$ particulates in air is based on daily monitoring in Seeley lake.<br>Baseline (or Trend): During the winter of 2014-15 Seeley Lake had 13 exceedance days |

## Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

| **Objective 1** | Communicate Seeley air quality status and the need for clean burning techniques to Seeley residents November through February except when air dispersion is good. | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |
| 1. Use the LED billboard in Seeley to communicate air status w/ burn cleanly message | Ben Schmidt, Sarah Coefield | Start Oct 1, 2015 |
| 2. Identify sources of dense smoke in Seeley and inform them of non-compliant status | Ben Schmidt, Sarah Coefield | Start Oct. 15, 2015 |

| **Objective 2** | Use the Quality Improvement process to develop a work plan by October 31st. | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |
| 1. Formulate a Quality Improvement process to develop future strategies. | Jim Carlson, Air Quality Staff | Nov. 31st, 2015 |

## II. Strategic Priorities: Environmental Health Conditions – Groundwater Protection

| | |
|---|---|
| **Goal 2** | **Ensure that connections to public sewer systems inside the Water Quality District occur at a rate such that the total number of septic systems in the District does not increase over time.** |
| **Indicator** | The City and County track connections to public sewer systems. The Health Department tracks the number of sources using septic systems. According to the Voluntary Nutrient Reduction Program (VNRP), the number of systems on septic in the urban area should be maintained at not more than 3,390.<br>Baseline (or Trend): Baseline needed - see Objective #1 for steps to determine baseline |

### Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** To determine the number of septic systems in the water Quality District and number of connections to City and Lolo sewer by in 2015

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Work with the City and Lolo RSID 901 to determine the number of public sewer connections in Calendar year 2015. | John Harvala | March 1, 2016 |

**Objective 2** Incorporate the goal into the City and County Growth policies

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Comment on the County Growth Policy and get the goal incorporated into the Policy. | Jim Carlson, WQD staff | October 21, 2015 |
| 2. Comment on the City Growth Policy and get the goal incorporated into the Policy. | Jjim Carlson, WQD staff | October 6, 2015 |

# II. Strategic Priorities: Environmental Health Conditions – On-site Wastewater Information

| | |
|---|---|
| **Goal 3** | **Increase the methods, frequency and efficiency with which the department provides information to property owners about their septic system(s) by June 30, 2018.** |
| **Indicator** | Number of ways the department provides information<br>Baseline (or Trend): 1 method |

## Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** Increase access to permit records by making them available online by June 30, 2017.

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Work with county GIS department to include permit records on the county's property database system. | Environmental Health Manager (Therriault) | December 31, 2015 |
| 2. Begin developing an online search for our website if GIS option will take more than a year to accomplish | Environmental Health Manager (Therriault) | June 30, 2016 |
| 3. Start making progress toward replacing the current fox pro database of septic and well permit records. | Environmental Health Manager (Therriault) | June 30, 2016 |

**Objective 2** By June 30, 2016, implement at least one new method of providing septic system information to homeowners.

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Send reminders to homeowners with septic permits that are 5 years old. | Land Sanitarians (Erven, Wastewater Lead) | June 30, 2016 |
| 2. Improve our website and wastewater webpages | Land Sanitarians (Hickey, Web Lead) | June 30, 2016 |
| 3. Develop better educational materials and props to explain septic systems and maintenance needs | Land Sanitarians | June 30, 2016 |

## II. Strategic Priorities: Environmental Health Conditions – Public Drinking Water

| | |
|---|---|
| **Goal 4** | **Increase percentage of County population obtaining drinking water from public water systems, to protect public health and safety** |
| **Indicator** | Homes connected to community public water supplies in Missoula County.<br>Baseline (or Trend): Total resident population of 71,375, or 63.8 % of Missoula County's population of 111,807 (EPA and DEQ Safe Drinking Water Information System, US Census). Nationally in 2011, 93.2% of the population receives water from public water supplies. The HP 2020 goal is 91%. (HP 2020) |

### Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** Increase public water system connection for new residential and commercial growth in urban areas of the County by June 30, 2016.

