

**Missoula City-County
Health Department
Strategic Plan
FY 2013-2015**



**Missoula City-County Health Department
May 2012**

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MESSAGE FROM THE DIRECTOR

Dear Fellow Missoulians:

Our role is to protect and improve the health of all Missoula County residents. We do this in many ways that are outlined in this strategic plan. This includes protecting people from health threats such as food-borne illnesses, natural and man-made disasters, toxic exposures, and preventable illness and injury. This also includes assisting young families to be stronger and healthier and working to prevent chronic diseases, such as heart disease, cancer, and diabetes and their risk factors including: poor nutrition, inadequate physical activity, and tobacco use.

In a rapidly changing world, public health departments need to keep pace. As diseases, events, and community health needs evolve, public health must find a way to address new concerns within our already busy agenda. Improving health will take us beyond the traditional sphere of public health, since our physical environment and social factors such as poverty and education are significant determinants of health.

This plan will guide the department in carrying out our work effectively and efficiently, ensuring the best use of resources and personnel. However, as one department serving over one hundred thousand residents, we cannot do it alone. As we implement the goals and objectives outlined in this plan, I look forward to continuing to working with key stakeholders including community members, community based agencies, businesses, schools, voluntary organizations, elected officials, and other jurisdictions to work together to improve the quality of life and shape the future of health in Missoula County. Working together, we can achieve healthy people in healthy communities.

Sincerely,

Ellen Leahy
Director

MISSION & GUIDING PRINCIPLES

MISSION STATEMENT

Establish policies and advocate for conditions supportive of healthy people, environments, and community.

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.
- Communicate proactively with the community to clarify 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—identifying and addressing the effects that socioeconomic disparity has on public health.
- Choose 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

INTRODUCTION

Improving the health of Missoula County residents is an enormous challenge, which must be approached in both traditional and non-traditional ways. The leading causes of morbidity and mortality are largely preventable. Effective prevention and health protection requires strategies such as policy development and advocacy, public information and media activities, data sharing, and community work, in addition to more traditional health services, environmental health, health education and medical services.

To properly address the root causes of poor health, the department must look beyond risk factors for individual diseases to factors in the physical and social environments that influence health, such as land use, safety, poverty, and educational attainment. The department also plays other vital roles to maintain the health of the community, including protecting the public from communicable diseases and food-borne illnesses, preparing for manmade and natural disasters, and promoting preventive measures that ensure a healthy life.

Addressing community health needs in innovative ways while maintaining core public health functions presents several challenges. One of the biggest obstacles the department faces is that the current budget climate presents many fiscal limitations. For instance, much of the department's funding is tied to categorical services, and the more flexible funding from local sources is diminishing with the economic downturn. Other challenges include the geographic size of Missoula County, the diversity of the population, the status of the healthcare system, and the quality of evidence on which to base public health decisions. The need to do more with less necessitates an examination of department's priorities as well as organizational effectiveness to ensure the best use of all departmental resources.

This department strategic plan provides a roadmap for programs and activities within the department from 2012 to 2015. The work of the department can be divided into the following broad categories: health improvement, health protection, and organizational effectiveness. The plan identifies ongoing programs as well as identifies additional strategic objectives.

This department strategic plan is built from and includes two additional documents, the 2011 Community Health Assessment and the Missoula County Community Health Improvement Plan.

Health Improvement

Heart disease, diabetes, and other chronic conditions are leading causes of poor health outcomes for all populations, including children. While preventing and controlling the spread of communicable disease remains a priority, the significant shift in the burden of disease has prompted the department to increase its focus not just on chronic health conditions, but also their deeper influences. This plan focuses on the determinants of health as they relate to the physical and social environments. To this end, some of the goals address public transportation policies, land use, climate change, homelessness, drug abuse, obesity, birth outcomes, access to health care, and children's health. In addition, the department continues its long term commitment to

assisting young families to better contend with their challenges and obstacles and be stronger and healthier

Health Protection

The department strives to continually improve its capacity to protect the public's health from disease and illness. Specifically, this plan focuses on minimizing the impact of communicable diseases. Goals include decreasing foodborne and environment-related illnesses, reducing the risk factors and disease burdens of preventable communicable diseases, and preventing disease through decreasing exposure to harmful pathogens and environmental toxins.

Organizational Effectiveness

An effective organizational structure is key to achieving the outcomes outlined in this plan and in ultimately realizing the department's vision and mission. Creating such an organizational structure will require the department to enhance its business practices, modes and methods of communication, and advocacy strategies.

Some of these efforts will include expanding external and internal capabilities for collaboration, education, and advocacy efforts with local jurisdictions and community partners; improving internal communication and business processes; and instituting an information technology systems framework.

A quality, well-trained workforce is essential to meeting the health needs of the community in an effective manner. Likewise, maintaining a high level of productivity and efficiency among employees ensures that the department provides a high quality of work and services to the public. To improve workforce efficacy, the department must better equip its employees with skills to enhance their job performance. The department will also seek measures to improve its ability to attract and retain high quality personnel.

In order to maximize funding and expand services while working within the fiscal limitations of federal, state, and local funding sources and grants, the department must be a judicious financial steward. To this end, the department has identified objectives and activities that ensure that City and County funds are aligned with the department's strategic priorities, and enhance the capacity to secure and broaden programs and services by maximizing departmental revenue.

Protecting residents against the harmful health effects of disasters is a priority. Local, statewide, and national planning efforts have identified the importance of public health in an emergency response. This plan focuses on maintaining and improving the department's emergency response capability. Just as important, advocating for personal preparedness among County residents must be an ongoing role of the department and its partners. Through this priority, the department also seeks to improve its ability to provide public information and risk communication.

MISSOULA CITY-COUNTY HEALTH DEPARTMENT OVERVIEW

The Missoula City-County Health Department (MC-CHD) is charged with improving the quality of life and maintaining the overall health of all Missoula County residents. This charge includes a range of responsibilities, incorporating the overarching aspects of public health: protection, promotion, and prevention. In order to best address these broad functions, MC-CHD operates a number of programs to carry out this work. Some of the specific duties include data collection and analysis, health promotion, communicable disease control, maternal and child health services, nutrition services and WIC, food and water related inspection, air quality monitoring, animal control, and emergency preparedness, and other lab and clinical services.

With over 120 employees, the department is one of the largest health departments within the state of Montana. The department has an annual budget of \$ 5 million comprised of local, state and federal funding, and grant revenue. Many of these funding streams drive mandated work for MC-CHD with a relatively small amount of flexible funding that can be used to meet other local needs. Therefore, limited resources are available for discretionary activities. MC-CHD faces the constant challenge of having to devise innovative ways of addressing the underlying risk factors for morbidity, such as nutrition and physical activity, with relatively few discretionary resources.

In total, there are three dozen programs within MC-CHD. Additionally, MC-CHD is affiliated with the federally-qualified health center, Partnership Health Center, which provides a full range of health care services to underinsured populations.

Regarding strategic plans, most of the following programs have individual plans and annual planning processes.

MC-CHD regular programs and activities include:

Administration

Director oversees all department operations, develops and oversees the budget, and works with policymakers, community and state leaders and a wide range of community members.

Support Services provides direct support to the health officer and three health-related boards. Support is also provided to the public, the department, other city and county departments and to external agencies by completing standard administrative duties and others similar to that of an office or building manager. Work includes:

- Scheduling; room and equipment setup; notification to the public, the media and other parties; participation as an attendee and/or preparation of agendas, minutes and other documents.
- Maintenance of the work environment, including sidewalk, parking lot and building maintenance.
- Guidance and technical support to staff for the use of software applications and IS and other equipment.
- Contract management including drafting or revising documents, conducting contract review meetings, routing items for signature and distributing originals and copies as needed.

- Producing, editing and updating broad range of documents, including grant applications, reports, contact lists, policies, and procedures and more will be developed and finalized.

Accounting staff compiles and analyzes financial data and helps develop fiscal year budgets. They monitor and project budget performance including cash balances, expense, and revenue trends. The accounting staff prepares and analyzes monthly financial statements for Department Management. They perform all accounting functions, accounts receivable, accounts payable, contract/grant billing, and reconciliation of County financial records. Accounting staff prepares annual schedule of grant awards for Auditor and external auditors. They monitor grants to ensure compliance with financial requirements and act as liaison to federal, state, county, and city financial representatives. The accounting staff provides lead direction on all accounting activities for other support staff and develops financial policies and procedures for the Department.

Accreditation Coordinator works with staff in all departments to locate and produce documents necessary for applying for and maintaining national voluntary accreditation through the Public Health Accreditation Board (PHAB). The accreditation coordinator is also responsible for the application process and document upload to PHAB.

Health Services

This division provides services to families through home visiting, nutrition counseling, and clinic based services for disease prevention.

Maternal Child Health (MCH)

This section is responsible for planning, implementing and evaluating services that address the health priorities and primary needs of infants, children, adolescents, and their families in Missoula County. Services are provided through ongoing assessment, policy development and quality assurance. The MCH staff is comprised of a multidisciplinary team of public health nurses, policy analysts, administrators, nutritionists, health educators, social workers and support staff. In addition, this section actively partners with community-based organizations to address community health needs.

Home Visiting Program

The Home Visiting Team consists of nurses, social workers and nutritionists who provide information and referrals on a wide variety of subjects to referred families in our community. Prenatal Home visiting is designed to fit individual family needs regarding:

- Healthy pregnancy education
- Nutrition
- Physical and emotional changes
- Breastfeeding education
- Labor and delivery preparation
- Prenatal classes
- Community resources and referrals

What a home visitor does:

- Meets with a woman in her home.
- Helps find a health care provider..
- Makes sure the woman understands the importance of good health practices.
- Assists those eligible in applying for Medicaid.
- Identifies concerns, problems, barriers, strengths, and goals.
- Looks at the woman's needs and helps her with issues such as housing, food, transportation, medical coverage, family relationships, mental health concerns and chemical use issues.
- Helps women use community resources to meet their needs.
- Helps develop ways to meet goals.
- Provides information about prenatal health care issues and fetal development, preparing for childbirth and the new baby, and developing good parenting skills.
- Offers continuing support
- Provides information about birth control.

Birth & Beyond Prenatal classes

- Birth Basics- stages of labor, medical procedures, comfort measures
- Breastfeeding- benefits, positions, latch
- Preparing for life with a newborn, mother's recovery

The nurse helps the family discover all the wonderful things the new baby is able to do, and information about caring for a new baby. She can also answer questions about sleeping, crying, feeding, and loving the new member of the family.

Missoula Foster Child Health Program

- Coordinates health services for infants and children in foster care
- Helps foster parents gain access to physical, dental, and mental health services
- Collaborative effort with the Montana Department of Public Health and Human Services' Child and Family Services Bureau and St. Patrick First Step Clinic
- Helps to develop a comprehensive plan of care
- Provides information about infant, child, and adolescent health and development
- Assists with transition to and from foster care

Child Care Health

A nurse consultant, working with Missoula's Child Care Resources, assists child care providers, and offers technical assistance and guidance regarding health and safety issues for children at child care sites.

Missoula's Montana Asthma Project Home Visiting Program (MAP)

MAP is a multi-component, home based intervention to address asthma. Goals of MAP include:

- Improve asthma control and asthma-related quality of life.
- Increase knowledge of how to manage asthma symptoms, including understanding of prescribed asthma medication management.
- Complete a home environmental assessment to increase awareness of how to reduce and/or eliminate identified asthma triggers.

Children are eligible for the program if they meet the following criteria:

- Age 0-17
- Have a current diagnosis of asthma
- Live in Missoula County or Granite County
- Have at least one ED, urgent care, hospitalization or unscheduled MD visit within the last year due to asthma
- OR
- An Asthma Control Test (ACT) score less than 20 in the last year

Services include:

- Six visits with a registered nurse over the course of a year
- Standardized asthma education to children and their families
- An environmental home assessment
- Asthma case-management and coordination

Prescription Drug Abuse Prevention

MC-CHD hosts the Missoula Prescription Drug Abuse Prevention Committee that is made up of members from various community organizations and focuses on preventing prescription drug abuse and reducing access to means. Missoula was the first city in Montana to hold a Prescription Drug Take-Back in 2009. There have been six Take-Back events since then, continuing spring and fall every year. A permanent drop box is now located at the Missoula Police Department and is available for use 24/7. Many members from the Prescription Drug Abuse Prevention Committee provide community education.

Out Patient Clinic

- Child and adult immunizations
- Maintains immunization records registry
- Influenza shots
- Blood Draws for Antibody Titers
- HIV testing and counseling
- Hepatitis C testing
- Urine pregnancy tests
- Lice checks
- TB testing & follow-up
- Lead screening
- The International Travel Clinic offers pre-travel counseling, immunizations and health advice for adults and children who are planning to travel outside the United States.

Infectious Disease

This program reduces the risk factors and disease burdens of preventable communicable diseases for all persons and animals in Missoula County through promoting healthy behavior, conducting surveillance of diseases and risk factors, screening and early detection, providing laboratory services, and conducting communicable disease investigation and control measures.

