

LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH MEETING
LEWIS AND CLARK PUBLIC HEALTH CONFERENCE ROOM

ZOOM Web Meeting

August 27, 2020

(Note: Meeting time 1:00-3:00pm)

REGULAR BOARD MEETING AGENDA

1:00	CALL TO ORDER	
1:00	REVIEW OF AGENDA	
	1. Review and Revision of Agenda	Pg. 1
1:05	MINUTES	
	2. Minutes of July 23, 2020	Pg. 2
1:10	ACTION ITEM	
	3. Active Wayfinding Resolution	Pg. 6
1:25	BOARD DISCUSSION	
	4. - Year End Financial Report for FY20	
	- Home Visiting presentation	
	- Community Health Improvement Plan Annual Report	Pg. 8
2:00	HEALTH OFFICER'S REPORT	
	5. Report on Current Health Department Issues	
	- COVID-19 Update	Pg. 58
2:30	PUBLIC COMMENT	
	6. Public comments on matters not mentioned above.....	Pg. 59

Adjourn

Our mission is to improve and protect the health of all Lewis and Clark County Residents

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

BOARD AGENDA ITEM

Meeting Date

August 27, 2020

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
Bedell						
Berg						
Collins						
Eck						
Hunthausen						
Johnson						
MacLaurin						
Murgel						
Ream						

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

BOARD AGENDA ITEM

Meeting Date

August 27, 2020

Agenda Item No.

2

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

AGENDA ITEMS: Minutes July 23, 2020

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
Bedell						
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Murgel						
Ream						

**LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH – MINUTES
1930 9th AVE, HELENA, MONTANA 59601
Zoom Meeting, 1:00 p.m.
July 23, 2020**

Members Present by Zoom

Justin Murgel, chair
Mayor Wilmot Collins
Brie Oliver
Kammy Johnson
Dr. Mikael Bedell
Raymond Berg (Arrived at 1:04 p.m.)

Staff Present by Zoom

Drenda Niemann	Sarah Sandau
Jolene Helgerson	Nathan Wellington
Jacqueline Isaly	Megan Peters
Eric Merchant	Jolene Jennings
Kathy Moore	
Jan Williams	

Members Absent

Commissioner Andy Hunthausen, vice chair
Jenny Eck
Tyler Ream

Guests Present by Zoom

Mary Ann Dunwell, State Representative
Nicho Hash, Deputy County Attorney

Justin Murgel, chair, called the meeting to order at 1:02 p.m. A quorum was established. Introductions of board members, staff, and guests were made.

REVIEW OF AGENDA

No additions were made.

MINUTES

Mr. Murgel asked if there were any corrections or additions to the July 25, 2020, minutes. There being none, the Board approved the minutes as written.

ACTION ITEM

Regulations Governing Soil Displacement and Disposal Adoption: Kathy Moore, Environmental Services Division Administrator, asked the Board to consider approving the Regulations Governing Soil Displacement and Disposal in the East Helena Superfund area. There being no board member discussion, Brie Oliver made a motion to approve the Regulations Governing Soil Displacement and Disposal in the East Helena Superfund area effective August 1, 2020. Mayor Collins seconded the motion. The motion carried 6-0.

Inclusiveness Resolution: Sarah Sandau, Prevention Programs Supervisor, presented a Resolution of the Lewis and Clark City-County Board of Health in support of recognizing July 2020 as Disability Health Equity Month (on pages 9-10 of the board packet). Raymond Berg made a motion to approve the Resolution of the Lewis and Clark City-County Board of Health in support of recognizing July 2020 as Disability Health Equity Month. Mayor Collins seconded the motion. The motion carried 6-0.

New Staff Introductions: Jacqueline Isaly, Community Health Promotion Division Administrator, and Ms. Sandau introduced new employees Megan Peters with the Early Education and Care Vista Program and Jolene Jennings, Behavioral Health Systems Improvement Specialist.

HEALTH OFFICER'S REPORT

Ms. Niemann highlighted the State of Montana's COVID-19 Map of current number of confirmed, active, and recovered cases, the number of hospitalizations, and deaths. Ms. Niemann announced that public health is in the process of hiring additional PRNs and contact tracers. Eric Merchant, Disease Control and Prevention Division Administrator, said that Public Health is in the process of finalizing the MOU with Carroll College to begin sampling for COVID-19 in the wastewater for Helena and East Helena. In answer to a question from Mr. Murgel, Ms. Niemann described the procedures for testing and quarantine when symptomatic and when considered a close contact to a positive case. Ms. Niemann also discussed the collaboration between the Helena School District, East Helena School District, schools in Lincoln and Craig, and private schools and Public Health on their plans for opening schools. In answer to a question from Ms. Oliver, Ms. Niemann discussed the challenges with the Farmers Market event plan such as controlling groups coming in and out, providing environmental controls, physical distancing, and keeping the event to a minimum of 250 people. The Farmers Market Board will need to provide an adequate plan to ensure those challenges can be met. Mr. Merchant described the difference between a planned event/social event, which the Farmers Market is considered, and grocery stores as per the Governor's order. Mr. Berg expressed his concern regarding the need for compliance on the mask order. Mr. Berg read a small portion of an NPR article "Can masks save more of us from lockdowns? Here is what the science says." Ms. Niemann discussed the complaint process regarding masks and other phase two complaints. Complaints can be emailed to publichealth@lccountymt.gov or called into 457-8900. An additional complaint phone line is in development. Mr. Berg recommended removing the educational call step and only have corrective order and injunction steps for mandatory compliance for masks. Ms. Niemann said she would visit with staff on Mr. Berg's suggestion. We would need full assistance from law enforcement and the county attorney's office if we did so.

