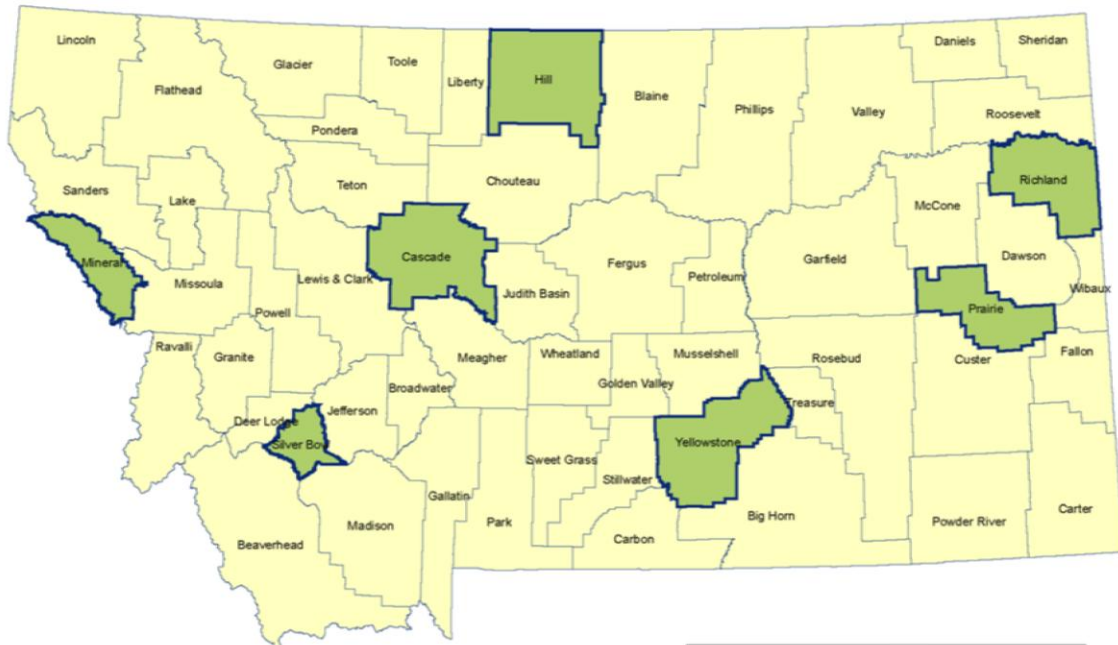


2010

HB 173 Legislative Report

HB 173 Pilot Projects



Participating Health Agencies

 HB 173 Pilot Projects

Pilot Project for Implementing
National Public Health Standards
Montana Department of Public
Health & Human Services
August 24, 2010

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EXECUTIVE SUMMARY

The 2009 Montana Legislature passed and Governor Brian Schweitzer signed into law House Bill 173 (HB 173). This legislation charged the Montana Department of Public Health and Human Services (DPHHS) with implementing a pilot project that would provide local public health agencies with funding and technical assistance to assess their readiness for and prepare for an upcoming national voluntary public health accreditation program. This effort is aimed at creating a sustainable public health system in Montana, with the capacity to make measurable improvements in the health status of our citizens.

Public health agencies play a critically important role in keeping communities healthy. Despite this, there has not been a system for assuring that public health agencies provide a consistent quality, level and array of public health services. The Public Health Accreditation Board's (PHAB) voluntary national public health accreditation program is intended to serve this purpose. The expected benefits of the program include: increased accountability of public health agencies, quality and efficiency in service delivery, improved health outcomes and consistency throughout the public health system.

Seven local public health agencies serving counties with population sizes from frontier to urban, responded successfully to a Request for Applications (RFA) issued by the DPHHS and were awarded contracts. These agencies have used the PHAB's framework, resources, and tools to assess their public health capacity and performance as measured by the national public health standards and to estimate the costs associated with accreditation. They have also reported the challenges and benefits they experienced with this process. Results of their efforts are summarized in this report as required by HB 173.

Accomplishments

Much has been accomplished with the funding and guidance provided with HB 173. The work of the Pilot Project Agencies will provide a roadmap, tools and guidance for any and all local Montana public health agencies that wish to pursue accreditation.

- Pilot Project Agencies completed the Agency Readiness Review to assess the extent to which their local public health agency met measures associated with the PHAB standards.
- Results of the readiness reviews indicate Pilot Project Agencies fully or partially met approximately 75% of the measures. This suggests that with continued preparation, many Montana local public health agencies will be well positioned to achieve accreditation.
- Results of the readiness reviews highlight Pilot Project Agencies' areas of strongest and weakest performance. This information will be useful in prioritizing areas for improvement as these agencies begin preparations for accreditation. In the aggregate,

DPHHS will use these results as it develops training, technical assistance and support activities for local agencies planning for accreditation.

- During the second year of this project, each Pilot Project Agency will complete the pre-requisites to apply for accreditation. These include completing or updating community health assessments, community health improvement plans and strategic plans.

Challenges

- Without the support of local policymakers and community stakeholders, preparing for and achieving accreditation presents substantial challenges for local public health agencies.
- While estimating the cost of completing an Agency Readiness Review was easily accomplished, estimating the cost of “preparing for and maintaining” accreditation was far more complex and challenging than anticipated.

Benefits

- Implementation of standardized public health and business processes, as proposed in the PHAB standards, will strengthen public health agencies.
- The involvement of community members and stakeholders in preparing for accreditation has increased awareness of the value of public health agencies, programs and services to their communities.

Recommendations

- Encourage every Montana local public health agency to complete an Agency Readiness Review and the pre-requisites to apply for accreditation.
- Continue to inform the public health system and the community about the benefits of public health accreditation.
- Encourage local public health agencies to work collaboratively and regionally on accreditation activities.
- Monitor the work underway by the PHAB to estimate costs associated with preparing for and maintaining national standards. Continue to work with the Montana Public Health System Improvement Task Force (MPHSITF) to develop a methodology to accomplish this for Montana local public health agencies.
- Continue to use the MPHSITF, a state and local partnership, to focus on public health improvement and meeting the public health standards.

1) INTRODUCTION

A. Background

HB 173 charged the DPHHS with implementing a pilot project that would provide local public health agencies with funding and technical assistance to assess their readiness for and prepare for an upcoming national voluntary public health accreditation program. A general fund appropriation in the amount of \$200,000 for each year of the 2011 biennium was provided through HB 645. The effort was aimed at creating a sustainable public health system in Montana, with the capacity to make measurable improvements in the health status of our citizens. (House Bill 173 is attached as Appendix A)

The bill called for oversight by the Montana Public Health System Improvement Task Force (MPHSITF), with DPHHS providing resources, and a report to the legislature to include the following: results of the pilot project; costs associated with accreditation; assessment of the ability of local agencies to become accredited; suggestions for preparing for accreditation; benefits experienced by Pilot Project Agencies; the extent to which Pilot Project Agencies met national standards; and recommendations for improving the local public health system.

