

LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH MEETING
CITY-COUNTY BUILDING
Commission Chambers, Room 330
Helena, Montana 59601
May 26, 2016

REGULAR BOARD MEETING AGENDA

- 1:30 **CALL TO ORDER**
- 1:35 **REVIEW OF AGENDA**
1. Review and Revision of Agenda.....Pg. 1
- 1:40 **INTRODUCTIONS**
2. Gina Hultin, Registered Dietician, WIC (Drenda Niemann).....Pg. 2
- 1:45 **MINUTES**
3. Minutes of the April 28, 2016 Board of Health Meeting.....Pg. 3
- 1:50 **PRESENTATION**
4. Community Health Promotion Division Update (Drenda Niemann and Division Staff.....Pg. 7
- 2:10 **ACTION ITEMS**
5. Request for Adoption of the 2016 Community Health Improvement Plan (Gayle Shirley and Melanie Reynolds)Pg. 10
- 2:25 **BOARD MEMBER DISCUSSION**
6. - Finance Report for April 2016 (Norm Rostocki)
 - Update on Accreditation Activities (Melanie Reynolds and Gayle Shirley).....Pg. 11
- 2:45 **HEALTH OFFICER'S REPORT**
7. Report on Current Health Department Issues.....Pg. 14
- 3:00 **PUBLIC COMMENT**
8. Public comments on matters not mentioned above..... Pg.19

Adjourn

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TTY Relay Service 1-800-253-4091 or 711
adouglas@lccountymt.gov
316 N Park, Room 303



LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana

BOARD AGENDA ITEM

Meeting Date

May 26, 2016

Agenda Item No.

1

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS: Review of Agenda

PERSONNEL INVOLVED: Board Members

BACKGROUND: Time is allowed for board members to review the agenda and to add any new agenda items.

HEALTH DIRECTOR'S RECOMMENDATION: Approval

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Benish						
Eck						
Geise						
Johnson						
Kultgen						
Medley						
Smith						
St. Clair						
Weber						

LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana

BOARD AGENDA ITEM

Meeting Date

May 26, 2016

Agenda Item No.

2

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS: Public Health Staff Introduction

PERSONNEL INVOLVED: Drenda Niemann, Community Health Promotion Division Administrator

BACKGROUND: Ms. Niemann will introduce the new WIC Registered Dietician, Gina Hultin.

HEALTH DIRECTOR'S RECOMMENDATION:

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Benish						
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Kultgen						
Medley						
Smith						
St. Clair						
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LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana

BOARD AGENDA ITEM

Meeting Date

May 26, 2016

Agenda Item No.

3

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS: Minutes April 28, 2016

PERSONNEL INVOLVED: Board Members

BACKGROUND: Upon approval, the minutes represent official actions of the Board of Health. Every effort is made to have these recommended minutes accurately portray the proceedings and procedures of the board.

HEALTH DIRECTOR'S RECOMMENDATION: Approval

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
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St. Clair						
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**LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH – MINUTES
316 PARK AVENUE, HELENA, MONTANA 59624
Room 330
April 28, 2016**

Members Present

Anne Weber, chair
James Benish, vice chair
Mayor Jim Smith
Commissioner Susan Good Geise
Scott St. Clair
Kammy Johnson
Dr. Adron Medley
Jenny Eck

Staff Present

Melanie Reynolds Gayle Shirley
Jolene Helgersen Frank Preskar
Norman Rostocki Brett Lloyd
Kathy Moore Jan Williams
Eric Merchant

Guests Present

Greg Hayes, Pacific Western Technology

Members Absent

Kent Kultgen

Anne Weber, chair, called the meeting to order at 1:30 p.m. A quorum was established.

REVIEW OF AGENDA

Melanie Reynolds, Health Officer, announced that guest speaker Betsy Burns with the Environmental Protection Agency (EPA) will not be able to attend today's meeting. Mr. Greg Hayes with Pacific Western Technology and Jan Williams with the health department's Lead Education and Assistance Program will speak in her place.

INTRODUCTION

Eric Merchant, Disease Control and Prevention Division Administrator, introduced Public Health Preparedness Coordinator Brett Lloyd. In answer to a question from Commissioner Susan Good Geise, Mr. Lloyd stated that the recent disposal of hundreds of pig carcasses in Augusta was based on disposal plans provided by the state. The Disease Control and Prevention Division would have become involved with the disposal if the pigs had died of disease.

MINUTES

Ms. Weber asked if there were any corrections or additions to the March 24, 2016 minutes. The Board approved the minutes as written.

PRESENTATION

Jan Williams with the Lead Education and Assistance Program (LEAP) gave a presentation on the Soil Displacement Regulations for the Superfund site in East Helena. Ms. Williams gave a brief history of the ASARCO lead contamination in East Helena, the creation by EPA of a Superfund site in East Helena, the remediation of soils, and the development of the Lead Education and Abatement Program (now called the Lead Education and Assistance Program). Ms. Williams also discussed the Regulations Governing Soil Displacement and Disposal at the East Helena Superfund site, which were adopted by the Board of Health in 2013. She provided data on the number of 811 locate certificates, soil displacement permits, and lead screenings, and a collaboration between the Montana Banking Association (MBA) and LEAP. In answer to questions from Jim Benish, Ms. Williams stated that the LEAP program was presumably not created

sooner because funding was not available. She also stated that LEAP is collaborating with the MBA on lead notification rather than with individual Realtors because of the high turn-over rate among Realtors and lack of notification to buyers about lead. In answer to a question from Kammy Johnson, Ms. Williams stated that medical providers are conducting universal lead screenings on all children who come in for a wellness screening. In answer to a question from Jenny Eck, Ms. Williams stated that LEAP is notified of lead screenings being conducted on children who have private insurance. In answer to a question from Scott St. Clair, Ms. Williams stated that LEAP is continuing to sample yards for lead contamination. If they find a yard that has more than 1,000 part per million (ppm), then the property is eligible for remediation. There are 3 to 4 properties within the East Helena Superfund area that have greater than 1,000 ppm but have declined remediation. She also noted that not all yards will be remediated due to the EPA and ASARCO lead limit being set at 1,000 ppm. In answer to an additional question from Mr. St. Clair, Ms. Williams stated that LEAP has sampled for lead around the train tracks in the area surrounding the American Chemet and ASARCO plants. In answer to a question from Commissioner Good Geise, Ms. Williams stated that, to her knowledge, there have been no studies conducted on the health of residents who lived in the area in the 1970s to see if they may be experiencing any health-related issues.

Greg Hayes with Pacific Western Technology explained to the Board how to use the interactive property status mapping website for the East Helena Superfund site, which is now available for public use (see Attachment "A"). In answer to a question from Mr. St. Clair, Mr. Hayes stated that properties on the mapping website that are not highlighted are not scheduled to be sampled for lead or remediated. He also stated that the EPA Record of Decision of 2009 stipulates that when undeveloped parcels of land are purchased and developed into residential properties, homeowners are responsible for the sampling and remediation of their property for lead contamination. He also stated that the EPA is responsible for cleanup of the site areas that are residential sites, road aprons, and flood channels that are adjacent to the public to minimize the contamination of lead.

ACTION ITEMS

Hearing Officer Recommendation, Mike and Marilyn Greely: James Benish, Hearing Officer, and Frank Preskar, Sanitarian, gave a brief explanation of the Greely variance hearing held on April 25, 2016, along with the recommendation for approval. Mr. Benish stated that the request met all of the state Department of Environmental Quality criteria for granting a variance. Mayor Smith moved to ratify the hearing officer recommendation for approval. Commissioner Good Geise seconded the motion. The motion carried 8-0.

Board of Health Recommendation of the Fiscal Year 2017 Department Budget: Norman Rostocki, Finance Coordinator, presented the proposed FY2017 Lewis and Clark Public Health Budget for recommendation to the Board of County Commissioners for approval (pages 10-12 of the board packet). Mr. Rostocki gave an overview of the budget summary for each public health program along with revenues, expenditures, and FTEs. Mayor Smith made a motion to recommend to the Board of County Commissioners that it approve the FY2017 Lewis and Clark Public Health budget. Kammy Johnson seconded the motion. The motion carried 7-0, with Commissioner Good Geise abstaining from the vote.

BOARD MEMBER DISCUSSION

Finance Report: Mr. Rostocki referenced the FY16 comparison to budget and cash flow for July 2015 through March 2016 (pages 14-15 of the board packet). Mr. Rostocki noted that the department is 75% of the way through its fiscal year. Total revenue to date is \$1,357,506, or 69% of the amount budgeted; actual expenditures are \$1,633,105 or 81% of the amount budgeted. Revenues are under expenditures by \$275,598; total ending cash is \$609,580.

Accreditation Update: Gayle Shirley, Communications Manager and Accreditation Coordinator, announced that the last of the community health improvement planning (CHIP) meetings was completed in early April. Ms. Shirley and Katie Loveland, CHIP Facilitator, are working to complete the CHIP plan. A draft of the plan will be available on the Public Health website for public comment. Once it is completed, Ms. Shirley will work with St. Peter's Hospital to release the plan to the public.

Ms. Shirley presented to the Board the web-based Public Health Accreditation Board (PHAB) documentation process called e-PHAB. The health department will submit all documents required for accreditation to PHAB on May 27. After that, the department's accreditation workgroup will prepare for the PHAB site visit.

HEALTH OFFICER'S REPORT

The application for a Community Development Block Grant (CDBG) to fund renovation of the lower level of the Murray Building is due July 6, 2016.

The Community Health Promotion WIC program has hired Registered Dietitian Regina Hultin and will shortly be hiring for the Tobacco Specialist position vacated by Becky Baraby. The Home Visiting Nurse position currently held by Michelle Much will not be refilled upon her resignation from Public Health.

There being no public comment, the meeting adjourned at 3:13 p.m.

Anne Weber, Chair

Melanie Reynolds, Secretary

**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana**

BOARD AGENDA ITEM

Meeting Date

May 26, 2016

Agenda Item No.

4

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS Community Health Promotion Division Update

PERSONNEL INVOLVED: Drenda Niemann, Community Health Promotion Division Administrator and Division Staff

BACKGROUND Ms. Niemann and staff will give a brief program update.

HEALTH DIRECTOR'S RECOMMENDATION: N/A

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Benish						
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Kultgen						
Medley						
Smith						
St. Clair						
Weber						

Plan4Health: Greater Helena Area Active Living Wayfinding System

Greater Helena Area in Lewis & Clark County, MT

Summary

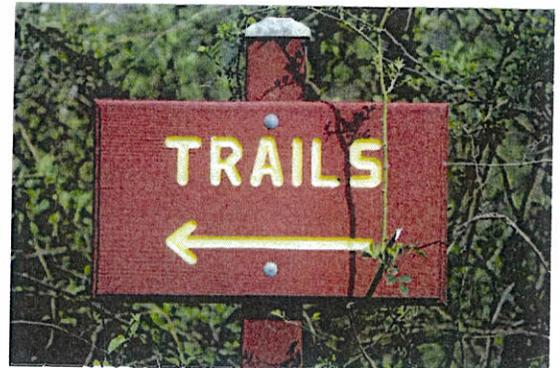
Plan4Health connects communities across the country, funding work at the intersection of planning and public health. Anchored by American Planning Association (APA) chapters and American Public Health Association (APHA) affiliates, Plan4Health supports creative partnerships to build sustainable, cross-sector coalitions. The Healthy Communities Coalition seeks to develop an Active Living Wayfinding System, especially for parks and along urban trails in the greater Helena, Montana area, to increase participation in physical activity and improve access to nutritious food programs.