PUBLIC COMMENT

In answer to a question from Mary Ann Dunwell via Zoom chat message, (see Attachment "A"); Ms. Niemann said that we have not received a school opening plan from the East Helena School District. In answer to a question from Mr. Murgel, Ms. Niemann said that schools are working on developing plans. They recognize that these plans need to be flexible, as we do not know what six weeks from now will look like. She believes that making a decision about August 26 is not wise at this time. Mr. Merchant said that School District #1 is setting up a scenario-based plan. Mr. Merchant is encouraging scenario-based plans. In answer to a question from Mr. Berg, Ms. Niemann said that schools are acknowledging the pitfalls from last school year involving students with disabilities and lack of internet access and are making corrections in their plans.

HEALTH OFFICER'S REPORT *continued*

Ms. Oliver expressed her opinion as a consumer that the Farmers Market should not be considered a social event. The lack of food on shelves in certain stores is concerning, and we should be proactive in supporting our farmers and local infrastructure to ensure healthy food in our community. Ms. Niemann said Public Health is an advocate of the Farmers Market and that we want to see it up and running in a safe manner for all. Our Public Health staff has committed many technical assistance hours to working with the Farmers Market Board. If advocacy is to be had, it is with the Farmers Market Board. We needed the Board to work with us and take our advice on limiting the market to only food and produce, but that was disregarded along with our technical assistance. Now that legal action was taken, the Board is back to working with our staff in working on a plan for operation. In the meantime, we encourage vendors to find a way to sell their products to the community in a way that does not create a situation that creates large gatherings. If the Board did keep the market to only food and produce vendors, they would still need to keep the limit on the number of people, and vendors would still need to be restricted with controls in place. People come and go from the market, which requires a lot of thought and effort from the

market's board to create their plan. We are encouraging vendors to consider selling online and through social media. We want the vendors to be creative. This is not the year for gatherings.

PUBLIC COMMENT *continued*

Mary Ann Dunwell thanked the health department for the work that they are doing during this time and the need for the public to wear face masks.

REVIEW OF AGENDA *continued*

Mr. Berg noted that the inclusiveness resolution agenda (on page 8 of the board packet) had the wrong date. He also requested adding Megan Peters on the agenda. Ms. Niemann announced that the title Lewis and Clark Commission was added in the inclusiveness resolution. It should read Lewis and Clark County Board of Health.

HEALTH OFFICER'S REPORT *continued*

In answer to a question from Ms. Oliver, Ms. Niemann said that we need a rigorous campaign for mask usage for adults and children. Once we have our communications specialist hired, we will be working on the research about the science on using masks and continuing the messaging from Ms. Dunwell about sacrificing now for later so people can get back to normal and children can get back in school. We will also be working on finding more research on how to help reduce fear in our community by everyone doing their part. Mr. Murgel will share some of his resources that he has about masks.

The meeting adjourned at 2:30 p.m.

Justin Murgel, Chair

Drenda Niemann, Secretary

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

BOARD AGENDA ITEM

Meeting Date

August 27, 2020

Agenda Item No.

3

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

AGENDA ITEMS Active Wayfinding Resolution

PERSONNEL INVOLVED: Sarah Sandau, Prevention Supervisor

BACKGROUND The Board will consider the adoption of the Active Wayfinding Resolution

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
Bedell						
Berg						
Collins						
Eck						
Hunthausen						
Johnson						
MacLaurin						
Murgel						
Ream						



LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH

1930 Ninth Avenue
Helena, Montana 59601
Telephone 406-457-8900
Fax 406-457-8990

***A Resolution of the Lewis and Clark City-County Board of Health
in support of the City of Helena, City of East Helena, and Lewis and Clark County in adopting the
Active Living Wayfinding Plan***

WHEREAS, our countywide 2018 Community Health Report indicates that 30% of adults are obese and only 32% of adults are meeting the recommended physical activity guidelines in Lewis and Clark County; and

WHEREAS, locals and tourists alike mention the struggle to find a place to access local opportunities to be active, healthy, and engaged; and

WHEREAS, Lewis and Clark County is home to local and healthy food options, historical and appealing local destinations, and the Helena Open Lands system which is interspersed with roughly 40 miles of designated, multi-use recreational trails, and

WHEREAS, the community has worked together for the past four years to create an Active Living Wayfinding Plan to help better connect our community to these local destinations; and

WHEREAS, over twenty community partners and advocates worked together to assess the data, listen to the needs and wants of our community, and develop the plan; and

WHEREAS, the Active Living Wayfinding Plan is a comprehensive plan that includes an overview of the community process a unified wayfinding signage family (physical on-road and off-road signs), as well as an implementation plan; and

WHEREAS, the community designed this plan using expertise from people living with disabilities to make the signage family as inclusive and accessible as possible for everyone; and

WHEREAS, the comprehensive signage family creates a sense of place in our community by encouraging community members to walk, bike, or stroll to healthy locations, such as the many parks, connecting trails, daily services, cultural destinations, fresh food locations, and more; and

WHEREAS, the Active Living Wayfinding Plan aligns with many of the goals mentioned in other recently updated community plans, assessments, inventories, and growth policies; and

WHEREAS, the Active Living Wayfinding Plan includes standardized and inclusive sign design that can be used by the City of Helena, Lewis and Clark County, and East Helena to create a cohesive system linking healthy destinations through active transportation to improve the lives of residents and visitors for years to come; and

NOW THEREFORE, BE IT RESOLVED, the Lewis and Clark City-County Board of Health recommends that the City of Helena and Lewis and Clark County prioritize the health and well-being of all residents by adopting and using the Active Living Wayfinding Plan.

Adopted by the Lewis and Clark City-County Board of Health on this day, **August 27, 2020**.

BY: _____
Justin Murgel, Chair

Our mission is to improve and protect the health of all Lewis and Clark County residents

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

BOARD AGENDA ITEM

Meeting Date

August 27, 2020

Agenda Item No.