Nutrition Services

WIC

The Women, Infants and Children (WIC) program is a nutrition education program that provides nutrition assessment, healthy foods, nutrition information and referrals to health and social services in Missoula and Granite county communities. WIC's goal is to improve nutritional status of enrolled participants, improve access and use of local health and social services. WIC brings about \$2,000,000 in federal funding each year into Missoula County. WIC participants benefit from a wide variety of services including:

- Regular monitoring of height, weight and hemoglobin for infants and children
- Prenatal weight gain monitoring
- Nutrition education and counseling, informational a material, DVD's and classes.
- Access to preventive health programs including MCH home visiting services, prenatal classes and immunizations.
- Referrals to private and public health providers, to over 250 local health and social services.
- Vouchers to purchase healthy foods at grocery stores across Montana
- Vouchers for fresh fruits and vegetables at seasonal farmer's markets
- Breastfeeding counseling, education, support and breast pumps
- Cooking classes provided by the Expanded Food and Nutrition Education Program through County Extension.(EFNEP)
- Prenatal and children's vitamin and mineral supplements.

WIC is available to eligible:

- Pregnant, breastfeeding, post-partum women and women whose pregnancies ended early
- Infants and children, from birth until age of five
- Those caring for young children including mothers, fathers, grandparents, legal guardians and foster parents are encouraged to apply for program services.

Nutrition and Physical Activity Obesity Prevention Program (NAPA)

Missoula's NAPA program goal is to decrease the prevalence of obesity and improve the health of mothers and children through policy and environmental changes and community breastfeeding interventions. By increasing breastfeeding initiation, duration and exclusivity, we impact the short and long term health of our community. Staff works with Community Medical Center, local coalitions, public and private employers, local businesses and agencies, the University of Montana and private medical providers to facilitate system and policy changes supporting breastfeeding by Missoula's mothers.

Eat Smart

Eat Smart is part of the public health initiative focusing on decreasing the prevalence of obesity and improving the health of Missoula residents through community interventions including population based education, partnerships, policy and environmental changes. Eat Smart's works to improve the food and beverage choices made by Missoula residents. Services include:

- Supermarket tours
- Monthly Nutrition e-Newsletter
- Eat Smart Missoula Coalition

- Community nutrition education and outreach
- Promote healthy nutrition policies in local work-sites, schools, and at community events
- Representation on multiple community advisory boards and coalitions

Coordinated Approach To Child Health (CATCH)

CATCH is a national evidenced based education program for elementary schools, after school and summer recreation programs designed to increase healthy eating and physical activity through teacher education, system, policy and practice change. Missoula County Public Schools- District I elementary and middle schools have officially adopted the program. Many Missoula County Rural schools incorporate CATCH nutrition and physical activity curriculum, food service modifications, and parent/family educational health fairs. Nutrition Services partners with St. Patrick Hospital for program oversight. Through CATCH, children and their families learn how to be healthy for a lifetime. CATCH builds alliances among parents, teachers, child nutrition personnel, school staff, and other community partners. The focus supports school policies and practices that promote healthy use of CATCH nutrition and PE curriculum, school nutrition standards.

Farmer's Market Nutrition Program aka Farm Direct (FMNP)

The FMNP is a federally funded program providing WIC participants with coupons for fresh, unprocessed, locally grown fruits and vegetables through our 6 farmers' markets. Participation in this program helps increase consumption of fruit and vegetables expands awareness and use of our local agricultural community. Local growers

Breastfeeding Peer Counseling Program

After delivery, WIC staff and peer breastfeeding counselors assist mothers and babies to successfully breastfeed through the first months of life. Services are delivered through weekly breastfeeding classes, access to a variety of helpful breastfeeding resources including DVD's, printed materials, mother support groups, phone and face to face counseling.

Registered Dietitian Counseling Services

Residents' of many rural communities in Montana lack access to professional dietitian services. Staff provide confidential nutrition assessment and counseling services via Webcam to women, infants and children during their appointments at other local health departments and tribal health clinics.

Be Your Best Diabetes Prevention Program (DPP)

This lifestyle balance program is carefully designed to help reduce the risk of developing chronic diseases such as type II diabetes. Participants learn how to lose weight, enjoy eating healthy and being active. This evidenced based program delivers nutrition education, exercise interventions, group and individual support in a safe and engaging style. Participants are able to make life-long changes. The program offers 16 weeks of classes followed by monthly meetings for 6 months. Topics include nutrition and exercise, making lifestyle changes to reduce stress, improve confidence and skills needed to maintain health. Weekly weigh-ins, support groups, plus food and exercise journaling keeps everyone on track. Walks and exercise classes are organized for the group as well as passes to area gyms and studios to try new ways of exercise. We will hold four sessions per year.

Osteoporosis Screening

- Bone density screening using Sahara Heel Sonogram FDA approved machine.
- Counseling on enhancement of bone health and prevention of bone loss
- Referrals to health care providers to those at risk for osteoporosis.
- Nutrition, exercise, and fall prevention information.

Student Intern and Practicum Site

The agency provides oversight, on-the-job mentoring and education for 30 students each year including:

- College students enrolled in the Montana University system from the Health and Human Performance program, Montana State University College of Nursing
- Graduate students from the Montana State University Dietetic Internship Graduate students from the Masters in Public Health Program
- Graduate students accepted in the US Maternal and Child Health Graduate Student Internship Program (GSIP)
- Placements and on-the-job training for At-Risk Youth referred by Missoula's Human Resource Council and the Missoula Courts Community Service Program.

Health Promotion

This Division works to improve health and decrease health disparities reducing the risk, occurrence, severity, and consequences of chronic diseases and injuries. Programs within this Division work with government and community partners to address the underlying causes of chronic diseases & injuries.

Missoula County DUI Task Force

The Missoula County DUI Task Force is one of 38 state-approved task forces that operate at the county level to reduce and prevent impaired driving. The county DUI Task Forces are funded by driver license reinstatement fees, provided by Montana law according to MCA 61-2-107. Effective DUI task forces are an important mechanism for decreasing the state's alcohol-related injury and fatality rates.

The Missoula County DUI Task Force represents a diverse cross section of the community that includes citizens, government officials, law enforcement, business, health professionals, prevention and treatment specialists approved by the Missoula County Commissioners. Its mission is to promote a healthier and safer environment for county residents by reducing the number of alcohol-related traffic crashes through public education, awareness, legislation and enforcement strategies. Activities include:

- Responsible Alcohol Sales and Service (RASS) Training to prevent over-service (to persons showing actual, apparent or obvious signs of intoxication) and sales/service to minors
- Alcohol sales compliance checks of establishments
- Party and kegger patrols
- Overtime traffic patrols
- Educational projects
- Media advocacy

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- Public service announcements
- Support for prosecution and adjudication of DUI cases
- Victims impact panels
- Policy and legislative proposals
- Designated Driver Program - 17 participating establishments in Missoula
- Safe Ride Home Program- 48 participating establishments in Missoula
- Gathering and disseminating DUI-related statistical information
- Equipment purchases for Law Enforcement
- Demonstrations with Fatal Vision goggles

Montana Cancer Control Program

A statewide, evidence-based approach to reduce the burden of cancer in Montana by:

- Building local coalitions
- Implementing public education activities
- Partnering with organizations or systems to achieve increased cancer screening rates (such as medical offices and facilities and employee Wellness Programs)
- Performing other evidence-based cancer control activities
- Working with members of the state Cancer Control Coalition on state-wide initiatives
- Assisting with the Montana Cancer Screening Program to provide colorectal, breast and cervical cancer screening services for eligible Montanans

Tobacco Use Prevention

The program works to address the public health crisis caused by the use of all forms of tobacco products. Activities include:

- Enforce the Montana Clean Air Act
- Coordinate Tobacco Free Missoula County coalition, made up of community agencies who promote better health by reducing tobacco exposure.
- Montana Smokefree Apartment Project
- Smoke Free Homes and Cars campaign
- Pregnant Women: Cessation & Intervention
- Montana Quit Line
- Teens and tobacco program
- Quit kits and National Kick Butts Day

Active Kids

Coordinates the Missoula Active Kids Coalition, a group made up of individuals, agencies, businesses and organizations committed to enhancing and increasing kids' physical activity.

Active Kids Coalition

- Develops partnerships to increase opportunities for increased physical activity.
- Active 6, a partnership of the Missoula Family YMCA, MC-CHD, Missoula Parks and Recreation and The University of Montana.
- Training of community volunteers and staff working with kids
- Coordination of Let's Move! Missoula Program: a community initiative supported by leaders from health care, k-12 schools, The University of Montana, businesses, United

Way of Missoula County, Missoula Family YMCA, Missoula Parks & Recreation to address childhood obesity.

- Interaction with schools
- Third grade BMI project in partnership with Montana State University College of Nursing.
- Unplug and Play initiative to educate the public of the need for less screen time by youth.

Suicide Prevention

- Coordinates Missoula Suicide Prevention Network, made up of a diverse group of agencies who deal with suicide affects, intentions, and interventions.
- Links community members responding to concerns related to suicide.
- Develops an organized, integrated community approach and a common vision regarding suicide prevention.
- Assists and develops projects which improve Missoula's capacity to reduce our high suicide rates.
- Offers depression screening
- Created and maintains current list of Missoula mental health providers, accessible on the web site.
- Supports Survivors of Suicide

Missoula Fall Prevention Project

A community team to enhance what currently is in place to reduce both the number and severity of falls among our older residents.

“Stepping On” is a well-researched, “best practice”, comprehensive falls prevention program designed to change behaviors and increase self-confidence for people over 65 years of age. The seven sessions are led by specialists from the community, a nurse or therapist who has been officially trained as a Master Trainer and/or by a Peer Educator.

Emergency Preparedness

This program prepares for all hazards emergency response through the development and exercise of a comprehensive Health Department Emergency Management and Building Safety Program. The program is responsible for collaborating with internal and external partners to develop:

- Emergency Management Plans
 - The MC-CHD Emergency Operations Plan identifies health department functions, organizational structure, and roles and responsibilities to respond to emergencies caused by bioterrorism, infectious disease, foodborne illness, hazardous materials spills, animal control issues and other public health related emergencies.
 - The Public Health and Medical Services Annex (Emergency Support Function #8) to the Missoula County Emergency Operations Plan that specifies coordination and roles and responsibilities of city and county agencies responding to emergencies that impact the capability of the community to deliver public health and medical services.
 - The MC-CHD Continuity of Operations Plan identifies the essential services that must be maintained during an emergency to meet the mandated and ethical obligations of the health department.

- Emergency Preparedness Plan that identifies the capabilities, education and training needed to successfully implement emergency response actions.
- A Building Safety Program that addresses safety and security issues for employees and visitors to the main Health Department building on Alder St. and the Animal Control Shelter on Butler Road, including
 - A Building Safety Plan that guides the response of building occupants to fire and other emergencies.
 - The maintenance and testing of safety and security systems and equipment, such as the panic alarm system, first aid kits, emergency supplies, etc
 - Administrative support to a Building Safety Committee to improve and progress plans and systems and identify staff needs and issues.
- Collaboration with internal and external partners to prepare for, coordinate and plan a response for any disaster or emergencies, including support to and participation on:
 - The Health Emergency Advisory Team
 - The Functional Assistance Support Team
 - The Missoula County Disaster Planning Committee
 - The Missoula County Local Emergency Preparedness Committee
 - Temporary Community Work Teams that address specific planning needs

Community Health Assessment

This program ensures the availability of high-quality and comprehensive community health data on the Missoula County population and facilitates its use for public health assessment, policy development, and program planning and evaluation including the Missoula Measures website. This unit supports MC-CHD programs and community partners with data analysis and also conducts in-house research studies. Analyses are performed to assess health status indicators for the County.

Communication and Public Information

- To help educate the public regarding all the above programs and focuses, the Health Promotion Division maintains a web site with pages specific to each program.
- This division also serves in the incident command system, communication and public information sectors, during any public health emergency.

Environmental Health

Environmental public health focuses on the health interrelationships between people and their environment, promotes human health and well-being, and fosters a safe and healthful environment. It includes a wide array of topics, ranging from air, water and food protection to animal control to hazardous materials response and emergency preparedness. The division works to protect environmental public health through education, encouragement, research, inspections and enforcement of local, state, and federal public health laws and regulations. The primary focus is prevention. At the same time, the Environmental Health Division strives to be prepared to respond to issues, emergencies and emergent problems when preventative programs fail or are not in place.

The Environmental Health Division includes four main programs: Animal Control, general Environmental Health, Outdoor Air Quality and the Water Quality District.

Animal Control

The Missoula City-County Health Department is concerned with the safety of the public and the welfare of all domestic animals in the City and County of Missoula. Animal control is responsible for the following:

- The sheltering of abandoned, stray and impounded animals.
- The enforcement of the City-County ordinances relating to the keeping, restraint and humane treatment of animals.
- The education of the public concerning proper animal care and responsible animal ownership.
- The responsible placement of adopted animals.
- Responding to Bite reports and nuisance reports
- Dog and cat licensing
- Free spay and neuter clinics

General Environmental Health

General Environmental Health encompasses a number of programs, large and small. It includes licensed establishments, indoor exposures, solid waste/community decay/junk vehicles, wastewater, wells and water testing.

Licensed Establishments

The goal of the licensed establishment program is to improve food safety, sanitation and water quality in licensed establishments, and to reduce food- and water-borne illnesses and other harmful conditions of public health importance. Licensed establishments include:

- Body Art and Piercing
- Campgrounds
- Day cares and Group Homes
- Food Service Establishments (restaurants, bars, food stores, warehouses, manufacturers, mobiles, carts, temporary food services, and catering)
- Public accommodations (hotels, motels, bed and breakfasts and vacation rentals)
- Public pools and spas
- Trailer courts
- Schools
- Water haulers

MC-CHD works with licensed establishment operators to help them understand and follow local, state and federal regulations. We do this through inspections, education and training opportunities for operators, continuing education for staff so they can be expert resources for operators, and, when necessary, enforcement.

