

LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH MEETING
CITY-COUNTY BUILDING
Commission Chambers, Room 330
Helena, Montana 59601
June 23, 2016

(note: Meeting will start at 1:15 pm)

REGULAR BOARD MEETING AGENDA

1:15	CALL TO ORDER	
1:20	REVIEW OF AGENDA	
	1. Review and Revision of Agenda.....	Pg. 1
1:25	MINUTES	
	2. Minutes of the May 26, 2016 Board of Health Meeting.....	Pg. 2
1:30	PRESENTATION	
	3. PureView Health Center Update (Jill Steeley, Executive Director).....	Pg. 6
1:55	ACTION ITEMS	
	4. Hearing Officer Recommendation, Jessalyn Rice, 1046 Aiken Road, Variance heard on June 22, 2016 (Jim Benish).....	Pg. 7
	5. Request for approval of the Lewis and Clark County Communicable Disease Response Plan (Eric Merchant)	Pg. 8
	6. Request for approval of the Lewis and Clark County Hazardous Sample Transport Plan (Eric Merchant).....	Pg. 31
2:10	BOARD MEMBER DISCUSSION	
	7. - Finance Report for May 2016 (Norm Rostocki) - Update on Tobacco Free Parks (Karen Lane) -Update on Department Strategic Plan (Melanie Reynolds).....	Pg. 37
2:35	HEALTH OFFICER'S REPORT	
	8. Report on Current Health Department Issues.....	Pg. 45
2:45	PUBLIC COMMENT	
	9. Public comments on matters not mentioned above.....	Pg. 50

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

June 23, 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

June 23, 2016

Agenda Item No.

2

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

AGENDA ITEMS: Minutes May 26, 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
Benish						
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Medley						
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Weber						

**LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH – MINUTES
316 PARK AVENUE, HELENA, MONTANA 59624
Room 330
May 26, 2016**

Members Present

Anne Weber, chair
James Benish, vice chair
Mayor Jim Smith
Scott St. Clair
Kent Kultgen
Dr. Adron Medley

Staff Present

Melanie Reynolds
Jolene Helgerson
Norman Rostocki
Drenda Niemann
Gayle Shirley
Gina Hultin

Members Absent

Kammy Johnson
Jenny Eck
Commissioner Susan Good Geise

Guests Present

None

Anne Weber, chair, called the meeting to order at 1:31 p.m. A quorum was established.

REVIEW OF AGENDA

No changes were made.

INTRODUCTION

Drenda Niemann, Community Health Promotion Division Administrator, introduced newly hired WIC Registered Dietitian Gina Hultin.

MINUTES

Ms. Weber asked if there were any corrections or additions to the April 28, 2016, minutes. The Board approved the minutes as written.

PRESENTATION

Ms. Niemann, Community Health Promotion Division Administrator, gave an update on activities, promotions, and challenges within her division's programs, including WIC, Healthy Families, Tobacco Use Prevention, Cancer Control, and the Consented Referral System. She also described her staff's involvement with the Healthy Communities Coalition and Early Childhood Coalition (see Attachment "A"). In answer to a question from Jim Benish, Ms. Niemann stated that the Tobacco Use Prevention Program is working with the State of Montana on an assessment of tobacco points of sale. Melanie Reynolds, Health Officer, said that she has spoken informally to State Representative Jenny Eck to ask what Boards of Health can do regarding tobacco points of sale. In answer to a question from Scott St. Clair, Ms. Niemann stated that the Healthy Communities Coalition is working closely with representatives from the Montana Independent Living Project and Montana State University, as well as members of the public who have disabilities, to develop an Active Living Wayfinding System for parks and urban trails in the greater Helena area. In answer to a question from Ms. Weber, Ms. Niemann stated that the Plan 4 Health grant the department received is a communication mechanism for the community to

know where they can engage in physical activity and find nutritious foods. The Board of Health may be asked in the future to consider policy changes related to the Active Living Wayfinding System.

Ms. Reynolds announced that Ms. Niemann has been certified as a mediator through the National Guard. She could assist the county with mediation issues if they arise.

BOARD MEMBER DISCUSSION

Finance Report: Mr. Rostocki referenced the FY16 comparison to budget and cash flow for July 2015 through April 2016 (pages 12-13 of the board packet). Mr. Rostocki noted that the department is 83% of the way through its fiscal year. Total revenue to date is \$1,415,052, or 72% of the amount budgeted; actual expenditures are \$1,742,252 or 86% of the amount budgeted. Revenues are under expenditures by \$327,199; total ending cash is \$557,979.

ACTION ITEMS

Request for Adoption of the 2016 Community Health Improvement Plan: Gayle Shirley, Communications and Systems Improvement Manager, presented the 2016 Lewis and Clark County Community Health Improvement Plan for adoption by the Board (see Attachment “B”). The health department, in collaboration with St. Peter's Hospital, held three community health improvement planning (CHIP) meetings with more than 50 community members representing a variety of local interests to identify priority health issues they believe the community as a whole needs to focus on in the next few years. Ms. Shirley identified the next steps for the plan and the development of the next community health report. Ms. Reynolds highlighted the community health priorities, listed on page 2 of the plan. In answer to questions from Dr. Medley, Ms. Reynolds stated that the reduction in high school students who report any tobacco use in the last month is based on the Youth Risk Behavior Survey conducted by the Montana Office of Public Instruction. Ms. Niemann highlighted the tobacco use strategies and leads (page 17 of the plan) to show how the health department and other agencies are working to reduce teen tobacco use. Jim Benish made a motion to adopt the 2016 Lewis and Clark County Community Health Improvement Plan. Kent Kultgen seconded the motion. The motion carried 6-0.

BOARD MEMBER DISCUSSION *continued*

Accreditation Update: Ms. Shirley demonstrated for 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

On June 9, Helena Exploration Works will host an exhibit on communicable diseases related to mosquitoes and leeches called “Attack of the Blood Suckers.” A public health immunization representative will lead a discussion on the Zika virus.

Ms. Reynolds and the immunization program will give a presentation on immunizations to the Helena Rotary Club in June.

Board members whose terms are due to expire will be contacted by the County Commission regarding reappointment.

Ms. Reynold discussed changing the Board of Health meetings from 1:30 p.m. every 4th Thursday of the month to 1:15 p.m. The Board agreed to start the Board of Health meetings at 1:15 p.m.

Board members thanked Kent Kultgen for his service on the Board of Health as this was his last meeting before moving out of state.

There being no public comment, the meeting adjourned at 2.44 p.m.

Anne Weber, Chair

Melanie Reynolds, Secretary

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

BOARD AGENDA ITEM

Meeting Date

June 23, 2016

Agenda Item No.

3

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

AGENDA ITEMS PureView Health Center Update

PERSONNEL INVOLVED: Jill Steeley, Executive Director,

BACKGROUND Ms. Steeley will give a brief update on the PureView Health Center.

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						
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Kultgen						
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St. Clair						
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**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH
Helena, Montana**

BOARD AGENDA ITEM

Meeting Date

June 23, 2016

Agenda Item No.

4

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

AGENDA ITEMS Hearing Officer Recommendation

PERSONNEL INVOLVED: Jim Benish, Hearing Officer

BACKGROUND The Hearing Officer will present his recommendation for the Jessalyn Rice Variance held on June 22, 2016.

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						
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Johnson						
Kultgen						
Medley						
Smith						
St. Clair						
Weber						

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

BOARD AGENDA ITEM

Meeting Date

June 23, 2016

Agenda Item No.

5

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

AGENDA ITEMS Request for Approval of the Lewis and Clark County Communicable Disease Response Plan

PERSONNEL INVOLVED: Eric Merchant, Disease Control and Prevention Division Administrator

BACKGROUND Mr. Merchant will present the request for Approval of the Lewis and Clark County Communicable Disease Response Plan.

HEALTH DIRECTOR'S RECOMMENDATION: N/A

ADDITIONAL INFORMATION

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						

Communicable Disease Investigation & Surveillance Protocol

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Division of Responsibility

The Lewis and Clark Public Health (LCPH) Communicable Disease Surveillance and Control Division conducts active and passive disease surveillance. Public Health Nurses and Environmental Health Specialists divide responsibility according to the mode of transmission. Environmental Health Specialists are responsible for food, water and vector-borne diseases. Public health nurses are responsible for diseases with person-to-person transmission. The Environmental Health Specialists and public health nurses evaluate reports, conduct case investigations and implement control measures as described in state rules for all reportable diseases. An epi-team of public health nurses and Environmental Health Specialists is utilized on some events.

The [Communicable Disease Response Guide for Reportable Conditions](#) specifies public health nurse and Environmental Health Specialist responsibility as well as the expected level of response for different diseases (see chart below).

Communicable Disease Response Guide for Reportable Conditions

Level of Response	Public Health Nurses	Environmental Health Specialists
<p style="text-align: center;">Section 1</p> <p>Immediately Reportable - requires evaluation and action</p> <p>→ Agents most likely to be used as bioterrorism (Category A Agents)</p>	<p>Diphtheria^{2*}</p> <p>Illness in a foreign traveler</p> <p>Measles^{2*} (Rubeola)</p> <p>Meningitis, bacterial or viral</p> <p>Pertussis (Whooping cough)^{2*}</p> <p>Severe Acute Respiratory Syndrome (SARS)^{2*}</p> <p>→ Smallpox^{2*}</p> <p>Tuberculosis²</p> <p>→ Viral Hemorrhagic Fever^{2*}</p>	<p>→ Anthrax^{2*}</p> <p>→ Botulism^{2*} (including infant botulism)</p> <p>→ Plague^{2*}</p> <p>Rabies^{2*} or suspected human exposure</p> <p>→ Tularemia[*]</p> <p>Typhoid fever^{2*}</p> <p>Any unusual incident of unexplained illness or death in a human or animal</p>
<p style="text-align: center;">Section 2</p> <p>Requires initial evaluation of the need for further action prior to going home</p>	<p>AIDS or HIV infection^{1,2}</p> <p>Encephalitis</p> <p>Gonococcal infection</p> <p>Hepatitis B</p> <p>Haemophilus influenza B invasive</p> <p>Influenza</p> <p>Mumps</p> <p>Poliomyelitis²</p> <p>Rubella² (including congenital)</p> <p>Syphilis²</p>	<p>Cholera²</p> <p>Diarrheal disease outbreak²</p> <p>Hantavirus pulmonary syndrome²</p> <p>Hemolytic uremic syndrome</p> <p>Hepatitis A</p> <p>Shigellosis</p>
<p style="text-align: center;">Section 3</p> <p>Non-emergency reportable disease</p>	<p>Chancroid</p> <p>Chicken Pox (Varicella)</p> <p>Chlamydia genital infection</p> <p>Cytomegaloviral illness</p> <p>Granuloma inguinale</p> <p>Hansen's disease (leprosy)</p> <p>Non-A – Non B Hepatitis</p> <p>Kawasaki disease</p> <p>Lead poisoning (≥ 10 µg/dL)</p> <p>Lymphogranuloma venereum</p> <p>Malaria</p> <p>Reye's Syndrome</p> <p>Streptococcus pneumoniae invasive disease</p> <p>Tetanus</p>	<p>Amebiasis</p> <p>Brucellosis²</p> <p>Campylobacter enteritis</p> <p>Colorado Tick Fever</p> <p>Cryptosporidiosis</p> <p>E. coli enteritis</p> <p>Gastroenteritis epidemic</p> <p>Giardiasis</p> <p>Legionellosis</p> <p>Listeriosis</p> <p>Lyme disease</p> <p>Ornithosis (Psittacosis)</p> <p>Q-fever</p> <p>Rocky Mountain spotted fever</p> <p>Salmonellosis</p> <p>Tick-borne relapsing Fever</p> <p>Transmissible Spongiform Encephalopathies (Creutzfeldt-Jakob Disease)</p> <p>Trichinosis²</p> <p>Yellow fever</p> <p>Yersiniosis</p>

Diseases marked with an asterisk (*) must be reported immediately by telephone, all other cases should be reported as soon as possible by faxing, mailing or phoning a report to the LCCCHD.

¹AIDS and HIV infection are reportable directly to the state health department.

²Requires specimen to be submitted to state health department for confirmation (ARM 37.114.313).

Definitions

Active Surveillance – Health Department solicits reports of selected, reportable diseases, inquires about observed disease activity and unusual presentations, and provides information on disease activity/trends in the community.

Communicable Disease Emergency –Any of the following:

1. Single case of unusual disease
 - a. Any condition on the list of reportable diseases that requires immediate reporting.
 - b. Any condition listed as a threat for biological attack ([Category A, B, C agents](#) identified on Page 16)
2. An unusual number of usual diseases
3. Number of cases exceeds the ability of staff to respond in a timely manner
4. Unusual incident of unexplained death in humans or animals
5. Unusual pharmaceutical sales
 - a. Report from the state that pharmaceutical sales indicate unusual number of over-the-counter pharmaceuticals for home treatment.

Cluster - closely grouped series of cases of disease or other health related phenomena with well defined distribution patterns in relation to time or place or both.

Disaster - occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property from any natural or artificial cause.

Emergency - imminent threat of a disaster causing peril to life or property that timely action can prevent.

Passive Surveillance –Cases of reportable disease are reported to the health department from the health care community for investigation.