4

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

AGENDA ITEMS: Board Member Discussion

PERSONNEL INVOLVED: Board Members/Staff

BACKGROUND Year End Financial Report; Home Visiting Presentation; Community Health Improvement Plan Annual Report

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
Bedell						
Berg						
Collins						
Eck						
Hunthausen						
Johnson						
MacLaurin						
Murgel						
Ream						

HEALTH DEPARTMENT MILL DOLLARS Thru June 2020

REVENUE	FY 2020 BUDGET	REVENUE RECEIVED YTD				TOTAL RECEIVED YTD	100% of the year elapsed 100% % of payroll		
		Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention		Budget Remaining	% of Budget Collected	Prior Year to Date
Taxes	\$ 1,305,227	\$ 1,295,485				\$ 1,295,485	\$ 9,742	99.25%	\$ 1,258,826.84
Cost Allocation Recovery	\$ 122,499	\$ 126,501				\$ 126,501	\$ (4,002)	103.27%	\$ 148,698
Health Insurance Credits	\$ 185,138	\$ 165,627				\$ 165,627	\$ 19,511	89.46%	\$ 153,696
Environmental Health Charges	\$ 138,080			\$ 173,785		\$ 173,785	\$ (35,705)	125.86%	\$ 143,015.00
Community Health Charges	\$ 309,109				\$ 307,946	\$ 307,946	\$ 1,163	99.62%	\$ 309,703.83
Contracts/Grants	\$ 239,175	\$ 7,675	\$ 171,790	\$ 15,930	\$ 34,783	\$ 230,178	\$ 8,997	96.24%	\$ 61,302.50
Miscellaneous	\$ 36,601	\$ 12,447	\$ 4,961	\$ 1,333	\$ 13,139	\$ 31,879	\$ 4,722	87.10%	\$ 379,266.44
TOTAL REVENUE	\$ 2,335,829	\$ 1,607,734	\$ 176,750	\$ 191,048	\$ 355,868	\$ 2,331,401	\$4,428	99.81%	\$ 2,454,509
	FTE	3.790 26.23%	1.100 7.61%	2.675 18.51%	6.886 47.65%	14.451			
YEAR TO DATE ACTUAL EXPENDITURES	FY 2020 BUDGET	Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention	TOTAL YTD SPENT	Budget Remaining	% of Budget Spent	Prior Year to Date
PERSONNEL									
Regular Salary	\$ 950,016	\$ 207,360	\$ 124,111	\$ 164,216	\$ 341,474	\$ 837,161	\$ 112,855	88.12%	\$ 833,254
Temporary /Seasonal Salary	\$ 1,204	\$ 4,315	\$ -	\$ -	\$ 1,758	\$ 6,072	\$ (4,868)	504.36%	\$ 481
Overtime	\$ -	\$ 1,062	\$ -	\$ -	\$ 367	\$ 1,430	\$ (1,430)	--	\$ 298
Term Pay/ Uncomp Absences		\$ 4,572	\$ 901	\$ -	\$ 616	\$ 6,089	\$ (6,089)	--	\$ 10,874
Benefits	\$ 313,052	\$ 67,490	\$ 40,606	\$ 52,781	\$ 100,720	\$ 261,597	\$ 51,455	83.56%	\$ 263,195
Extra Pay period Savings	\$ 9,808					\$ 9,808			
TOTAL PERSONNEL	\$ 1,274,080	\$ 284,799	\$ 165,617	\$ 216,997	\$ 444,936	\$ 1,112,349	\$ 161,731	87.98%	\$ 1,108,103