Public health agencies play a critically important role in keeping communities healthy. Despite this, there has not been a system for assuring that public health agencies provide a consistent quality, level and array of public health services. The Public Health Accreditation Board's (PHAB) voluntary national public health accreditation program is intended to serve this purpose. The expected benefits of the program include increased accountability of public health agencies, quality and efficiency in service delivery, improved health outcomes and consistency throughout the public health system.

The PHAB was established by the leading national public health organizations to develop public health standards and create a national public health accreditation program. The program measures the degree to which state, local, tribal and territorial public health departments meet the nationally recognized standards of practice. The standards are based on the ten essential public health services, a widely accepted framework for contemporary public health practice.

PHAB's proposed standards are organized by domains (Part A outlining administration and governance functions of state and local public health agencies and Part B based on the ten essential public health services), standards (that describe the domain more fully) and measures (the "scorecard" for each standard). There are a total of 11 domains and 30 proposed standards with 101 measures applicable to local health departments. (Summary of Public Health Accreditation Standards is attached as Appendix B)

B. Pilot Project Agencies

Local public health agencies in Montana serving counties with a variety of population sizes are represented in the HB 173 Pilot Project Agencies. HB 173 outlined the distribution of funding to eight local public health agencies, including a tribal health department as follows:

- Two local public health agencies with county populations of 40,000 or more
- One local public health agency with a county population of 20,000 to 40,000
- Two local public health agencies with county populations of 5,000 to 20,000
- Three local public health agencies with county populations fewer than 5,000

All lead local public health officials, tribal chairpersons and tribal health department directors in Montana were invited by the department to apply for funding through an RFA process. DPHHS assembled an evaluation panel that reviewed the applications and awarded seven grants of \$25,000 per year to local public health agencies, by population size. After the RFA was issued twice, no tribal health departments submitted an application and the funding for that project reverted to the state's general fund.

EVALUATION PANEL MEMBER	ORGANIZATION
Mary Beth Frideres	MT Primary Care Association and MPHSITF member
Susan Brueggeman	Lake County Environmental Health and MPHSITF member
Michelle Sare	Frontier county representative
Ellen Leahy	Missoula City-County Health Officer, large county representative
Sue Miller	MT Department of Public Health and Human Services

LOCAL PUBLIC HEALTH AGENCY, HB 173 GRANTEE	COUNTY POPULATION	COUNTY SIZE
RiverStone Health (Yellowstone City-County Health Department)	142,348	Large
Cascade City-County Health Department	82,026	Large
Butte-Silver Bow City-County Health Department	32,803	Medium
Hill County Health Department	16,454	Small
Richland County Health Department	9,270	Small
Mineral County Health Department	3,862	Frontier
Prairie County Health Department	1,064	Frontier

C. Oversight and Training

The Montana Public Health System Improvement Task Force (MPHSITF) has provided oversight to the HB 173 Pilot Project activities while specific training for the Pilot Project Agencies was conducted by the DPHHS staff, members of PHAB, and faculty from the University of Washington Northwest Center for Public Health Practice.

TRAINING AND TECHNICAL ASSISTANCE	DATE
Monthly calls	Third Wednesday of every month
Kick-off meeting	November 5 & 6, 2009
Learning session	April 6, 2010
Public Health Summer Institute	July 26–28, 2010
Meeting planned	October 13, 2010
Meeting planned	April 7, 2011

D. Data Collection

Two data collection forms were used to explore the costs and impacts to prepare for accreditation and meet the standards. These forms were reviewed by the members of the MPHSITF.

Monthly Tracking – “Form 1”

Form 1 was used to track the costs associated with conducting an Agency Readiness Review (assessment) and explore the challenges and benefits of accreditation.

Domain Tracking – “Form 2”

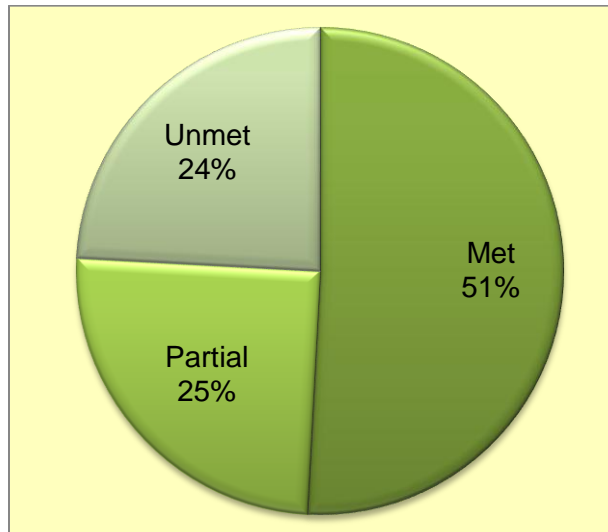
Form 2 was completed as each domain was reviewed by the Pilot Project Agencies. This form was designed to estimate the cost of meeting and maintaining the standards. This form also documented the extent to which a Pilot Project Agency met the measures associated with each standard and domain.

2) RESULTS

A. Assessment of Ability to Become Accredited

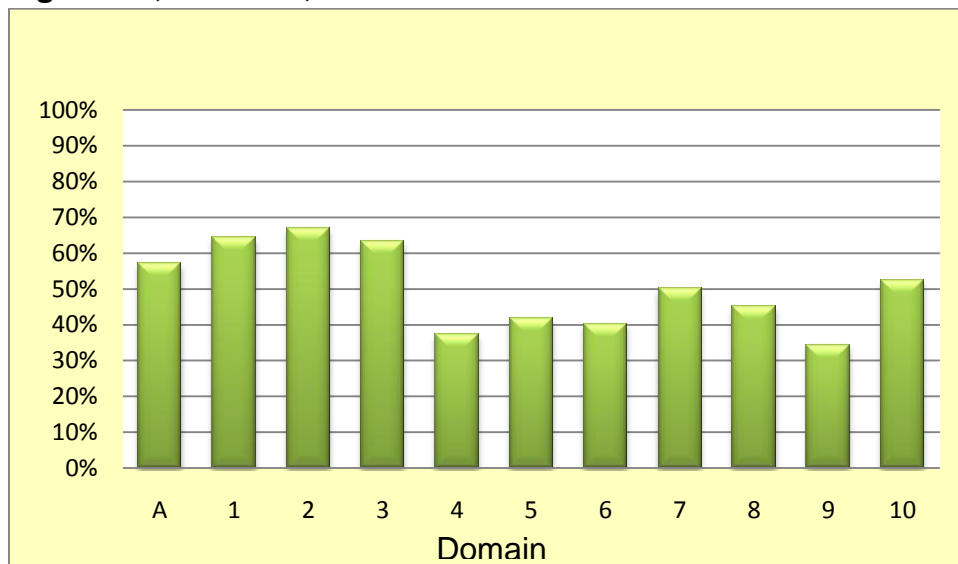
The Agency Readiness Review represents the assessment described in HB 173. This was completed by each Pilot Project Agency to determine where gaps exist in the organizational, administrative and public health service delivery structures, in relation to meeting the standards. Data were collected to present the broad picture of the agency’s progress toward meeting the standards and measures within each domain.