Challenge

In Lewis and Clark County, MT approximately 80 percent of residents live in the greater Helena area. In recent years, this area has seen a five percent growth, which is larger than both the state and the U.S. Nearly 13 percent of residents live in poverty, however, and 26 percent have disabilities. In 2011, 60 percent of adults in Helena reported being overweight or obese; 28 percent of high schoolers and 25 percent of middle schoolers reported being overweight as well. Data revealed that only 4.3 percent and 1.6 percent of workers in greater Helena walk or bike to work, respectively. If the infrastructure for biking were available, upwards of 60 percent of workers indicated they would bike to work.

Solution

The Healthy Communities Coalition will increase health equity by guiding people to physical activity opportunities and increasing access to nutritious food. The coalition will implement an Active Living Wayfinding System and comprehensive communications plan for the greater Helena area to help align the recently revised Greater Helena Area Transportation Plan, the City of Helena Growth Policy, the Lewis and Clark County Growth Policy, and the Downtown Helena Master Plan. Focus groups will be conducted throughout the project to ensure that resident needs are being heard.



Your Involvement is Key

To learn more about the Healthy Communities Coalition and all coalitions participating in Plan4Health, check out the project website (www.plan4health.us).

Join the national conversation at the intersection of planning and public health on social media by using and following [#plan4health](https://twitter.com/plan4health).

Results

In December 2015, the community was awarded a \$22,800 grant by the National Chronic Disease Directors Association. The *Reaching People with Disabilities Through Healthy Communities* grant is a partnership between the Montana State Health and Disabilities Program and two local communities, Helena and Butte. Both the Plan4Health project lead and a member of the Healthy Communities Coalition attended a training where they learned about two assessment tools. The tools measure how well people with disabilities are able to fully participate in organizations and the community overall - or whether policies, procedures or environments may be creating barriers. The results of twelve assessments in worksite, health care, physical activity, and nutrition-related organizations will inform the wayfinding system and communication plan. The coalition is thoughtfully leveraging two funding opportunities to increase trail access for all residents.

Contact

Karen Lane

Lewis and Clark Public Health
1930 Ninth Ave.
Helena, MT 59601
406-457-8960 phone
<http://www.LewisAndClarkHealth.org>

"The timing for this grant couldn't be better. Our community is ready to create a community-wide wayfinding system and this will help us move forward in a thoughtful way."

- Member, Healthy Communities Coalition

Plan4Health is made possible with funding from the Centers for Disease Control and Prevention (CDC). The views expressed in this newsletter do not necessarily reflect the official policies of the CDC or imply endorsement by the U.S. Government. Learn more about Plan4Health and the National Implementation and Dissemination for Chronic Disease Prevention project at www.cdc.gov/communityhealth.

Success Stories

<http://nccd.cdc.gov/nccdsuccessstories/>

PLAN4Health
An American Planning Association Project

**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana**

BOARD AGENDA ITEM

Meeting Date

May 26, 2016

Agenda Item No.

5

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS Request for Adoption of the 2016 Community Health Improvement Plan

PERSONNEL INVOLVED: Melanie Reynolds, Health Officer & Gayle Shirley
Communication Manager

BACKGROUND Ms. Reynolds and Ms. Shirley will present the request for adoption of the 2016 Community Health Improvement Plan.

HEALTH DIRECTOR'S RECOMMENDATION: N/A

ADDITIONAL INFORMATION PROVIDED AS A HANDOUT

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Benish						
Eck						
Geise						
Johnson						
Kultgen						
Medley						
Smith						
St. Clair						
Weber						

2016

LEWIS AND CLARK COUNTY Community Health Improvement Plan



Lewis & Clark
Public Health



St. Peter's Hospital

Helena, Montana

Community Health Priorities

This document outlines a plan created by partners in our community to improve the health of Lewis and Clark County residents over the course of the next three years. The Lewis and Clark County Community Health Improvement Plan outlines specific strategies to be implemented to improve the health of all of our residents under each of the following priority areas of action. We believe that implementing the strategies in this plan will help us achieve our vision for a health community.

Mental Health

Suicide
Depression and Anxiety
Criminal Justice and Mental Health

Substance Abuse

Alcohol Use and Binge Drinking
Underage Drinking
Methamphetamine Use

Chronic Disease

Physical Activity
Nutrition
Tobacco Use

Communicable Disease

Sexual Risk Behaviors
Immunizations

Maternal and Child Health

Adverse Childhood Experiences

Access to Care

Navigating the System

Environmental Health and Injury

Particulate Pollution
Lead Exposure
Distracted Driving

Our Vision for Healthy Community

“We envision a healthy community where every person is safe, connected and engaged and has the resources they need to reach their full potential.”

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Environmental Health and Injury	27



Acknowledgments

Draft

**Thank you to the following individuals who participated on the
Community Health Improvement Planning Task Force.**

NAME	TITLE	ORGANIZATION
Craig Aasved	CEO	Shodair Residential Treatment Center
Sana Amin	Senior in Health Sciences	Carroll College
Tyler Amundson	Associate Pastor	St. Paul's United Methodist Church
Cassandra Baldwin	Senior in Health Sciences	Carroll College
MC Beeby		BikeWalk Helena
Jim Benish	Member	City-County Board of Health
Daniel Bingham	Dean/CEO	Helena College
Jim Bissett	Executive Director	Spring Meadow Resources
Barbara Burton	Executive Director	Florence Crittenton
Rebecca Chance-Schauf	Community Education Manager	St. Peter's Behavioral Health Unit
Katrina Chaney	County School Superintendent	Lewis and Clark County
Michelle Cuddy	Director	Center for Mental Health
Patty Dahl	Head Start Director	Rocky Mountain Development Council
Mike Dalton	President	First Interstate Bank
Det Sgt Danny David	Missouri River Drug Task Force	Helena Police Department
Joan Davis	OR Director	St. Peter's Hospital
Bruce Day	Executive Director	Helena Food Share
Kim Degner	SNAP-Ed Program Manager	Lewis and Clark County Extension
Erin Drynan	Case Manager	Career Training Institute
Tina Eblen	Elevate MT Program Coordinator	ChildWise Institute
Judy Edwards	Executive Director	Healthy Mothers Healthy Babies
Amy Emmert	Quality Manager, Clinical Ops.	St. Peter's Hospital
Karrie Fairbrother	Member	Healthy Communities Coalition
Trina Filan	Community Impact Coordinator	United Way of Lewis and Clark Area
Dianna Frick	Maternal and Child Health	MT Dept. of Public Health and Human Services
Meghan Gallagher	Program Director	St. Peter's Behavioral Health Unit
Katie Gilboy	Health and Wellness Director	Helena Family YMCA
Libby Goldes	Trustee	Helena School Board
Megan Grotzke	Community Collaboration Director	Rocky Mountain Development Council
Rebecca Harbage	Air Quality Planner	MT Dept. of Environmental Quality
Sarah Howe-Cobb	Augusta Public Health Nurse	Lewis and Clark Public Health
Jon Jackson	Student Safety Manager	Helena School District 1
Patrick Johnson	Chair	Local Mental Health Advisory Committee
Ann Kjosa	Member	Helena Rotary Club
Karen Lane	Prevention Programs Manager	Lewis and Clark Public Health
Mary Lannert	Director, Continuing Education	Helena College
Alana Listoe	Community Relations Director	Shodair
Ellen Livers	Director, Management Services	Shodair Residential Treatment Center
Bonnie Lovelace	Regulatory Affairs Manager	MT Dept. of Environmental Quality
Katie Loveland	CHIP Facilitator	Loveland Consulting
Dr. Heather McRee	Physician	PureView Health Center
Eric Merchant	Disease Control Administrator	Lewis and Clark Public Health
Gary Mihelish	Member	NAMI-MT
Kathy Moore	Environmental Health Admin.	Lewis and Clark Public Health

Acknowledgments

Draft

Thank you to the following individuals who participated on the Community Health Improvement Planning Task Force.

NAME	TITLE	ORGANIZATION
Alison Munson	Executive Director	United Way of Lewis and Clark Area
Judy Nielsen	HIV/STD Program Director	MT Dept. of Public Health and Human Services
Drenda Niemann	Community Health Administrator	Lewis and Clark Public Health
Brie Oliver	Home Visiting Program Manager	Lewis and Clark Public Health
Kelly Parsley	Health Sciences Dept. Director	Carroll College
Ashley Pena-Larsen		Rocky Mountain Development Council
Katy Peterson	Public Relations Director	St. Peter's Hospital
Frank Preskar	Environmental Program Mgr	Lewis and Clark Public Health
Terry Ray	System Improvement	MT Dept. of Public Health and Human Services
Tracy Reich	Executive Director	Helena Business Improvement District
Melanie Reynolds	Health Officer	Lewis and Clark Public Health
Laurel Riek	Licensed Estab. Program Mgr.	Lewis and Clark Public Health
Sandy Sacry	RN, MSN	Helena College
Deb Sargent	School Nurse	Helena High School/PAL
Jaymie Sheldahl		Rocky Mountain Development Council
Barbara Sheridan	Administrative Assistant	Helena Area Transit Service
Gayle Shirley	System Improvement Manager	Lewis and Clark Public Health
Coleen Smith	Executive Director	Youth Connections Coalition
David Smith	Executive Director	Helena Family YMCA
Paul Spengler	Coordinator	County Disaster and Emergency Services
Michael Stansberry	Lincoln District Ranger	USDA Forest Service
Jill-Marie Steele	Executive Director	PureView Health Center
George Theborge	Planning Director	Lewis and Clark County
Leslie Torgerson	Executive Director	Helena Housing Authority
Jeanne Underhill	Medicaid Waiver Programs Mgr.	Lewis and Clark Public Health
Trista Vonada	Lead Clinician	AWARE Inc.
Anne Weber	Chair	City-County Board of Health
Bekki Wehner	Immunization Program	MT Dept. of Public Health and Human Services
Todd Wheeler	Recreation Program Manager	Helena Parks and Recreation
Shawn White Wolf		MT United Indian Association
Ron Wiens	Chief Financial Officer	Shodair Residential Treatment Center
Jan Williams	Environmental Health Specialist	Lewis and Clark Public Health
Teri Wright	Associate Executive Director	Helena Family YMCA
Jordan Zepeda	Infection Control Coordinator	St. Peter's Hospital