Public Health Emergency – any situation that requires rapid response to prevent or reduce the incidence of disease during natural or man-made disasters, or communicable disease event.

Measures to Evaluate the Local Reporting System

The timeliness of reporting diseases is evaluated by comparing the date of diagnosis with the date the health care provider reported the case to the Health Department. This data is maintained by a public health nurse who assesses reports made to both the Public Health Nurses and the Environmental Health Specialists.

Each quarter, a line listing of names in the DPHHS registry of disease cases is compared with log of cases reported to the LCPH to assure that all cases are reported to the local and state health authority, and that all reports contain the required data elements.

Passive Surveillance (Routine)

The LCPH receives reports by telephone or fax (specified diseases must be reported immediately by phone). Reports are reviewed on the day of receipt.

The LCPH is capable of receiving and reviewing reports 24 hours a day, 7 days a week via cell phone. Responsibility for receiving and evaluating reports after hours and on weekends is

alternated among health department management. The after hours cell phone number has been distributed to local providers, emergency room and hospital staff, and county dispatch center on the list of Reportable Diseases. This cell phone response is tested quarterly by DPHHS and calls to the afterhours phone are logged and kept with the bag that accompanies the phone.

Communicable disease investigations are confidential. Spreadsheets listing the diagnosis, patient and other relevant data are kept in locked cabinets. Access is limited to Communicable Disease Division staff. The public health nurse or Environmental Health Specialist who investigates is responsible for completing the communicable disease report on the secure internet based Montana State surveillance program.

Disease Investigation Procedures

Algorithm is on page 13

1. Investigate all communicable diseases promptly in accordance with ARM 37.114.314 and [Communicable Disease Response Guide](#) located on page 2.
2. A report is received by phone, fax or mail from:
 - a. Health Care Provider
 - b. Laboratory
 - c. Hospital
 - d. Epidemiologist/DPHHS
3. Deliver the report to the lead public health nurse or environmental health specialist ([Communicable Disease Response Guide](#), page 2).
4. Verify that the case is a resident of Lewis and Clark County. If not a resident, contact DPHHS for referral to the appropriate jurisdiction.
5. Verify the report by contacting:
 - a. The laboratory that performed the test.
 - b. The health care provider who ordered the test.
6. Notify DPHHS in accordance with the Administrative Rules of Montana, 37.114.205. Include case's date of birth, onset of symptoms, race, ethnicity, and zip code in report to DPHHS.
7. Determine if the report requires an emergency response
 - a. If a case meets the definition of a **public health emergency** or **communicable disease emergency** as stated above:
 - (1) Notify:
 - (a) Health Officer
 - (b) Medical Director
 - (c) Division Administrators
 - (d) County Coroner

- (2) Implement [highly active surveillance procedures](#) outlined on page 10.
 - (3) Proceed with disease investigation steps listed in this outline.
- b. If a case does not meet the definition of an emergency, proceed with disease investigation steps listed below.
8. Determine:
- a. Mode of transmission
 - b. Incubation period
 - c. Period of communicability
 - d. Control and treatment measures of the disease
9. Disease information resources include:
- a. **CCDM (Control of Communicable Diseases Manual)**. A current copy is available in the Communicable Disease Nurse office, the Licensed Establishment offices and the Environmental Health Division office.
 - b. **Red Book (American Academy of Pediatrics)**. A current copy is available in the Communicable Disease Nurse office and the Licensed Establishment office.
 - c. **Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book)**. A current copy is available in the Communicable Disease Nurse office.
 - d. Assistance from other staff (Environmental Health Specialists, public health nurses, medical advisor).
 - e. Assistance from DPHHS Communicable Disease Control and Prevention Bureau :
 - (1) 24/7 Contact Number – 444-0273
 - f. www.cdc.gov
10. **Obtain all available patient information.** Conduct interviews with the provider, laboratory and patient.
- a. Name of patient
 - (1) If patient is a minor (with exception of STD investigations), obtain the name and relationship of responsible party (parent, legal guardian, etc.).
 - b. Age, date of birth, race, ethnicity
 - c. Phone numbers
 - d. Lab results
 - e. Health care provider's name and number
11. Determine if the health care provider has received the laboratory report and if he/she has contacted the patient. It is best practice for the patient to receive diagnosis information from the provider first. Determine that appropriate treatment has been initiated. If unable to contact the provider within 24 hours, contact the case directly.
- a. Establish date(s) of diagnosis, start and end of symptom(s)
 - b. Symptoms

- c. Recent travel history
- d. Food/water history if infectious agent is food or water-borne
- e. Occupation- for assessment of secondary transmission risk

12. Prevent secondary transmission

- a. Provide patient education regarding disease process, spread and treatment
- b. Implement necessary disease control measures as described in the Administrative Rules of Montana 37.114 : COMMUNICABLE DISEASE CONTROL.
 - (1) Sensitive Occupations – See attached decision tree for restriction or exclusion for daycare providers and food handlers (page 13)
 - (a) Exclusion will occur when:
 - (i) Case is symptomatic
 - (ii) Alternative job duties are not available
 - (iii) Effectiveness of personal hygiene cannot be determined
 - (b) Restriction
 - (i) When alternative job duties are available that will eliminate risk of transmission
 - (ii) When effective personal hygiene practices can be determined.
 - (c) Notification of exclusion
 - (i) Case will be notified of exclusion order verbally and in writing
 - (ii) Employer will only be notified of exclusion (not case name or disease information) when
 - 1) Employee gives verbal permission or requests call to employer
 - 2) Case does not follow exclusion order
 - 3) Disease control requires work schedule information (e.g. Hepatitis A)
 - (d) Exclusion will remain in effect until:
 - (i) Case is asymptomatic; and
 - (ii) Case meets requirements for restriction; OR
 - (iii) Samples from case are tested and found to be negative for pathogen
 - 1) Samples can be submitted to the LCPH for transport to Montana Public Health Laboratory
 - 2) Costs of lab tests for Public Health control measures may be paid from the Emergency Preparedness grant fund with prior approval from division administrator.

- (2) School
 - (a) Provide appropriate information to school nurses and administrators on the effective control measures.
 - (b) HAN system has contact information for schools. See HAN protocols.
- (3) Daycare
 - (a) Children must be excluded while symptomatic in accordance with daycare rules.
 - (b) When the risk of transmission exists for other children in the daycare, give prevention and symptom information fact sheets to the provider and parents. Do not release identifying information of the ill child.
- (4) Quarantine and isolation
 - (a) See Quarantine and Isolation Protocols.
- 13. Obtain information from patient about *contacts during the contagious period* as applicable.
 - a. Name
 - b. Address
 - c. Phone number
 - d. Parent name if contact is a minor (except in routine sexually transmitted disease investigations).
- 14. Evaluate the risk of exposure based on the extent and timing of the contact
- 15. If contact is not a resident of Lewis and Clark County, contact DPHHS for referral to the appropriate jurisdiction.
- 16. Conduct contact investigation.
 - a. Provide education regarding disease process, spread and treatment.
 - b. Refer for treatment if indicated.
 - c. Notify the contact's health care provider of the situation and LCPH's recommendations.
- 17. Complete the case report on DPHHS Montana Infectious Disease Information System (MIDIS), or submit by confidential fax line at 800-616-7460 if MIDIS is down.

Active Surveillance (Routine)

A public health nurse inquires about disease activity from reporting sources, solicits case reports of selected reportable diseases, and disseminates information on disease activity. Information collected about disease activity does not include protected health information.

Procedures

- 1. Annual activities:
 - a. Distribute letter to all health care providers explaining the program and its purpose.

- b. Site visits by Public health nurse to laboratories, physician offices, emergency room, urgent care clinics and other sites (as appropriate). The purpose of the visits is to:
 - (1) Review reporting procedures.
 - (2) Provide reporting packets.
 - c. Identify a key person at each site to maintain regular contact regarding disease activity and disease reporting.
 2. Reporting sources are grouped into four categories based on the likelihood of disease incidence/activity in each particular setting (see Table 1 below.)
 3. A public health nurse initiates routine contact with the person at each site to:
 - a. Solicit reports of selected reportable diseases (see list)
 - (1) On receipt of a case report through active surveillance, the steps outlined in passive surveillance procedure are to be followed.
 - (2) A suspected cluster will trigger [highly active surveillance](#)
 - b. Inquire about disease activity and unusual presentations
 - c. Provide information on disease activity/trends occurring in the community.
 4. Prepare and distribute weekly summary of disease activity to:
 - a. Health Officer
 - b. Medical Director
 - c. Division Administrators
 5. Prepare and distribute monthly Lewis and Clark County Communicable Disease Summary which includes key DPHHS Communicable Disease updates.
 6. Evaluate the local reporting system:
 - a. Maintain written and electronic spreadsheets that detail when a diagnosis was made or suspected (as determined by onset date or date of visit to provider indicated on the reporting form) and when and from whom the report was received.
 - (1) A public health nurse and Environmental Health Specialists will maintain spreadsheets, documenting reports received.
 - b. Match line listings of case reports in the DPHHS registry with cases reported to the LCPH once each quarter.

Table 1 – Reporting Sources

Group	1 (Core)	2	3
Contact¹	Bi-weekly	Monthly	Annual / As Needed
	Emergency Room	Obstetrics/Gynecology	Allergy-Immunology
	Urgent Care Center	Lewis & Clark County Detention Center Medical Dept	Ophthalmology
	Pediatrics	Intermountain Planned Parenthood	Cardiology
	Family Practice	Lewis & Clark County Coroner	Ear, Nose and Throat
	Laboratories	Shodair Infection Control	Urology
	Carroll College Health Center	Nursing Home Infection Control	Psychiatry
	School Nurses		Neurology
	St. Peter's Hospital Infection Control		Surgical
	VA Infection Control		Orthopedics
			Veterinary
			Fish, Wildlife and Parks
			Department of Livestock
		Internal Medicine	
		Dermatology	

¹Increased contact will be initiated if a particular event or season indicates a need

Public Health Emergency Outbreak Response
[Algorithm on page 14](#)

A disease report is evaluated to determine if it meets the criteria for a **communicable disease emergency**. This includes whether help is needed to complete investigation, or whether event will generate public interest and concern.

1. Notify supervisor of any of the above.
2. Evaluate report to determine if it meets the criteria for a **Public Health Emergency** as defined on page 3.
3. Implement emergency outbreak response to control or contain the event.
4. Notify internal partners of a recognized or potential event by briefing meetings, e-mail, or telephone. Our internal partners will comprise a **Communicable Disease Response Team** and will expand as needed:
 - a. 1st Stage – program response with guidance and resources provided by DPHHS and CDC
 - (1) Health Officer, who will notify the Board of Health
 - (2) Medical Advisor
 - (3) Communicable Disease Division program staff
 - (4) DPHHS laboratory and epidemiological staff
 - b. 2nd Stage – Expanded within the department

- (1) All Division Administrators
- (2) Environmental Health program staff
- (3) Communication Specialist
- c. 3rd Stage – Declaration of Public Health Emergency
 - (1) County Coroner
 - (2) County Attorney
 - (3) Government Officials
 - (4) Any others deemed necessary for response to the agent of concern
- 5. The communicable disease response team (as stated above) will be activated when deemed appropriate. This team will meet to:
 - a. Strategize outbreak response.
 - b. Delegate tasks
 - c. Conduct follow-up review to improve future surveillance and control measures.