Figure 1. Percent of Accreditation Measures Fully Met, Partially Met, and Unmet; average of all HB 173 Pilot Project Agencies, Montana, 2010



As show in Figure 1, results of the Agency Readiness Review indicate Pilot Project Agencies were fully meeting 51% of the measures, partially meeting 25% of the measures, and not meeting 24% of the measures associated with the PHAB standards and domains.

Figure 2. Percent of Accreditation Measures Fully Met by Domain; average of all HB 173 Pilot Project Agencies, Montana, 2010



For each domain, the proportion of measures fully met varied from less than 40% for Domains 4 and 9, to more than 60% for Domains 1, 2 and 3. See Figure 2 above.

Self-reported performance of the 11 PHAB domains is presented in rank order in Table 1 below. This information will be useful in prioritizing areas for improvement as local public health agencies begin preparations for accreditation. In the aggregate, results will be used by the DPHHS as it develops training, technical assistance and support activities for local agencies planning for accreditation.

Table 1. Percent of Accreditation Measures Fully Met by Domain; ranked highest to lowest, average of all HB 173 Pilot Project Agencies, Montana, 2010

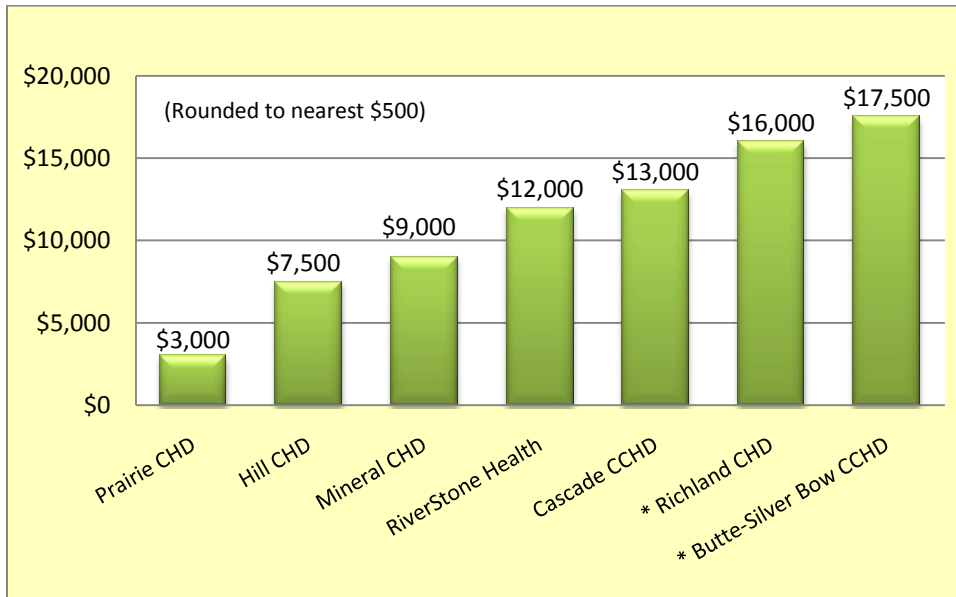
Domain	Domain Title	Percent of measures fully met
2	Investigate health problems and environmental public health hazards to protect the community	67%
1	Conduct and disseminate assessments focused on population health status and public health issues facing the community	64%
3	Inform and educate about public health issues and functions	63%
Part A	Administrative Capacity and Governance	57%
10	Contribute to and apply the evidence base of public health	52%
7	Promote strategies to improve access to healthcare services	50%
8	Maintain a competent public health workforce	45%
5	Develop public health policies and plans	42%
6	Enforce public health laws and regulations	40%
4	Engage with the community to identify and address health problems	37%
9	Evaluate and continuously improve public health processes, programs and interventions	34%

B. Estimated Costs of Becoming Accredited

Determining the Costs to Complete the Agency Readiness Review

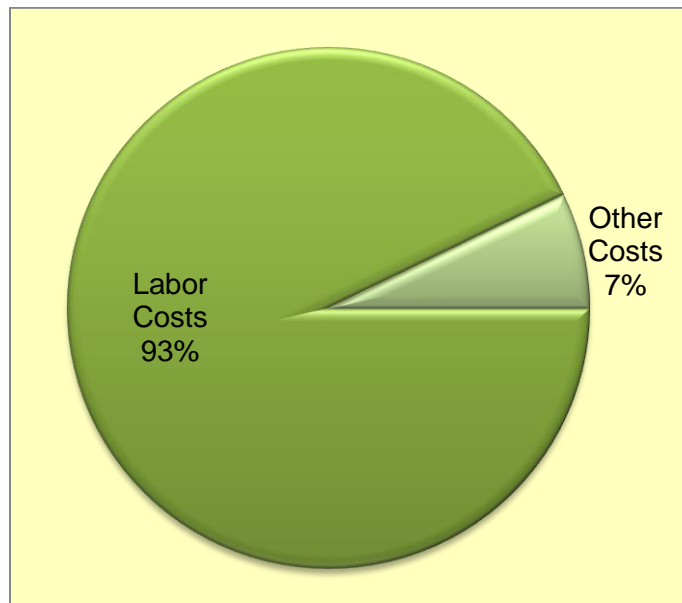
According to the data collected, the cost of performing an Agency Readiness Review was modest and ranged from \$3,000 in Prairie County to \$17,500 in Butte-Silver Bow. (See Figure 3, page 8). As expected, the principal cost was labor (See Figure 4, page 8), with the highest labor category cost being public health management or program staff. Variations in number of management staff and their associated wages contributed to the cost differences.

Figure 3. Estimated Total Costs of Conducting Agency Readiness Reviews; total costs by agency, HB 173 Pilot Project Agencies, Montana, 2010



* It is important to note that Butte-Silver Bow City-County Health Department’s costs reflect the actual hours invested by the health officer, assistant health officer and division managers. Richland County Health Department’s costs included 23 staff members to evaluate readiness and an AmeriCorps VISTA worker who assisted with the Readiness Review. Richland County’s cost was calculated to include actual staff time and “in-kind”.

Figure 4. Estimated Costs by Category of Expenditure of Conducting Agency Readiness Reviews; percents of all agency costs, HB 173 Pilot Project Agencies, Montana, 2010



Estimated Cost of Meeting and Maintaining the Standards

After completing the Agency Readiness Review, each agency assessed the activities and associated costs of preparing their agency for and maintaining accreditation. As we set out to do this, we developed a data collection tool that we believed would allow us to collect and interpret the estimated costs in a consistent manner. While the Pilot Project Agencies diligently completed the forms, each used a different approach when determining exactly what costs to include and exclude. Therefore, we do not have reliable data that is comparable from one county to another, and cost information varies widely from county to county.