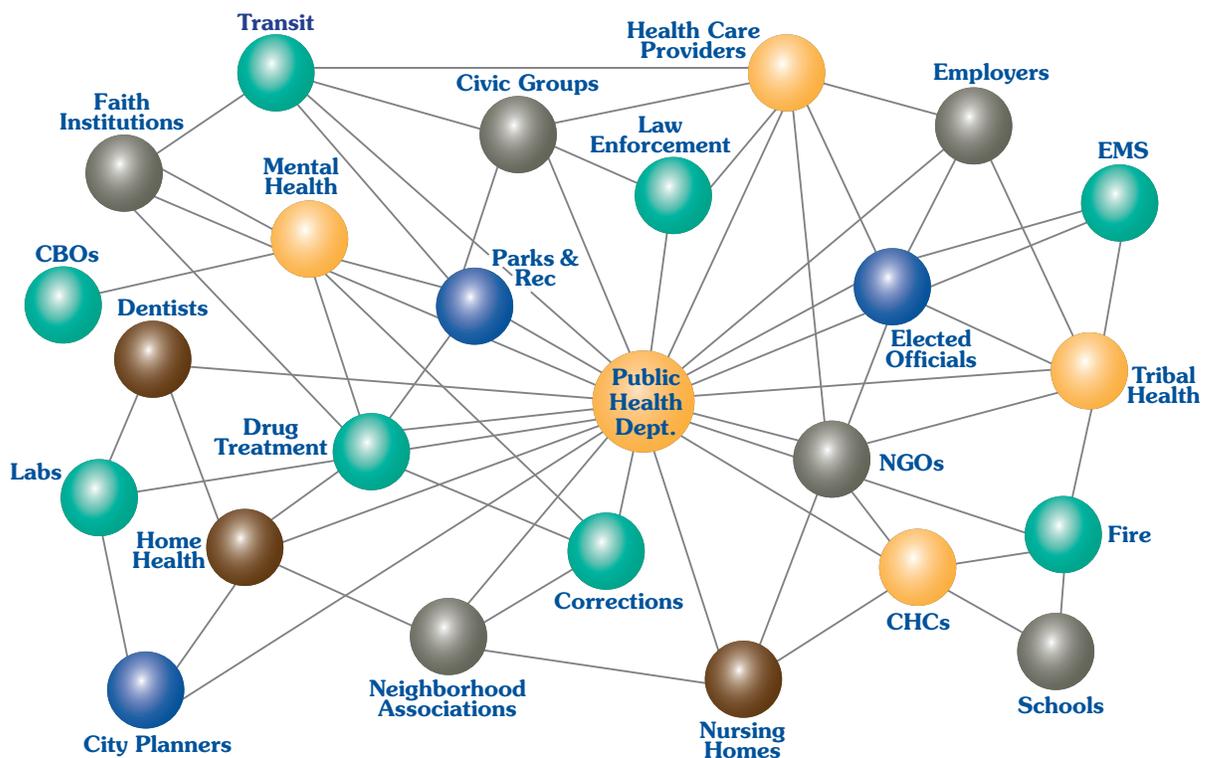
Improving Our Health

There are many things you do as an individual to be healthy: going to the doctor, taking needed medications, exercising regularly, eating healthy foods, and brushing and flossing your teeth.

There are also ways that we can work together to improve the health of our entire community. In Lewis and Clark County, the Lewis and Clark Public Health works to improve and protect the health of our public, which includes close to 64,000 county residents.

But the responsibility for public health extends far beyond the walls of the Health Department. Many public, private, and voluntary organizations contribute to the health and well being of our county. These include hospitals, medical providers, emergency responders, schools and higher education, businesses, employers, elected officials, nonprofit organizations, and civic groups. Together, we make up our community's public health system.

Our Local Public Health System



The public health system works to:

- Identify community health problems;
- Mobilize community partnerships to identify and solve health problems; and
- Develop policies and plans that support individual and community health efforts.

6

Because so many entities are involved in our local public health system, any effort to improve the health of the community must involve a wide spectrum of the public health system. Other sectors of the community bring different perspectives and information that enhance planning. There are roles and responsibilities for all.

Planning For Impact

In 2016, Lewis and Clark Public Health and St. Peter's Hospital convened members of our local public health system to participate in a Community Health Improvement Task Force tasked with developing a community health improvement plan – a long-term, strategic effort to address our most pressing public health concerns. Task Force partners met for three planning meetings in February-April 2016 and were led through a facilitated process to develop the content for this plan, building on a first Lewis and Clark Community Health Improvement Plan published in 2013, the Montana State Health Improvement Plan and national planning efforts such as Healthy People 2020. Community partners were tasked with developing a data-driven plan, using results from the Lewis and Clark Community Health Assessment, which was published in 2015 to identify key priority areas of focus for collective action based the best on available community health data. The group was also instructed to consider social determinants of health-the underlying social and economic concerns that affect health and create health disparities and to consider effective public health policies when developing key strategies for action.

The results of our community-wide planning process are contained in these pages. Dozens of community members worked over a span of several months to identify:

- The county's most pressing health needs and priorities;
- Strategies and resources available in our community to address those needs, with a focus on policy;
- Metrics to measure progress in improving the health of our county; and
- Community partners who will take the lead for the various strategies listed.



The variety of partners listed in the acknowledgments section in this document shows a broad commitment in our community to improve the health of our population. Over the next few years, the Hospital, Health Department, and our community partners develop work plans that align with this document to monitor our progress as we work toward a healthy, more engaged community.



You can find more information about the planning process online at:

Health Department website:
<http://www.lccountymt.gov/health/about-us/health-improvement-plan.html>

St. Peter's Hospital website:
<https://www.stpetes.org/CHIP>

Or contact us at:
public_health@lccountymt.gov

Plan Overview

The Community Health Improvement Task Force developed a definition of “health” and a “healthy community” to guide this plan. They also identified the key areas of focus for health improvement in our community.

Definition of Health

“Health is an all-encompassing state of well-being in mind, body, and spirit that characterizes thriving individuals, families and communities.”

Vision for a Health Community

“We envision a healthy community where every person is safe, connected and engaged and has the resources they need to reach their full potential.”

Priority Areas of Focus to Improve Health

Mental Health

Suicide
Depression and Anxiety
Criminal Justice and Mental Health

Chronic Disease

Physical Activity
Nutrition
Tobacco Use

Maternal and Child Health

Adverse Childhood Experiences

Environmental Health and Injury

Particulate Pollution
Lead Exposure
Distracted Driving

Substance Abuse

Alcohol Use and Binge Drinking
Underage Drinking
Methamphetamine Use

Communicable Disease

Sexual Risk Behaviors
Immunizations

Access to Care

Navigating the System

Priority One: Mental Health

Why Mental Health?

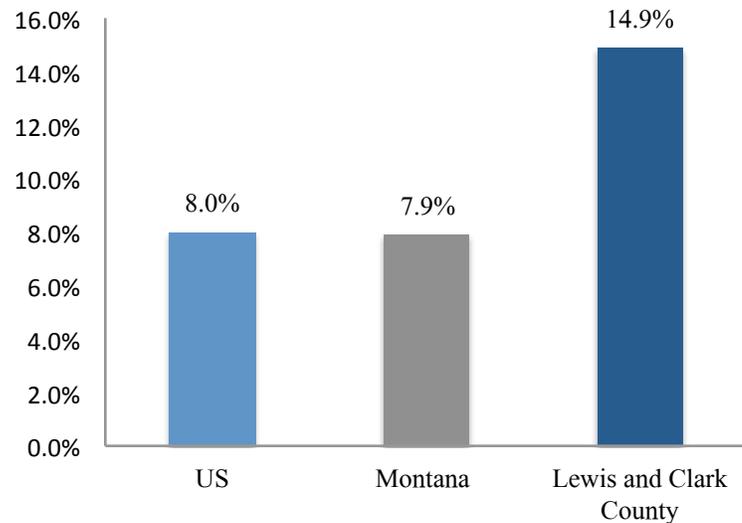
Mental illnesses are the leading cause of disability in the US, accounting for a quarter of all years of life lost to disability and premature death. By 2020, behavioral health disorders are expected to surpass all physical diseases as a major cause of disability worldwide, according to the World Health Organization. According to the National Institute of Mental Health, in any given year an estimated 13 million American adults have a seriously debilitating mental illness. Mental illness affects not only individuals, but can have devastating consequences on families, communities, and society as a whole, both emotionally and economically.

The connection between mental and physical health is well documented. Mental illnesses ranging from depression and anxiety to schizophrenia affect people's ability to participate in behaviors that promote health. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental wellness and can reduce a person's ability to fully participate in treatment and recovery.

Mental Health in Our Community

Thousands of individuals and families are affected by mental illness in Lewis and Clark County. One in three adults in Lewis and Clark County report having at least one poor mental health day in the last month and around one in three high school students reports symptoms consistent with depression in the last year. Almost fifteen percent of Lewis and Clark County high school students report attempting suicide in the last year, a higher rate than Montana and the US as a whole. Our county, mirroring the state of Montana, has an adult suicide rate that is almost double the rate in the US at 19.3 per 100,000.

Reported Suicide Attempt in the Last Year among High School Students



Mental Health

Objectives by 2019

Suicide

- Decrease the adult suicide rate in Lewis and Clark County from 19.3 per 100,000 to 17.7 per 100,000. (Source: Montana Vital Statistics)
- Reduce the percentage of high school students in Lewis and Clark County who report attempting suicide from 14.3% to 13.6%. (Source: Youth Risk Behavior Survey-YRBS)

Depression and Anxiety

- Decrease the percent of adults who report 1 or more poor mental health days in the past month from 36.2% to 32%. (Source: Behavioral Risk Factor Surveillance Survey-BRFSS)
- Reduce the percent of high school students that report symptoms of depression in the last year from 29.3% to 27%. (Source: YRBS)

Criminal Justice and Mental Health

- Percentage of jailed inmates in Lewis and Clark County with a mental health diagnosis. (Establish baseline from Lewis and Clark County jail records)

Strategies and Leads

Suicide

- Increase access to and capacity for community education
Leads: Montana Department of Public Health and Human Services, NAMI and Youth Connections
- Support interventions and policies related to gun safety
Leads: Sporting goods stores, St. Peter's Emergency Room and Physicians and Pediatricians

Depression and Anxiety

- Increase screening for depression and anxiety (e.g. sports physicals, universal screening in schools, universal screening in primary care)-
Lead: PureView and the Helena School District
- Increase number of mental health providers in county
Lead: St. Peter's Hospital

Mental Health

Strategies and Leads

Criminal Justice and Mental Health

- Establish a system to screen all inmates for mental health concerns
Leads: Sheriff’s Department, Citizen’s Advisory Council, Western Mental Health Center
- Increase the capacity to provide case management and mental health therapy in the jail
Lead: Western Mental Health Center

Community Assets and Resources

Suicide

Crisis Response Team
Journey Home,
Shodair Hospital and family counseling for youth
St. Peter’s Hospital Behavioral Health Unit
PureView Health Center
Services in Helena Public Schools

Private therapists
Intermountain
Youth Crisis Intervention
Center for Mental Health
Home and Community Based Services for individuals with Sever and Disabling Mental Illness
Family awareness training for suicide

Depression and Anxiety

Primary Care Providers
AWARE
PureView Health Center
Center for Mental Health
Shodair
Private mental health providers

St. Peter’s Hospital Behavioral Health Unit
Helena Public Schools (teachers, school mental health professionals, Comprehensive School and Community Treatment)
NAMI
Intermountain
Parents
Youth activities and ministries

Criminal Justice and Mental Health

St. Peter’s Behavioral Health Unit
Jail Diversion
Alcoholics Anonymous 12-Step Program
Journey Home

County/State Group Therapy
Evidence based assessment tools
Crisis Intervention Training for law enforcement
Detention officials,
Probation and parole

Priority Two Substance Abuse

Why Substance Abuse?