Indoor Exposures

Americans spend most of our time indoors, in homes, schools and worksites. The goal of this program is to increase Missoulians' awareness of indoor exposure issues, and to provide

guidance on how to mitigate problems. In a few cases, we have regulatory authority to address issues. In most cases, we rely on education and encouragement. The indoor exposures program includes:

- Asbestos
- Environmental Tobacco Smoke
- Lead
- Mold
- Radon
- Substandard Housing

Solid Waste/Community Decay/Junk Vehicles

These three programs deal with garbage and junk in Missoula County. The goal is to reduce public health hazards and unsightliness associated with discarded items and outdoor storage, from litter to building materials to junk cars. We do this through complaint investigation, inspection of licensed wrecking yards, and enforcement of local and state regulations.

Wastewater

The goal of the wastewater program is to reduce water quality, environmental, and human health impacts associated with wastewater treatment and disposal. The program includes:

- Site Evaluations for on-site wastewater disposal
- Groundwater Monitoring
- Non-Degradation Analysis
- On-site Wastewater Treatment and Disposal Systems Permitting and Inspections
- Sanitation in Subdivision Review
- Complaint Investigations
- Special Management Areas and Projects

Wells and Water Testing

An important aspect of environmental public health is the protection and monitoring of drinking water supplies. The goal of the wells and water testing program is to ensure drinking water supplies are reviewed, located, tested, protected, and when necessary, remediated to ensure all Missoulians have access to safe drinking water supplies. The program consists of:

- Public Water Supply Inspections
- Sanitation in Subdivision Review
- Well Permits and Inspections
- Water Lab (bacteriological sampling only)

Outdoor Air Quality

The MC-CHD is the lead governmental agency for outdoor air quality concerns in Missoula County. The objective of the Air Quality Program is to ensure that all national ambient air quality standards are met, continue to improve air quality in Missoula County, and if an air quality standard is not met, develop and implement strategies and rules that will improve air quality so that the county is in compliance with the air quality standards. To protect public health and reduce the negative impacts on air quality in the county, the MC-CHD has implemented several programs.

- Air Quality Monitoring – Operate ambient air quality monitors around the county, design and implement air quality studies to determine spread and intensity of air pollutants.
- Outdoor Burning Program – Manage the outdoor burn permit program and limit burning during periods of poor dispersion.
- Industry – Permit, inspect and perform enforcement activities for industrial facilities.
- Fugitive Dust Emissions – Permit and enforce paving regulations and street cleaning in the Missoula Air Stagnation Zone to protect the PM₁₀ standard.
- Solid Fuel Burning Devices – Throughout Missoula County, the types of solid fuel burning devices (wood stoves or outdoor wood boilers) that can be installed is restricted to clean burning devices. In the Missoula Air Stagnation Zone, older wood stoves must be removed when property changes ownership.
- Transportation – Participate in transportation demand management and infrastructure plans for the county; this includes motorized and non-motorized transportation.
- Green House Gases – Participate in Missoula Cities’ greenhouse gas and energy conservation/efficiency efforts.

Water Quality District

The Missoula Valley Water Quality District was created by resolution of the Missoula Board of County Commissioners in January 1993, and began operations in July 1993. The mission of the District is to protect and improve surface and ground water quality in the Missoula Valley.

- Monitoring and Research - Conduct monitoring and water quality research to assess and prioritize water quality issues.
- Inspections and Spill Response - Inspect facilities regulated under state, local and federal water quality laws, respond to complaints and spills reported through 9-1-1,
- Enforcement - Enforce state and local water quality law and regulations,
- Public Education - Conduct public education on water pollution prevention, household hazardous wastes, and riparian resource protection.
- Cleanup Oversight - Conduct local review of state and federal groundwater cleanup sites,
- Household Hazardous Waste Collection - Conduct annual household hazardous waste collection event and Conditionally Exempt Small Quantity Generator waste collection event,
- Financial assistance for Water Quality Improvements. Provide financial assistance and incentives for projects that improve water quality, including sewer connection
- Riparian Resource Protection – encourage protection of riparian resource areas to benefit water quality
- Subdivision – review subdivisions for potential water quality impacts

TODAY IN THE DEPARTMENT OF PUBLIC HEALTH...

On any given day, the Missoula City-County Health Department performs a variety of functions to make Missoula County residents safer and healthier. Below is a sampling of the services and operations carried out by the department on an average day.

Health Services:

Maternal Child Health Home Visiting

The Maternal-Child Health (MCH) home visiting team will complete 74 contacts with pregnant women, infants, and children. 62% (46) of these contacts will be face-to face.

The Public Health Nurse TB Case Managers will work with at least one community member to manage latent and/or active TB treatment.

MCH Public Health Nurses or Social Workers will assist three pregnant women with accessing Medicaid.

MCH Public Health Nurses or Social Workers will respond to 5-8 calls for immediate assistance with accessing community services.

The Home Visiting Program will process 12 referrals for services from the community.

The Public Health Nurse Asthma Specialist will provide Case Management services to 6 children with asthma

The Home Visiting team will travel 100 miles by car to conduct home visits.

The Public Health Nurse Foster Child Specialist will provide Case Management services to 10 foster children and their families

The MCH Home Visiting team will attend at least one internal or community committee/coalition focusing on improving services to families.

Outpatient Clinic

In the clinic, a Public Health Nurse will see approximately 45 patients per day for immunizations, pregnancy tests, TB tests, or head lice checks. This totals approximately 900 patients per month and 10,800 patients per year. Between 60% and 70% are children under age 18.

Public Health Nurses administer 48 immunizations per day to children and adults, and performs roughly 4 TB tests.

The Outpatient clinic staff, including the Outpatient Clinic Supervisor, clinic nurses, and receptionists, field at least 80 phone calls a day for approximately 18,000 to 24,000 calls per year.

Nutrition Services

The WIC Program staff will provide services to 80 lower income families. Services will include coupons for healthy foods and beverages; counseling on healthy nutrition and sharing information and referrals on health and social services that may benefit their family.

A Registered Dietitian will provide nutrition counseling services via Webcam to families living in rural areas without access to expert nutrition services.

The Be Your Best Diabetes Prevention Program nutrition and exercise class will provide a safe and engaging environment where adults hoping to reduce their risk of diabetes, learn to select and enjoy healthier foods and beverages, discover and practice forms of physical activity that participants can include in their daily life.

A Community Health Specialist will facilitate the Eat Smart Nutrition Coalition meeting where community leaders plan and strategize to address the growing problem of childhood obesity in our communities. Later she will conduct grocery store tours, teaching interested consumers how to select the healthiest foods while staying within their family's food budget.

Breastfeeding Specialists will teach a class to help mothers and infants to breastfeed successfully. They will show moms how to use a breast-pump so she can continue breastfeeding after returning to work.

Infectious Disease

In a typical day in the Infectious Disease Office, a trained Infectious Disease Nurse will follow-up on 5 confirmed cases of Chlamydia by ensuring that the patient was appropriately treated and notifying contacts of potential exposure and need for testing and prevention.

An Infectious Disease nurse will perform HIV testing, counseling, and referral. Answer telephone calls for questions related to Bordetella Pertussis prevention and vaccination, tick-borne illness, and how to prevent Hantavirus while a person is cleaning their summer cabin for the first time of the season.

The Infectious Disease nurse will answer 2-3 telephone calls from providers with questions about appropriate laboratory testing to be performed for various infectious diseases and compile quarterly data of the number and demographical characteristics of the diseases reported in Missoula County.

A member of the Infectious Disease Team will carry a cellular phone and pager in order to respond to urgent infectious disease matters after hours.

Health Promotion:

Tobacco Prevention

The Coordinator of Tobacco Free Missoula County will meet with the Western Montana Fair Planning Committee. Eighteen people will attend this meeting, including Western Montana Fair Director Steve Earl and Missoula County Commissioner Michele Landquist. Other attendees will represent the rodeo, livestock, royalty, security, and concessions. During this meeting the

fair director and the Tobacco Free Missoula County representative will present information on creating a smoke-free fairground policy.

Active Kids

The Active Kids coordinator will facilitate a subcommittee meeting of the Active Kids coalition addressing active recess. The meeting will include representatives from the school district, the YMCA, Missoula Parks and Recreation and an interested community member.

Suicide Prevention

The Suicide Prevention Coordinator will instruct 30 group home staff in QPR suicide gatekeeper training and send out an article addressing the stigma against mental health treatment to more than 350 people on an email listserve.

Cancer Prevention

Health Promotion Cancer Prevention Staff will work with employers and doctors' offices to think about how to restructure their processes to better encourage people to receive timely cancer screenings and other preventive services.

Emergency Preparedness

Emergency Preparedness program and its community and department partners will collaborate in the development and revision of coordinated emergency response protocols to include in the Missoula County Emergency Operations Plan, the Public Health and Medical Services Annex (ESF 8), the Public Safety Annex (ESF 13), and the Hazardous Materials Annex.

EP Program will respond to 1 call from the public concerning the development of emergency preparedness plans.

EP Program will receives and respond to 4 emails from community partners in preparedness concerning regular preparedness meetings involving public health and medical services the Health Emergency Advisory Team, Functional Assistance Support Team, and the Strategic National Stockpile Planning Team

EP Coordinator will review information from other professionals on public health emergency preparedness and requests materials that enhance department preparedness activities.

DUI Task Force

The Missoula County DUI Task Force coordinator and Task Force community partners will meet to determine social marketing for the designated driver program. Community partners include law enforcement, hospital staff, Missoula Indian Center staff, tavern owners, taxi services and several community-at-large members.

Environmental Health:

Air Quality

An air quality specialist will attend a community meeting, check monitoring results, and respond to questions about burning permits and air quality.

Air Quality staff will write an industrial air quality permit, inspect an industrial source or respond to an industrial emissions complaint.

Air Quality staff will lead woodstove use educational efforts and implement strategies to reduce wood stove smoke emissions throughout the county.

Water Quality

Water Quality experts will respond to three public inquiries regarding how to test their drinking water, how to dispose of household hazardous waste, and how to recycle florescent light bulbs.

Water Quality staff will review cleanup plans for a State or federal Superfund site, and prepare written comments advocating effective, long term cleanup.

Water Quality staff will collect drinking water, monitoring well or sediment samples to be analyzed for potential contaminants such as arsenic, nitrates, bacteria, or manganese.

Water quality staff will inventory riparian resource area management plans submitted as part of residential subdivisions, map their location and visit them in the field to assess compliance and riparian habitat condition.

Environmental Health and Water Quality staff will carry a pager to respond to 9-1-1 emergency calls for hazardous materials incidents, such as fuel spills, train wrecks, and fires.

Animal Control

Three Shelter Attendants will clean the dog kennels and cat cages of more than a combined total of 60 animals and provide them with fresh food, water, and bedding. The dogs will be taken to their outdoor runs at least twice a day for exercise.

After caring for the animals and cleaning the shelter, the Shelter Attendants dispatch the Animal Control Officers (ACO) to more than 15 calls, license approximately 50 dogs, answer greater than 75 calls from the public for various questions and animal complaints ranging from loose chickens to bears in trash to animal bites. Review applications and adopt four to six dogs, cats, ferrets, chickens, etc. to the public, medicate sick animals, purchase shelter supplies and food for the animals, and schedule and administer a weekly low-cost spay/neuter clinic.

Two to three ACOs will enter more than six reports on various calls from the public which they have responded to, transport dogs and cats to the veterinarians throughout the city for spay/neuter, investigate animal abuse and neglect, respond to animals in distress at least twice a day during the summer months and to animals without food, shelter and water at least twice a day. The ACOs will investigate barking dog complaints, will appear in court to testify several

times a month, issue citations, investigate animal bites involving humans, and respond to a call a day to assist other government agencies.

Licensed Establishment Sanitarians

A Licensed Establishment sanitarian inspects several licensed establishments each day including restaurants, wholesale food manufacturers, public accommodations, pools and spas, group homes, and child cares.

A Licensed Establishment sanitarian educates the public and the regulated community through food safety training, newsletters, blog articles, and social media. They also respond to concerns and questions via phone and email, and in person during in-sanitarian hours. A sanitarian on an average day may receive 10 calls and approximately 20 emails.

A Licensed Establishment sanitarian reviews plans on a daily basis for licensed establishments to determine that proposed remodels and new construction meet state and local rules.

A Licensed Establishment sanitarian responds to complaints as needed regarding licensed facilities including foodborne illness investigations. They also address consumer complaints and provide guidance on recalled products.

Land Sanitarians

A Land Sanitarian fields questions from the public regarding septic, water, subdivisions, and sanitation.

Land Sanitarians complete permitting for new and replacement septic systems and wells

Land Sanitarians review subdivision applications for compliance with state regulations.

They promote compliance with and enforce environmental laws and regulations by doing field work, including inspections, site evaluations, and ground water monitoring.

Junk Vehicle Specialist

A Junk Vehicle Specialist responds to an average of 6 telephone calls per day.

The Junk Vehicle Specialist completes roughly four inspections per day and drives approximately 560 miles per month.

The Junk Vehicle Specialist also completes all reporting requirements, maintains the county junk vehicle lot, and prepares vehicles for crushing.

Health Administration:

Support Services

Support Services Administrator (SSA) will perform several tasks to support the health officer.

SSA will respond to at least 20 phone calls, e-mail messages, items of correspondence or direct inquiries from the public, staff and others, redirecting the parties as need.

SSA will set up a meeting with the health officer that involves scheduling; room and equipment setup; notification to the public, the media and other parties; participation as a regular attendee (not just as support staff) and/or preparation of agendas, minutes and other documents.