Based on these varying approaches and a review of the data that was collected, we believe we are better informed to attempt a consistent methodology to collect and analyze these data during the second year of the project. The PHAB is also attempting such an analysis with local agencies nationwide that are participating as accreditation beta test sites during 2010. Montana should monitor this effort in order to inform its work in this area.

It is important to recognize, however, that issues related to the costs of accreditation are being discussed and debated nationally and represent a significant challenge to even the most accomplished health systems researchers. Key questions for consideration in this discussion include following.

- If a function is currently being performed by an agency at the time of review, do the costs associated with performing it constitute a cost of “preparing for” or “maintaining” accreditation? In other words, if the function is something an agency would do with or without accreditation on the horizon, should costs associated with it be counted?
- Are only new functions acquired to meet the standards, ones that should be considered costs of “preparing for” or “maintaining” accreditation?
- Or, in contrast, should the costs of “preparing for” or even “maintaining” accreditation, be exclusive of all costs of public health service delivery? In other words, should the costs of “preparing for” and “maintaining,” include only the administrative aspects of assuring your agency is able to provide and document what is described in the accreditation standards?
- Finally, if what is described in the PHAB standards constitutes state-of-the-art public health services that should be performed by every agency to fulfill its role to promote and protect the population it serves, then are we really attempting to measure the level of funding it takes to sustain state-of-the-art public health services and agencies?

C. Challenges Encountered

Regardless of county size, the challenges encountered by Pilot Project Agencies were similar with only one notable difference. Frontier/small counties had more challenges in the areas of resources, time and education, while medium/large counties experienced a greater number of

challenges in the areas of program processes, system changes and documentation. The challenges can be summarized as follows.

Funding and Resource Management

- No designated sustainable funding source for costs of meeting and maintaining the standards.
- No standardized public health business model.
- Lack of designated staff and/or time for the accreditation process.

Education and Knowledge

- Educating and securing support from staff, local decision makers and stakeholders about the importance of voluntary national public health accreditation.
- Aligning the agency's and the community's vision of public health.

Documentation and Data Collection

- Having complete, consistent and accurate documentation and data collection. Current documentation is on a program level; a system is needed for agency-wide document collection, storage, and review.

Integration

- Identifying ways to integrate accreditation into systems and programs that benefit the staff, the agency and the community.
- Integrating quality improvement into all programs so that it becomes the norm and it is not viewed as "extra" work.

Finally, for some, this process involved a change of mindset regarding the way in which their local public health agency is currently operating.

"Many in the county think the health department should only be focused on home healthcare and meeting the needs of the senior community. Trying to change this entrenched opinion will be difficult as the health department tries to transition into providing the ten essential services to ensure that it meets the needs of the population as a whole and not just a subset of the population as in the past."

- *Prairie County Health Department*

D. Suggestions for Preparing for Accreditation

The Pilot Project Agencies were asked to document their suggestions for preparing public health agencies of similar size for accreditation. Despite the size of their county, all participating agencies realized the need for teamwork in order to attain accreditation. In the frontier and small counties this means working together regionally, and in medium and large

counties, it means having the strong support of community and organizational leadership. All Pilot Project Agencies suggested beginning now to educate the community, local boards of health and other public health stakeholders. They all recommended developing and sharing templates for policies, procedures and other documentation. Suggestions made specific to county size include:

Frontier Counties:

- Understand the expectations of decision makers and stakeholders in your community for local public health services.

Small Counties:

- Create cooperative regions to provide public health services utilizing the strengths of each county in the region.

Medium County:

- Continue to evaluate each program and allocate limited resources in the most effective way.
- Proven public health practices must be well documented and program change must occur accordingly.

Large Counties:

- Encourage all staff to do their work thinking through the lens of “how is this helping us to meet the public health standards” by establishing a common language and common goals for the entire organization.
- Ensure organizational commitment to get the right people involved in the process.

E. Public Health Benefits from Working toward Accreditation

“Working closely with community partners has increased the visibility and credibility of the work we do as a public health agency. Communication with elected officials has become easier and more effective since the beginning of this project.”

- *Butte-Silver Bow City-County Health Department*

The Pilot Project Agencies have identified the following as actual and potential public health benefits for their communities and agencies in pursuing national public health standards.

Community Benefits

- Accountability, increased efficiency, better use of resources and cost savings will lead to improved services and potentially improve the health of the public and safety of the community.

- Improved public knowledge and awareness of “what public health is” and the services provided, will increase support for public health.
- The involvement of community members and stakeholders to complete a community health assessment and a community health improvement plan has a great deal of benefit to the agency.
- Consistent services provided which are aligned with the ten essential services.

Agency Benefits

- Implementation of standardized processes and proven practices would in turn strengthen local public health agencies.
- Improved efficiency and organization of public health practice would lead to increased staff satisfaction, work performance, accountability and improved teamwork.
- Increased staff and local boards of health knowledge of accreditation has led to support of accreditation activities.
- Improves relationships with other health and social service organizations.
- Increased documentation and data collection provides a greater understanding of the impact public health has on the community.

F. Recommendations for Improving the Public Health System in Montana

Pilot Project Agencies’ recommendations for improving the local public health system did not vary substantially by size of county. All participating agencies recommend a proactive approach to improvement that combines the creation of processes and the development of policies and procedures that aim the public health system in Montana toward accreditation and sustainability.

Regardless of size, collaboration and resource sharing were recommended. Two Pilot Project Agencies, Richland County and Prairie County, participated in a regional approach that includes 17 counties in Eastern Montana. This experience demonstrated to them the need to collaborate (as a region) in order to deliver the services outlined in the standards. Other recommendations specific to county size include:

Frontier/ Small Counties:

- Develop processes to assure that effective public health governance models are based on Montana’s public health statute.
- Improve business systems and standard processes.
- Work collaboratively with the state to address improvements needed specific to accreditation.
- Adopt a universally accepted definition of “public health.”

Medium/ Large Counties:

- Use statistical data to support the need for services.
- Develop standardized data collection tools to build consistency of public health programs.
- Create a standardized process for policies, procedures, protocols and formalized partnerships.
- Learn from other public health agencies that have successful models in place.

A few of the Pilot Project Agencies used this opportunity to incorporate the national standards into their department structure while completing the Agency Readiness Review. This allowed these agencies to align their public health programs with the national standards and may give them an advantage when applying for accreditation. For all of the Pilot Project Agencies, the Agency Readiness Review process brought the national standards to the forefront of their daily operations.

“We have created a sustainable model that will not only help us meet the standards but is in place for future employees and programs to maintain the standards. This method allows the standards to consistently be a part of department operations rather than a one-time event to meet accreditation and something that is not sustainable.”