Substance abuse, including the abuse of alcohol, illicit drugs, and prescription drugs, negatively impacts the lives of individuals, families and communities in Montana. One in five Montana adults reports binge drinking (20.8%), compared to 16.8% of adults in the U.S. overall, and 7.7% of adults in Montana are classified as “heavy drinkers,” significantly higher than the U.S. rate of 6.2%. Thirty-seven percent of high school students in Montana report alcohol use in the past month, and 23.5% report binge drinking. Excessive alcohol use, including binge and underage drinking, is the third leading preventable cause of death in the United States. This dangerous behavior is responsible for more than 79,000 deaths annually and a wide range of health and social problems.

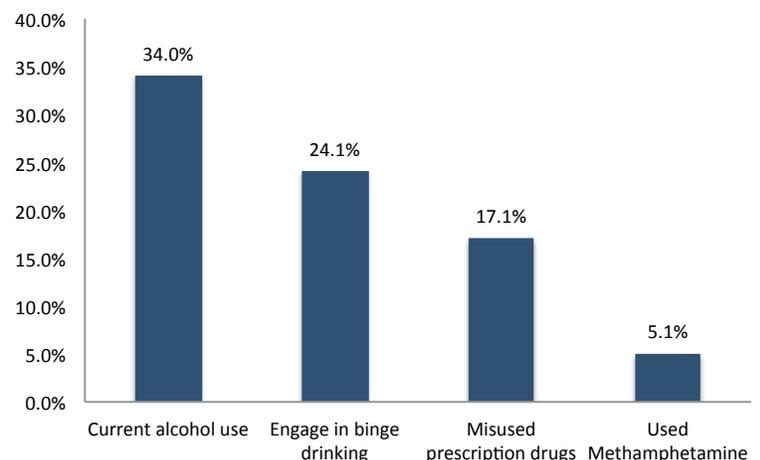
Illicit drug use is also a concern in Montana. One in five high school students reports current marijuana use (21.0%), one in 10 reports lifetime inhalant use (9.9%), and 16.2% report abuse of prescription drugs in their lifetime. The concerning trends in illicit drug use continue into adulthood: according to the 2012-2013 National Survey on Drug Use and Health, almost one in four young adults in Montana reports illicit drug use in the past month, including 23.0% of young adults who report currently using marijuana.

Like physical illnesses, substance abuse disorders cost money and lives if they aren’t prevented, are left untreated, or are poorly managed. The presence of substance abuse issues exacerbates the cost of treating physical diseases and results in some of the highest disability burdens in the world for individuals, families, businesses, and governments. Individuals who abuse substances are at increased risk for a number of concerning health outcomes including motor vehicle crashes, crime, domestic violence, child abuse and suicide.

Substance Abuse in Our Community

Lewis and Clark County residents report high rates of substance use, particularly in relation to alcohol. One in four adults reports engaging in binge drinking and 9% are classified as heavy drinkers (drinking 30 or more alcoholic beverages per month). Among high school students, more than one in three report current alcohol use and one in four report engaging in binge drinking. In regards to drug use, almost one in five high school students reports misusing prescription drugs and 5% report lifetime methamphetamine use.

Reported drug and alcohol use among high School Students in Lewis and Clark County



Substance Abuse

Objectives by 2019

Alcohol Use and Binge Drinking

- Reduce the percentage of adults that report binge drinking from 24.1% to 23.5% (Source: BRFSS)
- Reduce the percentage of high school students that report binge drinking from 22.1% to 21.5% (Source: YRBS)

Underage Drinking

- Decrease the percentage of high school students that report current alcohol use from 35.3% to 33.5% (Source: YRBS)

Methamphetamine Use

- Reduce the percent of high school students that report lifetime methamphetamine use from 5.1% to 4.5% (Source: YRBS)

Strategies and Leads

Alcohol Use and Binge Drinking

Adult strategies

- Responsible Alcohol Sales and Service Training
Lead: Law Enforcement DUI Task Force
- Over service sting
Lead: Law enforcement DUI Task Force
- Increase the number of employers who offer an Employee Assistance Program
Lead: Insurance companies, Chamber, Society for Human Resource Management, Medicaid

Youth Strategies

- Support the alcohol education curriculum
Lead: Youth Connections HSD)
- Offer ongoing alternative activities for youth
Leads: Youth Coalition and the YMCA
- Expand reach of the Pure Performance-Life of an Athlete program
Lead: Youth Connections

Substance Abuse

Strategies and Leads

Underage Drinking

- Support the development of a Statewide Social Host Ordinance policy
Lead: Youth Connections Prevention Specialist
- Influence social norms around underage drinking
Leads: Havre Help, Youth Connections Pure Performance
- Conduct compliance checks at alcohol point of sale
Lead: Havre Help

Methamphetamine Use

- Educate the community on methamphetamine use and prevention
Leads: Missouri River Drug Task Force, School Resource Officers, Youth Connections Magazine)
- Support the Development of a Street Crimes Unit
Lead: Missouri River Drug Task Force)
- Increase awareness about the dangers of meth
Lead: Montana Meth Project

Community Assets and Resources

Alcohol Use and Binge Drinking

University of Montana-Helena College
Alcoholics Anonymous
DUI Task Force

National Highway Traffic Safety Administration
Responsible Alcohol Seller Server Training (RASST)
24/7 Program-Alcohol Education Carroll College
Employee Assistance Program

Underage Drinking

Youth Connections
Supporters of the state-wide social host law,
Alcohol Education JPLA
Organizations that support alternative activities
Compliance Checks
Havre Help Social Media

Schools and Carroll College
Spiritual Life Committee
DUI Task Force
Intermountain
Pure Performance
Town hall meetings
Middle school after-school education

Methamphetamine Use

Missouri River Drug Task Force
Montana Meth Project
School Resource Officers

Health class curriculum
Drug court
Education (e.g. Youth Connections magazine)

Priority Three Chronic Disease

Why Chronic Disease?

Chronic diseases are among the most common, costly, and preventable of all health problems in the nation. Examples of chronic diseases include stroke, heart disease, cancer, diabetes, asthma, and arthritis. Heart disease, cancer, and stroke account for more than half of all deaths in the United States each year.

The Centers for Disease Control and Prevention identifies four common risk behaviors that cause chronic diseases: lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption. Poor nutrition and lack of physical activity in the western world have made obesity a major health concern and a major factor contributing to chronic disease. Two-thirds of adults and almost a third of children are overweight or obese, according to the U.S. Surgeon General’s Office. And despite progress in the last few decades changing the social mores related to smoking, 18% of the adult population in the US continues to currently smoke cigarettes. With the advent of new technologies like e-cigarettes, even more individuals of all ages are using tobacco.

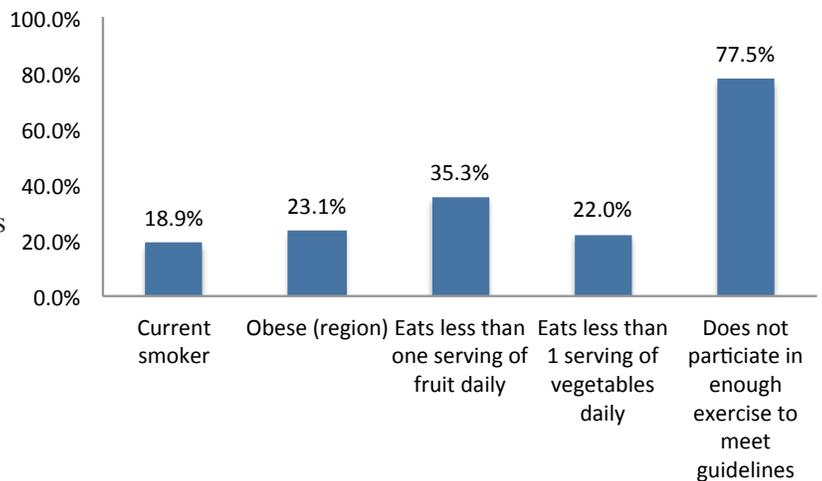
Reducing the rate of risk behaviors related to chronic disease requires a multi-pronged approach. Efforts to change health behaviors should address not only individual lifestyle choices, but the policies and environments that support these behaviors in settings like schools, worksites, health care organizations, and the community. Access to high-quality and affordable prevention measures (including screening and appropriate follow-up care) are essential steps in saving lives, reducing disability, and lowering health-care costs related to chronic disease.

Chronic Disease in Our Community

In Montana, chronic diseases make up 4 out of the top five leading causes of death (Cancer, Heart Disease, Chronic Lower Respiratory Disease and Stroke). And based on common markers for these diseases, a large percentage of the population in Lewis and Clark County is at high risk for chronic disease. More than one in five of the adults in Lewis and Clark County does not participate in enough exercise to meet the recommended guidelines for physical activity, 35% report eating less than one serving of fruit per day and 22% eat less than one serving of vegetables. One in three adults in our county has been diagnosed with high blood pressure and almost one in four adults in our region is obese.

Tobacco use is also a concern. Almost one in five adults in our county is a current smoker and Lewis and Clark county residents are more likely to report that they currently have asthma compared to residents of Montana or the US as a whole. Clearly there is work to be done to combat the chronic disease epidemic in our community.

Self reported chronic disease risk factors among adults in Lewis and Clark County



Chronic Disease

Objectives by 2019

Physical Activity

- Increase the percent of adults who are participating in enough physical activity to meet guidelines from 22.5% to 26%. (Source: BRFSS)
- Increase the percent of high school students who are physically active at least 5 of the last 7 days from 54% to 60% (Source: YRBS).

Nutrition

- Decrease the percent of adults who are obese from 23.1% to 22.5% (Source: BRFSS-regional data)
- Decrease the percent of high school students who describe themselves as slightly or very overweight from 29.2% to 26%. (Source: YRBS)

Tobacco Use

- Reduce the percent of high school students that report any tobacco use in the last month from 38.5% to 36%. (Source: YRBS)
- Reduce the percent of adults that report current smoking from 18.4% to 17%. (Source: BRFSS)

Strategies and Leads

Physical Activity

- Support community policies for built environment that enhance access to and availability of physical activity opportunities.
- Promote walking and bicycling – both indoor and outdoor alternatives.
- Enhance policies and educational campaigns that increase safety for pedestrians and bicyclists, for example a distracted driving ordinance.
- Increase physical activity opportunities available to school-aged children
- Lead for all strategies: Healthy Communities Coalition

Nutrition

- Increase participation in community gardens.
- Increase accessibility and affordability of healthy foods.
- Offer community classes on how to prepare whole grains, legumes, and fresh produce.
- Increase knowledge of healthy food and beverage choices.
- Increase the number of worksite and schools that offer wellness and nutrition programs.
- Replace sugary drinks in vending machines or remove vending machines from workplaces and schools.
- Lead for all strategies: Healthy Communities Coalition

Chronic Disease

Strategies and Leads

Tobacco Use

- Track changes in marketing and manufacture of tobacco products
- Support policies needed to restrict use of tobacco and vaping products by teens and tweens
- Collaborate with other youth serving organizations (Youth Connections/Environmental services)
- Lead for all strategies: Healthy Communities Coalition

Community Assets and Resources

Physical Activity

Trail System and walking paths including Trails Rx
 Youth Sports and organized adult activities
 Schools including sports and health enhancement
 Worksite Wellness Programs
 Strong Women Healthy Hearts
 YMCA and other area health clubs
 DEEP
 Bike Walk Helena

SNAP-Ed
 Outdoor Activities including hunting and fishing
 Helena Parks and Recreation
 Kay's Kids sites
 Regional sports facility
 Helena Indian Alliance and Native American Games,
 Worksite wellness
 ParkFit-free adult fitness classes

Nutrition

Healthy Communities Coalition
 Inch by Inch Program
 COC MT State
 Schools (including breakfast and lunch programs)
 Lewis and Clark Public Health
 Plan 4 Health grant, YMCA
 Diabetes Education and Clinical Nutrition Classes

Food Banks,
 DEEP
 MSU-Extension nutrition education programs
 MSU Extension
 Helena community gardens
 Family Promise
 Kay's Kids Healthy Food Program

Tobacco Use

Quit For life
 The Montana Tobacco Use Prevention program
 ReACT

Tobacco Free Parks policy
 The Montana QuitLine
 4H
 Clean Indoor Air Act

Priority Three

Communicable Disease

Why Communicable Disease?