SSA will submit 2 to 5 requests to the Facilities Management Department and vendors for janitorial services, waste disposal and recycling, repairs, etc. to maintain a safe environment, including sidewalk, parking lot and building maintenance.

SSA will provide guidance and technical support to 4 staff for the use of software applications and IS and other equipment and to troubleshoot and resolve problems. Requests for external support will be submitted to the IS Department and vendors if needed.

SSA will support Human Resources, the Board of County Commissioners and other city and county departments by distributing 3 notices or items of information to staff regarding policies and procedures, employee benefits, training opportunities, meetings, Employee Council-sponsored activities and more.

SSA will process 2 contracts offered to or by the department, including drafting or revising documents, conducting contract review meetings, routing items for signature and distributing originals and copies as needed. Training and guidance will be given to staff regarding related county and departmental policies and procedures. Appropriate logs will be updated.

SSA will work on several documents of other types: grant applications, reports, contact lists, policies, procedures, spreadsheets and more will be developed and/or finalized. Support will be provided to divisions to edit and revise items they are preparing.

Accreditation

The Accreditation Coordinator meets with the Accreditation Team 2 hours per week to review requirements of accreditation in detail.

The Accreditation Coordinator creates templates and provides guidance related to accreditation documentation to the Management and Supervisory staff in the department.

The Accreditation Coordinator participates in regularly scheduled teleconferences and training events to better provide guidance to staff within the Department.

The Accreditation Coordinator reviews up to 10 documents per week to determine if revision is needed prior to finalization.

STRATEGIC PRIORITIES, GOALS AND OBJECTIVES

MC-CHD has a broad range of responsibility, from the everyday work of inspecting restaurants and health facilities, to following up on suspected communicable disease cases to avoid further infections, to conducting health education in the community, to conducting population and case-based surveillance to monitor the health of the population. (See Overview)

The strategic priorities in this Plan do not encompass all the work that MC-CHD does; rather they touch upon the major functions and set out goals and objectives that in most cases go beyond the routine work to enable MC-CHD to achieve the overall mission and vision of a healthier population.

Each of the following strategic priorities addresses in detail objectives and activities to be completed during FY 2013. In January 2013, the department will conduct a six month progress review and make a report to the Board of Health. This will include adjustments to the plan based on accomplishments, setbacks, new opportunities and developments. During the spring the department will conduct planning for the specifics of the next FY. This revised portion of the plan will be submitted to the Board of Health in later spring for review. The department will continue in this manner during the interval of the plan.

Strategic Priorities

1. Breastfeeding
2. Immunizations
3. Nurse-Family Partnership Home Visiting
4. Missoula Foster Child Health
5. Childhood Obesity
6. Nitrate Reduction
7. Radon
8. Seeley Lake Air Quality
9. Animal control
10. Remodel
11. Accreditation
12. Quality Improvement
13. Budget

Missoula City-County Health Department FY 2013-2015
 Strategic Priorities- Health Services/**Breastfeeding**

Goal: By July 2015, increase to 20% the rate of mothers enrolled in WIC prenatally who exclusively breastfeed (EBF) for 6 months.		
Indicator #1: In 2011, 17% of infants whose mothers are enrolled in WIC were exclusively breastfed for 6 months.		
Objective #1: By June 30, 2013, 20 % of mothers enrolled in WIC, will exclusively breastfeed for 6 months		
FY 2013 Work plan related to Objective #1		
Actions Required	Person Responsible	Completion Date
Will switch from Excel to Access due to loss of data	Arwyn Welander and Mary Strand	August 30, 2012
Maintain a WIC client based QI process for breastfeeding interventions identifying which intervention, demographic; environmental factors impact EBF initiation and duration.	WIC clinical staff; Michelle Baker, Kathy Larson, Mary Strand, Nicole Crouch, Mary Brambo and Deb Hirshberg	Data entry will occur daily, as WIC clients' participate in their monthly appointment. Quarterly report of data generated to determine trends and where gaps are located.
Continue work with Community Medical Center (CMC) and local health care providers (HCPs) to follow evidenced based practices relating to breastfeeding support and education.	Rebecca Morley	Quarterly report (March 31 2012; June 30, 2012; Sept 30, 2012; December 31 2012; of completed tasks to assist CMC to comply with JACCHO Maternity Care standards relating to breastfeeding.
Coordinate a continuing education event in fall 2012, for professional and para-professional staff to obtain and maintain credentials as certified breastfeeding counselors. Obtain CEUs for MD, PA, RD, RN, WIC, NP and IBCLC.	Mary Pittaway	September 30, 2012
Assign all prenatal WIC clients a breastfeeding peer counselor who follows the evidence based practices associated for increased exclusive breastfeeding support, education and counseling with prenatal and post-partum mothers.	WIC Clinical Staff including, Michelle Baker, Kathy Larson, Mary Strand, Nicole Crouch, Mary Brambo and Deb Hirshberg	Weekly review of spread sheet to see that referrals are made, contact with mother initiated by BFPC, client scheduled for Meet and Greet class, and 3 BFPC prenatal and post-partum contacts made with. Institute training and corrective actions if needed.
Maintain WIC based QI process for breastfeeding interventions with WIC program staff, identifying areas effective interventions, and those not influencing the desired impact.	Mary Strand	Monthly reviews at nutrition services staff meeting.

Factors Affecting This Strategic Priority

External trends, events or other factors

- Formula feeding is the norm in Missoula, Montana and the US
- Rampant availability of free formula sampling through medical clinics, over the internet and through direct mail and WIC. Once formula is introduced to an infant, the weaning process naturally begins.
- There exists the misperception that babies need formula, and that it is basically equivalent to breastmilk.
- Mothers returning to work or school soon after delivery, can successfully continue nursing if their work or school environment supports pumping, storage and privacy. Not all worksites support breastfeeding according to standards addressed in the Affordable Care Act and Montana state laws supporting breastfeeding in the workplace.

Internal Strengths:

The majority of WIC and MCH staff are Certified Breastfeeding Counselors and three are Internationally Board Certified Breastfeeding Consultants. There are local CEU opportunities for breastfeeding counseling and support. Exclusive breastfeeding is recognized as an evidenced based intervention to reduce obesity in later life. WIC provides breastfeeding support, counseling, group and individual education, pumps and supplemental food incentives for enrolled prenatal and post-partum women. WIC has supplemental funding for breastfeeding peer counselors who are available to mothers outside of the normal work week. Our Nutrition and Physical Activity Program funding targets community support of breastfeeding. MCCHD WIC has the opportunity to curtail issuance of infant formula for the first month of each infant's life. If mothers did not have access to free formula from WIC, they may learn to breastfeed successfully and to continue breastfeeding throughout the infants first year of life.

Internal Weaknesses:

WIC provides infant formula upon request. WIC clients have multiple issues and concerns, and often, breastfeeding is not their priority issue. Only 15% of our prenatal clients attend our "Meet and Greet" breastfeeding class, where they meet a BFPC, and are introduced to the infant and mothers' health benefits of exclusive breastfeeding. We don't have a mechanism to monitor breastfeeding rates for women not enrolled in WIC and MCH.

External Opportunities:

CMC is working to comply with JACCHO Maternity Care standards supporting exclusive breastfeeding. CMC is working to achieve the UNICEF Baby Friendly Hospital Initiative (BFHI) certification status, both of which state "artificial breast milk substitutes" will only be provided to infants for medical necessity. Under the BFHI, all health care providers involved with services to pregnant women and infants will complete a minimum amount of education on breastfeeding e.g. health impacts to mother and infant; how to support and counsel mothers for breastfeeding success. We have state and national mandates for employers to support breastfeeding by mothers returning from maternity leave. Over 200 local businesses including restaurants, have signed pledges to support customers and visitors who chose to breastfeed "in public" and they display a sign stating this.

External Threats:

Formula sampling is a cultural norm, and literally every pregnant and post-partum woman receives samples from their health care provider, as well as having cases of formula delivered to their front door. (Names and addresses are sold to formula companies, by retail stores such as Motherhood Maternity, Penney's, Target, and other stores selling maternity and infant goods). The implicit message to the mother is that formula feeding is comparable to breastfeeding, and that eventually, she will need formula for her baby. We don't have a milk bank, so infants in NICU are typically

fed infant formula. Infant formula costs about \$7.00/day, and few if any parents recognize this when they start feeding formula, and therefore begin the weaning process.

Stakeholders

Community Medical Center staff including Jonathan Weisul, CMO, Apri Fox, Director of Women and Child Services; Cindy Wolverton, OB Director; Jackie McCoy, Rebel Larson and Peggy Stickney IBCLC staff from CMC.

MCCHD WIC and MCH Program Staff

The Missoula Breastfeeding Coalition

DPHHS Nutrition and Physical Activity Program Lynn Hellenga, IBCLC

Missoula LaLeche League

Dr. Sandra Shepherd

Dr. Craig McCoy

Dr. Janice Gomersal

Dr. Elaine Furrow

Human Resources Directors throughout the community

Missoula Local Business Community

Missoula Eat Smart Coalition

Missoula City-County Health Department FY 2013-2015
 Strategic Priorities- Health Services/**Immunizations**

Goal: By June 30, 2015, 80% of MCCHD’s 19-36 month old patients will be up-to-date in immunization coverage as reported by MCCHD’s HDIS Immunization registry and state ImMTrax registry.		
Indicator #1: In 2008, 52% of 19-36 month old children were shown to be up-to-date on immunizations		
Objective #1: By June 30, 2013, 90% of MCCHD childhood immunization data in local and state registries will be accurate. Currently only 30% are entered or uploaded correctly due to errors in name spelling, dates of birth, primary provider, etc. at state level in entering or uploading, creating duplicate entries with partial immunizations for same child.		
FY 2013 Work plan related to Objective #1		
Actions Required	Person Responsible	Due Date
Review “Missing Immunizations Reports” generated from state registry each quarter and compare/correct with our registry data so subsequent uploads to state registry will be accurate.	Immunization Clinic Supervisor, and nursing and administrative staff as assigned, to review reports, call parents or providers to clarify if needed, and make corrections in ImMTrax and/or HDIS for next upload.	Quarterly - by the end of the month following each quarter.
Objective #2: By June 30, 2013, 90% of reminder calls will be completed within the same month that a report is generated.....Currently 100% of reminder calls are being done, but are sometimes one or two months behind.		
FY 2013 Work Plan related to Objective #2		
Actions Required	Person Responsible	Due Date
Assure that calls are done the same month reports are generated, for children who are still behind after two reminder post cards were sent.	Immunization Clinic Supervisor and nursing staff as assigned.	At the beginning of each month for previous months’ report.

Factors Affecting This Strategic Priority

External trends, event or other factors that impact this priority:

The department’s quarterly reports of children up-to-date with immunizations are generated from the state’s ImMTrax immunization registry. Accuracy of the monthly data transfers/uploads from our HDIS immunization registry to the state’s ImMTrax registry is limited, as some data fields are not similar to each other. For example, the department has to work out details with the state when it enters IZ records for other practices in Missoula County. Due to glitches in state data input, MCCHD is often incorrectly identified as being the primary provider. This results in inaccurate rates for “department” children, (ie: those for whom the department is really the primary immunization provider. In addition, if a child has recently moved to Missoula, and has already had some immunizations entered into ImMTrax by a provider in another county, they will be duplicated in the

data transfer if there is any error in name spelling or date of birth in HDIS or ImMTrax. That is – if the demographics do not match exactly, a “new child” will be created in ImMTrax, thus creating two children each with partial immunization data, which contributes to lower overall rates of being up-to-date. The department is often not aware when this happens, as there is no alert that a “similar name” has potentially created a duplicate.

Other external factors that may affect actual rates of being up-to-date are parent reluctance to fully immunize at each visit and a growing trend to do just one immunization at a time. There is strong misinformation on the internet and other sources about vaccine safety in general, as well as the safety of multiple injections at one visit. Some pediatricians are refusing to do any immunizations for children whose parents request an alternate schedule, and instead refer them to the department. Glad that the parent is immunizing at all, the department complies with their requests for alternate schedules. This lowers overall percentage rates of children being up-to-date by specific ages. Even with much parent education, the department still must comply with their requests, and may not give the child an immunization the parent declines.

Internal Strengths:

Staff are skilled, detail oriented, and fully equipped to do the job when time permits.

Internal Weaknesses:

Time challenges to doing tasks. Reviewing and comparing data from our registry with the state’s registry for accurateness of each child listed as not up-to-date is time consuming and labor intensive for staff.

External Opportunities:

Opportunities to continue to provide sound education and reliable resources to parents about disease and vaccines.

External Threats:

Much fear-based misinformation about vaccine safety and risks in community and on internet,

Stakeholders:

Health care providers

State health department

The child is the main stakeholder if protected or not protected in a timely manner from vaccine preventable illness.

Other stakeholders are parents who may incur hospital costs if child is not fully immunized during an outbreak of pertussis or influenza, for example. Pediatricians and other medical providers are also stakeholders, as we help fill the gap for their patients who choose alternate immunization schedules, who may not be able to get appointments in time for school or day care to start, or who are on Medicaid if MD refuses to do immunizations for children covered by Medicaid.