YEAR TO DATE ACTUAL EXPENDITURES		FY 2020 BUDGET	Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention	TOTAL YTD SPENT	Budget Remaining	% of Budget Spent	Prior Year to Date
OPERATIONS										
21.10	Office Supplies	\$ 24,324	\$ 3,741	\$ 1,269	\$ 1,757	\$ 1,504	\$ 8,270	\$ 16,054	34.00%	\$ 5,750
21.20	Minor Equipment	\$ 22,919	\$ 1,203	\$ 4,589	\$ 1,570	\$ 6,898	\$ 14,260	\$ 8,659	62.22%	\$ 7,640
21.50	Computer Equipment	\$ -	\$ 1,872	\$ -	\$ -	\$ -	\$ 1,872	\$ (1,872)	--	\$ -
22.10	Operating Supplies	\$ 11,789	\$ 2,873	\$ 21,791	\$ 1,880	\$ 2,762	\$ 29,306	\$ (17,517)	248.59%	\$ 21,983
22.21	Hep B Vaccine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
22.23	Non Travel Vaccinations	\$ 106,310	\$ -	\$ -	\$ -	\$ 96,386	\$ 96,386	\$ 9,924	90.66%	\$ 121,020
22.24	Flu Vaccine	\$ 52,308	\$ -	\$ -	\$ -	\$ 107,326	\$ 107,326	\$ (55,018)	205.18%	\$ 52,308
22.26	Travel Vaccines	\$ 45,627	\$ -	\$ -	\$ -	\$ 25,100	\$ 25,100	\$ 20,527	55.01%	\$ 54,738
22.27	Lab Expenses	\$ 4,082	\$ -	\$ -	\$ -	\$ 2,227	\$ 2,227	\$ 1,855	54.55%	\$ 3,792
22.61	Titers/tests	\$ 1,500	\$ -	\$ -	\$ -	\$ 2,736	\$ 2,736	\$ (1,236)	182.43%	\$ 1,132
23.10	Repair & Maintenance	\$ -	\$ -	\$ 676	\$ 600	\$ -	\$ 1,276	\$ (1,276)	--	\$ -
23.20	Gas & Oil	\$ 1,000	\$ -	\$ 372	\$ 1,507	\$ 91	\$ 1,970	\$ (970)	197.00%	\$ 1,217
31.20	Postage	\$ 2,730	\$ 148	\$ 100	\$ 1,062	\$ 1,160	\$ 2,471	\$ 259	90.52%	\$ 2,291
31.40	Vehicle Parking	\$ 1,608	\$ -	\$ -	\$ 1,632	\$ -	\$ 1,632	\$ (24)	101.49%	\$ 1,608
31.45	Vehicle Registration	\$ -	\$ 171	\$ -	\$ -	\$ -	\$ 171	\$ (171)	--	\$ 43
31.60	Credit Card Fees	\$ 4,182	\$ -	\$ -	\$ -	\$ 3,617	\$ 3,617	\$ 565	86.50%	\$ 3,766
31.65	Credit Card Fees	\$ 2,000	\$ -	\$ -	\$ 1,387	\$ -	\$ 1,387	\$ 613	69.34%	\$ 1,335
32.10	Printing	\$ 6,386	\$ 2,987	\$ 1,351	\$ 241	\$ 2,578	\$ 7,157	\$ (771)	112.08%	\$ 23,469
33.10	Subscriptions	\$ 1,200	\$ 460	\$ -	\$ 530	\$ -	\$ 990	\$ 210	82.50%	\$ 550
33.20	Advertising	\$ 5,226	\$ 1,441	\$ 10,802	\$ 463	\$ 117	\$ 12,824	\$ (7,598)	245.38%	\$ 15,647
33.50	Membership	\$ 8,550	\$ 5,150	\$ 100	\$ 370	\$ 225	\$ 5,845	\$ 2,706	68.36%	\$ 10,150
33.60	Licenses	\$ 1,320	\$ -	\$ -	\$ 1,080	\$ 280	\$ 1,360	\$ (40)	103.03%	\$ 100
33.70	Education Awareness	\$ -	\$ -	\$ 791	\$ 106	\$ -	\$ 897	\$ (897)	--	\$ 38
33.80	Health Club Dues	\$ 859	\$ 190	\$ 143	\$ 160	\$ 211	\$ 703	\$ 156	81.90%	\$ 934
34.10	Utilities (Augusta)	\$ 1,200	\$ -	\$ -	\$ -	\$ 1,200	\$ 1,200	\$ -	100.00%	\$ 1,200
34.50	Telephone	\$ 16,569	\$ 5,988	\$ 2,313	\$ 3,391	\$ 6,030	\$ 17,722	\$ (1,153)	106.96%	\$ 16,120
35.10	Professional Services	\$ 12,000	\$ 4,078	\$ 150	\$ -	\$ 2,412	\$ 6,640	\$ 5,360	55.33%	\$ 13,212
35.65	Patient Services (BCH)	\$ 5,000	\$ -	\$ 6,024	\$ -	\$ -	\$ 6,024	\$ (1,024)	120.48%	\$ 4,144
35.70	Community Projects	\$ -	\$ -	\$ 18,382	\$ -	\$ -	\$ 18,382	\$ (18,382)	--	\$ -
36.10	Repair & Maintenance	\$ 500	\$ -	\$ -	\$ -	\$ 228	\$ 228	\$ 272	45.60%	\$ 1,140
36.20	Office Repair/Maint	\$ 8,000	\$ 7,906	\$ 420	\$ 2,040	\$ 45	\$ 10,411	\$ (2,411)	130.14%	\$ 9,143
36.30	Vehicle Repair	\$ 500	\$ -	\$ -	\$ 335	\$ -	\$ 335	\$ 165	67.06%	\$ 752
37.10	Travel	\$ 12,937	\$ 1,077	\$ 4,290	\$ 1,027	\$ 3,563	\$ 9,958	\$ 2,980	76.97%	\$ 7,273
37.50	Board Expenses	\$ 300	\$ 3	\$ -	\$ -	\$ -	\$ 3	\$ 298	0.83%	\$ 141
38.10	Training	\$ 20,505	\$ 572	\$ 7,238	\$ 1,661	\$ 420	\$ 9,891	\$ 10,614	48.24%	\$ 8,376
39.10	Contracted Services	\$ 151,340	\$ 1,570	\$ 64,457	\$ 210	\$ 28,451	\$ 94,687	\$ 56,653	62.57%	\$ 14,492
39.20	Recruitment Services	\$ -	\$ -	\$ 39	\$ -	\$ -	\$ 39	\$ (39)	--	\$ 329
39.61	Software Maint	\$ 36,457	\$ -	\$ -	\$ 11,968	\$ -	\$ 11,968	\$ 24,489	32.83%	\$ 12,567
50.10	Admin	\$ 49,168	\$ 49,168	\$ -	\$ -	\$ -	\$ 49,168	\$ -	100.00%	\$ 48,825
50.11	HD Admin (applied to grants)	\$ 10,000	\$ 900	\$ 13,486	\$ -	\$ -	\$ 14,386	\$ (4,386)	143.86%	\$ 5,050
50.20	Insurance	\$ 26,308	\$ 24,508	\$ -	\$ -	\$ 1,798	\$ 26,306	\$ 2	99.99%	\$ 32,692
50.25	Deductibles	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
50.30	Rent	\$ 158,494	\$ 104,919	\$ 5,215	\$ 31,840	\$ 14,138	\$ 156,113	\$ 2,381	98.50%	\$ 147,396
50.40	Technology	\$ 99,094	\$ 99,091	\$ -	\$ -	\$ -	\$ 99,091	\$ 3	100.00%	\$ 122,041
80.10	Transfers Out match	\$ 328,345	\$ -	\$ 49,683	\$ 22,217	\$ 215,579	\$ 287,480	\$ 40,865	87.55%	\$ 349,612
80.10	Transfers Out septic	\$ 64,320	\$ -	\$ -	\$ 29,774	\$ -	\$ 29,774	\$ 34,546	46.29%	\$ 27,017
80.10	Transfer out to Consent Refer	\$ 5,000	\$ -	\$ 5,000	\$ -	\$ -	\$ 5,000	\$ -	100.00%	\$ 5,000
80.20	Transfer to Outside Source	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ 14,461
TOTAL OPERATIONS		\$ 1,309,957	\$ 320,016	\$ 218,681	\$ 118,809	\$ 527,082	\$ 1,184,588	\$ 125,369	90.43%	\$ 1,170,492
CIP TRANSFERS		\$ 30,626	\$ 30,626	\$ -	\$ -	\$ -	\$ 30,626	\$ -	--	\$ 25,417
GRAND TOTAL EXPENDITURES		\$ 2,614,663	\$ 635,440.13	\$ 384,298.84	\$ 335,806.10	\$ 972,017.75	\$ 2,327,563	\$ 287,100	89.02%	\$ 2,304,012
Revenue Over (Under) Expenditu		(\$278,834)	\$972,294	(\$207,548)	\$ (144,758)	\$ (616,150)	\$ 3,838			\$ 150,497