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Monitor subdivision activity in urban area, plans for water system extension, Enforce local regulations governing water systems and wells. | Environmental Health Supervisor, Environmental Health Specialists | June 30, 2016 |
| 2. Review and comment on water system waiver requests in DEQ Sanitation in Subdivision Act Review Process, advocate for public water system connection when available. | Environmental Health Supervisor, Environmental Health Specialists | June 30, 2016 |
| 3. Monitor legislation and rulemaking regarding exempt wells and water rights | Environmental Health Supervisor, Environmental Health Specialists | June 30, 2016 |

**Objective 2** Extend public water systems to urban areas historically served by individual drinking water wells when contaminated wells are identified.

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Work with owners of water systems with sufficient capacity, to develop plans to extend service into areas previously underserved by public water. | Environmental Health Supervisor, Environmental Health Specialists | June 30, 2016 |
| 2. Investigate areas lacking public water service, potential contamination sources, and priorities for system extension | Environmental Health Supervisor, Environmental Health Specialists | June 30, 2016 |

# II. Strategic Priorities: Environmental Health Conditions – Indoor Air Quality

| | |
|---|---|
| **Goal 5** | **The majority of new homes built in Missoula County will incorporate radon-resistant construction techniques by 2018.** |
| **Indicator** | Percentage of new homes built with radon-resistant construction;<br>Baseline (or Trend): Baseline needed - see Objective #1 for steps to determine baseline |

## Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** Establish a way to measure the percentage of new homes that incorporate radon-resistant construction techniques for CY 2016.

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Work with the Coalition to generate ideas of how to establish a baseline. | Indoor Exposures Lead (Todd Seib); Senior Community Health Specialist (Whitney Meek) | June 30, 2016 |
| 2. Work with Development Services to track whether a new house in the city is built with radon-resistant construction techniques. | Indoor Exposures Lead (Todd Seib); Indoor Exposures team | June 30, 2016 |
| 3. Find ways to track whether a new house in the county is built with radon-resistant construction techniques. | Environmental Health Specialist (Jim Erven) | June 30, 2016 |

**Objective 2** Conduct an information campaign targeting builders and new home buyers promoting Radon Resistant New Construction (RRNC) during FY2016.

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Develop radio PSA featuring a builder who uses radon-resistant construction techniques | Indoor Exposures Lead (Todd Seib); Indoor Exposures team | June 30, 2016 |
| 2. Participate in builder and homeowner-targeted events (like Home Fairs, etc) | Indoor Exposures Lead (Todd Seib); Indoor Exposures team | June 30, 2016 |

## II. Strategic Priorities: Environmental Health Conditions – Food Safety

| | |
|---|---|
| **Goal 6** | **By 2018, develop and implement a program in conjunction with 3 or more high schools to teach food safety to teenagers (potential food service workers).** |
| **Indicator** | Program established that effectively targets high schoolers.<br>Baseline (or Trend): 0 |

### Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** Partner with and gather information from restaurants that typically hire teenagers by June 30, 2016

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Survey a number of restaurants to see what issues they have with new teenage hires | Environmental Health Manager, Licensed Establishment sanitarians | June 30, 2016 |
| 2. Develop a working group, including restaurant owners or operators, to brainstorm ideas for the program | Environmental Health Manager, Licensed Establishment sanitarians | June 30, 2016 |
| 3. Determine a way to evaluate program success | Environmental Health Manager, Licensed Establishment sanitarians | June 30, 2016 |

**Objective 2** Identify specific methods to engage students in food safety training by June 30, 2016

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Reach out to school personnel and groups about the best way to interest students and what opportunities could exist at the school. | Environmental Health Manager, Licensed Establishment sanitarians | June 30, 2016 |
| 2. Get feedback and suggestions from students | Environmental Health Manager, Licensed Establishment sanitarians | June 30, 2016 |

## II. Strategic Priorities: Environmental Health Conditions – Human Injury/Infection from Dog Bites

| | |
|---|---|
| **Goal 7** | **By June 2018, reduce the number of dog bites requiring medical care to less than 60% of the national average of (129.3 per 100,000 population-data from CDC); by calculation the target goal is less than 86 dog bites needing medical attention in Missoula County per year.** |
| **Indicator** | Number of animal bites<br>Baseline (or Trend): In CY 2014, there were 116 reported dog bites in Missoula City/County and a total of 26 cat bites. The metrics to track "medical attention required" needed to be improved for tracking purposes and accuracy, this has been done allowing for a more accurate report at the end of each CY. |

### Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

| **Objective 1** | By June 30, 2016, reduce the number of dog bites that require medical attention by 10% for the city and county. | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |
| 1. Conduct Park and Trail patrols by foot, vehicle and bike. This will include at least 10 weekday evenings between May and July. Park Patrol logs will be kept for all Park patrols. | Animal Control Supervisor (Jeff Darrah) | June 30, 2016 |
| 2. Produce and air at least two public service announcements on responsible dog ownership. | Shelter Attendant (Nikki Wood) | June 30, 2016 |
| 3. Conduct at least 6 presentations and or tours of animal control to elementary classes of Missoula. | Animal Control Officer (Mary Johnson) | June 30, 2016 |

| **Objective 2** | By June 30, 2016, continue sponsoring low income spay/neuter clinics to increase the number of altered animals by 20% from the year prior. Also, add tracking metrics of the number of animals altered by MAC to show complete number of animals altered. | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |

| | | |
|---|---|---|
| 1. Increase the number of clinics held. | Shelter Attendant (Nikki Wood) | June 30, 2016 |
| 2. Address metrics of tracking total number of animals altered through MAC efforts. | Shelter Attendant (Nikki Wood) | June 30, 2016 |
| 3. Hold at least three weekend clinics to vaccinate, license and microchip. | Shelter Attendant (Nikki Wood) | June 30, 2016 |

| **Objective 3** By June 30, 2016 increase the number of licensed dogs by 10% in Missoula City and County. | | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |
| 1. Establish on-line licensing system so that Missoula Animal Control can be more versatile and accessible to the public. This will help with in licensing and reduce time spent licensing by MAC staff. | Animal Control Supervisor (Jeff Darrah) | June 30, 2016 |
| 2. Continue to increase our public awareness campaigning by advertising more and attending or promoting special events. | Shelter Attendant (Nikki Wood) | June 30, 2016 |
| 3. Change license style to promote license sales through QI project. | Animal Control Supervisor (Jeff Darrah) | June 30, 2016 |

## III. Strategic Priorities: Internal Capacity and Support – Information Technology

| | |
|---|---|
| **Goal 1** | **Increase information technology capacity for engaging the public, stakeholders, and partners and for branding the department by adding and using specific tools for:**<br>**a) New Website**<br>**b) File Sharing (cloud)**<br>**c) Agenda Management**<br>**d) GIS mapping for public health factors**<br>**e) Social Media** |
| **Indicator** | Use of new and expanded information technology applications<br>Baseline (or Trend): a) new website, b) new cloud file sharing, c) new on-line agenda management, d) expanded use of GIS for public health factor plotting, and expanded use of social media. |

### Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** Develop and migrate all department web pages to the new County web-site by June 30, 2016.

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Organize and convene department web-site migration team | Web-site navigation team leader | Done July 1, 2015 |
| 2. Train web-team to prepare pages for new web-site. **Links to Workforce Development* | Web team members | September 30, 2015 |
| 3. Stage all web-pages for migration | Web team leader | October 16, 2015 |
| 4. Migrate pages to new web site | All members of web team | October 30, 2015 |
| 5. Train staff in use of new web-site **Links to Workforce Development* | Web team leader ; Department Director | March 30, 2016 |

**Objective 2** Establish cloud file sharing for two projects involving external partners by June 30, 2016.

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Establish Google file sharing for CHIP semi-annual monitoring and reporting among CHIP work group. | Robin Nielson | December 30, 2015 |
| 2. Establish OwnCloud file sharing for Foster Child Health Partners. | Kate Siegrist | October 31, 2015 |

## III. Strategic Priorities: Internal Capacity and Support – Health Equity

| | |
|---|---|
| **Goal 2** | **Build capacity to support health equity and decrease health disparity in the community by taking specific actions as follows:**<br>**a) Adopt a department health equity policy and plan**<br>**b) Become a Trauma-Informed Organization**<br>**c) Decrease the rate of uninsured among clients we serve**<br>**d) Build partnerships with the Native American population/community**<br>**e) Build capacity to serve populations living with disabilities** |
| **Indicator** | Assess and implement existing and new programs related to health equity<br>Baseline (or Trend): Capacities a, b and e do not exist; capacity c can be expanded when Medicaid waiver is approved, capacity d and e have minor baseline data and strategies for improvement. |

### Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** The department will develop, adopt, and implement a health equity policy and plan.