Missoula City-County Health Department FY 2013-2015
Strategic Priorities- Health Services/**Nurse-Family Partnership Home Visiting**

Goal: by June 2015, provide sustainable evidence-based MCH home visiting services to at least 25 at-risk women and their children through Nurse-Family Partnership (NFP).		
Indicator #1: SFY2012: There is no evidence-based MCH home visiting program in place at Missoula City-County Health Department.		
Objective #1: By 6/30/13 NFP home visitation will be fully established at Missoula City-County Health Department.		
FY 2013 Work plan related to Objective #1		
Actions Required	Person Responsible	Due Date
Complete and submit NFP implementation plan	MCH Nursing Supervisor	9/30/12
Hire and train at least one full-time Public Health Nurse (PHN) and half-time PHN supervisor for the NFP program	MCH Nursing Supervisor Health Services Director Missoula Community Council for Families, Infants, and Children (MCCFIC) coordinator	6/30/13
Establish and enhance local community partnerships to build referral sources for first-time low-income women to reach a full case load of 25 women and their children.	MCH Nursing Supervisor Health Services Director Missoula Community Council for Families, Infants, and Children (MCCFIC) coordinator	6/30/13
Objective #2: By 6/30/14 long-range funding sources will be identified and secured to assure sustainability for the NFP program		
FY 2013 Work Plan related to Objective #2		
Actions Required	Person Responsible	Due Date
Participation in webinars, conference calls, and other sessions hosted by NFP addressing funding sustainability.	MCH Nursing Supervisor Health Services Director Missoula Community Council for Families, Infants, and Children (MCCFIC) coordinator	Ongoing as opportunities as available
Apply for at least one federal grant and one private grant for NFP services	Health Services Director MCH Nursing Supervisor	6/30/14
Explore private insurance reimbursement for NFP services	Health Services Director MCH Nursing Supervisor	6/30/14
Provide training on Targeted Case Management for all MCH home visiting staff to maximize approved billing for services	Health Services Director MCH Nursing Supervisor	6/30/13
Provide at least one educational session on NFP to County Commissioners, City Council, and local law enforcement	Health Services Director MCH Nursing Supervisor NFP PHN	6/30/13

Factors Affecting This Strategic Priority

External Trends, events or other factors that impact this priority

- Referrals for public health home visiting services have gone up substantially: 40% increase in referrals in FY10 and a 54% increase in referrals in FY11.
- In FY2011 the Public Health Home Visiting program completed 3,960 face-to-face client encounters, including 1217 to infants and children.
- In FY2011 the Public Health Home Visiting program responded to 3,588 referrals from over 30 sources.
- The current model for home visiting is not evidence-based.
- Low-income first-time mothers are at increased risk for less than optimal outcomes.
- The federal and state governments are supporting the implementation of evidence-based home visiting through the ACA Maternal, Infant, and Early Childhood Home Visiting (MIECHV) initiative.
- The Missoula community supports the implementation of the Nurse-Family Partnership as evidenced by 18 letters of support for MIECHV grant funding.

Internal Strengths:

- MCCHD commitment to evidence-based home visiting: departmental, cross-divisional, and programmatic
- Adequate pool of qualified professional personnel for staffing opportunities
- Strong community-based coalition for evidence-based home visiting. MCCHD home visiting has been an active member since formation.
- Current MIECHV infrastructure funding for required training in NFP model

Internal Weaknesses:

- Budgetary issues for long-term sustainability of professional staff and on-going training costs

External Opportunities:

- National, State, and local recognition of NFP as the evidence-based home visiting model with the most significant positive impact on lives, and the greatest potential for sustainability
- Strong long-term relationships with local stakeholders
- Support of NFP for planning, implementing, and evaluating the program
- Adequate population to meet requirement of case load

External Threats:

- On-going budget challenges to sustain full costs of program.

Stakeholders

Nurse-Family Partnership:

MCCHD

Primary care OB/GYN, FP, CNMs

Birthing Hospital (CMC)

Law Enforcement

CFSD

Educational institutions: Public Schools, Technical schools, GED programs, Universities, and all levels for children.

Child Development Center

Early Head Start

County Commissioners

WORD

Mountain Home Montana

Mental Health agencies: WMMHC, AWARE, Three Rivers and including, Family-Based Services and Full Circle

Medicaid

Community Health Center (Partnership Health)

YWCA

DRAFT

Missoula City-County Health Department FY 2013-2015
 Strategic Priorities- Health Services/**Missoula Foster Child Health Program (MFCHP)**

<p>Goal: To provide ongoing comprehensive, intensive, public health nurse (PHN) case management to all foster children in Missoula County with the following high-risk characteristics:</p> <ul style="list-style-type: none"> ○ Ages newborn to five years ○ Children in placement transition, of any age ○ Youth approaching their 18th birthday (age 16-18) when they “age out” of foster care 		
<p>Indicator #1: 6/30/11: Prior to the establishment of the grant-funded Missoula Foster Child Health Program (MFCHP), there were less than 10 children in the foster care system in Missoula County receiving case management through MCCHD PHN services.</p>		
<p>Objective #1: By 6/30/12, ongoing systems for referral and communication between MCCHD and the Missoula office of the CFSD will be finalized to assure that all appropriate foster children are being referred and served by MFCHP.</p>		
<p>FY 2013 Work plan related to Objective #1</p>		
Actions Required	Person Responsible	Completion Date
In collaboration with the Missoula office of CFSD, MCCHD will develop a referral form and consent for release of confidential information form that will be used by CFSD to refer appropriate foster children to MFCHP.	Nursing Supervisor, MFCHP PHN Foster Child Health Program Supervisor of Case Management, Missoula CFSD.	6/30/12
Monthly case load reviews between Missoula CFSD and MFCHP to determine consistency between children identified by CFSD as eligible for MFCHP and children being served.	PHN Foster Child Health Program Supervisor of Case Management, Missoula CFSD	Monthly beginning in the second quarter of the first year of the program
Quarterly reports for the Missoula Board of County Commissioners addressing numbers of children served and outcomes of care.	Nursing Supervisor, MFCHP PHN Foster Child Health Program	Quarterly beginning at the establishment of MFCHP
<p>Objective #2: By 6/30/13 a funding source will be identified and secured to continue to provide services through MFCHP</p>		
<p>FY Work Plan related to Objective #2</p>		
Actions Required	Person Responsible	Completion Date
Application will be submitted for continued funding through Missoula County CBO grant.	Nursing Supervisor, MFCHP PHN Foster Child Health Program	4/25/2012
Discussion and brainstorming regarding sustainability of MFCHP will be addressed at each Foster Care Committee and recorded in meeting minutes.	Nursing Supervisor, MFCHP PHN Foster Child Health Program	Within two weeks of Foster Committee Meetings.

At least 2 meetings will occur between the MCCHD Nursing Supervisor for MFCHP and the Region V director for CFSD to explore sustainability.	Nursing Supervisor, MFCHP	6/30/13
Revenue from services billed through Targeted Case Management for MFCHP will be reviewed quarterly at the divisional and departmental level.	Nursing Supervisor, MFCHP Health Services Director, MCCHD Director, MCCHD Billing Specialist, MCH Home Visiting	Quarterly

Factors Affecting This Strategic Priority

External trends, events or other factors that impact this priority:

- As of 3/31/12, 132 children in Missoula County were in out-of-home placements.
- The average number of children removed from the home per year in Missoula County is 48.
- More than 60% of children in foster care have chronic medical conditions; 25% of foster children have three or more chronic health problems.
- Dental problems affect one-third to one-half of the children in foster care.
- Foster children have multiple health care providers, leading to fragmentation of health care which is ineffective and costly.
- Missoula County’s foster children average more than 3 moves each year.
- Foster children represent a complex and vulnerable population requiring time-intensive medical case management.
- Public Health Nurses are ideally positioned to provide this level of intensive care management.

Internal Strengths:

- PHN expertise on the MCH Home Visiting team
- History of success in a similar program (Follow the Child)
- Collaborative relationship with Region V CFSD office
- Experience in billing for Targeted Case Management
- Ability to track data on enrolled children electronically.

Internal Weaknesses:

- Internal budgetary challenges that negatively impact sustainability without targeted funding.
- Work load management for PHN, Supervisor, and Divisional Director

External Opportunities:

- Montana legislation requiring comprehensive services to foster children in Montana creating an interest at the state level in local program serving foster children.
- Established collaboration on Missoula Foster Committee including three agencies: MCCHD, CFSD, and SPH
- Support of Missoula Board of County Commissioners regarding the vulnerability of the population served.

External Threats:

- Budgetary constraints.

Stakeholders

MCCHD

CFSD, including the foster parent training and retention programs

Missoula Foster Care Clinic and St. Patrick Hospital

Licensed foster parents

Licensed and unlicensed kinship placements

Local physicians and medical specialists

Local dentists

Local vision services providers

Therapists: PT OT, Speech

School staff

Mountain Home Montana

Mental Health agencies: WMMHC, AWARE, Three Rivers and including, Family-Based Services and Full Circle

Group Homes and Watson Childrens Shelter

Megan Westover with the Transition Services Contract

Child Development Center

Early Head Start

CASA

Guardian Ad Litem

Evolution Services, "Compliance Coaching" and Drug Testing Programs.

Local Hospitals and their Social Workers

Local Law Enforcement

County Commissioners

Medicaid

Community Health Center (Partnership Health)

YWCA

Missoula City-County Health Department
Strategic Priorities- Health Promotion/**Childhood Obesity**

Goal: by June 2015, reduce childhood obesity in Missoula County by 5%		
Indicator #1: baseline 12% obese third graders 12% obese to 10.8%.		
Objective #1: at least 150 community members will attend the childhood obesity summit.		
FY 2013 Work plan related to Objective #1		
Actions Required	Person Responsible	Due Date
Organize the Let's Move! Missoula Childhood Obesity Summit for September 2012. A planning team will be formed.	Mary McCourt	Sept. 2012
Continue to organize Let's Move! Missoula Leadership Team meet 2-3 times per year.	Ellen Leahy and Mary McCourt.	Summer 2012, Summit September 2012 one last meeting October 2012 Jan 2013 April 2013
Objective #2: Increase physical activity in school-age children by June 2014 by increasing by 50% schools that offer active recess.		
FY 013 Work Plan related to Objective #2		
Actions Required	Person Responsible	Due Date
Organize and successfully partner with The University of Montana (UM), Missoula Parks and Recreation and Russell Elementary School to run an active recess that can be used by interested schools. A Planning team will be formed.	Mary McCourt	School year Sept2012-May 2013
During school year 2012-2013 UM Health and Human Performance students will survey school (all county elementary?) about their current recess status and interest in using the Russell School recess model.		School year Sept2012-May 2013
By June 2013 three schools will be identified and trained in the active recess model.	Mary McCourt	June 2013

Objective #3 Increase physical activity in school-age children by June 2013 by increasing by 15% sixth grade Missoula County students who participate in the Active 6 program.

FY 2013 Work Plan related to Objective #3

Actions Required	Person Responsible	Due Date
Complete focus groups with parents and sixth graders who currently are not participating in Active 6. Mary McCourt will work with UM research team, Missoula County Public Schools and the YMCA to complete focus groups.	Mary McCourt	July 2012
New strategies will be developed by the Active 6 planning team that incorporates information gleaned from the focus groups. Mary McCourt will facilitate that work group.	Mary McCourt	September 1, 2012
Strategies will be developed and implemented will be analyzed by the Active 6 planning team.	Mary McCourt	March 31, 2013

Objective #4 Objective #4 Improve child nutrition opportunities in public buildings by passing city and county ordinances that will implement healthy guidelines on all vending/concessions that are on city and county properties.

FY 2013 Work Plan related to Objective #4

Actions Required	Person Responsible	Due Date
In conjunction with the Eat Smart Coalition, a work team will be established to determine vending/concession guidelines to be considered by city and county decision makers	Rebecca Morley	December 31, 2012

Objective #5 School policies that affect children’s obesity will be examined and prioritized.

FY 2013 Work Plan related to Objective #5

Actions Required	Person Responsible	Due Date
Subcommittee of Let’s Move! Missoula will be formed to look at school policies that can be examined that affect childhood obesity.	Mary McCourt	December 31, 2012
Subcommittee will meet four times a year and be represented by Missoula County Superintendent of Schools and Missoula County Public Schools Superintendent.	Mary McCourt	September 2013

Factors Affecting This Strategic Priority

External trends, events or other factors

Over the past three decades, childhood obesity rates in America have tripled, and today, nearly one in three children in America are overweight or obese. Left unsolved, one third of all children born in 2000 or later will suffer from diabetes at some point in their lives. Many others will face chronic obesity-related health problems like heart disease, high blood pressure, cancer, and asthma.

Thirty years ago, most people led lives that kept them at a healthy weight. Kids walked to and from school every day, ran around at recess, participated in gym class, and played for hours after school before dinner. Meals were home-cooked with reasonable portion sizes and there was always a vegetable on the plate. Eating fast food was rare and snacking between meals was an occasional treat.

Today, children experience a very different lifestyle. Walks to and from school have been replaced by car and bus rides. Gym class and after-school sports have been cut; afternoons are now spent with TV, video games, and the internet. Parents are busier than ever and families eat fewer home-cooked meals. Snacking between meals is now commonplace.

Thirty years ago, kids ate just one snack a day, whereas now they are trending toward three snacks, resulting in an additional 200 calories a day. And one in five school-age children has up to six snacks a day. Thanks to the corporate food industry, advertising to children and increased sugar and high fat snack, those three –six snacks are also less healthy than the snack of yesterday.

The growing concern for both the health of children and the burden childhood obesity will place on the medical costs, the epidemic has reached Washington D.C. and the attention of lawmakers. In May 2010, The White House Task Force on Childhood Obesity Report to the President was delivered and First Lady Michelle Obama unveiled the Let's Move! Initiative. Missoula County has signed on to this initiative and is following much of its framework.