- Richland County Health Department

The Pilot Project Agencies and the department recommend the following be completed in the next year:

- Encourage every Montana local public health agency to complete an Agency Readiness Review and the pre-requisites to apply for accreditation: a community health assessment, a community health improvement plan and a strategic plan.
- Continue to inform the public health system and the community about the benefits of public health accreditation.
- Encourage local public health agencies to work collaboratively and regionally on accreditation activities.
- Monitor the work underway by the PHAB to estimate costs associated with preparing for and maintaining national standards. Continue to work with the Montana Public Health System Improvement Task Force (MPHSITF) to develop a methodology to accomplish this for Montana local public health agencies.
- Continue to use the MPHSITF, a state and local partnership, to focus on public health improvement and meeting the public health standards.

G. Creating a Sustainable Model of Public Health in Montana

The Pilot Project Agencies were asked to document ways to sustain the public health system in Montana while working toward accreditation. Their specific suggestions by county size are:

Frontier/ Small Counties:

- Focus on the system as a whole to ensure that documentation and processes needed for accreditation are a component of public health business processes.
- Agree on a universally accepted definition of “sustainable” and “resources.”

Medium/ Large Counties:

- Create financial support for essential or necessary staff to provide services.
- Develop a matrix for indirect cost allocation to grants and contracts that specifically addresses public health accreditation.
- Create organizational culture that uses the public health functions described in the accreditation standards and quality improvement as the guiding principles.

In addition to the above recommendations for improving and sustaining the public health system in Montana, the Pilot Project Agencies recognized the need for the essential step of developing a long term plan to achieve accreditation for Montana’s public health system.

H. Meeting National Public Health Standards and Guidelines – Summary and Conclusions

Examining the current state of Pilot Project Agencies and determining “what it will take” to improve their programs and services to meet the standards was an essential and beneficial first step toward accreditation. The value of documenting public health processes so they can be monitored and improved, and increased collaboration with internal and external public health stakeholders were themes that emerged from all Pilot Project Agencies. All of the Pilot Project Agencies mentioned the positive effects of increased collaboration with stakeholders such as community members, local boards of health and city/county commissioners. These themes are strongly emphasized in the PHAB’s materials and resources as a means to strengthen public health agencies internally, as well as build a better understanding about the services they provide.

The information gathered during the first year of this project will be used by the Pilot Project Agencies during the second year of this project to complete the pre-requisites for applying to PHAB for accreditation. These include creating or updating a community health assessment, a community health improvement plan and a strategic plan.

The delivery of public health services and the public health system in Montana varies from one jurisdiction to another. True to our culture of local independence, local agencies, each with its own unique blend of infrastructure, local support and local priorities, will undoubtedly take multiple routes to the common end point of accreditation. Nonetheless, public health accreditation will strengthen and unify Montana’s public health system. There is a tremendous

opportunity to work together using one another's strengths to evaluate and improve our individual agencies and the public health system as we prepare for accreditation.

The work accomplished because of the funding and direction provided by HB 173 will serve as a model, and will provide tools and resources for any and all Montana public health agencies to pursue accreditation, or perhaps more importantly, to improve their public health performance consistent with the national standards. Achieving public health accreditation throughout the state means that people in Montana can expect the same level, array and quality of public health programs and services across the state.

In the end, the overall goal of the accreditation effort is to improve public health agency performance in order to improve health status. HB 173 is helping Montana take a tangible step in that direction.

Each Pilot Project Agency has provided their individual comments and summaries in Appendix C (1 – 7).

I. Next Steps for the HB 173 Pilot Project

July 1, 2010 through June 30, 2011, Pilot Project Agencies will be completing the prerequisites for accreditation: community health assessments, community health improvement plans and strategic plans. The Pilot Project Agencies will meet with the MPHSITF to discuss the data collected during the first funding period. They will make recommendations to the public health system based on their experiences conducting the Agency Readiness Review and continue to share the experiences, benefits, and challenges of completing the requirements to apply for national voluntary accreditation.

Appendices

- A. House Bill 173
- B. Summary of Public Health Accreditation Standards
- C. Pilot Project Agency Summaries (1 – 7)



AN ACT CREATING A PILOT PROJECT TO HELP LOCAL PUBLIC HEALTH AGENCIES UNDERTAKE ACTIVITIES RELATED TO MEETING NATIONAL GUIDELINES; PROVIDING FOR AN ALLOCATION OF FUNDS; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, Montana law gives local public health agencies the authority and responsibility to undertake efforts to protect the public health and educate the public on health-related issues; and

WHEREAS, funding for local public health agencies varies widely across the state because of variations in local funding resources; and

WHEREAS, the National Association of County and City Health Officials, American Public Health Association, National Association of Local Boards of Health, and Association of State and Territorial Health Officials recognize that local public health agencies across the country are served by a system unique to each agency based on available financial, medical, and other resources; and

WHEREAS, these national public health organizations are developing a national accreditation program to guide the basic activities that local public health agencies should carry out regardless of the makeup of their local health systems.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Pilot project for implementing national public health standards. (1) Subject to available funding, the department of public health and human services shall administer a pilot project to assist local public health agencies, as defined in 50-1-101, with preparing for national accreditation by using nationally recognized public health standards and guidelines that are based on the 10 essential public health services as outlined by the national association of county and city health officials, the centers for disease control and prevention, the public health accreditation board, and other national public health organizations. The public health standards and guidelines include but are not limited to the operational definition of a functional local health department and the national public health performance standards.

(2) The department shall:

(a) develop grant application and review criteria in accordance with this section;

(b) establish protocol, policy, goals, strategies, and timelines for the local public health agencies selected for the pilot project;

(c) establish evaluation criteria for the pilot project;

(d) provide materials and training to pilot project counties; and

(e) complete and submit a final report to the 2011 legislature as provided in 5-11-210.

(3) To the extent that it receives applications that meet grant review criteria established by the department in accordance with this section, the department shall award grants to eight local public health agencies, including a tribal health department. The grant awards must be made, in consultation with the public health system improvement task force established by the department, to:

(a) two local public health agencies in counties with populations of 40,000 or more residents;

(b) one local public health agency in a county with a population of between 20,000 and 40,000 residents;

(c) two local public health agencies in counties with populations of 5,000 to 20,000 residents; and

(d) three local public health agencies in counties with populations of fewer than 5,000 residents.

(4) A local public health agency selected for a grant shall demonstrate, through the application process, how it will use the funds to:

(a) prepare for national accreditation using the types of nationally recognized public health guidelines and standards described in subsection (1);

(b) effectively participate in a self-assessment of the local public health agency's capacity to deliver the 10 essential public health services as outlined in the nationally recognized public health guidelines and standards described in subsection (1);

(c) work with the department and the public health system improvement task force to ensure proper use of the grant, including participation in a process to evaluate the pilot project efforts; and

(d) complete measurement criteria established by the department and the public health system improvement task force.