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Review current (Version 1.5) Public Health Accreditation Standards and Measures. | Robin Nielson-Cerquone, Accreditation Specialist and Training Coordinator | December 31, 2015 |
| 2. Develop health equity policy and plan. | Robin Nielson-Cerquone, Accreditation Specialist and Training Coordinator | March 30,2016 |
| 3. Adopt and implement health equity policy and plan and train all staff<br>**Link to Workforce Development Plan* | Robin Nielson-Cerquone, Accreditation Specialist and Training Coordinator | June 30, 2016 |

**Objective 2** Become a trauma-informed organization.

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Seek information and guidance about becoming a trauma-informed organization. | Kate Siegrist, Health Services Director | June 30, 2016 |
| 2. Complete a readiness assessment for taking steps toward becoming a trauma-informed organization. | Kate Siegrist, Health Services Director | June 30, 2016 |

| **Objective 3** | Collect data to establish a baseline of rate of uninsured among clients served by the department, while simultaneously decreasing the rate of uninsured among these clients. | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |
| 1. At each initial interaction with clients served in the Health Services Division and in the Infectious Disease Office, health insurance status will be collected. | Kate Siegrist, Health Services Director; Cindy Hotchkiss, Health Promotion Director | June 30, 2016 |
| 2. At each touchpoint with families in all three units of Health Services, staff will refer uninsured children and adults to either an ACA Navigator (Planned Parenthood) or Certified Application Counselors (CAC-Partnership Health Center), for assistance in accessing health insurance. | Kate Siegrist, Health Services Director | June 30, 2016 |
| 3. In Infectious Disease, nurses will refer uninsured patients to either an ACA Navigator (Planned Parenthood) or Certified Application Counselors (CAC-Partnership Health Center), for assistance in accessing health insurance. | Cindy Hotchkiss, Health Promotion Director | June 30, 2016 |

| **Objective 4** | Build partnerships with the Native American population/community by completing action items 1-3 below. | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |
| 1. Assess staff understanding of cultural competence when working with Native Americans through an all staff survey. | Cindy Hotchkiss, Health Promotion Director | June 30, 2016 |
| 2. Meet semin-annually with representatives from the Missoula Urban Indian Health Center to ensure routine communication | Ellen Leahy, Department Director | June 30, 2016 |
| 3. Invite representatives from the Native American population and/or the Missoula Urban Indian Health Center to join at least 2 active coalitions and new coalitions/focus groups/ etc. | Cindy Hotchkiss, Health Promotion Director | June 30, 2016 |

| **Objective 5** | Assess capacity to serve populations living with disabilities. | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |
| 1. Conduct follow-up on 2013 ADA audit of facility. | Ellen Leahy, Department Director; Cindy Hotchkiss, Health Promotion Director | June 30, 2016 |
| 2. Complete assessment to determine if educational materials distributed to clients are available in a format that meets the needs of populations living with disabilities | Ellen Leahy, Department Director; Cindy Hotchkiss, Health Promotion Director | June 30, 2016 |

# III. Strategic Priorities: Internal Capacity and Support – Performance Management System Evolution

| | |
|---|---|
| **Goal 3** | **Adopt a revised PM policy and procedures that integrates PM indicators, CHIP, and QI Plan including the following action steps:**<br>**a. Improve data collection for Performance Measures**<br>**b. Increase reliance on data**<br>**c. Use input, output, quality, efficiency, and outcomes for performance measures**<br>**d. Improve population surveillance for demographic information of the populations that we serve directly** |
| **Indicator** | Revised PM system that "always" or "almost always" includes necessary components are in place to achieve results and continually improve performance.<br>Baseline (or Trend): Public Health Performance Management Self-Assessment Tool 2015 results: 32.3% Goal: 39% |

## Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

**Objective 1** Performance is actively managed in the area of public health capacity as evidenced by the following three activities:

| Actions Required | Person(s) Responsible | Due Date |
|---|---|---|
| 1. Staff will report performance of programs semi-annually | Cindy Hotchkiss, Health Promotion Director<br>Helen Russette, Performance Management and Quality Improvement Coordinator | June 30, 2016 |
| 2. Develop dashboards for MCCHD programs using performance measures that will be available on the MCCHD website | Cindy Hotchkiss, Health Promotion Director<br>Helen Russette, Performance Management and Quality Improvement Coordinator | June 30, 2016 |
| 3. Customer satisfaction and feedback will be obtained for at least two activities or services, when appropriate. | Cindy Hotchkiss, Health Promotion Director<br>Helen Russette, Performance Management and Quality Improvement Coordinator | June 30, 2016 |