Controlling the Outbreak

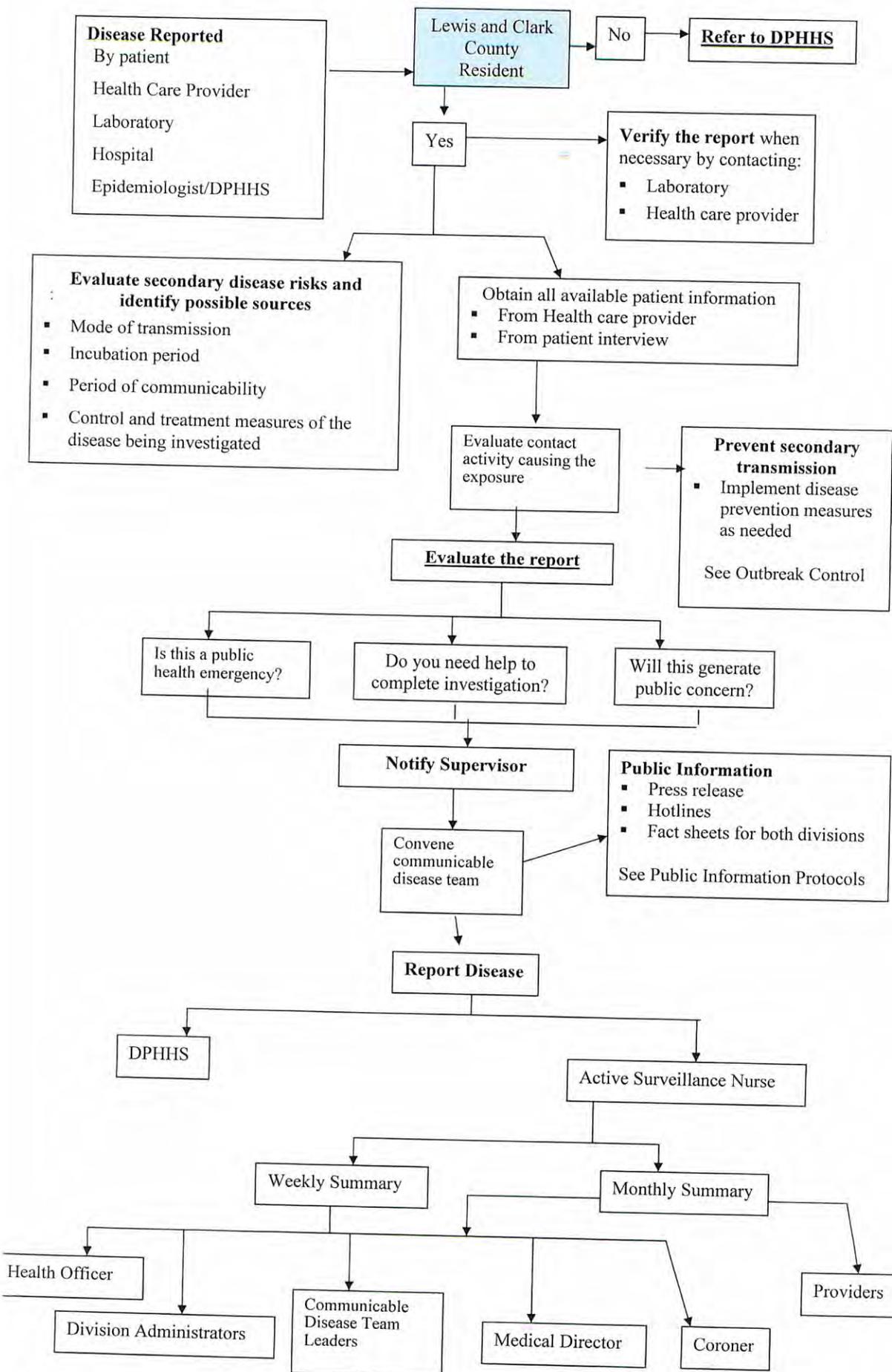
Implement disease prevention measures that are the least restrictive yet effective for reducing or eliminating the incidence of disease

1. [Disease Investigation](#) as described on Page 4.
2. **Implement Highly Active Surveillance**
 - a. Identify the health care providers most likely to encounter the syndrome of concern
 - (1) health care provider offices,
 - (2) medical laboratories,
 - (3) SPH Infection Control for hospital admission and ER data,
 - (4) schools for attendance records,
 - (5) long term care facilities for the health status of their residents
 - (6) pharmacies to monitor over-the-counter (OTC) and prescription drug usage
 - (7) Veterinarians for zoonotic disease,
 - (8) 911 response personnel
 - b. Identified providers will receive daily phone, fax or email contact from health department staff that may:
 - (1) Solicit information on disease activity
 - (2) Disseminate pertinent information
 - (3) Distribute a clinical case definition of the disease
3. Community partners will be notified of the emerging event and of current actions by email and fax using the Health Alert Network.
4. Prevention of Secondary Transmission

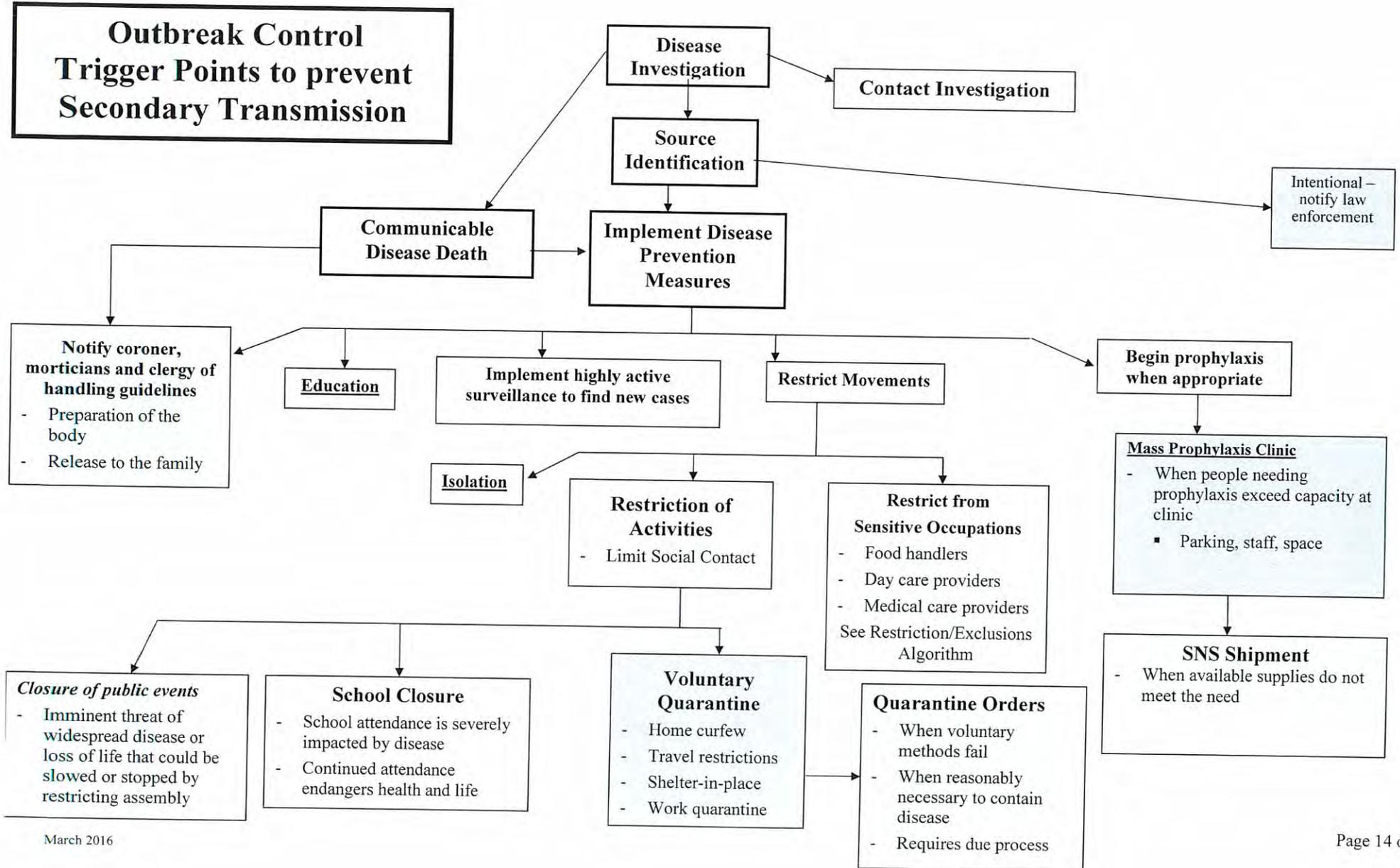
- a. [Disease and contact investigation](#) as described on page 4
 - (1) Provide education
 - (2) Refer for treatment
 - (a) Specimen Transport
 - (i) See the **Specimen Transport Plan** located in the [Communicable Disease Response Manual](#)
 - (3) Initiate movement restrictions with Health Officer and Board of Health authorities as needed to prevent spread of disease
 - (a) Follow the Lewis & Clark County Isolation and Quarantine Protocol
 - (b) Closure orders for public events and buildings – when imminent threat of widespread disease or loss of life could be slowed or stopped by restricting assembly
 - b. Emergency Medical Countermeasures
 - (1) Implement emergency medical countermeasures plan when demand for vaccine or preventive medication exceeds capacity of immunization clinic
 - (2) Activate Strategic National Stockpile when available supplies do not meet the need
 - c. Mass Fatality Management
 - (1) When a communicable disease has been identified as the cause of fatalities, consult with DPHHS Communicable Disease Section on special precautions for handling of the deceased.
 - (a) Provide disease management information for coroner, health care providers, emergency responders, morticians, and the general public.
 - (2) Funerals for individuals who have died of a reportable disease must be conducted with instruction from the Health Officer. Any death from a disease that requires quarantine of contacts must be conducted with a closed casket and those that are quarantined must be segregated from the rest of the attendees, unless the contacts have been determined by the Health Officer to be incapable of transmitting the infection or disease which caused the death.
5. On receipt of a case report through active surveillance, follow the steps outlined in [Disease Investigation Procedures](#) described on Pages 4-7 & 13.
 6. The Health Officer and the Division Administrators have authority to implement the Public Health All Hazards Annex. Circumstances that trigger the use of the All Hazards Annex:
 - When a response includes staff call out after business hours.
 - When a response requires reassignment of staff for an extended period of time
 - Routine services are suspended
 - Frontline staff can't keep up with the calls for information on a specific topic

- Unusual number of unusual diseases
 - Single case of unusual disease
 - Series of health events or cases of disease closely grouped by time and/or place
 - Naturally-occurring diseases of highest concern are listed in section 1 on the [Communicable Disease Response Guide](#). (Page 2)
 - Agents of highest concern for [biological attack](#) as identified on page 16.
7. The Health Department Incident Command Post will be activated when:
 - a. Response requires emergency reassignment of staff for an extended period of time
 - b. Routine services are suspended
 8. When the event has escalated to command post activation, the supervisor must evaluate health department employees and volunteers for symptoms when beginning shifts to prevent further spread of disease.
 9. Declaration of an emergency and activation of Emergency Operations Center will be requested when:
 - a. Resources are required outside our agency
 - b. Time required for response will be excessive
 - c. Response requires activation of the strategic national stockpile
 - d. Compulsory closure of public events is anticipated to prevent further spread of disease
 - e. Large-scale quarantine is needed.
 10. Emergency outbreak procedures will remain in effect until incidence of disease has been eliminated. A communicable disease outbreak will be “under control” when 3 successive incubation periods have passed with no new cases.

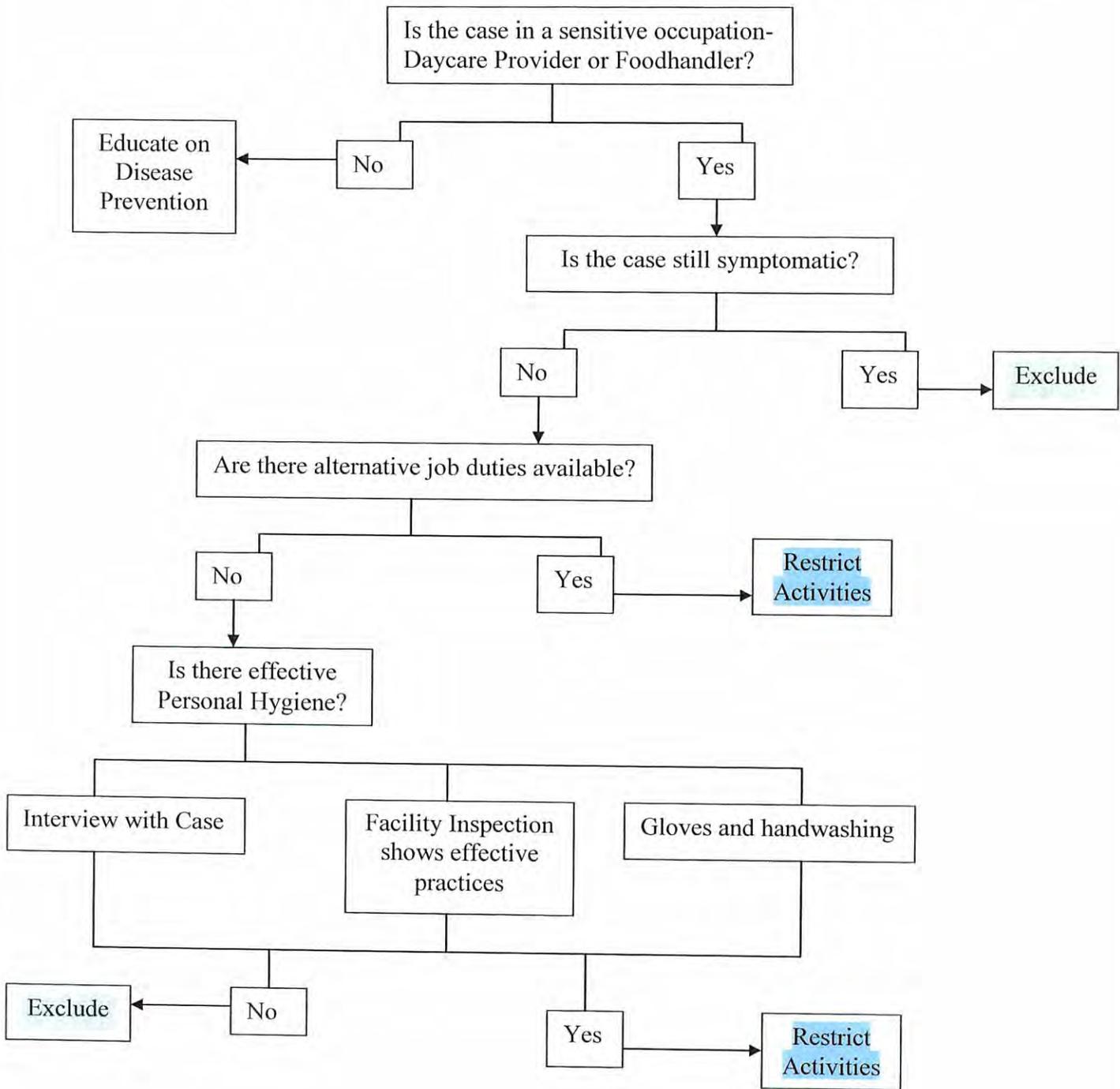
Routine Disease Investigation



Outbreak Control Trigger Points to prevent Secondary Transmission



Prevention of Secondary Disease Transmission By Restriction or Exclusion from Sensitive Occupations



Biological Agents of Highest Concern for a Bio

Category A	
1	Small Pox --Variola Major
2	Anthrax -- Bacillus anthracis
3	Plague -- Yersinia Pestis
4	Botulinum Toxin
5	Tularemia -- <i>Fransisella tularensis</i>
6	Hemorrhagic Fever

Highest-priority agents, **Category A**

Include organisms that pose a risk because they

- Can be easily disseminated or transmitted person-to-person;
- Cause high mortality and subsequently have a major public health impact
- Might cause public panic and social disruption; and
- Require special action for public health preparedness.