Internal strengths:

- The WIC program has been a leader in teaching and coaching young parents on the importance of breastfeeding and healthy nutrition.
- The Third Grade BMI Surveillance Project has provided both the department and the community with baseline data in order to gauge success of future initiatives.
- The department has invested time and money in the Eat Smart Move More program.
- The department, in partnership with the United Way of Missoula County and the Missoula Family YMCA, has successfully created a childhood obesity leadership team made up of core Missoula leaders.
- The department was able to mobilize Missoula County to become the first Montana county to sign on to the national Let's Move! Program.

Internal weaknesses:

- Changing a social norm of any kind involves a long-term plan and continued financial support. At this time the department's allocation of funding is inadequate to reach the proposed goal.

- The Eat Smart Move More program is still new and uncertain in its priorities.

External opportunities:

- Both the YMCA and United Way have national initiatives regarding childhood obesity and both local entities have shown an interest and leadership in this priority.
- The Let's Move! Missoula Leadership Team consists of leaders who represent most all important levels of the community and are at a policy-making level of their agencies/groups.
- Childhood obesity is a national concern that garners media attention. This helps sell this to Missoula County residents.

External threats:

- Loss of funding to the department that will water down the current efforts.
- Like several health promotion initiatives, this one is open to push-back from certain individuals in the community who feels that government should “stay out of people’s business”.

Stakeholders

There are three major stakeholder groups concerned with childhood obesity: Active Kids, Eat Smart Coalition and Let's Move! Missoula Leadership Group.

The Active Kids Coalition is individuals, agencies, businesses and organizations committed to enhance and increasing kids' physical activity. Founding members are Missoula Parks and Recreation, Missoula Family YMCA, The University of Montana, Forum for Children and Youth, and the Missoula City-County Health Department.

Eat Smart Missoula Coalition is comprised of The University of Montana, Missoula Head Start, Missoula Early Head Start, Montana Restaurant Association and Missoula Community Food and Agriculture Coalition. The Eat Smart Coalition prioritizes community interventions that fit within Missoula communities to promote healthy nutrition and health weight for local residents.

Let's Move! Missoula is a public/private partnership of leaders whose mission is to reduce and prevent childhood obesity in Missoula County while enhancing the health of all residents. Members include:

- Community Medical Center
- City of Missoula Office of the Mayor
- Missoula Area Chamber of Commerce
- Missoula City-County Health Department
- Missoula Board of County Commissioners
- Missoula County Public Schools
- Missoula County Superintendent of Schools
- Missoula Family YMCA
- Missoula Parks & Recreation
- Missoulia
- St. Patrick Hospital & Health Sciences Center
- The University of Montana
- United Way of Missoula County

Missoula City-County Health Department FY 2013-2015
 Strategic Priorities- Environmental Health/**Nitrate Reduction**

Goal: reduce number public and private drinking water wells exceeding nitrate drinking water standard (10mg/l)		
Indicator #1: Trends of nitrate concentration in monitored public and private drinking water wells in Wye area, Blue Mountain area and Seeley Lake		
Objective #1: increase number of connections to public sewer in Wye sewer district – 30 connections in FY 13, 100 connections by end of FY 2015		
FY 2013 Work plan related to Objective #1		
Actions Required	Person Responsible	Due Date
Notify property owners of requirements to connect – permit and subdivision waivers	Jon Harvala, Jim Carlson	April 1, 2012
Assess connections completed	Jon Harvala	August 30, 2012, June 2013
Initiate enforcement action for those properties not connected	Shannon Therriault, Jim Carlson	September 30, 2012
Complete enforcement action requiring connection	Shannon Therriault	March 30, 2013
Require sewer connection for failing septic systems and lagoon wastewater systems	Shannon Therriault	June, 2013
Objective #2: continue monitoring of nitrate concentration in public and private wells		
FY 2013 Work Plan related to Objective #2		
Actions Required	Person Responsible	Due Date
Review Public Water Supply and available private well data (water quality and well construction)	Jon Harvala Erik Englebort	quarterly
Monitor 6 private drinking water wells in Mahlum Meadows Subdivision	Jon Harvala	March, 2012, September, 2012
Identify all private wells in Seeley Lake and Blue Mountain areas and offer nitrate monitoring with goal of 10% of wells to be sampled	Erik Englebort Jon Harvala	January, 2013
Identify monitoring and drinking water wells in Seeley Lake to be used for determination of groundwater flow directions. Seek permission from well owners, complete water level monitoring	Erik Englebort	June, 2013

Continue monitoring of subdivision and development in Seeley Lake and Blue Mountain area to prevent degradation of water quality	Jon Harvala, Travis Ross, Erik Englebert	June, 2013
Research options for addressing elevated nitrates including special management areas, sewer and advanced treatment incentives, enforcement, improved well construction, etc....	Jim Carlson, Shannon Therriault, Peter Nielsen	June, 2013

Factors Affecting This Strategic Priority

External trends, events or other factors that impact this priority

- As economy recovers, properties in Wye area may be converted to other uses, requiring sewer connection
- As housing market recovers, subdivision and housing remodeling and expansion may increase in all areas – requiring sewer connection for increased use in Wye area, and evaluation of subdivision and increased use on septic systems in Blue Mountain and Seeley Lake
- Legal enforcement action may be required to compel connection to sewer in some cases

Internal Strengths:

Water Quality District financial resources available to address Wye and Blue Mountain area.

Internal Weaknesses:

Department financial resources more limited to address Seeley Lake

External Opportunities:

Public organizations and neighborhood groups are generally supportive of efforts to achieve clean drinking water.

City of Missoula actively supports extension of public sewer services to areas within its sewer service area to address public health concerns regarding water quality.

External Threats:

Private well owners may not grant permission to monitor

Seeley Lake community not well equipped financially to provide public sewer service to address public health concerns related to water quality

Stakeholders

- Property owners in each of the affected areas
- Community Council in Seeley Lake
- City of Missoula Wastewater Treatment
- Water Quality Advisory Council
- Seeley Lake Sewer and Water District

Missoula City-County Health Department FY 2013-2015
Strategic Priorities- Environmental Health/**Radon**

Goal: by June 30, 2015, 15% of Missoula County homes will have been tested for radon		
Indicator #1: 2010: 7% of Missoula County homes have been tested for radon. ¹		
Objective #1: By June 30, 2013, show a 20% increase in the percentage of homes tested for radon in one outlying area with lower testing rates.		
FY 2013 Work plan related to Objective #1		
Actions Required	Person Responsible	Completion Date
Identify an appropriate county area	Indoor Exposures Group (Todd Seib)	July 31, 2012
Work with area school: provide in-class radon education free test kits for students, and results for teachers to use in math or science	Indoor Exposures Group (Todd Seib)	March 30, 2013
Track number of completed tests	Indoor Exposures Group (Todd Seib)	June 30, 2013
Evaluate efficacy of school outreach method	Indoor Exposures Group (Todd Seib)	June 30, 2013
Objective #2: By June 30, 2013, the number of kits sold through the health department will increase by 20%. (Current status: 2011 annual sales:)		
FY Work Plan related to Objective #2		
Actions Required	Person Responsible	Completion Date
Investigate the possibility of selling kits via mail, internet, and at remote sites	Indoor Exposures Group (Todd Seib)	June 30, 2013
Design testing promotion campaign for January and February 2013 targeted at Missoula County residents in general	Indoor Exposures Group (Todd Seib)	December 15, 2012
Establish and Track trends in radon kit sales	Indoor Exposures Group (Todd Seib)	June 30, 2012

¹ This percentage is based on US Census data and the Air Chek kit testing data. It does not include other companies test kits, nor the samples that are done using analyzers, as are commonly used by home inspectors. While it under-represents the number of homes that have been tested for radon in Missoula County, it's the best benchmark that's available to us at this time. The goal is established using the same assumptions. We are also working towards getting results from other companies' test kits.

Goal: In 2015, 25% of the new homes built in Missoula County will include radon resistant construction techniques.		
Indicator #1: TBD: x% homes built with radon resistant construction in 2009, 2010 and 2011.		
Objective #1: By June 30, 2013, establish a baseline of how many new homes are built in Missoula County with radon resistant construction elements.		
FY 2013 Work plan related to Objective #1		
Actions Required	Person Responsible	Due Date
Get a list of all new homes built in Missoula County between 2009 and current date, using Building Permits information.	Indoor Exposures Group (Todd Seib)	September 30, 2012
Review building permits for radon resistant building elements	Indoor Exposures Group (Todd Seib)	October 31, 2012
Ask builders about whether specific homes were built with radon resistant construction (and collect information about attitudes and knowledge of radon-resistant construction)	Indoor Exposures Group (Todd Seib)	April 30, 2013
Compile and analyze data from interviews/surveys	Indoor Exposures Group (Todd Seib)	June 30, 2013
Objective #2: By June 30, 2013, investigate the avenues and roadblocks to requiring radon resistant new construction in the city and county of Missoula		
FY 2013 Work Plan related to Objective #2		
Actions Required	Person Responsible	Completion Date
Talk with the Building Departments	Indoor Exposures Group (Todd Seib)	December 31, 2012
Compile relevant laws and regulations	Indoor Exposures Group (Todd Seib)	December 31, 2012
Determine process and possible regulatory avenues	Indoor Exposures Group (Todd Seib)	May 31, 2013
Develop initial strengths, weaknesses, opportunities and threats for a regulatory approach	Indoor Exposures Group (Todd Seib)	June 30, 2013

Factors Affecting This Strategic Priority

External Trends, Events or Other Factors

Slow economy and home sales may impact homeowner and builder willingness to mitigate for radon in existing homes or build with radon-resistant elements in new homes.

Most people are unfamiliar with radon risks.

Internal Strengths:

Energetic Team, committed to radon awareness
Staff has good communication skills

Internal Weaknesses:

Radon is not a regulatory program with deadlines, so it sometimes is a lower work priority

External Opportunities:

There's lots of room to improve testing, mitigation and radon-resistant new-construction rates
Radon's health effects are well researched and documented
Testing is inexpensive; mitigation costs are reasonable

External Threats:

Low resale values of homes may make builders resistant to incorporating RR techniques in new homes.
Radon is invisible, and the health effects are far in the future, so it's easy to put off/ignore
People tend to think cancer won't happen to them

Stakeholders:

Department of Environmental Quality
City and County Building Departments
Schools
Builders
Property owners

Missoula City-County Health Department
Strategic Priorities- Environmental Health/Seeley Lake Air Quality

Goal: by June 2015, By June 30, 2015, lower the number of days Seeley Lake exceeds the 24-hour PM_{2.5} National Ambient Air Quality Standard (NAAQS) from 2012 levels by at least 15 percent.

Indicator #1: Seeley Lake has the worst measured air quality in the state of Montana, with PM_{2.5} 24-hour averages exceeding the National Ambient Air Quality Standard (NAAQS) roughly 50 days per winter season (to avoid nonattainment, an area can usually only exceed the standard no more than 6 days in a calendar year). The reasons behind the poor air quality encompass several factors, including local weather patterns, terrain, and residential wood stove burning. The neighborhood directly adjacent to the local elementary school consistently has the highest concentrations of fine particulates in the area.

Some statistics and numbers:

1. 245 households reported heating with wood in the Seeley Lake Census Designated Place according to the 2006-2010 American Community Survey estimates by the U.S. Census Bureau.
2. While no exact number is available, most of the stoves used in the area are older non-EPA certified devices.

Based on visual observations done by Missoula City-County Health Department staff, the areas with the greatest PM_{2.5} values (the neighborhoods north and south of the elementary school), have large numbers of stoves with emission opacities of 90% or greater.

Objective #1: By June 30, 2013, help implement a woodstove changeout program in Seeley Lake to replace at least 5 old, inefficient wood stoves in the vicinity of the Seeley Lake elementary school with EPA certified wood stoves or pellet stoves

FY 2013 Work plan related to Objective #1

Actions Required	Person Responsible	Due Date
Air quality personnel will apply for woodstove changeout grants as they become available, starting with an RFP from the Glacierland RC&D Council due mid-March 2012. Air quality personnel will also continue working with the Montana Department of Environmental Quality to secure funds from Special Environmental Projects. Once funds are secured, air quality personnel will work with the Seeley Lake community and other stakeholders to accomplish a woodstove changeout to replace dirty, inefficient woodstoves with pellet stoves or woodstoves with PM _{2.5} emissions of 3 grams/hour or less. See the changeout plan in Appendix A.	Ben Schmidt and Sarah Coefield	December 31, 2013

<p>Monitoring and Evaluation The Air Division will track the exact location and addresses of each stove replaced and keep this information available in a database.</p> <p>The Air Division will place a major emphasis on those areas near the elementary school and in the Dogtown neighborhood south of Pyramid Mountain Lumber. The permanent PM_{2.5} beta attenuated monitor (BAM) located at the Seeley Lake Elementary School will be used to monitor and evaluate the success of the change out program.</p>	<p>Ben Schmidt and Sarah Coefield</p>	<p>December 31, 2013</p>
<p>Visual opacity readings by Air Division staff will also be used to evaluate the success of the program. As stoves are changed out, staff will monitor opacity on the changed out stoves and educate participants on how to use their appliances efficiently and cleanly. Participants will also be encouraged to talk directly with the dealer who supplied or installed their wood burning appliance.</p>		
<p>Objective #2: Concurrent with air quality personnel’s efforts to secure funds for a woodstove changeout, staff will continue to work within the community to encourage residents to burn cleaner while they continue the search for changeout funds.</p>		
<p>FY 2013 Work Plan related to Objective #2</p>		
<p>Actions Required</p>	<p>Person Responsible</p>	<p>Due Date</p>
<p>Conduct open houses & community meetings</p>	<p>Ben Schmidt and Sarah Coefield</p>	<p>August 31, 2012</p>
<p>Conduct personal contacts</p>	<p>Ben Schmidt and Sarah Coefield</p>	<p>October 31, 2012</p>
<p>Distribute educational material</p>	<p>Ben Schmidt and Sarah Coefield</p>	<p>June 30, 2012</p>

Factors Affecting This Strategic Priority

External trends, events or other factors

- The residents in Seeley Lake have three heating options: propane, electricity or biomass. Propane and baseboard heat are both prohibitively expensive for a large number of Seeley Lake residents. In addition, firewood is plentiful and, in many residents’ views, free. As a result, at least half of Seeley Lake residents use woodstoves as their primary heating method.