Communicable diseases are those that can be transmitted from one person to another, or in some cases through a vector like a mosquito or food. Communicable disease are a leading cause of death for children and adolescents around the world, but in the United States and other first world countries, public health and medical advances like immunizations, antibiotics and improved living conditions have drastically reduced mortality rates from communicable diseases.

Despite this progress, communicable diseases still affect many individuals in the US. Major categories of communicable disease include:

- **Vaccine Preventable Diseases:** Communicable diseases that once causes high rates of morbidity and mortality, such as polio, small pox, measles, mumps and pertussis, can now be prevented through routine, safe and affordable childhood vaccinations. However, in recent years, vaccination rates among US children have declined, causing outbreaks of disease like pertussis and mumps as the “herd immunity” in our population decreases. Policies that support immunizations as well as public education on the safety and efficacy of vaccines is needed to prevent further spread of these dangerous diseases.
- **Influenza:** The Centers for Disease Control and Prevention estimates that between 3,000 and 49,000 individuals have died annually as a result of influenza since 1976. The disease, which peaks annually during “flu season” from November to April, varies each year in terms of potency, and is best prevented through the flu shot, a vaccination formulated annually based on the best available science related to what influenza strains will be circulating world wide each year.
- **Sexually Transmitted Infections:** These diseases, transmitted through sexual contact, are on the rise in the US. The Centers for Disease Control and Prevention estimates that nearly 20 million sexually transmitted infections occur every year nationally, with half of the new cases occurring among young people aged 15–24. Sexually Transmitted Infections account for almost \$16 billion in health care costs in the US annually. (Source: CDC Reported STDs in the US, 2014.) Some of these diseases, like Human Papillomavirus, can be prevented through vaccines, but many must be reduced through decreasing rates of sexual risk behaviors.
- **Foodborne Illness:** According the the Centers for Disease Control and Prevention, 1 in 6 Americans contracts a foodborne illness annually. Many different disease-causing microbes can contaminate foods and more than 250 foodborne disease have been identified. Restaurant inspections, safe cooking and food preparation practices and policies that promote a healthy and safe food supply are necessary to prevent these diseases.
- **Emerging diseases:** Despite effective prevention efforts to combat known communicable diseases, the public health system must be prepared to address emerging communicable diseases like the Zika virus. Maintaining a public health disease surveillance infrastructure is key to detecting and containing emerging diseases.

Communicable Disease in Our Community

Many Lewis and Clark residents are at risk for contracting communicable diseases based on immunization rates and sexual risk behaviors. Only two out of three 19 to 35 month olds in our community have received all age appropriate vaccines. And two out of three adults did not receive a flu vaccine in the last year. Among high school students, 45.6% of students report having sexual intercourse and 14.4% report having 4 or more sexual partners. Of those teens that are sexually active, 40% report not using a condom at last intercourse. In 2011-2013 there were 429 cases of influenza reported in our county along with 52 cases of pertussis and 156 cases of chlamydia.

Objectives by 2019

Sexual Risk Behaviors

- Decrease the annual number of chlamydia cases from 228 to 200. (Source: Communicable disease reporting to DPHHS)
- Increase the percent of high school students who report never having intercourse from 58% to 60% (Source: YRBS)
- Increase the percent of sexually active high school students who report using a condom at last intercourse from 60% to 65%.

Immunizations

- Increase the percent of adults who report receiving the influenza vaccine from 34.8% to 36%. (Source: BRFSS Regional Data)
- Increase the number of children aged 19 to 35 months who have received all age appropriate vaccinations from 67.6% to 75%.
- Decrease the rate of pertussis cases in Lewis and Clark County from 78.7 per 100,00 to 65 per 100,000. (Source: Communicable Disease Epidemiology Section)

Strategies and Leads

Sexual Risk Behaviors

- Follow 2015 Sexually Transmitted Disease Treatment Guidelines, including routine screening, follow-up, and Expedited Partner Therapy/ Patient Delivered Partner Therapy
Lead: Lewis and Clark Public Health and health care providers
- Support the implementation of group-based comprehensive risk reduction (CRR) interventions delivered to adolescents
Lead: Lewis and Clark Public Health, Planned Parenthood, School Districts

Immunizations

- Increase community demand for vaccinations through general public and primary care patient education and public and private administrative policy development
Lead: Lewis and Clark Public Health, Health care Providers, Pharmacies
- Encourage providers and health systems to regularly administer vaccinations and to actively promote patient vaccinations
Lead: Lewis and Clark Public Health
- Increase understanding of county-wide vaccination rates through analysis of St. Peter's Hospital and Medical Group vaccination data
Owner: Lewis and Clark Public Health in partnership with St. Peter's Hospital and Medical Group

Community Assets and Resources

Sexual Risk Behaviors

Community organizations providing testing, counseling and education
Lewis and Clark Public Health that provides education and outreach and outbreak investigations
Mandatory reporting

Carroll College, University of Montana and Helena College of Technology, and School districts
Hospital, Emergency departments and Urgent Care
Primary care providers
Urban Indian Clinic and the Helena Indian Alliance

Immunizations

Mandatory reporting
Primary care providers
School law/policies
Childcare Policies

Company policies
Vaccines for Children program
Public Health Nurses
Hospital (inpatient assessment)
Pharmacies

Priority Five

Maternal and Child Health

Why Maternal and Child Health?

Every child deserves a healthy start in life. Thus a focus on improving the well-being of pregnant mothers, infants, children, and families is an important public health priority.

Pregnancy can provide an opportunity to identify existing health risks in women and prevent future health problems for women and their children. The risk of maternal and infant deaths and pregnancy-related complications can be reduced by increasing access to quality care for women before, between, and during pregnancies. And healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and help children to reach their full potential.

An emerging body of research also underscores the need to support the healthy emotional and social development of families and young children. Experts are increasingly recognizing the role of Adverse Childhood Experiences (ACEs) as key indicators for future health. Increased exposure to Adverse Childhood Experiences is clearly linked to a number of poor health outcomes including risky health behaviors, chronic health conditions, and early death. The prevention of ACEs is a key public health priority as children raised in safe and nurturing families and neighborhoods, free from maltreatment and other social adversities, are more likely to be successful adults.

Maternal Child Health in Lewis and Clark County

Exposure to ACEs, including poverty, family violence and substance abuse, are a concern for children in Lewis and Clark County. Fourteen percent of children aged 0 to 18 in our county live in households whose annual income is below the Federal Poverty Level. Based on the rates of reported alcohol abuse and mental health concerns among Lewis and Clark adults, one in ten children is likely to have a parent who is heavy drinker and one in three children likely has a parent who reported a poor mental health day in the last month. Hundreds of cases of domestic violence and thousands of cases of child abuse and neglect are reported each year in our county. And tragically, by the time children in our community reach high school, more than one in ten reports having been physically forced to have sexual intercourse. Interventions designed to protect children from Adverse Childhood Experiences and strengthen families are needed to help mitigate the effects of these early childhood traumas.

Maternal and Child Health

Objectives by 2019

Adverse Childhood Experiences

- Decrease the teen birth rate from 26.0 per 1000 to 22.0. (Source: MT Vital Statistics)
- Increase the percent of infants in the WIC program who are exclusively breastfeeding at three months from X to X. (Source: WIC Program Data)
- Decrease the percent of families with children under 18 who live in poverty from 14.0% to 13.5%. (Source: U.S. Census Bureau)
- Decrease the number of CPS child abuse and neglect allegations annually from 3028 to 2800. (Source: Child and Protective Services Data Request)
- Reduce number of family or partner aggravated or non-aggravated assault cases from 301 to 285. (Source: Montana Board of Crime Control)
- Decrease the percent of high school students who report ever being physically forced to have sexual intercourse from 11.4% to 10.5%. (Source YRBS)
- Decrease the percent of adults who are heavy drinkers from 8.7% to 7.5%. (Source: BRFSS)
- Decrease the percent of adults that report 1 or more poor mental health days in the past month from 36.2% to 32%.(Source: BRFSS)

Strategies and Leads

Adverse Childhood Experiences

- Expand access to training and professional development related to ACEs
 - Resiliency/ACE-Master Trainer
 - ARC-Trauma Informed
 - Positive community norming
 - Perinatal mood disorders
 - Process/systems/ infrastructure
 - Lead: _____
- Strengthen the families serving systems and infrastructure in Lewis and Clark County
 - Increase awareness of available services
 - Referral process
 - Capacity of providers
 - Transportation
 - Insurance
 - Screening tools
 - Expansion of services areas into neighboring counties
 - Breastfeeding policies
 - Early Childhood Coalition
 - Lead: _____

Maternal and Child Health

Strategies and Leads Continued

Adverse Childhood Experiences

- Expand and increase access to support services for families
 - Evidence based home visiting
 - Evidence based therapy modalities (e.g. Parent Child Interaction Therapy and Trauma Informed Cognitive Behavioral Therapy)
 - Public Health-RN Connect
 - Trauma informed parenting classes
 - Breast Feeding
 - Parent support groups
 - High Quality childcare-emergency/respice
 - Lead: _____

Community Assets and Resources

Adverse Childhood Experiences

Early Childhood Coalition
 ChildWise Institute
 Elevate Montana
 Ray Bjork-Special Education Preschool
 Chamber of Commerce
 CASA and the Child Advocacy Center
 Lewis and Clark Public Health
 Intermountain
 Headstart
 Friendship Center

YMCA
 Trauma informed mental health providers
 Positive community norms training
 Family Outreach
 United Way
 City of Helena,
 State funding from DPHHS
 Police and sheriff's department
 Fort Harrison Veteran's Administration
 Lewis and Clark Library

Priority Six Access to Care

Why Access to Care?

Access to comprehensive, quality health-care services is important for the achievement of health equity and for increasing the quality of health for all. Access to high quality health care improves overall physical, social, and mental health status, increases detection and treatment of health conditions, and improves quality of life.

Optimal access to health care means that every person in our community should be able to:

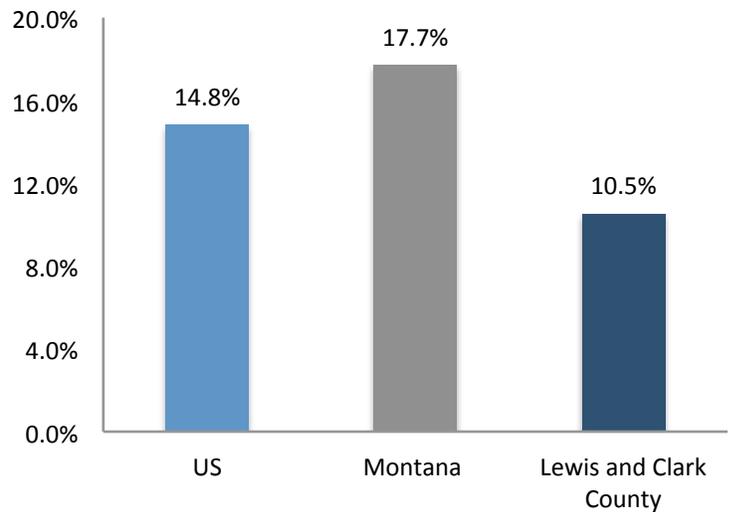
- Gain entry into the health-care system
- Access a health-care location where needed services are provided; and
- Find a health-care provider with whom the patient can trust and communicate.