Category B	
Animal / Human Diseases	
1	Q Fever -- <i>Coxiella burnetti</i> (Rickettsia)
2	Brucellosis -- <i>Brucella</i> species
3	Glanders -- <i>Burkholderia mallei</i>
4	Alphaviruses
	Venezuelan encephalomyelitis
	Eastern and western equine enceph
Toxins	
1	Ricin Toxin from <i>ricinus communis</i> (Cast
2	Epsilon Toxin of <i>Clostridium perfringens</i>
3	<i>Staphylococcus</i> enterotoxin B
Foodborne or Waterborne	
1	<i>Salmonella</i> Species
2	<i>Shigella dysenteriae</i>
3	<i>Escherichia coli</i> 0157:H7
4	<i>Vibrio Cholerae</i>
5	<i>Cryptosporidium parvum</i>

Category B

Includes agents that are

- Moderately easy to disseminate
- Cause moderate morbidity and low mo
- Require specific enhancements of CD

Biological Agents of Highest Concern for a Bioterrorism Attack

Category A	
1	Small Pox --Variola Major
2	Anthrax -- Bacillus anthracis
3	Plague -- Yersinia Pestis
4	<i>Botulinum</i> Toxin
5	Tularemia -- <i>Fransisella tularensis</i>
6	Hemorrhagic Fever

Highest-priority agents, **Category A**

Include organisms that pose a risk because they

- Can be easily disseminated or transmitted person-to-person;
- Cause high mortality and subsequently have a major public health impact
- Might cause public panic and social disruption; and
- Require special action for public health preparedness.

Category B	
Animal / Human Diseases	
1	Q Fever -- <i>Coxiella burnetii</i> (Rickettsia)
2	Brucellosis -- <i>Brucella</i> species
3	Glanders -- <i>Burkholderia mallei</i>
4	Alphaviruses
	Venezuelan encephalomyelitis
	Eastern and western equine encephalomyelitis
Toxins	
1	Ricin Toxin from <i>ricinus communis</i> (Castor beans)
2	Epsilon Toxin of <i>Clostridium perfringens</i>
3	<i>Staphylococcus enterotoxin B</i>
	Foodborne or Waterborne
1	<i>Salmonella</i> Species
2	<i>Shigella dysenteriae</i>
3	<i>Escherichia coli</i> 0157:H7
4	<i>Vibrio Cholerae</i>
5	<i>Cryptosporidium parvum</i>

Category B

Includes agents that are

- Moderately easy to disseminate
- Cause moderate morbidity and low mortality; and
- Require specific enhancements of CDC

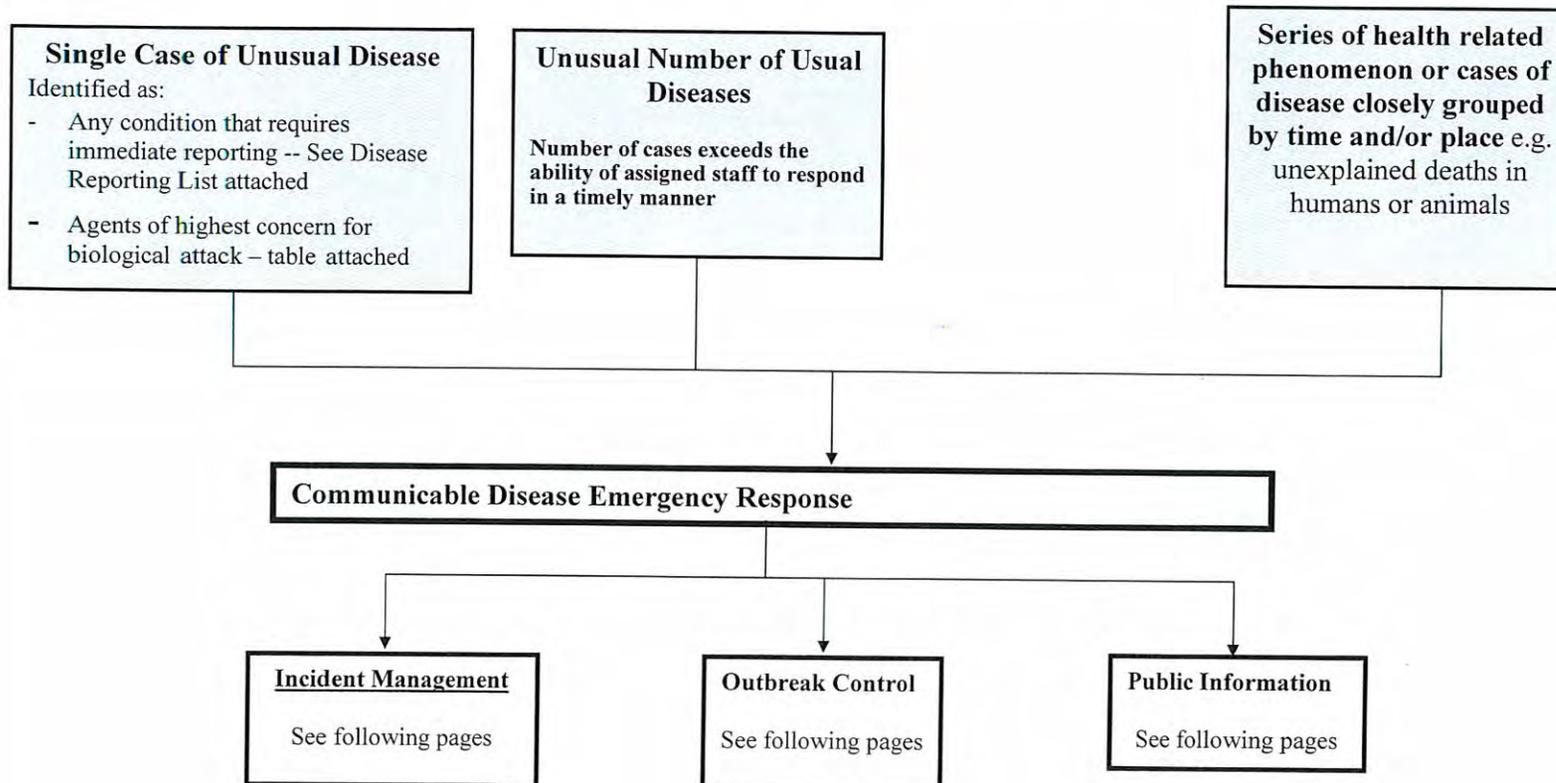
Category C	
1	Nipah virus
2	Hantaviruses
3	Tickborne hemorrhagic fever viruses
4	Tickborne Encephalitis viruses
5	Yellow fever virus
6	Multi-drug resistant <i>Mycobacterium tuberculosis</i>

Category C

Includes emerging pathogens that could be engineered for mass dissemination because

- Availability
- Ease of production and dissemination
- Potential for high morbidity and mortality and major health impact

Trigger Points for Response to Public Health Emergencies



Incident Management

Communicable Disease Response Team Meeting

- Information sharing
- Determine action plans
- Assign public information responsibilities

Partial opening of the EOC
For expanded hotline service

Activation of the Health Department Incident Command Post

- Health Department emergency response requires reassignment of staff for an extended period of time
- Routine services are suspended

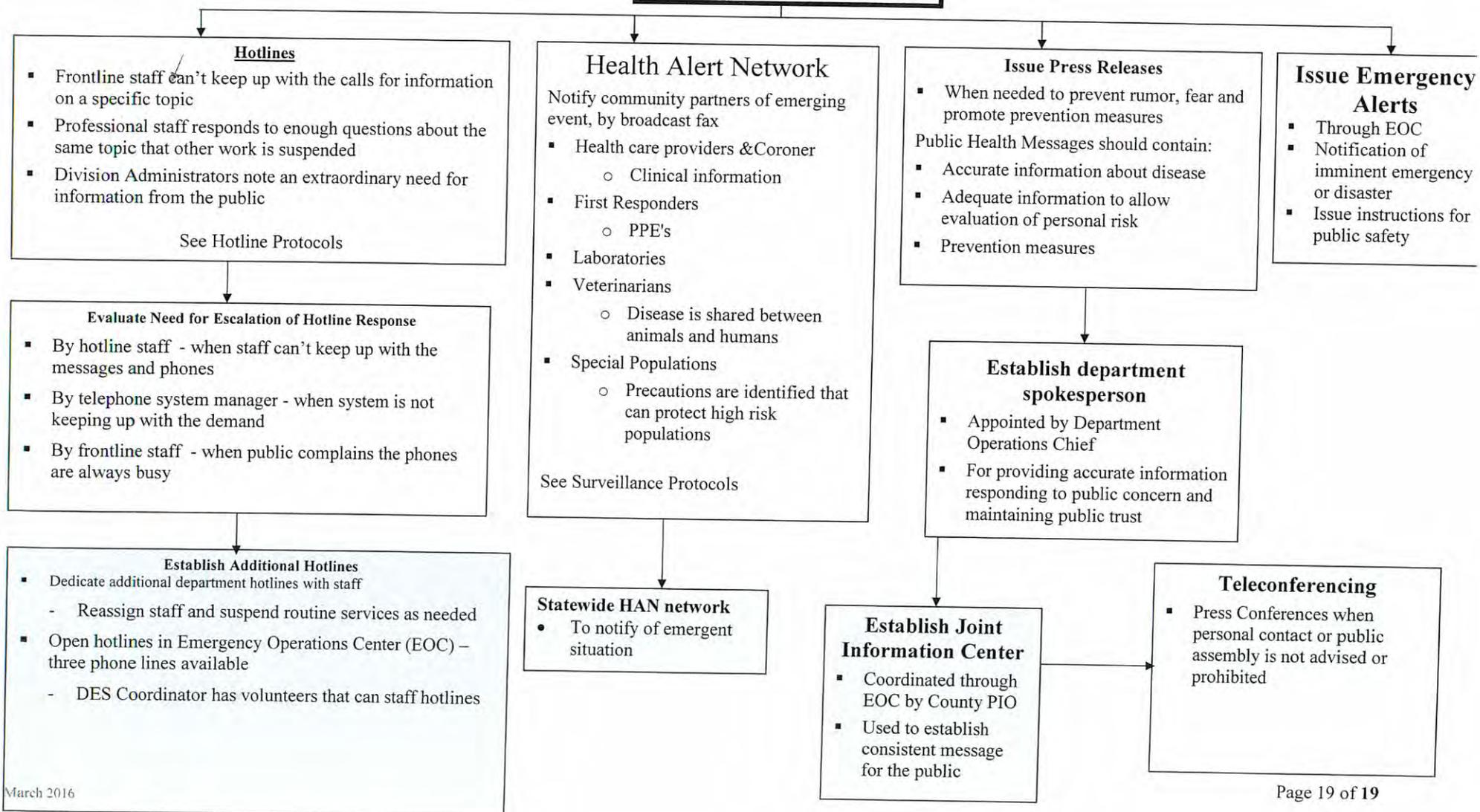
Declaration of an Emergency and Activation of the County Emergency Operations Center

- Resources are required from outside our agency
- Time required to respond will be extensive
- Response requires activation of the Strategic National Stockpile
- Compulsory closure of public events is required to prevent further spread of disease
- Large scale modern quarantine is needed

Emergency is defined as the imminent threat of a disaster causing immediate peril to life or property that timely action can prevent.