- The perception of free heat and the general view that wood heat and wood smoke are “natural” makes many residents resistant to suggestions to stop using wood stoves.
- Particulate levels in Seeley Lake are high enough that if the EPA chooses to review the data or install a reference monitor, Seeley Lake will be declared a nonattainment area for PM_{2.5}.
- If Seeley Lake goes into nonattainment for PM_{2.5}, the EPA will require Missoula County to write a State Implementation Plan (SIP) that includes enforceable measures that will get the area into attainment. A SIP would be very expensive for the County in terms of staff time and would force unwanted regulations on Seeley Lake residents.
- The highest PM_{2.5} concentrations are at the Seeley Lake elementary school. This is a concern because eighty percent of lung development occurs after children are born. Cumulative exposure of wood smoke can lead to reduced lung function and risk of future disease. For asthmatic children, breathing wood smoke can lead to immediate harm, including asthma attacks and respiratory disease.

Internal strengths:

- The Air Quality Division has been working with the Seeley Lake community toward improving their air quality since 2010. The Seeley Lake Community Council has demonstrated a commitment toward working with air quality staff toward finding a solution to the poor air quality in their area. In 2011, the community successfully implemented a pilot-scale woodstove changeout and they are ready to work with the Air Quality Division on a large-scale changeout.
- Air quality staff have already started applying for grants for a woodstove changeout program in Seeley Lake, and a work plan for proceeding with a changeout has been developed and agreed on by key stakeholders.

Internal weaknesses:

- The Air Quality Division only has two people on staff, and they have routine tasks that will require attention while they work on the Seeley Lake woodstove changeout.
- Seeley Lake is an hour away from the office in Missoula, so onsite work in the community will require special trips that preclude daily interactions with the community.

External opportunities:

- The Air Quality Division has partnered with several stakeholders, including the Seeley Lake Community Council and those listed below, who will help share the workload and find funding sources to ensure the project’s success.

External threats:

- While a plan has been developed for changing out woodstoves in Seeley Lake, and the Air Quality Division has committed \$20,000 toward this changeout, there is not yet enough funding for the large-scale changeout necessary to improve air quality enough to avoid nonattainment. This strategic priority is hinging on the division finding the necessary funding.

Stakeholders

There are several stakeholders who have agreed to work with the Air Quality Division to help the Seeley Lake community reduce pollution from woodstoves.

Seeley Lake Community Council

The purpose of the Seeley Lake Community Council (SLCC) is to advance and promote the interests and welfare of the citizens of the Seeley Lake community in Missoula County, Montana. Specifically, the Community Council acts as a liaison between the citizens of the Seeley Lake community and the Missoula County Commissioners. It functions to provide all types of information deemed useful, beneficial, and helpful to the Commissioners in making decisions that affect the Seeley Lake community. It also keeps the Seeley Lake community informed about issues being considered by the Commissioners that might have an impact on the community. The Community Council provides leadership and support to the community's efforts to ensure orderly growth and development, and serves as a channel of communications with local, County, State, and Federal government officials and agencies regarding matters of concern to the future of the Seeley Lake community.

SLCC was the main implementation partner with Missoula County in the successful 2010-2011 wood stove changeout and education pilot project. They are on board to not only continue that role, but also build on that experience with Missoula County, with this grant, to expand and improve on the initial pilot.

Montana Department of Natural Resources and Conservation (DNRC)

As part of USDA Forest Service's Fuels for Schools Initiative, the Montana Department of Natural Resources and Conservation (DNRC) has provided both financial and technical assistance to the successful development of 14 smaller-scale wood biomass energy projects in Montana while working to build both infrastructure and community support for clean wood energy development at various scales—from residential to public facilities and industrial scales.

The DNRC has recently begun discussions with the state Department of Environmental Quality, City-County health departments, and national associations and organizations about opportunities for education and incentive programs for clean residential wood burning in various communities in Montana. DNRC is interested to assist in this effort where we can in hopes of emulating the success of these programs in other target airsheds across Montana.

DNRC will support a funded woodstove changeout project in the following ways:

- Provide information on the DNRC website about residential wood heat, including a link to any specific pages about the Seeley Lake Stove Changeout program,
- Distribute outreach materials to local citizens via our local service forester who consults with homeowners in the Seeley Lake community about managing their forestlands,
- Display outreach materials at the local DNRC unit office where people purchase firewood permits for state lands,
- Engage partnering forestry organizations to conduct outreach and recruitment of Changeout participants by leveraging existing venues and relationships with area family forest landowners with active forest management plans, and
- Coordinate program assistance from forestry agencies and organizations as needed.

USDA Forest Service Seeley Lake Ranger District

The Seeley lake Ranger District features a full range of resource management activities including an active fire management program. The fire program ranges from managing fuels adjacent to the community to allowing fire to function naturally under an approved Wildland Fire Management Plan for the Scapegoat Wilderness Area.

The Seeley Lake Ranger District and the two adjoining ranger districts are planning to treat approximately 73,000 acres related to fuel reduction and restoring forest health over the next ten years. In addition, the Seeley Lake Ranger District sells approximately 700 cords of firewood annually.

The Seeley Lake Ranger district has pledged support of the wood stove changeout project.

Forest Business Partners Network

Forest Business Network LLC (FBN) is a Montana limited liability company that is headquartered in Missoula, Montana.

The company engages in four activities:

1. Running a forest business consultancy.
2. Staging conferences and other events for those in forest-related businesses and professions.
3. Operating a timber industry news aggregation website, entitled ForestBusinessNetwork.com, formerly TimberBuySell.com.
4. Publishing an email newsletter for timber industry news, entitled Forest Business Newsletter, formerly Smallwood News.

The company's website and newsletter are integral parts of the consultancy, inasmuch as they supply it with a constant flow of timely information. In a similar manner, the event-staging activity generates exactly the kind of relationships and connections from which the consultancy's clients and partners can profit.

FBN President, Craig Rawlings engages in extensive outreach to forest products businesses in his capacity as the creator and manager of ForestBusinessNetwork.com. This website is in effect, a "centralized, accessible source of technical and marketing information" of the type that the forest products industry is seeking.

Mr. Rawlings' outreach is extended by the fact that he created and currently edits Forest Business News, an email newsletter that has over 10,000 subscribers and is considered the authoritative clearinghouse for regional and national forest-to-market information.

Missoula County has met with Mr. Rawlings, and FBN has committed to partner and support Missoula County as the administrator of a wood-appliance changeout program with technical, communications, outreach, and networking expertise.

Axmen

Axmen has been the leader in the stove and fireplace industry in Western Montana for over 37 years. Their installation department has nearly 30 years experience in the installation and service of stoves and fireplaces. Axmen supported the 2010-2011 Seeley Lake changeout pilot with technical, supply, installation and educational support and has agreed to do so for this grant program proposal if awarded.

Pellet Fuels Institute

The Pellet Fuels Institute (PFI) is a North American trade association promoting energy independence through the efficient use of clean, renewable, densified biomass fuel.

The organization exists to:

- Create and represent the ultimate expertise in the residential and commercial densified biomass fuel industry and technology;
- Coordinate and integrate the needs of raw material sources, equipment suppliers and consultants, fuel producers, appliance manufacturers and distribution entities;
- Educate, disseminate and promote the advantages and benefits of densified biomass fuel technology;
- Establish and maintain densified biomass fuel standards, and;
- Provide information and support to facilitate the safety, efficiency, regulatory standards, emissions standards and test procedures specifically designed for densified biomass fuel technology.

PFI's membership is composed of manufacturers of densified biomass fuel, suppliers to the densified biomass industry and associate members, such as non-governmental organizations, universities and government agencies.

PFI has agreed to partner with Missoula County to support the proposed changeout program. Specifically, they can help organize industry support for this effort, including helping local retailers approach their supplier about special pricing and help with manufacturers' incentives for dealers and possible direct rebates to stove purchasers.

Missoula City-County Health Department FY 2013-2015
 Strategic Priorities-Environmental Health/**Animal Control**

Goal: By June 2015, reduce the number of animal-human conflicts requiring medical care to less than 60% of the national average of 103.9 instances per 100,000 population.		
Indicator #1: In 2011, there were 142 reported animal bites in the city and county of Missoula. Trend: UP		
Objective #1: By June 2013, reduce the number of animal related bites to 10% less for the city-county.		
Measurement: In CY 2011 there were 142 reported animal bites in Missoula City and County.		
FY 2013 Work plan related to Objective #1		
Actions Required	Person Responsible	Completion Date
Increase park and trail patrols by 10% In CY 2011 Animal Control personnel made 2,111 park and trail patrols.	Animal Control Supervisor and Officers	December 2012
Provide 10% more public service announcements (PSA). The Animal Control Staff and Animal Control Board provide PSA to the public through local radio and television stations, newspaper articles, a small number of TV interviews dealing with animal issues. Animal Control also produces pamphlets on all aspects of animal issues ranging from living with wildlife, tips to controlling unwanted dog behavior, spay/neuter information, and animal ordinances. Animal Control has an active web page that is part of the county web site.	Animal Control Supervisor, Animal Control Board, and Staff	December 2012
Extend dog bite prevention training in the schools, pre-schools, and other organizations that come in frequent contact with animals (USPS, FEDEX, UPS, etc) by 10%. Presentations are usually given as requested by organizations.	Animal Control Supervisor and Staff	December 2012
Review bite statistics quarterly.	Animal Control Supervisor	July 2012
Objective #2: By June 2013, continue sponsoring low income spay/neuter clinics to increase the number of altered animals by 20%.		
Measurement: 511 animals were surgically altered in CY 2012		
FY 2013 Work Plan related to Objective #2		
Actions Required	Person Responsible	Completion Date
Work with local veterinarians to increase the number of surgically altered animals.	Animal Control Supervisor and Shelter Attendants	December 2012

Schedule additional clinics	Shelter attendants	December 2012
Market this service to more low income members of the community. Presently all the low income clinics are by word-of-mouth and listed on our County web page. That appears sufficient as we have a waiting list for clinic openings which is dictated by the availability of participating veterinarians.	Animal Control Staff and Health Department Home Visit Nurses	December 2012
Review of spay neuter statistics	Animal Control Supervisor	July 1, 2012.
Objective #3: By June 2013, increase the number of licensed by 10%		
Measurement: On January 1, 2012 there were approximately 11,500 licensed dogs in the City and County		
Work Plan related to Objective #3		
Actions Required	Person Responsible	Completion Date
Animal Control Staff will monitor expired dog licensing and low cost rabies vaccinations for dogs and cats will be offered at the low income spay/neuter clinics.	Animal Control Staff	December 2012
Low cost rabies vaccinations for dogs and cats will be offered at the low income spay/neuter clinics resulting in an increase of vaccinated animals	Animal Shelter Staff and local veterinarians	December 2012
Review licensing stats	Animal Control Supervisor	July 2012

Factors Affecting This Strategic Priority

External trends, events or other factors

- A large transient population affects the number of dogs and cats passing through the area that have no rabies vaccination or do not have proof of vaccination.
- Ability of Animal Control to effectively enforce the City leash law to ensure that dogs are off-leash only in authorized areas.
- A sluggish economy have resulted in a marked increase of homeless animals and animals being turned into the local shelters with no record of being vaccinated or socialized

Internal Strengths:

- Animal Control has the staff that is committed to reducing animal-human conflicts and has the necessary skills and experience to go into the community to educate and enforce the ordinances that are designed to minimize this type of negative interaction.
- The community veterinarians are receptive to our low income spay/neuter clinics and assist us when we schedule the clinics.

- The Animal Control Staff understands the need for aggressive licensing of dogs and the necessity to have all cats vaccinated as well. We have Census Workers that canvas neighborhoods educating the public on the necessity of spay/neuter, rabies vaccinations for dogs, cats, and ferrets, and other ordinances implemented to protect the public and animals.

Internal Weaknesses:

- Lack of adequate number of Animal Control Officers to implement all the desired areas of the ordinances.
- Unable to easily and frequently visit the more rural parts of the county due to lack of officers.
- The spay/neuter clinics are not funded as well as necessary to encourage additional clinics.

External Opportunities:

- The City Council is aware of our need for additional personnel and may bring up our staffing shortfalls.
- Animal Control Staff is searching opportunities for grant funds to support our spay/neuter clinics.
- Local civic groups are becoming more aware and willing to help disseminate materials to the public regarding animal bites, wildlife-human interactions, and need for vaccinations.

External Threats:

- The shortage of Staff and a drop in tax revenue may hinder animal sheltering and law enforcement ability.