(5) The department and the public health system improvement task force shall:

(a) serve as a resource for the local public health agencies selected for the pilot project as they prepare for national accreditation using nationally recognized public health standards and guidelines as described in

subsection (1). In this capacity, the task force shall participate in:

- (i) regularly scheduled conference calls; and
 - (ii) at least two meetings a year that are held in one of the counties in which the pilot project agencies are located;
 - (b) ensure that the technical assistance and training needs of the pilot project agencies are met; and
 - (c) assess the results of the pilot project.
- (6) The public health system improvement task force and the pilot project agencies shall report the following information to the appropriate interim committees of the legislature by September 15, 2010:
- (a) the estimated costs of becoming accredited agencies through the national accreditation program, based on their experiences in the pilot project, including information that explains how the costs were determined;
 - (b) their assessments of the ability of Montana's local public health agencies serving jurisdictions with varying population sizes in becoming accredited agencies through the national accreditation program, including funding and other resource management issues and challenges they encountered;
 - (c) suggestions for preparing local public health agencies for national accreditation that are relevant to the populations each pilot project agency serves;
 - (d) the public health benefits created by the pilot project activities for residents within each pilot project agency's jurisdiction;
 - (e) how their efforts met the nationally recognized public health standards and guidelines described in subsection (1); and
 - (f) recommendations for improving the local public health system and creating a sustainable model for local public health agencies in Montana.

Section 2. Allocation of available funds. (1) If funds are made available for the program in [section 1], then the funds must be allocated as follows:

- (a) grants of \$25,000 a year in each year of the biennium to each of eight local public health agencies selected as provided in [section 1]; and
- (b) \$50,000 for the biennium to pay for the department's expenses in administering the grant program, providing technical assistance to the local public health agencies, and reimbursing the costs of travel for members of the public health system improvement task force as provided in 2-18-501 through 2-18-503.

(2) If less than \$450,000 is available for the program provided for in [section 1], then the funding must be prorated on the basis of the allocations in subsection (1).

Section 3. Notification to tribal governments. The secretary of state shall send a copy of [this act] to each tribal government located on the seven Montana reservations and to the Little Shell Chippewa tribe.

Section 4. Effective date. [This act] is effective July 1, 2009.

- END -

Summary of Public Health Accreditation Standards

Part A: Administrative Capacity and Governance

<p>Provide Infrastructure for Public Health Services Standard A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.</p>
<p>Provide Financial Management Systems Standard A2 B: Establish effective financial management systems.</p>
<p>Define Public Health Authority Standard A3 B: Maintain current operational definitions and statements of the public health roles and responsibilities of specific authorities.</p>
<p>Provide Orientation / Information for the Governing Entity Standard A4 B: Provide orientation and regular information to members of the governing entity regarding their responsibilities and those of the public health agency.</p>

Part B

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

<p>Collect and Maintain Population Health Data Standard 1.1 B: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.</p>
<p>Analyze Public Health Data Standard 1.2 B: Analyze public health data to identify health problems, environmental public health hazards, and social and economic risks that affect the public’s health.</p>
<p>Use Data for Public Health Action Standard 1.3 B: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.</p>

Domain 2: Investigate health problems and environmental public health hazards to protect the community

<p>Investigate Health Problems and Environmental Public Health Hazards Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.</p>
<p>Contain/Mitigate Health Problems and Environmental Public Health Hazards Standard 2.2 B: Contain/mitigate health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders</p>
<p>Maintain Provision for Epidemiological, Laboratory, and Support Response Capacity Standard 2.3 B: Maintain access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.</p>

Maintain Policies for Communication

Standard 2.4 B: Maintain a plan with policies and procedures required for urgent and non-urgent communications.

Domain 3: Inform and educate about public health issues and functions

Provide Prevention and Wellness Policies, Programs, Processes, and Interventions

Standard 3.1 B: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

Communicate Information on Public Health Issues and Functions

Standard 3.2 B: Provide information on public health issues and functions through multiple methods to a variety of audiences.

Domain 4: Engage with the community to identify and address health problems

Engage the Public Health System and the Community in Identifying and Addressing Health Problems

Standard 4.1 B: Engage the public health system and the community in identifying and addressing health problems through an ongoing, collaborative process.

Engage the Community to Promote Policies to Improve the Public’s Health

Standard 4.2 B: Promote understanding of and support for policies and strategies that will improve the public’s health.

Domain 5: Develop public health policies and plans

Establish, Promote, and Maintain Public Health Policies

Standard 5.1 B: Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practice.

Develop and Implement a Strategic Plan

Standard 5.2 B: Develop and implement a health department organizational strategic plan.

Conduct a State Health Improvement Planning Process

Standard 5.3 S: Conduct a comprehensive planning process resulting in a state health improvement plan [SHIP].

Maintain All Hazards/Emergency Response Plan

Standard 5.4 B: Maintain All Hazards/Emergency Response Plan (ERP).

Domain 6: Enforce public health laws

Maintain Up-to-Date Laws

Standard 6.1 B: Review existing laws and work with governing entities and elected officials to update as needed.

Educate About Public Health Laws
Standard 6.2 B: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

Conduct Enforcement Activities
Standard 6.3 B: Conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of violations among appropriate agencies.

Domain 7: Promote strategies to improve access to healthcare services

Assess Healthcare Capacity and Access to Healthcare Services
Standard 7.1 B: Assess healthcare capacity and access to healthcare services.

Implement Strategies to Improve Access to Healthcare Services
Standard 7.2 B: Identify and implement strategies to improve access to healthcare services.

Domain 8: Maintain a competent public health workforce

Maintain a Qualified Public Health Workforce
Standard 8.1 B: Recruit, hire and retain a qualified and diverse public health workforce.

Maintain a Competent Public Health Workforce
Standard 8.2 B: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

Domain 9: Evaluate and continuously improve processes, programs, and interventions

Evaluate the Effectiveness of Public Health Processes, Programs, and Interventions
Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.

Implement Quality Improvement
Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions.

Domain 10: Contribute to and apply the evidence base of public health

Identify and Use Evidence-Based and Promising Practices
Standard 10.1 B: Identify and use evidence-based and promising practices.

Promote Understanding and Use of Research
Standard 10.2 B: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.

Butte-Silver Bow City-County Health Department

The funding available for the HB-173 project has enabled this department to perform a systematic review of programs available to the residents of this community. Butte-Silver Bow Health Department administers 29 programs with a total full time employee count of 52. To date we have not lost any positions due to funding problems but have not replaced 4 positions that were a result of attrition.

Policies and procedures instituted and clarified allow this department to function in a fair and consistent manner. This process has allowed the department to be fiscally responsible by weighing service provision with benefits realized by community recipients.