CASH FLOW		FY 2020 BUDGET	Year to Date Actual
BEGINNING CASH	\$	638,784	\$ 955,085
REVENUES	\$	2,335,829	\$ 2,331,401
EXPENDITURES	\$	2,532,161	\$ 2,327,563
Restricted Cash (BCH)	\$	-	\$ 5,468
ENDING CASH	\$	442,452	\$ 967,313
			Fund Bal last FY thru June
			\$ 955,085
			Restricted Cash (BCH) \$ 21,488
90 Day Reserve=		\$ 644,711	
Current Cash Reserve (In Days)		139	

PRIORITY: BEHAVIORAL HEALTH

Goal 1: Increase awareness of behavioral health and suicide and normalize the conversation around these topics.

Objective	Strategy	Lead	Progress	Status
1.1 Support multi-sector partnerships to increase knowledge of and reduce stigmatized to behavioral health challenges.	1.1.1 Hold 11 Coalition meetings a year.	Lewis and Clark Suicide Prevention Coalition	On track to complete in December, meetings are held monthly unless there is conflict with a holiday or members request a break.	Ongoing
	1.1.2 Consider formalizing membership and governance structure of the Coalition.		No progress to date – will review with coalition as we begin to work on a five-year comprehensive plan.	No progress
	1.1.3 Increase Coalition membership by 4 to include additional cross-sector representation of the community.		New people are often invited to the meetings, but there haven't been many new members since the last reporting, save for one Carroll College student on the university's student body government. The coalition will need to bring in more individuals involved in substance use work to address objectives 1.2.5 – 1.2.7	In progress
	1.1.4 Expand use of technology to allow remote participation in Coalition meetings.		In response to COVID-19, all Lewis and Clark Suicide Prevention Coalition meetings are now held virtually via Zoom. Once meetings are held in-person again, we will allow members to continue to participate via conference call. We will also offer Zoom and in-person simultaneously (depending on logistics).	In progress
	1.1.5 Expand staffing level for Coalition, using VISTA volunteer if possible.		An application for a VISTA was submitted in early 2020. LCPH staff have received an application and will hopefully interview in mid-June.	In Progress
	1.1.6 Identify needs to expand education and awareness work and secure funding to meet these needs.		Throughout 2019 – 2020 the coalition has engaged various organizations for training. It is now partnering with Helena nonprofit Awareness Network to offer incentivized education to the general	Done but ongoing

			public and parents. The partnership began in May with three training opportunities involving the model QPR. Seven more are scheduled through August 2020. The coalition will begin to work on a five-year comprehensive plan for suicide prevention in the county, including education and awareness.	
	1.1.7 Develop a Coalition Communication Plan for external and internal partners.		<p>A communications plan was created for the Military Strong Campaign specifically, but not for the coalition as a whole.</p> <p>A larger plan will be addressed through the development of a five-year communications plan.</p>	Ongoing
	1.1.8 Expand public information campaigns focused on reducing stigma and increasing awareness.		<p>A second year of the Man Therapy campaign is being offered to the community. Messaging about the program is delivered through Montana Radio Company's stations on a weekly basis, as well as through a weekly ad in the Blackfoot Valley Dispatch Newspaper.</p> <p>Advertisements also were placed during the football playoff season, as well as higher risk times via YouTube video ads targeted toward working age men. Additionally, posts about the program are intermittently placed on social media.</p> <p>Momentum for the program has slowed as it is without funding to pursue additional advertising and activities are at a standstill due to COVID. The coordinator is planning to apply for funds from St. Peter's Health to finish the program with additional virtual outreach.</p> <p>The Military Strong Campaign began a second year in May and now includes a partnership with Montana JCF's Veterans at Work program to create a continuum of education and support for the military community. Radio ads also are running for this program on Montana Radio Company's stations and via social media. Plans for additional outreach to business associations will be carried out throughout the summer.</p> <p>The coalition will look at other campaigns and efforts to expand awareness and decrease stigma as it works on a five-year plan.</p>	Ongoing

Objective	Strategy	Lead	Progress	Status
<p>1.2 Implement stigma-reduction and evidence-based mental wellness promotion and substance abuse prevention activities.</p>	<p>1.2.1 Improve access to identified, evidence-based, mental health training and education by increasing the number of active, certified trainers in the county.</p>	<p>Lewis and Clark Suicide Prevention Coalition</p>	<p>There is interest from three candidates to become trainers for mental health and youth mental health first aid, including individuals from Shodair Children’s Hospital and Disability Rights Montana. However, COVID-19 has postponed some of those plans.</p>	<p>Ongoing</p>
	<p>1.2.2 Provide monthly trainings in mental-health promotion and suicide prevention for community residents.</p>		<p>Ongoing. More than 2,700 people trained since the beginning of the Mental Health Awareness Training Grant in fall 2018.</p>	<p>Ongoing</p>
	<p>1.2.3 Maintain and promote a Coalition calendar as the central location for all mental health, substance abuse, and suicide prevention training occurring in the county.</p>		<p>Calendar is updated at least twice a month.</p>	<p>Ongoing</p>
	<p>1.2.4 Develop a multi-level model that facilitates partner-agency participation in and communication about evidence-based training annually.</p>		<p>Ongoing.</p>	<p>Ongoing</p>
	<p>1.2.5 Identify a lead organization for substance-abuse prevention training in the county, and develop a goal for the number of trainings offered annually.</p>		<p>No progress</p>	<p>No progress</p>
	<p>1.2.6 Identify evidence-based, substance-abuse education and training and appropriate audiences.</p>		<p>No progress</p>	<p>No progress</p>
	<p>1.2.7 Expand use of evidence-based, substance-abuse prevention strategies and trainings.</p>		<p>No progress</p>	<p>No progress</p>
	<p>1.2.8 Develop listings on the CONNECT referral system for mental health and suicide-prevention trainings so agencies can send referrals.</p>		<p>Completed</p>	<p>Completed</p>

Other achievements/actions taken to enhance behavioral health awareness and reduce stigma.