Disaster is defined as the occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from any natural or artificial cause

Public Information



Checklist for Review & Approval of Communicable Disease Reporting Protocol(s)

The following checklist will assist you with review and documentation of routine and 24/7 communicable disease reporting and response processes. The checklist includes elements that are suggested for inclusion in your local protocol. The checklist should be submitted by no later than July 15, 2017. FAX to: 1-800-616-7460

<i>Protocols detailing how your agency conducts communicable disease surveillance and processes reports of interest.</i>		Included in protocol?		
		Yes	No	NA
Required Basic Elements:				
a.	Does your protocol describe the manner in which disease reports are received by your agency (e.g. confidential fax, phone reports, or mail)	X		
b.	Does your protocol describe how reports are reviewed. (e.g. reports reviewed centrally or by different units of your agency such as: Communicable Disease, Environmental Health, Family Planning, etc.)	X		
c.	Does the protocol describe specifically who is responsible for evaluating reports and ensuring case investigation and control measures, as described in state rules, are implemented?	X		
	<ul style="list-style-type: none"> If selected conditions are referred to various sections of the agency (e.g. foodborne illness to sanitarians), does your protocol indicate to whom these selected conditions are referred? 	X		
	<ul style="list-style-type: none"> If your agency utilizes a team approach on some events, does the protocol indicate who comprises the team and what their general roles are? 	X		
d.	Does the protocol describe how quickly reports are reviewed (e.g. day of receipts, within 24 hours, 48 hours, etc.)?	X		
e.	Does it describe how information regarding local cases is stored (paper, electronic records, etc.) and who has access to information?	X		
f.	Does it describe how reported cases/contacts from outside your jurisdiction are referred (e.g. called directly to jurisdiction, given to DPHHS)?	X		
g.	Does your protocol describe who is responsible for completing reporting forms & who submits forms to DPHHS (i.e. Communicable Disease form, Foodborne Outbreak form)?	X		
h.	Does the protocol outline a highly active surveillance procedure for use during outbreak/emergency events?	X		
Required Routine Active Surveillance Elements (Note: your agency may have detailed these efforts in a separate protocol):		X		
a.	Does your protocol detail how your agency conducts active surveillance?	X		
	<ul style="list-style-type: none"> Does it list the key providers/laboratories routinely contacted? 	X		
	<ul style="list-style-type: none"> Does it detail the frequency of your active surveillance calls with each contact? 	X		
	<ul style="list-style-type: none"> Does it indicate which staff member(s) have been assigned the responsibility of conducting & documenting active surveillance calls? 	X		
	<ul style="list-style-type: none"> Does it indicate how you receive reports and communicate with any Veteran's Administration facilities including an up to date and signed "standing request for release of Department of Veteran's Affairs medical record data." (Contact CDEpi to obtain and coordinate signature process for VA once every three years.) 	X		
Local Use/Notes:				

Checklist for Review & Approval of Communicable Disease Reporting Protocol(s) (cont'd)

<i>Protocol detailing your agency's 24/7 availability to receive and evaluate reports of concern.</i>		Included in protocol?		
Required 24/7 elements:		Yes	No	NA
a.	Does the protocol describe a method to receive and immediately review emergency reported 24 hours a day 7 days a week?	X		
	- If your system relies on an answering service or dispatcher, have they been provided with a detailed written protocol that includes a list of contact numbers?		X	
b.	Does the protocol describe how local providers, police, EMS, dispatch, etc are made aware of the emergency number or system?	X		
c.	Does the protocol provide for the periodic local testing of the 24/7 system?	X		
d.	Does the protocol provide for the documentation and evaluation of all tests and actual after-hours calls?	X		

<i>Protocol detailing your agency's "Epi Team" approach to communicable disease events.</i>		Included in protocol?		
Required Epi Team Elements:		Yes	No	NA
a.	Does the protocol provide for core and expanded team members?	X		
	- Does the core team have at least one public health nursing and one environmental health staff members?	X		
b.	Does the protocol define what conditions or events will require notification of the core team members (i.e. suspect foodborne illness, animal bite, etc.)?	X		
c.	Does the protocol define what circumstances that may require expanding the team to include other members associated with your agency?	X		
d.	Does the protocol define how information is shared among team members and within what timeframe?	X		
Lead communicable disease/public health nursing contact: Karen Dobson Wandel, RN				
Lead environmental health contact: Larel Riek, RS				

The above protocol/plan has been reviewed / revised as necessary and is satisfactory at this time.

County Health Officer

Date

Board of Health Chairperson

Date

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

BOARD AGENDA ITEM

Meeting Date

June 23, 2016

Agenda Item No.

6

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

AGENDA ITEMS Request for approval of the Lewis and Clark County Hazardous Sample Transport Plan

PERSONNEL INVOLVED: Eric Merchant, Disease Control and Prevention Division Administrator

BACKGROUND Mr. Merchant will present the request for approval of the Lewis and Clark County Hazardous Sample Transport Plan.

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						
Geise						
Johnson						
Kultgen						
Medley						
Smith						
St. Clair						
Weber						



Specimen Transport Plan

I. Purpose:

The Specimen Transport plan facilitates assessment and the rapid delivery of specimens of immediate concern for laboratory analysis. The close proximity of the Montana Department of Public Health and Human Services (DPHHS) Laboratory within our jurisdiction can minimize transport time. Chain of custody documentation will be implemented when a credible threat has been established. All agencies involved with submission of samples will be notified when chain of custody documentation is indicated.

II. Affected Agencies and Agency Roles:

Agencies involved in the submission of human *clinical specimens* and/or *environmental specimens* of immediate concern are listed below. The policies and procedures each of these entities for rapid transport are summarized as follows:

A. Lewis and Clark Public Health

Environmental Specimens

Clinical Specimens

Collection, packaging and transport of environmental and human samples will be done by Lewis and Clark Public Health staff in accordance with procedures for the agent of concern. All biological specimens transported to the lab must be sealed inside a biohazard bag and, if needed, kept in a puncture proof container. One specimen transport kit (STP 310) for unknown chemicals exposure is located in the immunization program store room in the basement of the Michael A. Murray Building, 1930 9th Avenue, Helena. It can be augmented or replaced by the MT Laboratory Services Bureau. Blood specimen containers can be obtained from St Peters Laboratory. Dry ice for packaging urine specimens for rapid toxic screen is available at Helena Safeway. Chain of custody forms will be used as needed to authenticate the sample results.

Forms and Instructions

See Montana Department of Public Health and Human Services Laboratory website for:

1. Instructions for Specimens Collected from People Who May Have Been Exposed to Chemical-Terrorism Agents (Rapid toxic screen)
2. Chain of custody forms and instructions
3. Instructions for specimen transport kit (STP 310)

<http://dphhs.mt.gov/publichealth/LaboratoryServices/LaboratoryEmergencyPreparedness.aspx>

Lewis and Clark Public Health will also utilize Drinking Water Emergency Sampling Kits (DWES Kits), when appropriate. Lewis and Clark Public Health has two DWES kits available. One DWES kit is located in the Communicable Disease Control Division of Lewis and Clark Public Health at 1930 9th Avenue, Helena. The contact is Laurel Riek at (406) 447-8361. Another DWES kit is located at the City of Helena Utility Maintenance Division at 2218 East Custer. The contact is Kevin Hart at (406) 457-8575.

Lewis and Clark Public Health staff will transport the specimen directly to the lab.

A credible threat will be determined by Law Enforcement. Steps for obtaining and packaging samples for transport include the following:

1. A credible threat is determined.
2. The Incident Commander (Health Officer or designee) will name the operations chief as specified in the Public Health All-Hazard Annex to the County Emergency Operations plan. The operations chief or designee will call DPHHS Montana Laboratory Services Bureau at (800) 821-7284 for instruction to:
 - a. Determine what samples are needed for chemical or biological agent of concern.
 - b. Determine if additional protocols are needed for collection and packaging.
 - c. Identify which laboratory can manage the samples.
3. Gather supplies needed for samples.
4. Seal with evidence tape and label containers, as they are collected.
5. Include blanks of the same lot number for the tubes/cups used for samples.
6. Prepare lab requisition, chain of custody and shipper's declaration as needed. (Copies are in the specimen transport kit.)
7. Notify the lab of carrier and time of arrival.
8. Transport to the lab.
9. Operations Chief or designee will track the sample(s) and monitor its status.

B. St. Peters Hospital Laboratory

Clinical Specimens

In the event that a specimen requires transport to the DPHHS Laboratory, whether emergent or not, the hospital employed courier would transport the specimen. Secondary containers and universal precautions are used for all specimens.

St. Peters Hospital does not use chain of custody documents for typical clinical samples. However, chain of custody documentation is implemented for alcohol challenge tests and rape kits. These are used for law enforcement purposes. A state courier picks up the rape kit for transport.

Lewis and Clark Public Health will also utilize Drinking Water Emergency Sampling Kits (DWES Kits), when appropriate. Lewis and Clark Public Health has two DWES kits available. One DWES kit is located in the Communicable Disease Control Division of Lewis and Clark Public Health at 1930 9th Avenue, Helena. The contact is Laurel Riek at (406) 447-8361. Another DWES kit is located at the City of Helena Utility Maintenance Division at 2218 East Custer. The contact is Kevin Hart at (406) 457-8575.

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St. Peters Hospital does not use chain of custody documents for typical clinical samples. However, chain of custody documentation is implemented for alcohol challenge tests and rape kits. These are used for law enforcement purposes. A state courier picks up the rape kit for transport.

Checklist for Review & Approval of Sample Transport Plan for Lewis and Clark Public Health Jurisdiction

To assist you with the review and documentation process, we have created a Transport Plan Checklist. This checklist must be used during your annual review and approval process DURING FY 16, and posted to your local deliverable team room on SharePoint when complete.

Protocol outlining your local sample transport plan detailing the role of the public health agency and other partners involved in the transport of samples of public health concern.

Required sample transport elements (Any not included in the plan should be addressed in the Notes section below.)

a. Does your protocol address the collection and transport of clinical specimens of immediate concern to public health (e.g. samples or isolates collected from a patient), including Rapid Toxic Screens? Please remember that this will involve cooperation of local hospital or clinical partners.	X	Check here that item is included
b. Does the protocol include details on how to obtain replacement supplies for kits distributed to local agencies and other partners? This would include items with an expiration date, such as tubes, swabs, and urine cups. Keep in mind that the transport of Rapid Toxic Screens requires dry ice . If dry ice is not available, this must be documented in the plan, along with what measures will be taken instead.	X (by reference)	
c. Does your protocol address the collection and transport of environmental/chemical/biological samples of immediate concern (e.g. not collected from a patient)? Note: This would include CBAT and/or DWES kits. This will involve cooperation with HAZMAT or local water operator or sanitarian.	X	
d. Does the protocol detail the local health public health agency role with respect to the transport of samples (e.g. who facilitates the process/monitors the progress of the sample)?	X	
e. Does the protocol provide specific details regarding the different methods used to transport the samples mentioned above (e.g. Does it list specific agencies or individuals responsible for transporting the sample, such as laboratory courier, local law enforcement, private party, air transport, etc.)?	X	
f. Have all agencies tasked to collect or transport reviewed the plan so that they are aware of their responsibilities, and have they acknowledged their ability and willingness to perform tasks? (Have agency representative sign and date this checklist during THIS FISCAL YEAR .)	X	
g. Does the protocol include the necessary forms for submission of samples and tracking chain of custody for the state laboratory?	X (by reference)	
h. Does the protocol specifically state how and when the MT DPHHS Laboratory is notified of a sample planned for submission?	X	

Local Use/Notes:
The Lewis and Clark Specimen Transport Protocol was updated in March, 2016.

The below signed acknowledge that the above protocol/plan has been reviewed / revised as necessary and it is satisfactory at this time.

<i>Chairperson – County Health Board</i>	Date	County Health Officer	Date
<i>Hospital Representative (Rapid Toxic Screen, packaging and shipping)</i>	Date	First responder agency representative (CBAT)	Date
<i>Water operator/sanitarian (DWES)</i>	Date	Must be signed in FY 16	
<i>Kevin J. Hunt operator # 5909</i>	6/3/16	Mark A. Gust Fire Chief	6/16/16

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

BOARD AGENDA ITEM

Meeting Date

June 23, 2016

Agenda Item No.

7

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 May 2016; Karen Lane will give on Tobacco Free Parks; Melanie Reynolds will provide an update on the Department’s Strategic Plan.