## III. Strategic Priorities: Internal Capacity and Support – Financial Systems

| | |
|---|---|
| **Goal 4** | **Health fund tax support from city and county-only taxing jurisdictions will be aligned with service costs by end of FY 2018.** |
| **Indicator** | Ratio of city and county service costs in comparison to ratio of city and county tax revenue support.<br>Baseline (or Trend): In 2010 service costs were 60% city, 40% county-only and respective tax contributions were 54% to 46%. |

### Year One Work Plan – FY 2016 July 1, 2015- June 30, 2016

| **Objective 1** | Calculate and report to the Health Board budget committee the City and County cost-to-tax revenue proportions of the health fund based on fiscal year 2015 by June 30, 2016. | |
|---|---|---|
| **Actions Required** | **Person(s) Responsible** | **Due Date** |
| 1. Recruit and retain a consultant to replicate the 2010 study on cost and expense ratio | Department Director | November 30, 2015 |
| 2. Inform and direct the management team on their role in providing study data | Department Director | December 30, 2015 |
| 3. Complete data collection | Department Director, Consultant & Mgmt. Team | March 31, 2016 |
| 4. Present report and other related trend information to the Board Budget Committee | Department Director | June 30, 2016 |

# Appendix: Definitions and Table of Acronyms

## Definitions

**Goal:** something that you are trying to do or achieve; the end toward which effort is directed

**Indicator:** a sign that shows the condition or existence of something; a pointer or light that shows the state or condition of something; a device that shows a measurement

**Baseline:** information that is used as a starting point by which to compare other information

**Trend:** to extend in a general direction; follow a general course; to veer in a new direction; to show a tendency

**Objective:** something measurable toward which effort is directed

## Table of Acronyms

**AMPHO** ..... Association of Montana Public Health Officers

**BMI** ..... Body Mass Index

**CAB** ..... Community Advisory Board

**CAF Grant**..... Community Assistance Fund Grant—prior to FY 2016, this grant was known as the Community Based Organization Grant

**CAPS**..... Community and Planning Services

**CBO Grant** ..... Community-Based Organization Grant—as of FY 2016, this grant is now known as the Community Assistance Fund Grant

**CFSD** ..... Child and Family Services Division—typically a reference to the Missoula Child and Family Services Division of the Montana Department of Public Health and Human Services

**CLC** ..... Certified Lactation Specialist(s)

**CY**..... Calendar Year

**DPHHS** ..... Department of Public Health and Human Services—a reference to Montana DPHHS

**EPA** ..... Environmental Protection Agency

**FTE**..... Full-time equivalent—a unit that identifies the workload of an employee.

**FY** ..... Fiscal Year

**HDIS** ..... Health Data Information System

# Appendix: Table of Acronyms, Continued

**HMFP**..... Healthy Montana Families Project
**imMTrax**..... State of Montana registry for immunizations
**MAC**..... Missoula Animal Control
**MCCHD** ..... Missoula City-County Health Department
**MCH**..... Maternal Child Health
**MCPS** ..... Missoula County Public Schools
**MFCHP**..... Missoula Foster Child Health Program
**MIAMI** ..... Montana's Initiative for the Abatement of Mortality in Infants (Public Health Home Visiting services)
**MIECHV SD**..... Maternal, Infant and Early Childhood Home Visiting Service Delivery
**MNR**..... Missoula Nutrition Resources
**M-Spirit** ..... State of Montana software for the WIC Program
**MSU**..... Montana State University
**NAAQS**..... National Ambient Air Quality Standard
**NFP**..... Nurse-Family Partnership
**OPC** ..... Outpatient Clinic (at Missoula City-County Health Department)
**PHAB**..... Public Health Accreditation Board
**PHHV**..... Public Health Home Visiting
**PHN** ..... Public Health Nurse
**$PM_{2.5}$**..... Fine particulate matter—a type of air pollution
**QI** ..... Quality Improvement
**SFY**..... State Fiscal Year
**TBD** ..... To be determined
**TCM**..... Targeted Case Management
**TVL** ..... International Travel Vaccination Clinic (at Missoula City-County Health Department)
**WIC**..... Women, Infants and Children (Special Supplemental Nutrition Program for **Women, Infants and Children)**