Access to Care in Our Community

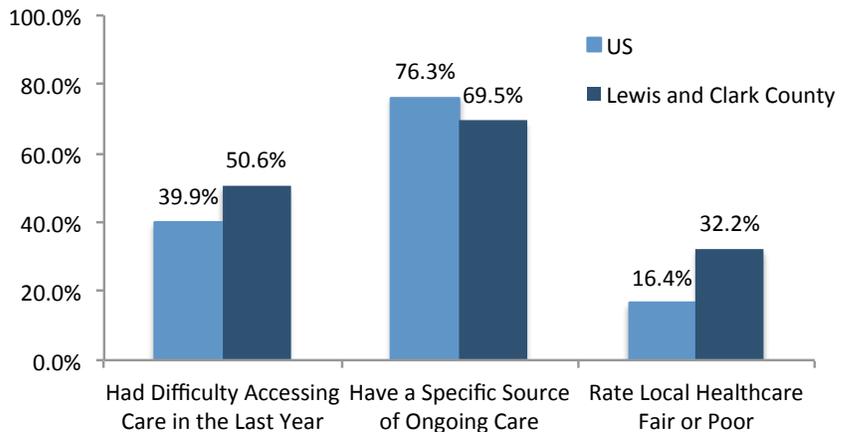
Lewis and Clark county residents are more likely to report having health insurance compared to other Montanans and US residents as a whole. Only 10.5% of Lewis and Clark residents and 5.1% of children under the age of 18 are uninsured. Expanded coverage under the Affordable Care Act and through Medicaid Expansion is likely to improve these rates even further.

Despite having better access to insurance, residents in our county reported greater concerns related to accessing care compared to the US as a whole. According to the community survey conducted by St. Peter’s Hospital in 2015, 50.6% of Lewis and Clark county residents report difficulty accessing care in the past year and only 69.5% report having a specific source of ongoing medical care. In addition, 32.2% rate their local health care as fair or poor, compared to only 16.4% of individuals in the US as a whole.

Individuals who are uninsured all age groups, 2011-2013



Access to Care, Lewis and Clark County versus the US, 2015



Access to Care

Objective by 2019

Navigating the System

- Increase the percent of Lewis and Clark County adults that report having a specific source of ongoing care from 76.5% to 84.1%. (Source: PRC Survey)

Strategies and Leads

Navigating the System

- Community Wide Strategies
- Lead: Lewis and Clark City-County Public Health Department
 - Identify list of healthcare resources/navigators
 - Adopt consented referral system community-wide
 - Research “clearing-house” options for assisting public in finding, selecting and establishing primary care
- Hospital Level Strategies
- Lead: St. Peter’s Hospital
 - Educate public on mid-levels and/or MD integration w/ midlevel visit
 - ED case manager to educate and schedule non-emergent patients with primary care provider

Community Assets and Resources

Navigating the System

Primary Care Providers
 St. Peter’s Hospital and ER
 Office of Public Instruction
 YWCA
 Career Training Institute
 Center for Mental Health
 Churches and schools Schools
 Navigating Programs and social workers
 Lewis and Clark Public Health

Shodair
 Rocky Mountain Development Council
 Family Promise
 Office of Public Assistance
 Montana Healthcare Foundation
 Affordable Care Act Navigators
 Pureview Health Center Sliding Scale,
 God’s Love Shelter
 Employers

Priority Seven

Environmental Health and Injury

Why Environmental Health?

Health is not only a function of genetics and health behavior. Another important contributor to health is the environment in which a person lives. Globally, the World Health Organization reports that 25% of all deaths and diseases are attributable to environmental factors. Though this rate is lower in the US, environmental health is still an important consideration for any public health planning effort. A robust community health plan must include a focus on creating healthy environments in which all of our community members can thrive.

Common environmental health concerns include clean air, water and housing that is free from contaminants and toxins known to affect human health. Environmental health also encompasses injury prevention. Injuries are the leading cause of death for individuals aged 1-44 in the US, with more than 190,000 deaths annually resulting from injuries. Focused public health efforts designed to prevent high prevalence injuries such as automobile accidents and falls will decrease rates of death and disability in our population.

Environmental Health in Our Community

A number of environmental health concerns face our county. In Helena, the largest community in Lewis and Clark County, winter inversions, exacerbated by the use of wood stoves, can create outdoor air quality concerns in the winter months. In the late summer and fall, wildfires can affect air quality and, at times, create unsafe outdoor air conditions, especially for sensitive groups like seniors and those with lung disease. Because of these ongoing air quality concerns, our county is regularly at risk of being labeled as “Out of Compliance” for PM 2.5 by the Environmental Protection Agency.

In addition, exposure to lead is a concern in Lewis and Clark County. A large portion of the city of East Helena is a designated superfund site because of lead contamination. In addition, 54% of the houses units in Lewis and Clark County were built before 1980 and may contain lead paint, a concerning source of exposure especially in homes occupied by young children.

Finally, Montana is consistently ranked among the worst states for rates of motor vehicle crashes and deaths. Many Lewis and Clark residents engage in driving behaviors that put them at increased risk for injury. Almost one in four adults in Lewis and Clark County reports that they do not always wear a seatbelt, and 64.2% of high school students report texting or emailing while driving.

Environmental Health and Injury

Objectives by 2019

Particulate Pollution

- Reduce the number of PM 2.5 24 hour designated “Poor” or “Watch” days annually to 10 or under (from 14 in 2014). (Source: Montana Department of Environmental Quality)
- Establish baseline of number of woodstoves in Lewis and Clark County.

Lead Exposure

- Reduce the number of tested children who in Lewis and Clark County whose blood lead level exceeds 5 ug/dl annually from X to X. (Source: Lewis and Clark City-County Public Health)

Safe Driving Behaviors

- Decrease the percent of high school students who report texting or emailing while driving from 64.2% to 57.8%. (Source: YRBS)
- Reduce the percent of high school students who report never or rarely wearing a seat belt from 9.3% to 7.6%. (Source: YRBS)
- Reduce the percent of adults who report that they do not always wear a seat belt from 24.8% to 15.2%. (Source: BRFSS)

Strategies and Leads

Particulate Pollution

- Work with insurance companies and check county building permits to obtain information on the number of wood stoves
- Increase enforcement of regulations for wood stoves to decrease violations of county regulations
- Increase community education on regulation requirements
- Increase education on effective burning practices
- Pursue EPA’s Environmental Education Grant and Wood Stove Exchange funding
- Lead on all strategies: Lewis and Clark Public Health

Lead Exposure

- Increase Lewis and Clark City County Public Health’s capacity to work with Renovation, Repair and Painting contractors to reduce risk of lead exposure
- Expand the distribution of educational materials related to lead poisoning to increase public awareness, especially outside of East Helena and in schools
- Lead on all strategies: Lewis and Clark City County-Public Health

Environmental Health and Injury

Strategies and Leads Continued

Safe Driving Behaviors

- Need to develop strategies in conjunction with community partners

Community Assets and Resources

Particulate Pollution

Lewis and Clark Public Health
 Montana Department of Environmental Quality
 Environmental Protection Agency
 Woodstove vendors
 Supportive community members

Aggressively enforced regulations
 Education programs for the community about regulations
 Programs that encourage community involvement
 Education for stove users about how to burn and update their stoves provided by Lewis and Clark Public Health

Lead Exposure

Lewis and Clark Public Health
 Montana Medicaid Program

Headstart
 Healthcare providers

Safe Driving Behaviors

Buckle Up Montana
 Law Enforcement

Schools, Driver Education Programs
 Montana Department of Transportation,
 D.A.R.E.



**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana**

BOARD AGENDA ITEM

Meeting Date

May 26, 2016

Agenda Item No.

6

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS: Board Member Discussion

PERSONNEL INVOLVED: Board Members/Staff

BACKGROUND: Finance Director will discuss the finance report for April 2016; Gayle Shirley will provide an update on the Accreditation Activities.

HEALTH DIRECTOR'S RECOMMENDATION: N/A

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Benish						
Eck						
Geise						
Johnson						
Kultgen						
Medley						
Smith						
St. Clair						
Weber						

HEALTH DEPARTMENT MILL DOLLARS

REVENUE	FY 2016 BUDGET	REVENUE RECEIVED YTD				TOTAL RECEIVED YTD	83% of the year elapsed 85% % of payroll		Prior Year to Date
		Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention		Budget Remaining	% of Budget Collected	
Taxes	\$ 1,137,554	\$ 658,143				\$ 658,143.35	\$ 479,411	57.86%	\$ 738,981
Cost Allocation Recovery	\$ 206,915	\$ 153,535				\$ 153,535	\$ 53,380	74.20%	\$ 151,328
Health Insurance Credits	\$ 182,343	\$ 99,813				\$ 99,813	\$ 82,530	54.74%	\$ 88,757
Environmental Health Charges	\$ 106,095	\$ -	\$ -	\$ 93,050.00		\$ 93,050.00	\$ 13,045	87.70%	\$ 127,435
Community Health Charges	\$ 209,043	\$ -	\$ -	\$ -	\$ 277,010	\$ 277,009.90	\$ (67,967)	132.51%	\$ 191,889
Contracts/Grants	\$ 94,388	\$ 10,000	\$ 60,236	\$ 18,213.00	\$ 23,805	\$ 112,253.75	\$ (17,866)	118.93%	\$ 78,919
Miscellaneous	\$ 22,500	\$ 5,451	\$ 4,311	\$ 120.00	\$ 11,366	\$ 21,248.07	\$ 1,252	94.44%	\$ 23,568
TOTAL REVENUE	\$ 1,958,838	\$ 926,942	\$ 64,547	\$ 111,383.00	\$ 312,180	\$ 1,415,052.51	\$543,785	72.24%	\$1,400,878
							FY 15 Verizon stlmnt		\$ 91,637.00
							Adjusted Prior Yr Revenue		\$ 1,309,240.56
	FTE	4.31	1.70	\$ 2.15	6.08	14.24			
		30.27%	11.94%	\$ 0.15	42.70%				
YEAR TO DATE ACTUAL EXPENDITURES	FY 2016 BUDGET	Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention	TOTAL YTD SPENT	Budget Remaining	% of Budget Spent	Prior Year to Date
PERSONNEL			\$ (5,154.75)						
Regular Salary	\$ 825,744	\$ 216,165	\$ 79,329	\$ 119,379.00	\$ 306,202	\$ 721,075.98	\$ 104,668	87.32%	\$ 657,200
Temporary /Seasonal Salary	\$ 2,207	\$ -	\$ -	\$ -	\$ 1,399	\$ 1,398.81	\$ 808	63.38%	\$ 2,536
Overtime	\$ 4,670	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,670	0.00%	\$ -
Term Pay/ Uncomp Absences	\$ -	\$ -	\$ -	\$ -	\$ 12,213	\$ 12,213.23	\$ (12,213)	--	\$ 148
Benefits	\$ 267,392	\$ 65,354	\$ 25,591	\$ 36,220.77	\$ 92,498	\$ 219,664.02	\$ 47,728	82.15%	\$ 200,372
Extra Pay period Savings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
TOTAL PERSONNEL	\$ 1,100,013	\$ 281,519	\$ 104,920	\$ 155,599.77	\$ 412,313	\$ 954,352.04	\$ 145,661	86.76%	\$ 860,256