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	REVENUE RECEIVED YTD					TOTAL RECEIVED YTD	92% of the year elapsed		Prior Year to Date
	FY 2016 BUDGET	Administration	Community Health Promo	Environmental Health	Disease Cntl & Prevention		Budget Remaining	% of Budget Collected	
Taxes	\$ 1,137,554	\$ 950,627				\$ 950,626.93	83.57%	\$ 1,011,411	
Cost Allocation Recovery	\$ 206,915	\$ 153,535				\$ 153,535	74.20%	\$ 151,328	
Health Insurance Credits	\$ 182,343	\$ 99,813				\$ 99,813	54.74%	\$ 88,757	
Environmental Health Charges	\$ 106,095	\$ -	\$ -	\$ 103,480.00		\$ 103,480.00	97.54%	\$ 134,640	
Community Health Charges	\$ 209,043	\$ -	\$ -	\$ -	\$ 298,201	\$ 298,200.89	142.65%	\$ 207,869	
Contracts/Grants	\$ 94,388	\$ 10,000	\$ 70,236	\$ 18,213.00	\$ 32,084	\$ 130,532.50	138.29%	\$ 91,578	
Miscellaneous	\$ 22,500	\$ 5,451	\$ 4,775	\$ -	\$ 12,116	\$ 22,341.55	99.30%	\$ 25,208	
TOTAL REVENUE	\$ 1,958,838	\$ 1,219,426	\$ 75,011	\$ 121,693.00	\$ 342,400	\$ 1,758,529.31	89.77%	\$ 1,619,154.43	
						\$200,309		\$1,710,791	
								FY 15 Verizon stimnt	
								Adjusted Prior Yr Revenue	

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					TOTAL YTD SPENT	Budget Remaining	% of Budget Spent	Prior Year to Date
	Administration	Community Health Promo	Environmental Health	Disease Cntl & Prevention					
PERSONNEL									
Regular Salary	\$ 825,744	\$ 236,212	\$ 84,948	\$ 130,135.45	\$ 332,873	\$ 784,169.12	\$ 41,575	94.97%	\$ 720,114
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	\$ 267,392	\$ 71,649	\$ 27,315	\$ 39,630.78	\$ 99,932	\$ 12,213.23	\$ (12,213)	---	\$ 148
Benefits						\$ 238,526.83	\$ 28,865	89.20%	\$ 220,648
Extra Pay period Savings							\$ -		
TOTAL PERSONNEL	\$ 1,100,013	\$ 307,862	\$ 112,263	\$ 169,766.23	\$ 446,417	\$ 1,036,307.99	\$ 63,705	94.21%	\$ 943,446

YEAR TO DATE
ACTUAL EXPENDITURES

	FY 2016 BUDGET	Administration	Community Health Promo	Environmental Health	Disease Chi & Prevention	TOTAL YTD SPENT	Budget Remaining	% of Budget Spent	Prior Year to Date
OPERATIONS									
2110 Office Supplies	\$ 6,850	\$ 7,766	\$ 528	\$ 759,888	\$ 1,100	\$ 10,153,566	\$ (3,304)	148.23%	\$ 6,111
2120 Minor Equipment	\$ 2,900	\$ 1,645	\$ 1,307	\$ 1,079,877	\$ 1,922	\$ 5,953,611	\$ (3,654)	258.85%	\$ 13,421
2210 Operating Supplies	\$ 1,958	\$ 156	\$ 1,153	\$ 968,265	\$ 3,033	\$ 5,310,037	\$ (3,352)	271.20%	\$ 1,138
2221 Hep B Vaccine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -
2222 Slide Eligible	\$ 34,820	\$ -	\$ -	\$ -	\$ -	\$ 58,430	\$ (23,610)	167.81%	\$ 34,630
2223 Non Slide Non Travel	\$ 42,868	\$ -	\$ -	\$ -	\$ -	\$ 72,798	\$ (29,930)	169.82%	\$ 38,767
2224 Flu Vaccine	\$ 40,667	\$ -	\$ -	\$ -	\$ -	\$ 30,678	\$ 9,989	75.44%	\$ 40,667
2225 Pneumonia Vaccine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -
2226 Travel Vaccines	\$ 23,627	\$ -	\$ -	\$ -	\$ -	\$ 35,560	\$ (11,933)	150.51%	\$ 24,862
2227 Lab Expenses	\$ 3,136	\$ -	\$ -	\$ -	\$ -	\$ 2,734	\$ 402	87.20%	\$ 2,735
2260 Education	\$ 1,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000	0.00%	\$ -
2310 Repair & Maintenance	\$ 1,500	\$ -	\$ -	\$ -	\$ -	\$ 571,088	\$ 1,500	0.00%	\$ 520
2320 Gas & Oil	\$ 660	\$ -	\$ -	\$ 1,450,122	\$ 906	\$ 2,563,707	\$ 236	91.56%	\$ 1,949
3120 Postage	\$ 2,800	\$ 32	\$ 76	\$ 1,143,000	\$ -	\$ 1,143,000	\$ -	100.00%	\$ -
3140 Vehicle Parking	\$ 992	\$ -	\$ -	\$ -	\$ -	\$ 3,199,797	\$ (1,200)	159.99%	\$ 1,700
3160 Credit Card Fees	\$ 2,000	\$ -	\$ -	\$ 1,416,417	\$ 3,200	\$ 5,571,055	\$ (437)	172.88%	\$ 3,609
3210 Printing	\$ 5,900	\$ 2,532	\$ 745	\$ 1,416,417	\$ 878	\$ 1,037,257	\$ (437)	172.88%	\$ 687
3310 Subscriptions	\$ 600	\$ 1,037	\$ -	\$ 2,235,967	\$ 750	\$ 10,665,487	\$ (5,965)	228.93%	\$ 3,850
3320 Advertising	\$ 4,700	\$ 7,934	\$ -	\$ 861,107	\$ -	\$ 8,794,857	\$ 105	98.82%	\$ 14,195
3350 Membership	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -
3360 Licenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -
3370 Education Awareness	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -
3380 Health Club Dues	\$ 543	\$ 113	\$ -	\$ 165,000	\$ -	\$ 277,500	\$ 266	51.10%	\$ 308
3410 Utilities (August)	\$ 1,200	\$ -	\$ -	\$ -	\$ 1,200	\$ 1,200,000	\$ -	100.00%	\$ 600
3430 Telephone	\$ 14,243	\$ 4,955	\$ 1,893	\$ 3,130,937	\$ 5,671	\$ 15,640,037	\$ (1,397)	109.81%	\$ 11,958
3510 Professional Services	\$ 4,500	\$ 2,914	\$ -	\$ -	\$ 2,082	\$ 4,995,287	\$ (495)	111.01%	\$ 4,315
3565 Patient Services (BCH)	\$ 8,000	\$ -	\$ 7,746	\$ -	\$ -	\$ 7,745,767	\$ 254	96.82%	\$ 6,216
3610 Repair & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -
3620 Office Repair/Maint	\$ 11,689	\$ 6,883	\$ 76	\$ 1,333,857	\$ 76	\$ 8,368,397	\$ 3,321	71.59%	\$ 7,310
3630 Vehicle Repair	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -
3710 Travel	\$ 11,550	\$ 2,205	\$ 2,128	\$ 189,967	\$ 3,187	\$ 7,709,947	\$ 3,840	66.75%	\$ 7,607
3750 Board Expenses	\$ 1,000	\$ 185	\$ -	\$ -	\$ -	\$ 185,427	\$ 815	18.54%	\$ 123
3810 Training	\$ 10,350	\$ 504	\$ 25	\$ 369,000	\$ -	\$ 898,000	\$ 9,452	8.66%	\$ 1,647
3910 Contracted Services	\$ 17,400	\$ 9,550	\$ -	\$ 99,000	\$ 675	\$ 10,324,157	\$ 7,076	59.33%	\$ 17,571
3920 Recruitment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ 335
5010 Admin	\$ 40,459	\$ 30,344	\$ -	\$ -	\$ -	\$ 30,344,257	\$ 10,115	75.00%	\$ 30,310
5011 HO Admin (Applied to grants)	\$ 4,561	\$ -	\$ 2,962	\$ -	\$ -	\$ 2,962,000	\$ -	100.00%	\$ -
5020 Insurance	\$ 29,582	\$ 33,272	\$ -	\$ -	\$ 1,798	\$ 35,070,137	\$ 8,962	118.55%	\$ 25,380
5030 Rent	\$ 108,260	\$ 53,194	\$ 3,061	\$ 29,863,327	\$ 7,805	\$ 93,924,037	\$ 14,336	86.76%	\$ 62,367
5040 Technology	\$ 133,259	\$ 180,353	\$ -	\$ -	\$ -	\$ 180,353,000	\$ (47,094)	135.94%	\$ 73,047
8010 Transfers Out match	\$ 282,661	\$ -	\$ 56,831	\$ 15,058,667	\$ 133,842	\$ 205,730,837	\$ 76,930	72.78%	\$ 195,432
8020 Transfers Out septic	\$ 42,379	\$ -	\$ -	\$ 10,627,527	\$ -	\$ 10,627,527	\$ 31,751	25.08%	\$ 17,490
TOTAL OPERATIONS	\$ 906,914	\$ 353,003	\$ 78,769,287	\$ 71,432,277	\$ 368,324	\$ 871,528,977	\$ 48,245,277	96.10%	\$ 654,243
CAPITAL EXPENDITURES	\$ 15,539	\$ -	\$ -	\$ 15,539,000	\$ -	\$ 15,539,000	\$ -	100.00%	\$ 60,297
GRAND TOTAL EXPENDITURES	\$ 2,022,466	\$ 660,864,857	\$ 191,032,437	\$ 256,797,507	\$ 814,741,187	\$ 1,923,375,966	\$ 99,090	95.10%	\$ 1,657,985,777
Revenue Over (Under) Expenditures	\$ (563,628)	\$ 558,561	\$ (3116,022)	\$ (135,044,50)	\$ (472,341)	\$ (164,846,65)	\$ -	-	\$ 52,805,66

HEALTH DEPARTMENT MILL DOLLARS
FUND 227
6/14/2016 11:04
FY 2016 COMPARISON - BUDGET VS YTD EXPENDITURES AND REVENUE

92% of the year elapsed

CASH FLOW

	FY 2016 BUDGET	Actual
BEGINNING CASH	\$ 790,056	\$ 885,329
REVENUES	\$ 1,958,838	\$ 1,758,529
EXPENDITURES	\$ 2,022,466	\$ 1,923,376
Restricted Cash (BCH DOWN)	\$ 38,666	\$ -
ENDING CASH	\$ 689,782	\$ 720,332

CASH FLOW

	BEGINNING CASH (non restr)	Actual
BEGINNING CASH (non restr)	\$ -	\$ -
REVENUES	\$ -	\$ -
EXPENDITURES	\$ -	\$ -
Restricted Cash (BCH DOWN)	\$ -	\$ -
ENDING CASH (non restr)	\$ -	\$ -

90 Day Reserve \$ 498,690
Current Cash Reserve (in Days) 130

Restricted Cash (BCH DOWN) \$ 36,666

Fund Bal last FY thru May \$ 748,399

Strategic Plan Progress Report

June 2016

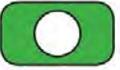
Goal 1: Enhance communication and partnerships to improve public health.

Objective	Strategy	Lead	Progress	Status
1.1 Improve awareness of the role and importance of public health and the Health Department.	1.1.1 Begin to build a strong public Health Department brand.	Communications Manager	The Health Department has adopted a new name that reflects our focus on population-based, public health: Lewis and Clark Public Health (LCPH). Completed April 2015.	
	1.1.2 Develop and implement consistent messaging and marketing to community and partners.	Communications Manager, program staff	Work on this is ongoing. Using the new name and logo, staff is working on implementing consistent messaging and marketing. Several activities have been completed that have used the logo including new signs with our logo at the Murray Building and City-County Building, and logo wear for staff.	
1.2 Ensure easy access to public health services and information.	1.2.1 Establish a client-centered physical location for public health.	Health Officer	LCPH contracted with an architectural firm (SMA Architects) on a preliminary architectural report (PAR) for a building to house all staff. A board and staff subcommittee reviewed several options in Helena. The report identified several options. The option to renovate the Murray Building basement for public health staff occupancy is being pursued through a CDBG grant due July 2016.	
	1.2.2 Develop a standardized approach across Health Department programs to measure, monitor and improve customer satisfaction.	Communications Manager	Work on this is ongoing. Working through the Quality Council to develop surveys and other measures to monitor customer satisfaction.	

	1.2.3 Establish and improve easy- to-use channels for two-way communication between the Health Department and clients.	Communications Manager	LCPH established a new phone number separate from Cooperative Health Center (PureView Health Center) and assigned our own staff to answer and transfer all calls as appropriate. Next steps are to research some ways to have two-way communication channels between Public Health and the community. Some options may be a web-based system or surveys.	
1.3 Increase internal coordination among department divisions and programs.	1.3.1 Formalize opportunities for ongoing communication and partnership between divisions and programs.	Program staff assigned; Health Officer	All public health staff meet quarterly to review and discuss programs. The monthly newsletter, The County Pulse, also provides ongoing communications between divisions and programs. There are several ad-hoc groups that bring together staff from across divisions, among them the Healthy Communities Coalition and Quality Council.	
	1.3.2 Build cross-divisional quality improvement initiatives.	Program staff assigned	Cross-divisional projects have been implemented through the Quality Council, including initiatives on establishing a new phone number and front desk and improvement in Environmental Health services related to permitting.	
1.4 Coordinate partners to assess progress toward community health improvement goals.	1.4.1 Formalize communications with community partners regarding public health issues.	Community Health Improvement Plan (CHIP) Team	The Health Department has continued to work closely on public health issues with community partners, particularly the Early Childhood Coalition and Healthy Communities Coalition. The ECC meets monthly and the HCC meets quarterly. LCPH also is actively involved in the county local mental health advisory committee. LCPH just completed a Community Health Improvement Plan (CHIP) with St. Peter's Hospital. The CHIP had extensive involvement by many community partners.	
	1.4.2 Regularly assess organizational and community progress toward community health improvement goals.	CHIP Team	LCPH just completed the 2016 CHIP process. As part of the CHIP process, there was an assessment of the 2013 CHIP. Systems are in place to conduct regular assessment of progress toward CHIP goals for the new CHIP.	
	1.4.3 Produce and disseminate a Community Health Assessment (CHA) report every 3 years in collaboration with St. Peter's.	CHIP Team	LCPH and St. Peter's hospital completed Community Health Assessment (CHA) in October 2015. This CHA has a new section on health equity concerns in the county and updated public health data. The report was presented to the community at a press conference and the assessment results were shared with many community groups including the Healthy Community Coalition, Local Mental Health Advisory Council, Early Childhood Coalition,	

			Kiwanis chapter, PureView Health Center Board and Board of Health. The Independent Record and the Blackfoot Valley Dispatch provided stories in their newspapers about the results of the survey.	
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Goal 2: Provide quality public health services, plans, and policies.