The Coalition worked with a student from Carroll College to put on a suicide prevention event at the college just before the campus went virtual. The event included a resource fair and a suicide prevention gatekeeper training known as QPR.

The Coalition worked with partners to provide activities for May Mental Health Month. This included proclamations, public suicide prevention training (virtual), earned media for the training, promotion of activities by the Maternal Mental Health Taskforce and a block party.

Unfortunately, the second-annual May Mental Health Month Block Party was postponed due to COVID-19 concerns. It is now set for Sept. 5, 2020 and will be part of the coalition's annual Suicide Prevention Month activities. Both May and September are collective impact projects in which the coalition compiles a calendar of mental health and suicide prevention related events and shares them with the media and community. The Coalition is continuing work with the Mayor's Challenge to reduce access to lethal means by at-risk people. This work is being completed by a subgroup that is focused on educating firearm dealers, gun ranges and pharmacists to slow down sales while increasing awareness of warning signs, among other strategies.

The multi-faceted project will also involve public-facing materials to educate the public and destigmatize the connection between suicide and firearms, along with an awareness campaign and more. The group is also planning to use the VISTA mentioned in 1.1.5 to implement these strategies.

Barriers to progress:

Lack of connection with those in substance use work to establish 1.2.5 – 1.2.7.

PRIORITY: BEHAVIORAL HEALTH

Goal 2: Provide access to behavioral health screening and adequate, effective, and integrated mental health and substance abuse treatment for every resident of the county.

Objective	Strategy	Lead	Progress	Status
2.1 Foster community-level leadership and partnerships to develop and implement a universal behavioral health screening and referral protocol for the county.	2.1.1 Identify a project lead.	Lewis and Clark Mental Health Advisory Council (LAC)	Jill Steeley is the project lead	Completed
	2.1.2 Develop an action plan.		Met with potential committee members. Once the committee is put together, we can start an action plan.	In Progress
	2.1.3 Map a process for universal screening.			Not Started
	2.1.4 Identify a physician champion to support universal access to screenings.		I have reached out to two different physicians who could be potential champions for this project. I have not heard back from them. We have identified two physicians to be champions for this project.	In Progress
	2.1.5 Convene providers to discuss increasing screenings and to select screening tools.		I met with two physicians and Julie Bir from LCPH to demonstrate the CONNECT Referral System. Although they really liked the functionality of the system, they are concerned about how much time it takes to enter data into the system to make the referral. They suggest that each primary care clinic and pediatric clinic have a person on-staff to do this data entry.	In Progress
	2.1.6 Develop a screening and referral protocol and toolkit that health-care and human-service organizations can use.			Not Started
	2.1.7 Distribute toolkit to all pediatric, primary care, and			Not Started

	specialty providers and offer training in implementation.			
	2.1.8 Expand and track listings on CONNECT referral system for behavioral health screening and treatment providers.			Not Started
	2.1.9 Identify other service providers who could provide screening and referrals and provide them with the toolkit.		Discussed other potential service providers with the Montana Suicide Prevention Coordinator.	In Progress

PRIORITY: EARLY CHILDHOOD

Goal 1: Create a safe and compassionate community where we strengthen relationships, share our stories, and support each other.

Objective	Strategy	Lead	Progress	Status
1.1 Expand the work of the Elevate Montana Helena Affiliate to drive collective action related to addressing Adverse Childhood Experiences (ACEs) in the county.	1.1.1 Increase collaboration and engagement of current Affiliate members and recruit new organizations to participate.	Elevate Montana, Helena Affiliate (EMHA)	Active recruitment simultaneous with Coalition Gathering.	In progress
	1.1.2 Ask key Affiliate members to identify and attend executive-level meetings in order to educate about ACEs and advocate for trauma-informed practices.		Working on simultaneous with Coalition Gathering.	In progress
	1.1.3 Establish a work group to develop communication strategies and subcommittees within different sectors of the community.		Elevate Montana Helena Affiliate workgroup has been created and includes United Way, Zero to Five, ChildWise, RMDC, and St. Peter's Health. Working on a community coalition gathering and updating UWLCA directory as we do it.	In progress
	1.1.4 Create an inventory of current community initiatives related to ACEs and trauma-informed practices.		Community Coalition Gathering was held 2/13/20. 21 coalitions were represented which 80 attendees and connections to over 40 agencies and organizations. Information collected from coalitions and while many use ACE resources, but none listed community initiatives related to ACEs and trauma-informed practices.	Complete
	1.1.5 Create and deliver surveys based on communication plan to assess knowledge and need for ACE awareness.		Established partnership with Mental and Social Wellbeing Workgroup, Healthy Communities Coalition of Lewis and Clark County to begin designing survey.	In progress
	1.1.6 Compile survey data to establish baseline of knowledge and need.			Not Started

	1.1.7 Develop strategic plan for implementation of ACE awareness and trauma-informed trainings.		EMHA, Zero to 5 and ChildWise have partnered to develop trainings and a list of businesses. Once data from the proposed survey has been collected, we can move forward with an official strategic plan.	In Progress
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Objective	Strategy	Lead	Progress	Status
1.2 Implement education and advocacy strategies to increase awareness of ACEs and use of trauma-informed practices throughout our county.	1.2.1 Implement ACEs trainings with large employers.	Elevate Montana, Helena Affiliate	Started ACE presentations with the Sheriff's Dept. This will be an ongoing partnership. Need to identify largest employers then find out who's had training and who hasn't. St. Peter's Health has had pockets of training. Zero to 5, ChildWise and EMHA have partnered to develop "ACEs for Profit" a 6 Session training for businesses. Ascent Bank will be the first to roll this out. A list of businesses is being developed.	In progress.
	1.2.2 Implement peer-to-peer learning opportunities based on compiled data and strategic plan.			Not started
	1.2.3 Partner with early-childhood initiatives to advocate the importance of trauma-informed systems with key policymakers.		We have members attending ECC and 0 to 5 Initiative.	In progress.
	1.2.4 Develop a 5- to 10-year action plan that includes key community partners, strategies, and funding sources to measure the impact of efforts to reduce ACEs.			Not started
	1.2.5 Re-survey community members to measure the success of our efforts.			Not started

Other achievements/actions taken to advance knowledge of ACEs and trauma-informed practices.