Community Assessment of both health related issues and social service needs will realign the services for efficacy and avoid duplication of services by all agencies involved. Accountability and visibility of the department have been enhanced by development of measurable goals and objectives for each service offered.

Increased involvement with local government and the Board of Health have increased visibility and understanding of the work being done. Public Health frequently intervenes to protect the health and welfare of the community but did so "quickly and quietly" to avoid undue fear or concern on the part of those not involved in an incident. As a result of this effort very few community members or government partners were even aware of what public health does to protect the lives of all.

Adequate funding for public health is and continues to be of concern. Only 10-12% of the Health Department budget is provided by County General Funds. All other funding is dependent of grant funding from State and Federal sources. After the first year of ARRA funding we have been able to complete program evaluations and feasibility studies that will allow the best use of limited resources.

Cascade City-County Health Department

The HB 173 activities have forced us to address issues that have consistently taken the back burner for years. It also provided a framework for our assessment that allowed for critical evaluation without the “attack an individual” component. We were consistently reminded throughout the year to view our daily activities and long term projects in a new light- looking for ways to improve systems and processes so as to better serve our customers.

The process gave all involved the same baseline understanding of the standards; those we meet and those we still need to work to meet. This recognition has resulted in the initiation of new projects- new policies/procedures; new records development and retention (especially meeting minutes, trainings, media coverage, etc.). HB 173 has highlighted the need to not only continue to perform and improve our activities but to actively document and take credit for the work that is done. This will also help provide a framework for long term trends, change and growth.

A recommendation we would make to other large health departments: Make sure when you initiate new activities you can back them up with the logic; think long term strategies for addressing your community’s concerns; be sure to go back and thoroughly evaluate activities regularly and use the evaluation results to influence and drive any necessary change. Whenever possible, quantify the work that is done and the impact it has at all levels- on an employee, on the agency, on an individual client and on the community. Work for consistency in all aspects of how the agency operates.

Funding the work required to fill the gap in our ability to meet the standards for Public Health accreditation is the greatest challenge to our success. Everyone of the leadership team involved in this project has fully embraced the need to work toward meeting the standards. The challenge is the convoluted funding of Public Health.

An analysis of our funding streams show 40% of our total Health Department budget has discretionary funds. These discretionary funds are typically used to meet mandated public health services such as environmental health and communicable disease surveillance. They are also typically the one revenue stream that receives general funds through tax revenues. While the Montana Code Annotated seems fairly clear on how the various configurations of health departments are to be funded, the way the law is interpreted and applied varies greatly. In addition, there is no oversight to ensure that LHD’s are being funded according to the law.

In our LHD, the County of Cascade appropriates tax revenues which contribute approximately 14.7% of our total funding, while the City of Great Falls makes a flat contribution which represents 10.3% of the total funding. The vast majority of the documentation we were able to identify in our self-assessment was the result of work done in programs with categorical funding. To take the next step, meeting the PH Standards must become a requirement of these contracts as well as a requirement of funding mandated Public Health services.

Hill County Health Department

What PUBLIC HEALTH BENEFITS do you believe were realized in your COMMUNITY as a result of your “pilot project” activities?

This first year is hard to say what COMMUNITY benefits have been realized but I can say that when year two is done and after doing our community health assessment and strategic plan is being implemented that our communities' public health benefits will be many. I can say this since our community has done a community health assessment about 6 years ago and many wonderful things came from it like our community health center, children's mental health program, transit system and much more. So we have seen firsthand the benefits that come from a health department being an active partner in activities that are required for accreditation and just the overall health of a community. We have also beefed up our community prevention activities that we are involved in.

What BENEFITS do you believe were realized in your agency as a result of your “pilot project” activities?

After working on the self assessment it confirmed many things that we knew were needed to be in place to run an efficient health department but now we are able to take to policy makers and elected officials and have evidence of why we need to be able to do certain things. Also it has shown us that we were on the right track and what it will take to get there. The last thing was that we were doing most everything but just not documenting it and following through with quality assurance activities.

How have your efforts conducting the Agency Readiness review and other HB173 activities contributed to progress towards meeting the national public health standards?

We are now more deliberate with what we do in our everyday activities and making sure we implement quality assurance measures. We also have wonderful recommendations for policies/documentation needed and we are working towards having them in place and maintained. Realizing gaps within our local agency (i.e. lack of protocols/policies, record keeping of activities/articles).

As a Montana PUBLIC HEALTH AGENCY, what do you recommend to other health agencies for improving the local public health system OR creating a “sustainable model” for local public health agencies?

Start small do the self assessment see what you already have in place and set a goal for when you what to be done and then set small goals and move forward. Don't forget to get your local public health service providers involved in the process and your elected officials for buy-in. Don't recreate the wheel for protocol/policies get help from other states and/or agencies.

Mineral County Health Department

What has been discovered from the process is that not all activities and interventions at the MCHD are specific to public health (PH), but all do fill an unmet healthcare (HC) need in this frontier county that covers 120 lateral miles 30 miles east of Missoula to the Idaho border. Poverty levels, industry, age distribution, disease distribution and determinants such as healthcare coverage and other available HC, place unique burdens on the provision of PH in Mineral County. These geographic and demographic considerations are important when considering the delivery of PH services and when calculating staff hours needed: These economy issues include travel, time and the added expense incurred with a county vehicle necessary to cover PH services county-wide.

Federal block grants do not cover expenses to implement the programs - added to economy of scale – these are cardinal factors to considering sustainability. This data has not previously been discussed in relation to the delivery of standards-based PH services in remote settings. Home Health and School Nursing generate revenue to close this economy gap, but draw the PH staff away from being able to focus on core PH functions as defined in the PHAB documents, NACCHO's *Operational Definition of a Local Functional Health Department* and the Centers for Disease Control's (CDC) National Public Health Improvement Performance Measures.

While there has been an improved understanding of the need for and rationale of standards-evidence-based public health across these eight months of this project at the Commission and BOH levels - as well as an increased understanding of the drivers and national efforts to improve PH at the staff level - the staff and governance level capacity to implement the standards and measures will be a resource intensive effort (as demonstrated in this Legislative Report) and cannot be completed with existing resources of time, money, personnel, equipment and facilities.

While it is too early in the process to definitively announce 'this is what it will take to create a sustainable, standards-evidence-based local health department (LHD)', this initial phase has provided the opportunity to dig deep into what accreditation means for LHDs in a frontier setting. When we move into the next phases of a full community health assessment, the community health improvement plan and begin the strategic planning process, we believe, more substantial quantitative data will be revealed.

Salutation

On behalf of the Mineral County Commission, Board of Health and the full staff at MCHD, we would like to take this opportunity to extend our sincere gratitude and congratulations to Montana's Legislature for taking-on this hallmark effort to pragmatically address Montana's HC disparities and to discover and implement intelligent and responsive population based HC services for all Montanans. Thank you!