Objective	Strategy	Lead	Progress	Status
2.1 Maintain effective core public health services.	2.1.1 Identify core public health services.	Health Officer, Division Administrators	As part of a grant in 2015 to develop a performance measure system, LCPH identified core public health services.	
	2.1.2 Formalize and implement operational plans and measures for core public health service programs.	Division Administrators, Program staff	As part of the performance measure grant, performance measures and workload indicators were developed for the core public health programs and operational plans.	
	2.1.3 Report progress on an annual basis.	Division Administrators, Program staff	A system has been developed to report the performance measures and workload indicators to the Board of Health, staff and county commissioners. A performance measurement plan was developed that identifies the process for public health staff (teams) review of the progress in meeting performance measures. The process includes formal meetings twice a year to review the process.	
2.2 Ensure that LCPH identifies, addresses, and assesses public health needs.	2.2.1 Achieve and maintain accreditation through PHAB.	Health Officer, Board of Health, Public Health Accreditation Coordinator	LCPH submitted the required documentation to PHAB for public health accreditation in May 2016. The site visit for accreditation will likely happen in the Fall of 2016.	
	2.2.2 Work with partners, local, and state government to identify and address public health needs.	All staff	LCPH and St. Peter's Hospital along with many community partners, completed a community health improvement plan that identifies and provides a plan for addressing public health needs. The plan was completed June 2016.	
	2.2.3 Develop and implement a Quality Improvement (QI) Plan.	Health Officer, Accreditation Coordinator, Quality Council	A Quality Improvement Plan was completed in May 2014. A Quality Council made up of staff from across the department has been meeting quarterly since October 2014.	

Goal 3: Recruit and retain a well-trained, competent workforce.

Objective	Strategy	Lead	Progress	Status
3.1 Enhance professional skills and performance.	3.1.1 Develop and implement a workforce development plan based on strategic priorities and core competencies.	Division Administrators, Program Managers, Accreditation Coordinator	A staff workforce development survey based on public health competencies was completed in in the Fall of 2015. Trainings have been implemented based on strategic priorities and core competencies. These trainings were on public health law (December 2015) and health literacy (September 2015).	
	3.1.2 Ensure a system for consistent employee performance feedback.	Division Administrators, Program Managers	Performance appraisals that include goal setting are not completed consistently throughout the department. A staff engagement survey (Gallup Q12) has been identified but has not been implemented yet.	
3.2 Improve employee work-life balance.	3.2.1 Identify policies that offer further flexibility and fit within county guidelines, are equitable, and ensure client needs are met.	County Human Resources, Health Officer and Health Department management staff	Completed fragrance-free and tobacco-free policies for the City-County Building where a number of LCPH employees work. Continue to be involved with the Labor Management Committee, which meets every other month.	
	3.2.2 Offer policies and options that allow for staff flexibility where possible.	County Human Resources, Health Officer and Health Department management staff	Continue to work on policies and options that allow staff flexibility where possible.	

Goal 4: Maximize resources to support the Lewis & Clark City-County Health Department in order to address its identified priorities and goals.

Objective	Strategy	Lead	Progress	Status
4.1 Improve the budget development process.	4.1.1 Align the budget to goals and priorities.	Finance Coordinator, Health Officer, Board of Health	A budget process is in place. Performance measures and workload indicators are aligned with the budget. Current performance measures were significantly revised based on work done through a grant from DPHHS.	

	4.1.2 Involve the Board of Health earlier in the budget process.	Finance Coordinator, Health Officer, Board of Health	As in previous years, the Board finance committee reviewed the budget prior to the department's presentation to commissioners.	
4.2 Secure funding to address identified goals and priorities.	4.2.1 Identify base-level funding needs.	Finance Coordinator, Health Officer, Division Administrators	Not started yet. A plan for base-level funding has not been developed.	
	4.2.2 Develop and implement a resource development plan.	Finance Coordinator, Health Officer, Division Administrators	Not started yet. A resource development plan has not been developed.	
4.3 Provide an efficient physical workplace.	4.3.1 Develop and implement a facilities plan.	Health Officer, Division Administrators	A Preliminary Architectural Report (PAR) was completed August 2015. It was reviewed by the Board of Health at its October 2015 meeting. In the process of implementing the plan with the CDBG application.	
	4.3.2 Develop and implement a funding plan for adequate physical space.	Health Officer, Division Administrators, Finance Coordinator	A capital improvement/building fund has been established, and start-up money has been put in the fund. Applied for a Community Development Block Grant to obtain funds for Murray Building renovation.	
	4.3.3 Provide equipment, systems and support that enhance employee ability to work effectively.	Health Officer, Division Administrators,	A baseline assessment of equipment, systems and support has not been completed. An assessment of computer software programs and databases was developed as part of the accreditation process.	
4.4 Improve public health service management by improving information systems. (IT)	4.4.1 Identify data management needs and system gaps.	Information Technology (IT) Administrator, Division Administrators, and selected program staff	Not started yet.	
	4.4.2 Address the identified data management needs.	IT Administrator; Finance Coordinator	Not started yet. Data management needs have not been identified or addressed.	

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

BOARD AGENDA ITEM

Meeting Date

June 23, 2016

Agenda Item No.

8

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, June 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 submitted all its documentation for national accreditation on May 27. The Public Health Accreditation Board (PHAB) will now conduct a "completeness review" to make sure we've submitted all the required documentation in the appropriate formats. PHAB has notified us that we should get the results of this review sometime in late July or early August. If necessary, we will have 30 days to submit new documentation if problems are found. While we had hoped to have our site visit this fall, it's looking more like it could be after the first of the year. The Accreditation Work Group has started planning a mock site visit to prepare staff and partners for the actual visit.

Staff of the health department involved in collecting documentation for accreditation gathered in Health Officer Melanie Reynolds' office May 27 to celebrate the "pushing of the button" to submit it to the Public Health Accreditation Board.



Systems Improvement:

The final version of the 2016 Community Health Improvement Plan is now available on the health department's website at <http://www.lccountymt.gov/health/about-us/health-improvement-plan.html> Printed copies will be available later this summer.

Community Health Promotion

Healthy Families Home Visiting:

The home visiting program is going through a financial and staffing transition. Upon the departure of our Nurse-Family Partnership Registered Nurse in April, existing staff was assigned to back fill the NFP program in order to continue serving high-risk pregnant women. Due to the complexity of this program, staff traveled to Missoula to gain support and guidance from their NFP team. Until a new home visitor is hired, we are maintaining smaller caseloads in support of both staff and families receiving services.

WIC:

The three WIC Registered Dietitians attended the annual Montana Association of Nutrition and Dietetics in Bozeman June 2nd. They gained knowledge in the areas of: food psychology; drug/nutrient interactions; balancing protein and carbohydrates; enhanced recovery, nutrition, and surgery; lipid metabolism disorders; and other hot topics in nutrition. Families participating in WIC are sure to receive the most current and highest quality nutrition education.

Chronic Disease Prevention Programs:

The official launch of our Tobacco-Free Parks will occur in July in coordination with the celebration of National Parks and Recreation month. Signs will be installed in every developed city park accompanied by an awareness campaign promoting and celebrating clean air for all.

Consented Referral System:

See attached update

Environmental Services

The Environmental Division has been busy reviewing potential locations for new on-site wastewater treatment systems and proposed subdivisions.

Water Quality Protection District:

In the water quality district this month, summer fieldwork is getting under way. Intern Ashley Rivero and Jim Wilbur have begun measuring discharge in the Helena Valley's major creeks and collecting data. Intern Atticus Proctor and James Swierc are working on a project with Professor Pete Ryan of Middlebury College (Vermont) regarding background arsenic in the Helena Valley aquifer. One of the primary goals of this research is to better understand the source rock for background arsenic in addition to mapping current arsenic and uranium data. Ryan does similar research in Vermont and having bedrock data from another state will allow for an overall better understanding of background arsenic in bedrock.

Disease Control and Prevention

Emergency Preparedness Program:

The Emergency Preparedness Program continues efforts to develop/update emergency response plans, protocols, and policies to ensure we are ready to respond to county public health emergencies and to promote County employee safety. Recent efforts of this nature include the development of a new After Action Report or AAR protocol and associated forms as well as various on-site emergency management procedures including "Panic Button" and "Aggressive Individual" protocols for PureView and Public Health staff located at the Michael A. Murray Building. This development process will continue into the future bolstered by functional exercises in support of the developed protocols.

Licensed Establishment:

The Licensed Establishment Program has been business as usual for the licensed establishment program with ongoing inspections, training, and plan review for food service establishments, public accommodations, swimming pools/spas, daycare centers, and group homes. Regarding non-human vector communicable disease, the program continues to be busy with investigations of food-borne disease including an ongoing spike in non-typhoidal salmonella cases within the County.

Immunization/Communicable Disease Program:

As part of the current Exploration Works "Blood Suckers" exhibit, the Immunization and Communicable Disease program gave a presentation regarding Zika Virus, clinical impacts, modes of transmission, preventative measures and status of the current pandemic. The audience consisted primarily of state government officials, legislators, physicians and other health care professionals. The presentation was well-received and was followed by a lively and educated discussion on the topic. In association, the Immunization and Communicable Disease program is currently in the process of preparing for anticipated work associated with Zika Virus including education and outreach activities as well as addressing the potential for increased travel-associated Zika cases or suspected Zika cases in Montana as a result of the pending mosquito season in affected parts of the world. This would include the very real potential for active Zika Virus transmission in the southern tier of the continental United States.

Helena Consented Referral System

Ensuring families are connected to the support services they need

System Update

June 13, 2016



Agencies and Programs

60 programs/agencies are now using the system, an increase of 1 since 5/10/16.

Referrals

84 referrals have been made since 5/10/16.

1199 total number of referrals made since 10/01/14

922 individuals have been referred since 10/01/14

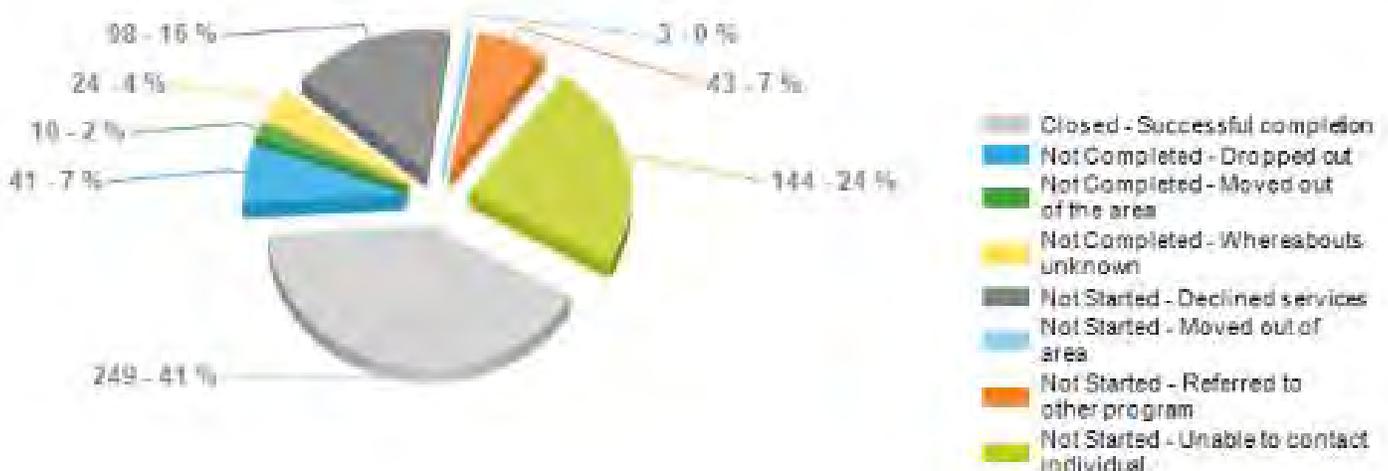
76% of referrals have enrolled in services since 10/01/14

Goals

Goal #1: Increase the number of service providers utilizing the Helena Consented Referral System to 150 by June 2017 (baseline 40).

Goal #2: Improve the percentage of individuals who connect with the services they need to 80% by June 2016 and 82% by June 2017 (baseline 75%).

Outcomes



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

BOARD AGENDA ITEM

Meeting Date

June 23, 2016

Agenda Item No.

