

# LEADERSHIP COUNCIL CHARTER 7/28/20

#### **OVERALL AIM OF THE INITIATIVE**

- O What are we trying to accomplish?
  - Improve maternal mortality and morbidity rates in Montana by increasing access to specialty providers and resources needed for high-risk pregnancies – perinatology, psychiatry, medication assisted treatment (MAT), behavioral health treatment, substance use treatment and community-based resources.
- O Why is it important?
  - Montana has the sixth highest maternal mortality rate nationwide and Montana's rate of severe maternal morbidity is 35% higher than the national rate. Maternal health is the cornerstone of a community's health.
- Who is the target population?
  - Pregnant and postpartum mothers through the first year after delivery.
- What is the time frame for completing the effort?
  - Five years

#### **MISSION STATEMENT:**

MOMS will improve maternal health across the state to make the Last Best Place also the First Best Place to have a baby.

#### **COUNCIL GOALS:**

- Ensure continuous representation and collaboration of a diverse group of stakeholders, including but not limited to: state and local public health professionals; state Maternal Mortality Review Committee (MMRC); the Perinatal Quality Collaborative (PQC); healthcare providers; payers, representatives of the legislature; the Montana Primary Care Association (MPCA), tribes and tribal organizations; consumers; community-based organizations; and state programs.
- Identify Montana-specific gaps in maternal health services by conducting ongoing needs assessments
- Assist in developing a Montana-focused strategic plan that incorporates Montana's 2020-2025 Title
  V/Maternal and Child Health Block Grant Needs Assessment outcomes to improve maternal health
  outcomes, address identified gaps and reflect strategies to translate knowledge and recommendations
  into practice.
  - Devise and support strategies that will lead to a reduction of maternal mortality and morbidity by 50% in five years.
- Recommend and advance policy changes that will improve maternal health in Montana, engaging representatives of the Montana legislature as necessary.



## STAKEHOLDERS NEEDED TO ACCOMPLISH GOALS

NAME	TITLE AND ORGANIZATION		
Chair, Dr. Tersh McCracken	MOMS Medical Director and OBGYN at Billings Clinic		
	13th District Court Judge		
Vice-Chair, Judge Mary Jane Knisely	Felony Impaired Driving Court (IDC), CAMO Court (Veterans Treatment Court)		
Vacant	Montana Legislature		
Kristen Rogers	Family and Community Health Bureau Chief at MT DPHHS		
Ann Buss	Title V Director at MT DPHHS		
Tami Schoen	WIC, CPA at Hill County Public Health Department		
Dr. Drew Malany	OBGYN at Women's Clinic		
Dr. Bardett Fausett	Maternal Fetal Medicine Specialist and President/Medical Director at Origin Health		
Christina Marchion	Family Medicine/OB at Central Montana Medical Center		
Dina Kuchynka	Maternal and Newborn Health Manager at SCL Health-Holy Rosary Miles City		
Karen Cantrell	American Indian Health Director at MT DPHHS		
Dr. Tim Wetherill	Medical Director at Blue Cross Blue Shield of MT		
Lisa Troyer	Wellness Consultant, PacificSource		
	Member Health Services Bureau Chief at MT Medicaid & Project Director for the		
Mary LeMieux	Perinatal Behavioral Health or Meadowlark Initiative		
Vacant	Consumer		
Janie Quilici	Perinatal Behavioral Health Counselor, Community Physicians Group		
Jude McTaggart	Certified Nurse Midwife, Northeast Montana Health Services		
Malcolm Horn, Ph.D., LCSW, MAC, SAP	Director of Special Services, Rimrock		
Cindy Stergar	Executive Director, Montana Primary Care Association (MPCA)		
Olivia Riutta	Outreach and Engagement Coordinator, MPCA		
Brie Oliver	Executive Director, Healthy Mothers, Healthy Babies		
	Nursing Director, Women's Services at St. Vincent's and member of the MT		
Vicki Birkeland	Perinatal Quality Collaborative		

### SENIOR LEADERSHIP SIGNATURE APPROVAL

Printed Name	Signature	Date
Dr. Clayton "Tersh" McCracken		