During the Stay in Place order for the Pandemic, EMHA ACE Presenters provided virtual trainings for emergency childcare workers and others. We continued to connect and partner virtually to develop workgroups for the survey and a training module for businesses.

EMHA continues to partner with legislators, ChildWise and other interested parties to promote Handle with Care in hopes that Montana policy makers will endorse and adopt the program statewide.

An *ACE & Resilience Toolkit for Providers*, a resource specific to the Helena Community, was developed in which we advocate the use of *Connect* and *211*. It needs to be reviewed and vetted.

Barriers to progress:

The Pandemic slowed work down slightly because of the inability to meet in person, but there really are no barriers other than so much to do and so many to reach!

PRIORITY: EARLY CHILDHOOD

Goal 2: Increase access to and knowledge of high-quality childcare and early education options for all families in the county.

Objective	Strategy	Lead	Progress	Status
2.1 Ensure meaningful partnerships among early-childhood coalitions and stakeholders.	2.1.1 Define goals for Zero to Five Initiative and the ECC.	Early Childhood Coalition (ECC) and Zero to Five Initiative	<p>The ECC Leadership Team and Zero to Five Lewis & Clark Co. Local Collaboration Coordinator (Zt5 LCC) have met, and the ECC Coordinator and Zt5 LCC have also met, to discuss several aspects of partnering including goals as articulated in the respective organizations’ plans. They will continue their ongoing discussions. The ECC Leadership Team and its individual Task Forces met in the Fall of 2019 and evaluated current goals and strategic plan. New priorities were set, and the strategic plan will be approved in December of 2019. The Zt5 Design Team has established its Governance Documents (Mission, Vision, Values) and will be setting goals during the November and December meetings. Generally speaking, both groups have very similar mission, vision & values.</p> <p>6/20 Zt5 /ECE task Force created a 2019-2024 work plan</p>	Complete
	2.1.2 Define relationship between Zero to Five Initiative and ECC.		<p>See progress noted above, with the addition that the discussions have included defining the relationship between entities. We are currently discussing and researching ways these groups will partner and add value to the work being done in the area of Early Childhood Education.</p> <p>6/20 Zt5 & Early Care & Education Task Force formally merged and an MOU signed by Zt5 and the ECC Leadership Team in March 2020. ECC & Zero to Five</p>	Complete

			are working well together. Zt5 LCC attends all ECC task force meetings and serves on the Leadership Team. Zt5 is Funding the Vista Volunteer for ECC and both have responded to various needs related to the COVID19 crisis in relation to Children's & Family's needs across the Lewis & Clark Area.	
	2.1.3 Include caregivers in Zero to Five pathways group.		Zt5 is still meeting and talking with caregivers and childcare directors with the intent to include them on the Collaborative Team starting Jan. 2020 6/20: Zt5/ECE TF has caregiver representation and will continue to recruit for additional representation. Feb. Collaborative meeting there were 4 Childcare Providers present. In March, just before Covid19, Zt5 hosted 2 happy hour events with 8 Childcare Providers in attendance. During COVID19 Zt5 regularly provided operating providers with donuts and a thank you for their service to the community. Continue to network, developed a list of providers in the tri-county area to post on website this month.	In Progress
	2.1.4 Commit to gather and share data between Zero to Five and ECC to quantify need.		ECC's Coordinator and the Zt5 LCC have informally agreed to share information. The ECC Coordinator shared results of the SMECS survey conducted by Bloom consulting (see below), and the Zt5 LCC has agreed to share results of its 0-5 family survey currently being conducted. The two entities will continue to share information, and utilize this data to set goals for future projects together. 6/20: Zt5 Completed and shared results from two Surveys: Over 300 parents surveyed for Family Challenges and a COVID19 State-wide response Survey done by Zt5 State Office was shared with ECC.	Complete
	2.1.5 Commit to meet twice a year to define actions and avoid duplication of efforts.		ECC and Zt5 have committed to meet at least twice a year for this purpose. 6/20: This occurs during regular monthly meetings.	Complete

	2.1.6 Support development of a communication system to enhance community knowledge of quality child care and early education.		<p>In recent strategic and work planning, ECC and its Early Care and Education Task Force (ECETF) have prioritized improving community knowledge of quality childcare and early education, and the topic was recently discussed at the November general membership meeting as well. Among other things, the ECETF plans to continue and expand its Week of the Young Child activities and to develop a pre-kindergarten calendar for parents to know important dates. Zt5 and ECC are coordinating efforts in developing communications plans.</p> <p>6/20: ECE TF produced a flyer for parents including specific dates for elementary school registrations and screenings for incoming Kindergartners. Due to COVID-19 WOYC and other projects were put on hold and still in progress.</p> <p>Both ECC & Zt5 have upgraded their Websites in an effort to make resources more accessible. Zt5 provided Yard Signs at 4 Elementary schools, resulting in greater numbers registering for Kindergarten for the fall of 2020. Zt5 & ECC has hosted multiple viewings of the Documentary No SMALL Matter for Childcare Providers and Parents in the Lewis & Clark Area.</p>	In progress
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Objective	Strategy	Lead	Progress	Status
2.2 Implement systems-change activities to increase access to high-quality child care and early education.	2.2.1 Review the “Strengthening Montana’s Early Childhood Systems” parent survey, conducted by DPHHS in 2019, to assess child-care needs.	Zero to Five Initiative and Early Childhood Coalition (ECC)	The ECC and Zt5 Coordinators have reviewed the survey. This information, along with specifics from our current survey in L&C County, will be foundational as we create action plans for the coming year.	Complete
	2.2.2 Develop community goals to address child-care needs identified in the survey.		<p>ECC will work with Zt5 to develop community goals once the 0-5 family survey is completed and its results have been assessed and incorporated with the SMECS survey. ECC has currently set its own priorities in its most recent Strategic Planning session. These goals/priorities will be the focus for 2019-2024. Zt5 goals will be established in mid-December.</p> <p>6/20: Following Zt5/ECE TF merge the ECETF 2019-2024 work plan was adopted by the full task force. Zt5/ECE TF is beginning to define funding priority and</p>	In progress