9

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

February-April Communicable Disease Report

To: Health Care Providers

Date: May 25, 2016



Reportable Diseases in Lewis & Clark County	Feb-16	Mar-16	Apr-16	2016YTD	Feb-15	Mar-15	Apr-15	2015 YTD	Feb-14	Mar-14	Apr-14	2014 YTD
<i>Campylobacter jejuni</i>	1	2	2	7				0	1	2		3
Chlamydia	17	19	25	91	16	16	21	79	15	18	22	75
Cryptosporidium		1		1				0				0
<i>E. coli</i> 0157				1				0				0
<i>E. coli</i> Non-0157				0				1				0
<i>Giardia</i>				0	1			1				0
Gonorrhea	1	2	2	6	4		3	8	2			2
Haemophilus Influenza				0				0				1
Hepatitis A				0				0				0
Hepatitis B				0				0				0
Hepatitis C	7	4	1	15	1	4	6	16		2	5	7
HIV				0				0				0
Influenza A (Seasonal)	39	214	34	296	60	20	3	427	24	8		163
Influenza B	43	139	44	233	15	78	54	168			3	4
Legionella				0				0				0
Lyme Disease			1	1				0				0
Norovirus	1	1		2	1	3	4	10	3	2	1	9
Norovirus Outbreak		1		1			1	1	1	1	1	2
Pertussis				0	2	2	7	17		1	24	26
Q Fever				0				0				0
RSV				0	24	20		95	6	11	1	26
Rocky Mountain Spotted Fever		1		1				0				0
Salmonella			9	10	1		1	3	1	2	2	6
<i>Shigella sonnei</i>				0				0				1
Strep Pneumoniae Invasive			1	1	1	1	1	4	1	1		3
Syphilis				0				0				0
Tuberculosis				0				0				0
Varicella			2	4				0	3			4
Viral Gastroenteritis Outbreaks				0			1	1				0
Viral Meningitis				0				0				0
	109	384	121	670	126	144	102	831	57	47	59	332

Active Surveillance (Community Trends): For the week of May 15-21, providers, schools and institutions saw patients/students with: strep throat, diarrhea, vomiting, coughs and bronchitis as well as STDs (9 chlamydia, 2 gonorrhea).

Salmonella outbreaks: Montana has cases in two of seven multi-state live poultry outbreaks. There are now 10 cases of outbreak-related salmonellosis in Montana.

- *Salmonella* Hadar affects cases in Big Horn, Madison, Missoula, Flathead, Ravalli, and Richland Counties (1 each).
- *Salmonella* Indiana affects cases in Lewis & Clark, Yellowstone (2) and Missoula Counties.

Lewis & Clark County has had 6 matching cases of *Salmonella typhimurium*. Despite our efforts, we were unable to find a common source. As a reminder, some cases can become carriers. It is very important for us to work with individuals who are in sensitive occupations. This would include food handlers, day care providers and health care providers.

Influenza: Montana has moved to 'Sporadic' influenza activity in the last week, as the overall number of reported cases and hospitalizations have decreased significantly. Local providers indicate flu is nearly gone from the community with no new cases or hospitalizations since May 3.

Hantavirus: The Montana Public Health Laboratory recently confirmed our first case of Hantavirus in 2016. This individual was exposed while cleaning out their barn a few days prior to symptoms developing. Fortunately, the case survived but it serves as a reminder that Hantavirus can be a fatal disease. Since 1993, 43 confirmed cases and 10 deaths have been reported in Montana.

Memorial Day Weekend Reminders:

When you're out on the trail, whether hiking, camping, or hunting, protect yourself from mosquitoes and ticks by using insect repellent. Wear long sleeves, long pants, and long socks when practical. Always check your clothes and body for ticks. If you find any ticks, carefully remove them with tweezers.

DPHHS Summary - the reporting period May 8-14, 2016 included the following:

- **Enteric Diseases:** Campylobacteriosis (5), Cryptosporidiosis (3), Giardiasis (1), Salmonellosis (4), Shiga toxin-producing *E. coli* [STEC] (2)
- **Vaccine Preventable Diseases:** Influenza hospitalization†(4), Streptococcus pneumoniae (1), Varicella (1)
- **STD/HIV:** Chlamydia (66), Gonorrhea (12), Syphilis (0), HIV* (3)
- **Hepatitis:** Hepatitis B, chronic (1), Hepatitis C, chronic (16)
- **Zoonotic diseases:** Hantavirus (1), Rocky Mountain Spotted Fever (1)
- Elevated blood lead: (4)

* A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

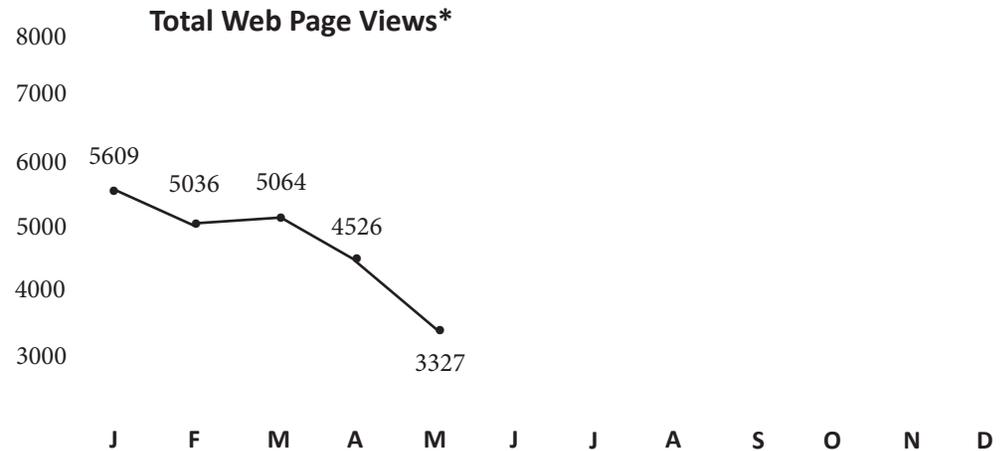
As always, if you suspect or diagnose any disease listed on the reportable disease sheet please notify Public Health. This will facilitate an early investigation in order to reduce and prevent the spread of disease. Thank you for your diligence, prevention pays.

News Releases		
Column: Help Ensure Positive Childhood Experiences	IR	May 13
Business Briefcase: ServSafe	IR	May 27

Media Hits			
Interactive Map Details East Helena Cleanup Progress	IR	May 8	Pos
Column: Help Ensure Positive Childhood Experiences	IR	May 18	Pos

Advertising		
Junk Vehicle Removal	IR	May 4, 15, 18, 22
Junk Vehicle Removal	Blackfoot Valley Dispatch	May 5, 12, 26
Junk Vehicle Removal	Fairfield Sun Times	May 5, 12, 19, 26
MT Tobacco Quitline	Blackfoot Valley Dispatch	May 12

Internal Communication		
The County Pulse - May 2016	not published due to accred.	
Health News Digest - May 6	81 sent	29% open rate
Health News Digest - May 13	82 sent	36% open rate
Health News Digest - May 20	82 sent	26% open rate
Health News Digest - May 27	82 sent	26% open rate



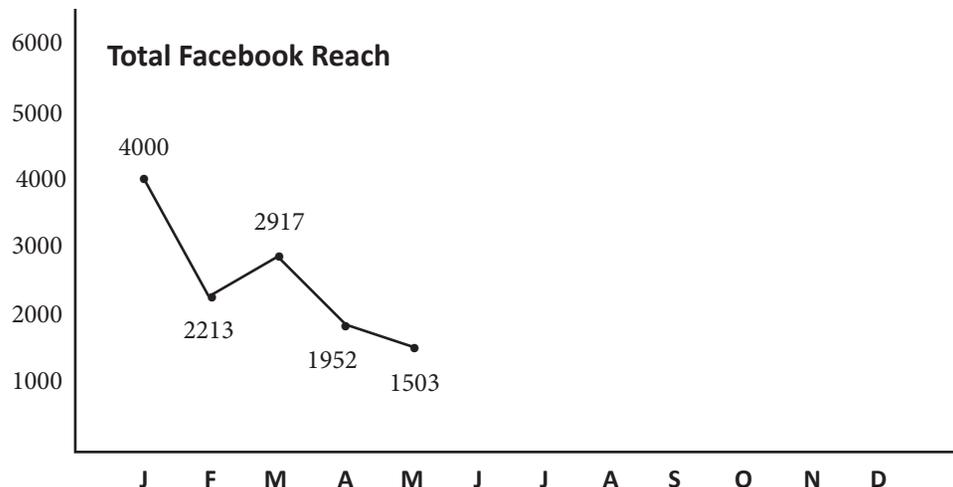
Website: Top Page Hits	
Home Page	910
Septic Loans	220
Septic Permits	157
Food Facilities	136
Air Quality	109

* Total of individual page hits during one-month period, per Google Analytics

Facebook	
Page followers:	360
Change from Feb.	+2
Female:	85%
Male:	14%
County residents:	271
Ages 13-24:	8.5%
Ages 25-44:	54%
Ages 45-64:	31%
Ages 65+:	7%

Total number of posts: 16

Most popular post:
The Adverse Childhood Experiences, or ACE, study, is changing how we look at lifelong health and well-being. It confirms with certainty that our experiences as children have a profound impact on our physical, mental and social health.



May 30

Lewis and Clark Public Health will be closed Monday, May 30, in honor of Memorial Day. w graphic (62 views)

May 27

The Helena School District is once again offering a summer feeding program free to all kids 18 and under. They're doing a huge kick-off June 21 at Memorial Park with lots of water fun. What a great program to ensure that all our kiddos have access to healthy food over the summer! w graphic (82 views, 1 like)

May 26

Lewis and Clark Public Health will be closed Monday, May 30, in honor of Memorial Day. w graphic (105 views)

May 26

The Centers for Disease Control and Prevention (CDC) has added Argentina to the list of destinations that could put travelers at risk from the Zika virus. Check out the CDC website for more Zika travel information. <http://wwwnc.cdc.gov/travel/page/zika-information> (18 views)

May 25

We are lucky to have Greg Daly as the lead of parenting classes and support groups offered by the health department. Both are free and open to all parents in the Helena area. The focus is on families with kids under age 8, but parents of older children are also welcome. To learn more, call us at 457-8900 or visit <http://www.lccountymt.gov/.../health.../pregnancy-parenting.html> (109 views, 7 likes, 2 comments)

May 25

If your Memorial Day weekend plans include hiking, camping, or otherwise enjoying the great outdoors, protect yourself from mosquitoes and ticks by using insect repellent. Wear long sleeves, long pants, and long socks when practical. Always check your clothes and body for ticks. If you find any ticks, carefully remove them with tweezers. (18 views)

May 19

The Adverse Childhood Experiences, or ACE, study, is changing how we look at lifelong health and well-being. It confirms with certainty that our experiences as children have a profound impact on our physical, mental and social health. Link to IR article http://helenair.com/lifestyles/health-med-fit/we-all-can-help-ensure-positive-early-childhood-experiences/article_2c15cacc-8109-570a-b424-8a76c4b8be15.html (209 views, 1 share)

May 17

Spring is a great time to clean out sheds, garages, and barns. Just be sure to take precautions to protect yourself against hantavirus, a serious disease that is transmitted by rodents! http://www.kxlh.com/story/31987412/first-hantavirus-case-of-2016-in-montana-confirmed-in-cascade-county?utm_medium=social&utm_source=facebook_KXLH_Helena (163 views, 1 like)



May 17

Community Cafe - ACES Event (90 views, 1 like)

May 12

Shared Bike Walk Helena's event: Pedals and Paddles (123 views)

May 10

Shared National Institute on Drug Abuse: Signs that someone you love may have a problem with drugs. <https://www.drugabuse.gov/.../what-to-do-if-your-teen-or-youn...> (83 views)

May 9

If you plan to travel to Brazil this summer for the Olympics or Paralympics, be sure to follow the CDC recommendations regarding the Zika virus to help you stay safe and healthy. <http://wwwnc.cdc.gov/travel/notices/alert/2016-summer-olympics-rio> (131 views, 1 share)

May 5

Shared Youth Dynamics Post: All behavior is communication... (98 views, 2 likes)

May 5

About 100 different snack products, including brands such as Planters, Great Value, Nature's Harvest, and Western Family, are being recalled nationwide because of possible Listeria contamination related to sunflower seeds. Check your home for these products! You should not eat them! If you've already eaten one of the recalled products and then developed symptoms of Listeria monocytogenes infection, you should see a doctor. Learn more about the recall at the link below. To learn more about Listeria, visit <http://www.cdc.gov/listeria/index.html> (22 views)

May 2

Shared MT Legislature post: A legislative committee will continue work on two mental health studies and review six preliminary bill drafts for its study of guardianship and Alzheimer's disease when it meets in Helena on May 9. <http://news.mt.gov/Home/ArtMID/24469/ArticleID/3748/Committee-to-Consider-Alzheimers-Bills-Mental-Health-Topics> (75 views)

May 2

Shared Youth Dynamics post: Trauma literally changes the physical structure of a developing brain...interesting article. <https://www.psychologytoday.com/blog/the-last-best-cure/201508/7-ways-childhood-adversity-can-change-your-brain> (115 views)



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

- PureView Health Center Report
- Lewis & Clark County Communicable Disease Response Plan Approval Request
- Lewis & Clark County Hazardous Sample Transport Plan Approval Request
- Finance Report for May 2016
- Health Department Strategic Plan Update

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	X	
Bramen	X	*	Xp	X	O	X	---	---	---	---	---
Eck	---	---	---	---	---	X	X	O	X	O	
Geise	X	*	X	X	X	O	X	X	X	O	
Johnson	---	*	X	X	X	O	X	X	X	O	
Kultgen	X	*	X	O	O	O	X	O	O	X	
Lowell	O	---	---	---	---	---	---	---	---	---	---
Medley	---	---	---	---	---	---	---	X	X	X	
Serstad	X	*	---	---	---	---	---	---	---	---	---
Smith	X	*	X	X	O	O	X	X	X	X	
St. Clair	O	*	X	O	X	X	X	X	X	X	
Weber	O	*	X	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

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."