② 1.6% ↑

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③

YEAR TO DATE ACTUAL EXPENDITURES									
	FY 2016 BUDGET	Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention	TOTAL YTD SPENT	Budget Remaining	% of Budget Spent	Prior Year to Date
OPERATIONS									
21.10 Office Supplies	\$ 6,850	\$ 7,766	\$ 528	\$ 728.93	\$ 1,080	\$ 10,102.41	\$ (3,252)	147.48%	\$ 6,044
21.20 Minor Equipment	\$ 2,300	\$ 1,194	\$ 1,307	\$ 1,079.87	\$ 1,922	\$ 5,502.78	\$ (3,203)	239.25%	\$ 3,157
22.10 Operating Supplies	\$ 1,958	\$ 156	\$ 1,153	\$ 835.46	\$ 2,647	\$ 4,790.51	\$ (2,833)	244.66%	\$ 957
22.22 Slide Eligible	\$ 34,820	\$ -	\$ -	\$ -	\$ 55,802	\$ 55,801.60	\$ (20,982)	160.26%	\$ 29,761
22.23 Non Slide Non Travel	\$ 42,868	\$ -	\$ -	\$ -	\$ 71,207	\$ 71,207.05	\$ (28,339)	166.11%	\$ 33,639
22.24 Flu Vaccine	\$ 40,667	\$ -	\$ -	\$ -	\$ 30,678	\$ 30,677.60	\$ 9,989	75.44%	\$ 40,667
22.26 Travel Vaccines	\$ 23,627	\$ -	\$ -	\$ -	\$ 32,395	\$ 32,394.70	\$ (8,768)	137.11%	\$ 20,194
22.27 Lab Expenses	\$ 3,136	\$ -	\$ -	\$ -	\$ 2,716	\$ 2,716.40	\$ 420	86.62%	\$ 2,680
22.60 Education	\$ 1,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000	0.00%	\$ -
23.10 Repair & Maintenance	\$ 1,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,500	0.00%	\$ 520
23.20 Gas & Oil	\$ 660	\$ -	\$ -	\$ 533.52	\$ -	\$ 533.52	\$ 126	80.84%	\$ 531
31.20 Postage	\$ 2,800	\$ 32	\$ 76	\$ 1,169.12	\$ 906	\$ 2,182.70	\$ 617	77.95%	\$ 1,927
31.40 Vehicle Parking	\$ 992	\$ -	\$ -	\$ 1,143.00	\$ -	\$ 1,143.00	\$ (151)	115.22%	\$ 1,116
31.60 Credit Card Fees	\$ 2,000	\$ -	\$ -	\$ -	\$ 2,746	\$ 2,745.58	\$ (746)	137.28%	\$ 1,513
32.10 Printing	\$ 5,900	\$ 2,532	\$ 745	\$ 1,416.41	\$ 878	\$ 5,571.05	\$ 329	94.42%	\$ 3,574
33.10 Subscriptions	\$ 600	\$ 804	\$ -	\$ -	\$ -	\$ 804.00	\$ (204)	134.00%	\$ -
33.20 Advertising	\$ 4,700	\$ 7,263	\$ 250	\$ 1,850.68	\$ 750	\$ 10,113.68	\$ (5,414)	215.18%	\$ 1,519
33.50 Membership	\$ 8,900	\$ 7,494	\$ -	\$ 637.50	\$ -	\$ 8,131.25	\$ 769	91.36%	\$ 13,925
33.60 Licenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ 728
33.70 Education Awareness	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ 308
33.80 Health Club Dues	\$ 543	\$ 45	\$ -	\$ 165.00	\$ -	\$ 210.00	\$ 333	38.67%	\$ 282
34.10 Utilities (Augusta)	\$ 1,200	\$ -	\$ -	\$ -	\$ 1,200	\$ 1,200.00	\$ -	100.00%	\$ 600
34.50 Telephone	\$ 14,243	\$ 3,902	\$ 1,492	\$ 2,542.97	\$ 4,357	\$ 12,294.68	\$ 1,948	86.32%	\$ 11,558
35.10 Professional Services	\$ 4,500	\$ 2,849	\$ -	\$ -	\$ 1,841	\$ 4,689.00	\$ (189)	104.20%	\$ 4,196
35.65 Patient Services (BCH)	\$ 8,000	\$ -	\$ 7,383	\$ -	\$ -	\$ 7,382.81	\$ 617	92.29%	\$ 4,286
36.10 Repair & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ 526
36.20 Office Repair/Maint	\$ 11,689	\$ 6,479	\$ 76	\$ 857.37	\$ 76	\$ 7,488.23	\$ 4,201	64.06%	\$ 7,039
36.30 Vehicle Repair	\$ -	\$ -	\$ -	\$ 9.33	\$ -	\$ 9.33	\$ -	--	\$ -
37.10 Travel	\$ 11,550	\$ 2,118	\$ 2,128	\$ 189.96	\$ 2,555	\$ 6,990.66	\$ 4,559	60.53%	\$ 7,020
37.50 Board Expenses	\$ 1,000	\$ 185	\$ -	\$ -	\$ -	\$ 185.42	\$ 815	18.54%	\$ 123
38.10 Training	\$ 10,350	\$ 504	\$ 25	\$ 369.00	\$ -	\$ 898.00	\$ 9,452	8.68%	\$ 797
39.10 Contracted Services	\$ 17,400	\$ 6,255	\$ -	\$ 99.00	\$ 600	\$ 6,954.15	\$ 10,446	39.97%	\$ 15,396
39.20 Recruitment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ 335
50.10 Admin	\$ 40,459	\$ 20,230	\$ -	\$ -	\$ -	\$ 20,229.50	\$ 20,230	50.00%	\$ 30,310
50.11 HD Admin (applied to grants)	\$ 4,561	\$ -	\$ 2,962	\$ -	\$ -	\$ 2,962.00	\$ -	--	\$ -
50.20 Insurance	\$ 29,582	\$ 24,954	\$ -	\$ -	\$ 1,798	\$ 26,752.13	\$ 8,962	90.43%	\$ 25,380
50.30 Rent	\$ 108,260	\$ 39,234	\$ 3,061	\$ 22,397.49	\$ 17,112	\$ 81,804.92	\$ 26,455	75.56%	\$ 62,180
50.40 Technology	\$ 133,259	\$ 147,073	\$ -	\$ -	\$ -	\$ 147,073.00	\$ (13,814)	110.37%	\$ 73,047
80.10 Transfers Out match	\$ 282,661	\$ -	\$ 56,831	\$ 15,058.68	\$ 133,842	\$ 205,730.83	\$ 76,930	72.78%	\$ 195,432
80.20 Transfers Out septic	\$ 42,379	\$ -	\$ -	\$ 10,627.52	\$ -	\$ 10,627.52	\$ 31,751	25.08%	\$ 17,490
TOTAL OPERATIONS	\$ 906,914	\$ 281,068	\$ 78,015.83	\$ 61,710.81	\$ 367,105	\$ 787,900.01	\$ 123,556.23	86.88%	\$ 618,784
CAPITAL EXPENDITURES	\$ 15,539	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	4	\$ 60,297
GRAND TOTAL EXPENDITURES	\$ 2,022,466	\$ 562,587.54	\$ 182,936.32	\$ 217,310.58	\$ 779,417.61	\$ 1,742,252.05	\$ 280,214	86.14%	\$ 1,539,336.62
Revenue Over (Under) Expenditures	(\$63,628)	\$364,355	(\$118,389)	(\$105,927.58)	(\$467,237)	(\$327,199.54)	\$		\$ (138,459.06)

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5/16/2016 12:12 HEALTH DEPARTMENT MILL DOLLARS FUND 227 83% of the year elapsed
 FY 2016 COMPARISON : BUDGET VS YTD EXPENDITURES AND REVENUE

FY 2016 BUDGET		CASH FLOW		Year to Date Actual	Fund Bal last FY thru April
CASH FLOW		CASH FLOW			
BEGINNING CASH	\$ 790,056	BEGINNING CASH (non restr)	\$ 885,329		
REVENUES	\$ 1,958,838	REVENUES	\$ 1,415,053		
EXPENDITURES	\$ 2,022,466	EXPENDITURES	\$ 1,742,252		
Restricted Cash (BCH DON)	\$ 36,666				
ENDING CASH	\$ 689,762	ENDING CASH (non restr)	\$ 557,979	5	\$ 555,408

LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana

BOARD AGENDA ITEM

Meeting Date

May 26, 2016

Agenda Item No.

7

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS: Health Officer's Report

PERSONNEL INVOLVED: Melanie Reynolds, Health Officer

BACKGROUND: Ms. Reynolds is providing a report on current Health Department issues.

HEALTH DIRECTOR'S RECOMMENDATION: N/A

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Benish						
Eck						
Geise						
Johnson						
Kultgen						
Medley						
Smith						
St. Clair						
Weber						

Health Officer's Report, May 2016

This summary is to provide a brief overview of this month's activities. This report also includes reports from Public Health Division Administrators.

Administration

Public Health Accreditation and Communications

Accreditation:

The health department's Accreditation Work Group has elected to submit all required documentation to the Public Health Accreditation Board (PHAB) on May 27, several days before our deadline. That will allow staff to enjoy the 3-day Memorial Day weekend knowing that the huge task of documenting standards and measures is complete. In the weeks leading up to May 27, the work group has been pushing hard to ensure we have complete documentation and that it's the best it can be. Once all documentation has been submitted, we will await word from our PHAB accreditation specialist about scheduling a site visit.

May 20 was the deadline for comments on the draft Community Health Improvement Plan (CHIP). The final plan will be ready the week of May 23 for adoption by the Board of Health and the St. Peter's Hospital Board of Directors. The health department and St. Pete's will collaborate on how to share the new plan with the public

Communications:

The County Web Committee, which includes the LCPH communications manager, is initiating a redesign of the county (and health department) website to modernize it and make it more user friendly. Anyone with ideas for how to improve the site is welcome to submit them to publichealth@lccountymt.gov

Community Health Promotion

Healthy Families Home Visiting:

Integrating WIC and Healthy Families teams have led to many success, but one noteworthy accomplish has been the development of breastfeeding support classes offered in the 1st and 3rd trimesters as well as post-partum. Lactation specialists from the Healthy Families team hold weekly sessions in the Public Health lobby for pregnant and breastfeeding women participating in the WIC program. Additionally, the content of the material used during these sessions is aligned and consistent with St. Peter's Hospital Baby-Friendly Initiative. These efforts are to support and promote breastfeeding ultimately with a goal to improve initiation and duration.

WIC:

In preparation for E-WIC, electronic benefits versus the current paper benefits, the State has chosen Helena as a pilot location. Staff will be testing the new system, participating in monthly conference calls, and providing feedback. Planning meetings will be held between now and December with implementation planned for January. Helena will pilot the system from January - July. At that point, E-WIC will roll out statewide. Families are excited about this change as it will ease the process of spending food benefits in the stores.