Postscript

The purpose of this initial assessment has not been to implement the Domains. It is therefore difficult to determine the empirical data that will demonstrate improved access to services or resources allocated to community priorities. The data demonstrated is primarily qualitative. This initial phase has sought to assess where these examples of frontier PH services are in relationship to the PHAB Domains – with an attempt to assess what it will take to implement continuous quality improvement measures as defined by the PHAB, NACCHO and the CDC.

Prairie County Health Department

This pilot project has allowed us as a small frontier public health department to gain a greater understanding of the 10 essential services of public health and the functions of a public health department. In the past, the community that we serve has only seen us as a home health agency that takes care of the elderly in Prairie County. From the pilot project activities, we could better articulate the true duties of a public health department to Prairie County community. The PHAB assessment allowed us to clearly identify areas within the 10 essential services that we do well and those that need to greatly improve. This process as a whole allows us to be more accountable with the services and programs that we provide in Prairie County.

Prairie County Public Health Department has benefited immensely from the beginning of the pilot project. We now have a vision of what needs to be done for a small frontier public health department to become accredited. Before the pilot project started, Prairie County Public Health Department consisted of a single Health Nurse and a VISTA volunteer. Through this pilot project the department was able to hire a part-time RN, who has taken over the home health care services for the department. This gave us the opportunity as a health department to start working on the PHAB assessment, community health assessment, health improvement plan and a strategic plan. All of these tasks would never have been attempted or even contemplated by the department if not for this pilot project opportunity. The pilot project process allows us an opportunity to see what we have in place, and what needs to be done in the department to assure a sustainable public health department in the future.

After completing the Agency Readiness Review, we had a greater understanding of the standards and measures within the 10 essential public health services that were not being met. The department's VISTA volunteer has started working on documentation and programs to meet the unmet measures and standards.

The accreditation process was very overwhelming for us at first because we were not familiar with the language and concepts used. We recommend that public health agencies collaborate with each other on this process. Collaborating can be particularly useful if new policies and procedures are needed by a health department. Chances are that other health departments already have them and would be willing to share them. Start documenting everything that is done within your health department because it will make the whole process easier.

Richland County Health Department

Investment in Public Health Infrastructure provides for:

- Same quality and type of Public Health Services across the State regardless of size and population.
- A way of measuring the success of Public Health in Montana. This will provide information needed when making funding decisions for Montana that increases efficiency and promotes responsible spending of Public Health funding.
- A community based process of identifying Public Health needs. This is a “bottom-up” approach rather than a “Top-down” approach.
- A method of providing a “quality of Life” in communities across Montana that is necessary for economic development. Today communities need to focus on “Quality of Life” issue in order to attract and retain businesses that bring with them jobs for the next generation. It is essential to the fiscal health of Montana that we continue to attract businesses and increase the number of younger people living in Montana.

Why are Public Health Services necessary in Montana’s communities:

- The only agency legally responsible (Montana Statute) for assuring the health of Montana’s residence.
- The only agency that can look at the “big picture of health” in our communities and engage the community in solving issues by increasing communication between groups and decrease duplication of efforts.
- One agency that can provide infrastructure for additional funding solicited to manage health issues in our communities.
- A community that receives the 10 essential services of public health (measured by accreditation) provides a foundation that a community can use to prosper. (i.e. economic development, quality of life, housing, recreation, growth policies, etc.)

The cost of providing Public Health essential services as demonstrated by accreditation:

- Current in-kind cost to the county for supporting the Richland County Health Department that is approximately 76% accredited is \$414,456.00/yr and approximately \$150,000 in cash match.
- An assessment of those Youth Services provided only by the health department found that we provide services that cost \$269,029/yr and we only receive grant revenues of \$53,000. The difference is made up of county support, contracts, charges for services and endless grant writing.
- There is no funding for communicable disease surveillance that is not only an important function of local public health but essential for the continued health of counties in Montana. Disease knows no boundaries and the State is only as healthy as its unhealthiest county.

What would a sustainable health department look like:

A systems based on domains that when met will assure that we are providing the essential services of Public Health. If we focus on “systems” and make sure that they include the needed documentation we will ultimately meet the accreditation by proving the essential services in a sustainable way. This is the infrastructure or “fixed costs” of providing public health. These are the costs that are present whether the county is providing services to 500 people or 50,000 people. Of course if these fixed costs could be spread among a region the infrastructure (fixed cost) cost per resident can be reduced and therefore, make more resources available for other services. There is an upper limit to the size of the regions however, in that if the region is too large the cost of travel and communication may outweigh any benefits gained by the cooperative region. A “cooperative region” model would allow for counties to maintain their independence while providing a financial benefit by sharing in the cost of “systems” needed to maintain the infrastructure necessary to provide the essential services of Public Health.

RiverStone Health

What PUBLIC HEALTH BENEFITS do you believe were realized in your COMMUNITY as a result of your “pilot project” activities?

The pilot project has created linkages with other organizations on various projects as a result of our effort to adjust our current practice to reflect the standards described in accreditation. In addition, this linkage has been enhanced because accreditation and the pilot project have given public health a way to explain the 10 essential services not just a theoretical framework. As this project progresses, we foresee multiple benefits to the community. The completion of a community health assessment will provide data utilized by many community partners to better deliver public health services. The development of a community health improvement plan for this pilot project will benefit the community by focusing attention of multiple partners on priority issues and reduce duplication of services.

What BENEFITS do you believe were realized in your agency as a result of your “pilot project” activities?

There have been multiple benefits to our agency as a result of the pilot project. One major benefit is the awareness of accreditation has increased not only with our staff but also with the Board of Health. This awareness has led to a commitment to support future accreditation activities. The pilot project has also provided increased knowledge of the accreditation process; what is required of a local public health agency to become accredited; and a reinforcement that even though our current services are meeting the 10 essential services, there is still work to be done to meet accreditation standards (e.g. increased documentation). We better understand the magnitude and breadth of work still needed to be done to meet standards. This process has begun.

How have your efforts conducting the Agency Readiness review and other HB173 activities contributed to progress towards meeting the national public health standards?

Through our work with HB173 activities we have progressed toward meeting the national public health standards through identification of gaps, starting the quality improvement process to address these gaps, becoming more intentional in recognizing the link between current programs and essential services. It has also allowed us to consider the amount of time accreditation will require and how to incorporate these tasks into our daily work.

As a Montana PUBLIC HEALTH AGENCY, what do you recommend to other health agencies for improving the local public health system OR creating a “sustainable model” for local public health agencies?

We recommend that local public health agencies create a standardized process not dependent upon individuals through the creation of policies, procedures, protocols and formalized partnerships. We would encourage local public health agencies to learn from other Montana local public health agencies that already have a quality sustainable model in place. Agencies should focus on creating organizational culture that uses the public health core functions and quality improvement as the guiding principles. Agencies should not be afraid to identify weaknesses but view them as a way to continue improvement and provide the best services.

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