Stakeholders

- Veterinarians in Missoula city and county.
- Missoula Parks and Recreation.
- Missoula public and private schools
- Delivery organizations such as USPS, FEDEX, and UPS

Missoula City-County Health Department FY 2013-2015
 Strategic Priorities-Health Administration/**Remodel**

Goal Statement/ Strategic Priority: Improve client confidentiality, safety, and comfort in Immunization and WIC waiting and reception areas by completing a remodel no later than June 30, 2014.		
Indicator #1: Current reception/waiting space 1) crowds clients, sometimes creating lines into the hallway; 2) does not provide enough distance between reception and waiting to protect against confidential conversations being overheard; and 3) cannot be entirely directly observed by staff for purposes of safety.		
Objective #1: Waiting area will be increased at least 25% to accommodate usual and seasonal daily traffic; configuration will be altered to provide confidentiality and direct observation of 100% of the waiting area by June, 30, 2014.		
FY 2013 Work plan related to Objective #1		
Actions Required	Person Responsible	Due Date
1.1 Obtain initial architectural schemes	Department Director (Ellen)	August 15, 2012
1.2 Scope project costs and timeline.	HS Supervisors; Facilities Manager, Department Director	March 31, 2012
1.3 Develop and let architectural bid	County Facilities Manager	June 30, 2012
1.4 Budget approximately \$500,000 fund balance into capital for construction to begin in FY 13	Department Director(Ellen) and Board of Health budget approval	December 31, 2012
1.5 Develop and let construction bid	County bid processor	June 30, 2013

Factors Affecting This Strategic Priority

External trends, events or other factors

Internal Strengths:

Department has been reserving a capital fund for remodels which currently has over \$300,000 in it.
 Repayment of loan from PHC will bring an additional \$150,000 to the fund for a total of \$450,000 by mid-year FY 13.
 Basement office space will become available by June, 2012, which can be used for displacing offices adjacent to existing waiting area.
 County facilities can manage project.

Internal Weaknesses:

Location adjacent to fire doors, elevated, entryway, and public restrooms presents footprint restrictions.
 WIC and Immunization clinic needs to continue operating during remodel.
 Displacement of adjacent offices to basement is not ideal as it could split the co-location of a work unit.

External Opportunities:

Larger-scale county remodeling and relocation should be winding down at the time this project needs to move forward. Project presents a way to improve confidentiality, safety, and comfort of citizens and promote use of services.

External Threats:

Staff overload during remodeling can occur.

Inconveniences to clients will occur.

Revenue generation and program growth could be affected.

Extra care for client and staff safety, including off-hours construction work, will be needed and more costly.

Unknown building problems could be discovered.

Stakeholders

County Facilities Director

County Fiscal Officer

County Auditor

Maternal Child Advisory Council

WIC and Immunization clients

DRAFT

Missoula City-County Health Department FY 2013-2015
 Strategic Priorities-Health Administration/**Accreditation**

Goal Statement/ Strategic Priority: Achieve Public Health Accreditation Board (PHAB) Accreditation by January 31, 2014		
Indicator #1: Department will have official documentation of PHAB accreditation no later than January 31, 2014.		
Objective #1: Documentation 100% completed and correctly submitted to PHAB no later than March 31, 2012. <i>(Dependent upon PHAB acceptance of application submitted by May 31, 2012, as per previous fiscal year plan.)</i>		
Work plan related to Objective #1		
Actions Required	Person Responsible	Due Date
1.1 Accreditation Coordinator and one-back-up staff completes accreditation training.	Accreditation Coordinator (AC) (Cindy)	As offered by PHAB in between June 2012, and October, 2012
1.2 Accreditation Team electronically submits all pre-identified documents (from self-survey) to AC, in pdf scanned format.	Domain 1 – Accred. Coord. (Cindy) Domain 2 – WQD Supervisor (Peter) Domain 3& 4– Hlth. Pro. Sup. (Mary M) Domain 5 – Env. Hlth. Direc. (Jim) Domain 6 – EH Mgr. (Shannon) Domain 7 – Nursing Super. (Vicki) Domain 8 – Health Services Dir. Domain 9 – Ani.Control & Nurse Mgr. Domain 10 – Nutri. Super (Mary P.) Domain 11 & 12 (Director and Admin Mgr. (Ellen and Julie M.)	September 30, 31, 2012
1.3 Identify and submit required documentation missing in self-evaluation	Accreditation Lead Team (Identify) Individual domain leaders (Upload)	January 31, 2013
Objective #2: Complete bi-ennial review, revision, renewal and codification of all department policies by September 30, 2012.		
Work Plan related to Objective #2		
Actions Required	Person Responsible	Due Date
2.1 Adopt April, 2012 final draft of QI policy	Dept. Director (Ellen)	June 30, 2012
2.2 Codify department-wide policy compendium in numbered, electronic and hard copy formats.	Accreditation Coordinator	September 30, 2012
2.3 Train all staff in location, review, and use of policy compendium and documentation of same.	Unit Supervisors	October 31, 2012

Internal Strengths:

1. MC-CHD has been a leader in public health improvement efforts since the mid-1990's.
2. Board and dept. has used strategic planning regularly since late 1990's
3. Community Assessment in the form of the Missoula Measures process has been led and maintained by MCCHD since early 1990's
4. MC-CHD conducted a NPHPS assessment.
5. Key management and accreditation staff completed QI training and numerous QI efforts are underway or have been completed.

Internal Weaknesses:

1. Revenues and staff have been cut steadily for the past three fiscal years, with a plateauing in FY2012.
2. MC-CHD has no experience with accreditation efforts of any sort.
3. Senior management staffs are beginning to retire.

External Opportunities:

1. MC-CHD was awarded a NACCHO grant for early adoption of accreditation in 2012
2. MC-CHD was awarded a CDC-pass through grant to assist with community health assessment and community improvement plan in FY 2011.
3. Board, staff, and elected officials express support for MC-CHD accreditation efforts.

External Threats:

1. No entity in the nation has completed PHAB accreditation, so there are no anecdotes of success of failure, or proven tips to assist MC-CHD's efforts.
2. Failure to be accredited could be momentarily demoralizing.

Stakeholders:

Health Board, County Commissioners, City Council, Citizens of Missoula County, Montana DPHHS, NACCHO

Missoula City-County Health Department
Strategic Priorities- Health Administration/**Quality Improvement**

Goal: by June 2015 Department-wide Quality Improvement will be regularly implemented and documented annually, with 100% completion rate reported out annually to Steering Committee.		
Indicator #1: Department Quality Improvement (QI) Steering Committee will have documented completion of 100% of all quality improvement projects, annual reports, and documentation slated in the or the FY 13 –FY 15 QI plan and adopted a FY 16 – 18 QI plan by June, 30, 2015.		
Objective #1: Develop and adopt QI policy and three-year plan based on organizational policies and direction by September 30, 2012.		
FY 2013 Work plan related to Objective #1		
Actions Required	Person Responsible	Due Date
Appoint Strategic Planning Steering Committee	Department Director	July 1, 2012
Adopt QI Policy	Board of Health	July 15, 2012
Adopt three-year QI Plan	Board of Health	August 15, 2013
Revise, expand and implement QI for 2014 (including specific projects).	Steering Committee Chair	June 30, 2013
Objective #2: Complete QI training on concept, policy, plan, methods, documentation, process for 100% of regular staff by September 30, 2012		
FY 2013 Work Plan related to Objective #2		
Actions Required	Person Responsible	Due Date
Train staff using training module and Plan Do Study Act approach, and tools in groups by unit or division	Manager of each unit or division	September 30, 2012
Administer post-training assessment	Trainer	September 30, 2012
Review post-training assessments for feedback and additional training needs	Steering Committee	October 15, 2012
Objective #3 Implement FY 2013 projects; complete documentation of 100% by June 30, 2013		
FY 2013 Work Plan related to Objective #3		
Actions Required	Person Responsible	Due Date
FY 13 division QI projects - one per division - selected by division and approved by Steering Committee	Division Directors/QI Steering Committee	October 30, 2012

Implement at least four (one per division) QI projects	Steering Committee	November 1, 2012
Complete documentation for 100% of implemented projects	QI Project Team Leaders	April 30, 2013
Report out to Steering committee 100%	QI Project Team Leaders	May 31, 2013

Factors Affecting This Strategic Priority

External trends, events or other factors

Internal strengths:

- A team of department managers and staff completed Quality Improvement training in August, 2011. The training was highly specific and included all aspects of project selection, tools.
- Plan Do Study Act is familiar process to many staff.
- Several QI projects completed and others underway in advance of formal QI department-wide plan.
- Staff familiarity with accountability and documentation due to regulatory and contract-based practice.

Internal weaknesses:

- Department-wide training and QI plan and steering committee are new.
- Staff time limited.
- Need to estimate and budget adequate resources for department-wide approach.

External opportunities:

- Excellent training and pilot projects completed with success
- Received expert professional consultation for training, plan development, and policy drafting provided in Spring, 2012.
- PHAB and NACCHO guidance and examples readily available.

External threats:

- Unpredictable budget support.
- Unplanned public health emerging events that may require large staff commitment.

Stakeholders

Citizenry
 Missoula City-County Board of Health
 Missoula County, City of Missoula local government
 Grant and contract funders
 Department Staff

Missoula City-County Health Department
Strategic Priorities- Health Administration/**Budget**

Goal: by June 2015: Department will secure all revenue and manage expenses and capital as needed to maintain existing mandated services and meet increased service demand and annual operating budget will be at least 110% of FY 13 approved budget.

Indicator #1: Health Fund budget reduced by 4.9% between fiscal year (FY) 2009 and 2011; in FY 2012 budget returned to FY 2009 levels; goal is to grow budget to at least 110% of 2012 level.

Objective #1: FY 15 budget will be at least 110% of FY 13 budget and an amount equal to no less than 8% of annual operation costs will be kept in reserve.

FY 2013 Work plan related to Objective #1

Actions Required	Person Responsible	Due Date
Adopt a capital reserve plan.	Board Chair	August, 2012
Collect 95% of all payable private insurance fees.	Nursing Supervisor	June 30, 2013
Obtain sufficient contract funds to increased WIC monthly participation rate by 5%.	Nutrition Supervisor	June 30, 2013
Increase Medicaid collection for targeted case management to FY 2010 levels.	Health Services Director	June 30, 2013

Objective #2:
City-county local tax-funding ratio will shift to a proportion greater than current 52:48 without net reduction in total operating budget.

Work Plan related to Objective #2

Actions Required	Person Responsible	Due Date
Board will secure representative participation in city-county budget discussions	Board Chair	June 30, 2013
Replicate service proportion study	Director	March 30, 2013
Maintain board budget committee	Director	Meet at least quarterly during FY 2013
Complete mid-year budget review and preliminary FY 14 budget	Director	February 1 and March 30, 2013 respectively

Factors Affecting This Strategic Priority

External trends, events or other factors

Internal strengths:

- Managers have extensive budgeting experience and budget conservatively.
- Funds temporarily transferred for PHC capital are being re-paid timely and in full by end of FY 12.
- Capital funds to begin and pay for the majority of necessary remodeling are reserved.

Internal weaknesses:

- Dedicated ongoing funds for administrative support, service support, and new accreditation processes are not predictably secured.
- 2.8 FTE's cut during FY 09-11, not restored.

External opportunities:

- City and county bilateral funding agreement in discussion
- Affordable Care Act funds for home visiting and immunization insurance coverage available.

External threats:

- Continuing loss of federal to state pass through funds.
- Montana Legislative session to occur in FY 13.

Stakeholders

Citizenry

Board of Health

Department Staff as Employees and Professional Public Servants

Local health care providers

Local employers

City of Missoula

Missoula County

DPHHS

APPENDIX

Meeting Schedule and Process Notes

Note: Some of the strategic priorities had a lot of prep work done before that we capitalized on Health Board's Strategic Directions fed into this process.

Lead Strategic Planning Committee: Ellen Leahy, Cindy Hotchkiss, Greg Oliver

Jan – developed strategic planning model
Jan. 9 Lead Strategic Planning Committee
Jan 19 Julie Serstad
Jan.30 Lead Strategic Planning Committee
Jan 31 Jim Carlson
Feb.2- Teresa Henry, Health Board member
Feb. 3 Tom Roberts, Health Board member
Feb. 6 CHA Advocacy Workgroup
Feb. 7 Clickers meeting
Feb. 7 Health Promotion Division strategic planning
Feb.7 Deborah Johnson, Health Board member
Feb. 8 Health Services Division strategic planning
Feb. 9 Garon Smith, Health Board member
Feb. 13 Ross Miller, Health Board member
Feb. 13 Lead Strategic Planning Committee
Feb. 16 Health Board meeting- approved strategic planning process & transition from previous strategic directions format
Feb. 21 Environmental Health Planning- Jim Carlson
Feb. 27 Lead Strategic Planning Committee
Feb. 28 Environmental Health Division Strategic Planning
March 2 Special Meeting of Health Board: Strategic Planning
Mar.5 Lead Strategic Planning Committee
Mar. 12 Lead Strategic Planning Committee
Mar. 19 Lead Strategic Planning Committee
Mar. 21 Health Board Liaison Committee
Mar. 26 Lead Strategic Planning Committee
Apr. 9 Lead Strategic Planning Committee
Apr.16 Lead Strategic Planning Committee
Apr. 23 Lead Strategic Planning Committee
April 30-May 7 review of draft by Health Board Liaison Committee
May 7 Lead Strategic Planning Committee
May 17- Health Board meeting for final adoption of Strategic Plan

March - April- multiple sessions by & with staff tied to develop and refine Strategic Objectives that included drafts, revisions, meetings; additional development of other chapters of the plan.