Chronic Disease Prevention Programs:

Alta Planning and Design has begun work with the Healthy Communities Coalition and the Plan4Health Task Force to develop a Wayfinding and Communications plan. This project, funded by the American Planning and Public Health Associations, aims to reduce the burden of chronic disease on County residents by improving access to physical activity and nutrition foods. The development process will be inclusive and collaborative with multiple avenues to provide input and feedback along the way.

Consented Referral System:

As of May 10, there are 59 programs and agencies using the referral system to make and receive referrals for families in need of services. A total of 1115 referrals have been made and 873 individuals referred since October 1, 2014, when the new system went live. 76% of individuals referred enrolled in services.

Environmental Services

Beth Norberg, Sanitarian, sat as a panel member on a Helena Association of REALTORS panel discussing the City of Helena's plan to annex certain areas of Helena's west side. The west side has numerous city-sized lots served by wells and septic systems. The septic systems are aging and failing and the environmental staff struggle to find onsite treatment solutions. Fortunately, the City of Helena has a short-term and long-term plan for annexation of many of these lots.

Water Quality Protection District:

District staff has kicked off the field season with three core activities. Water Watchers is in high gear as Gary Burton leads 4th graders through a stream education program on Prickly Creek near Ash Grove. The kids will test water quality, capture benthic organisms from the stream's bottom, and surprisingly, they will capture lots of fish with their kick nets. We anticipate approximately 700 kids will pass through this spring's program.

Next, Jennifer McBroom and intern Ashley Rivero have organized our volunteer stream monitoring crew to sample water from area streams. In this program, adult volunteers choose certain reaches of streams that are tributary to Prickly Pear. They visit each site twice a year to sample water quality and record observations. This year we have 8 sites and 5 volunteers collecting stream data.

Finally, Jim Wilbur and Ashley are wandering through the Prickly Pear and Tenmile Creeks placing flow gages which will stay in place until the streams start icing up. The flow gages will provide a record of how much water flows through the stream at multiple points and will help the District determine which areas of the stream are at risk for dewatering. The information collected is shared with DEQ and EPA, and is used to support the Prickly Pear Creek rewatering project which is geared to keeping water flowing from the county line near East Helena all the way to Lake Helena.

Emergency Preparedness Program:

As a function of 1) Quality Improvement, 2) the recruitment and hiring of staff with experience and expertise in emergency preparedness, and 3) the ongoing Accreditation process, various Public Health Emergency Preparedness or PHEP plans and protocols have gone through significant revision in recent months. Most notably, the Public Health All-Hazards Annex to the County Emergency Operations Plan or EOP and the Communicable Disease Protocol. These revisions will provide affected staff and management with more user-friendly resources to respond to local public health emergencies and/or conduct functional exercises in preparation for such emergencies. These revised protocols adhere to established emergency preparedness industry standards and will promote consistency in the process used to address and/or prepare for such emergencies at all levels of the Department. Ultimately, the residents of Lewis and Clark County will benefit from increased preparedness.

Licensed Establishment:

The licensed Establishment Communicable Disease/Epidemiology Team recently identified and addressed a minor outbreak of Salmonella Typhimurium in Lewis and Clark County (9 cases in April/May). Because the outbreak included an individual working in a sensitive occupation (food service) the CD/Epi team was provided an opportunity to evaluate current procedures related to exclusion or restriction from food service occupational activities and gain a greater understanding of the Department's legal authorities within the process. Because exclusion/restriction can be a tricky issue to deal with, and because it does not occur on a regular basis, the CD/Epi team was ultimately asked by the DPHHS Communicable Disease and Epidemiology Section to lead a teleconference discussion on the topic with numerous local health departments across the state.

Immunization/Communicable Disease Program:

Because the Immunization and Communicable Disease programs have recent hires the Division has prioritized training to ensure new staff (and existing staff) remain up to date in training. More specifically, in recent months new staff received HIV and Hepatitis C training in counseling, testing, and referral or CTR. As a result, our new public health nurses are certified to be independent HIV testers, which better enables the Department to meet its obligations under the HIV CTR contract administered by the state Department of Health and Human Services or DPHHS. New and long existing staff has been

trained (retrained) in STD counseling and interviewing, which prepares staff for interviewing STD cases, asking the tough questions, and facilitating increased contact and partner notification. Finally, all Immunization staff recently attended the DPHHS Immunization Workshop which is an annual event providing nurses with an overview of current best practice in vaccination and other disease prevention activities.

LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana

BOARD AGENDA ITEM

Meeting Date

May 26, 2016

Agenda Item No.

8

Minutes Board Member Discussion Staff & Other Reports Action Hearing of Delegation

AGENDA ITEMS: Public Comment

PERSONNEL INVOLVED: Public and Board Members

BACKGROUND: Time is allowed for public comment on matters not mentioned in the agenda within the Board of Health’s jurisdiction.

HEALTH DIRECTOR’S RECOMMENDATION: n/a

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Benish						
Eck						
Geise						
Johnson						
Kultgen						
Medley						
Smith						
St. Clair						
Weber						

For Your Information



Lewis & Clark County Public Health
1930 Ninth Avenue
Helena, MT 59601
406-457-8900

Board of Health Calendar for 2016

January 2016

- Report from BOH facility planning subcommittee
- Seasonal Flu Update (if needed)
- Finance Report For December 2015
- Food and Consumer Safety Contract
- Community Health Improvement Plan Update

February 2016

- Semiannual Review of Health Department Performance Measures
- Update on the Septic Maintenance Program
- Finance Report for January 2016
- Update on LCPH Quality Improvement Council
- Adoption of the Ethics Policy and Committee

March 2016

- Finance Report for February 2016
- Financial Analysis of the FY 2017 Health Department Budget
- Presentation on Zika
- Discussion on the Mandated Public Health Duties and Authorities
- Readopting of the Board of Health's Media Policy
- Variance Recommendation and Ratification

April 2016

- Finance Report for March 2016
- Board of Health votes to recommend the FY2016 health department budget
- Accreditation Update
- Variance Recommendation and Ratification
- Presentation and Update on East Helena Superfund cleanup activities

May 2016

- Accreditation Update
- Finance Report for April 2016
- Presentation: Community Health Promotion Division
- Adoption of the 2016 Community Health Improvement Plan

June 2016

- Health Department Strategic Plan Update
- PureView Health Center Report
- Finance Report for May 2016

July 2016

- Appointments for Board of Health Officer Positions
- Presentation: Environmental Services Division

- Presentation of the County Health Gold and Silver Buoy (Pool) Awards
- Financial Report for June 2016

August 2016

- Financial Report for July 2016

September 2016

- Semiannual Review of Health Department Performance Measures
- Presentation: Communicable Disease and Prevention Division
-
- Strategic Plan Update
- Accreditation Update
- Finance Report for August 2016

October 2016

- Finance Report for September 2016
- Presentation: Community and Home Based Services/Case Management
-

November 2016

- No Board Meeting

December 2016

- Board Finance Committee Report
- Finance Report for October 2016

5/16/16

**Attendance Record for the
Lewis & Clark City-County Board of Health**

FY 2016

	Jul	Aug	Sep	Oct	Nov/Dec	Jan	Feb	Mar	Apr	May	Jun
Benish	X	*	X	X	X	X	X	X	X		
Bramen	X	*	Xp	X	O	X	---	---	---	---	---
Eck	---	---	---	---	---	X	X	O	X		
Geise	X	*	X	X	X	O	X	X	X		
Johnson	---	*	X	X	X	O	X	X	X		
Kultgen	X	*	X	O	O	O	X	O	O		
Lowell	O	---	---	---	---	---	---	---	---	---	---
Medley	---	---	---	---	---	---	---	X	X		
Serstad	X	*	---	---	---	---	---	---	---	---	---
Smith	X	*	X	X	O	O	X	X	X		
St. Clair	O	*	X	O	X	X	X	X	X		
Weber	O	*	X	X	X	X	X	X	X		

Legend:

X = Present

X_p = Present by phone

--- = Not a member of the board at that time.

O = Absent

* = No meeting held

P = Strategic Planning Session



Lewis & Clark Public Health

1930 Ninth Avenue
Helena, MT 59601
PH: 457-8900
Fax: 406.457.8990

Susan Good-Geise
County Commissioner
316 N. Park
Helena, Montana 59623
447-8304 (W) 447-8370 (Fax)
E-mail: sgeise@lccountymt.gov

(1)
Pleasure of L & C County Commission

Mayor Jim Smith
City Commissioner
316 N. Park
Helena, Montana 59623
447-8410 (W)
E-mail: jsmith@helenamt.gov

(2)
Pleasure of City of Helena Commission

Kent Kultgen
Superintendent, Helena School Dist. No. 1
55 S. Rodney
Helena, Montana 59601
324-2001 (W)
E-mail: kkultgen@helena.k12.mt.us

(3,a)

Dr Adron Medley
2300 Lime Liln Rd
Helena, MT 59601
439-3733 (c)
E-mail adronmedley@hotmail.com

(3,b)
Term expires - June 30, 2016

Kammy Johnson
2800 North Montana #202
Helena, MT 59602
799-3654 (W) 458-1956 (H) 439-0914 (C)
E-mail: kjohnsonmt@gmail.com

(3,c)
Term expires - June 30, 2018

Scott St. Clair
P.O. Box 1105
East Helena, MT 59635
410-1125 (H)
E-mail: ehp chop8@gmail.com

(3,d)
Pleasure of East Helena City Council

James Benish
1302 Highland
Helena, MT 59601
442-3452 (H) 465-0054 (C)
E-mail: benishjim@gmail.com

(3,e)
Term expires - June 30, 2016

Anne Weber, chair
3883 Flaxstem St.
East Helena, Montana 59635
202-2166 (C) 227-8154 (H)
E-mail: anne.weber@bresnan.net

(3,f)
Term expires - June 30, 2018

Jenny Eck
563 3rd Street
Helena, MT 59601
459-1082 (C)
E-mail: jennyeck4mt@gmail.com

(3,g)
Term expires - June 30, 2018

Updated March 2016

*"To Improve and Protect the Health of all Lewis and Clark County
Residents."*



LEWIS & CLARK CITY-COUNTY BOARD OF HEALTH

1930 Ninth Avenue
Helena, MT 59601
PH 406.457.8900
Fax: 406.457.8990

MEMBERS

Jenny Eck	Term expires - June 30, 2018	First Term
Anne Weber	Term expires - June 30, 2018	Second Term
Dr. Adron Medley	Term expires - June 30, 2016	First Term
James Benish	Term expires - June 30, 2016	First Term
Kammy Johnson	Term expires - June 30, 2018	First Term
Kent Kultgen	Superintendent of Schools, Ex-officio Voting	
Susan Good Geise	Pleasure of Lewis & Clark County Commission	
Mayor Jim Smith	Pleasure of Helena City Commission	
Scott St. Clair	Pleasure of East Helena City Council	

MEETING DATES FOR FISCAL YEAR 2016

Scheduled for 1:30 p.m. in Room 226 of the City-County Building.

July 23, 2015

August 27, 2015 Canceled

September 24, 2015

October 22, 2015

December 3, 2015

January 28, 2016

February 25, 2016

March 24, 2016

April 28, 2016

May 26, 2016

June 23, 2016

March 2016

"To Improve and Protect the Health of all Lewis and Clark County Residents."