			distribution based on work plan.	
	2.2.3 Develop toolkit to educate employers on employee-sponsored child-care models.		<p>The ECC Coordinator attended a recent webinar training by Kim Coontz of the California Center for Cooperative Development, which was made available by the coalition coordinator for the Flathead Reservation and Lake County, and shared information from that presentation including handouts with the ECC Leadership Team. The Zt5 Coordinator also attended the webinar training, in addition to an in-person training in Ronan the day before, and agreed to share materials. These trainings and materials will likely be the basis for any toolkit given to employers. Zt5 will also be following up on the “Business Summit” sponsored by the State Zt5 Office in May of 2019, with the goal of encouraging local businesses to sponsor existing childcare facilities.</p> <p>6/20: Materials for Businesses is available on the Zero to Five Basecamp. Zt5 L&C has access to these tools and has shared basic info at Helena Chamber of Commerce. Expanded Tool Kit is in process.</p>	In progress
	2.2.4 Host forum on employer-sponsored child-care models.		<p>Kim Coontz suggested that the first step of an employer-sponsored child-care model is to assess the current situation, including existing care providers, parent survey data, and employer input. The ECC Coordinator and Zt5 Coordinator have discussed the option of addressing this issue with the local Chamber of Commerce director to get her input about the best way to proceed in building relationships with employers generally and introducing the topic to employers (survey, forum, etc.). As noted above, an initial introduction was held for businesses in May of 2019. Zt5 will be doing follow-up work in 2020 along with a preview of the movie, “No Small Matter” which promotes the importance of quality childcare for healthy community development.</p> <p>6/20: “No Small Matters’ virtual viewing in April 2020 with 20-25 viewers with discussion group after. In person viewing scrubbed due to COVID19. Virtual Viewing was held in April. Over 25</p>	In progress

			childcare providers participated.	
	2.2.5 Research child-care cooperative models.		<p>See above. Kim Coontz’s information included descriptions of different models and the level of commitment required by employers and/or parents and other community members for each.</p> <p>6/20: Family Forward materials list 3 tiers of practices that might be embraced by local employers, including Co-Op Models as well as sponsorship and on-site childcare facilities.</p>	In progress (Ongoing)
	2.2.6 Support emerging and newly funded early-childhood initiatives.		<p>The ECC and Zt5 will support emerging and newly funded initiatives. An ECC Leadership Team member recently met with a Department of Corrections (DOC) employee to discuss similarities between the new home visiting program in Lewis and Clark County providing parenting support and home visiting to incarcerated individuals with children 0-3 and the caregivers of their children and parenting skills program and the DOC’s new grant-funded program for parenting skills in prison. The ECC Coordinator has invited the Director of the Office of Public Defender to speak at a meeting about her office’s use of Title IV-E funds to provide legal representation to children in foster care or candidates for foster care and their families. ECC is also aware of the opportunity for new state funding for early childhood offered through the Strengthening Montana’s Early Childhood Systems grant that was submitted in October of 2019. Zt5 is also exploring ways to utilize its own funding and invest it in ways that will lead to systemic change that enhances the goals of both the ECC & Zt5.</p> <p>6/20: ECCLT secured Connecting ECC and SUD grant through partnership with HMHB. Zt5 funded Kinder-Camp district wide. Zt5 funded summer backpack program at Warren Elementary for incoming Kindergartners.</p>	In progress (Ongoing)
	2.2.7 Repeat “Strengthening Montana’s Early Childhood System” parent survey to track progress and emerging needs.		This has not been started yet. The State Survey was completed in the Summer of 2019 and results were shared with stakeholders in Fall of 2019. A local survey will be done in the following years.	Not started

	<p>2.2.8 Promote CONNECT referral system as a resource to find quality childcare and early education.</p>		<p>The ECC's Home Visiting Task Force (HVTF) meeting in October included a training by a CONNECT expert from the county. Both the HVTF and Maternal Mental Health Task Force have identified promoting and enhancing CONNECT referrals in their plans.</p> <p>6/20: All programs represented on HVTF, including CFSD, are on CONNECT. Next step is to embed CONNECT into program practices.</p>	<p>In progress (Ongoing)</p>
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PRIORITY: IMPROVING ACCESS AND REFERRALS TO SERVICES

Goal: Create a seamless system for referrals to all health and human-service programs in the county that support an intentional and strategic culture of collaboration.

Objective	Strategy	Lead	Progress	Status
1.1 Increase adoption of the CONNECT referral system by health and human-service providers.	1.1.1 Identify potential CONNECT users by determining which organizations frequently receive referrals.	Community Action Team and local CONNECT coordinator	Nov 2019: Referral mapping (gathering information about referral partners from agencies) has been conducted with new agencies on-boarded on CONNECT, and was also conducted with the agencies attending the CONNECT celebration. This will be planned on a larger scale at the community meetings in December or January. June 2020: Referral mapping continues to be done with new agencies.	In progress
	1.1.2 Partner with 2-1-1 to strengthen the system for agency-to-agency referrals.		Nov 2019: United Way staff are determining roles, and once that is completed, the CONNECT Coordinator will begin discussion of this item with UW staff. June 2020: Not started yet.	Not started
	1.1.3 Partner with 2-1-1 to develop a joint communication plan that includes success stories, media engagement, agency champions, and information from focus groups.		Nov 2019: United Way staff are determining roles, and once that is completed, the CONNECT Coordinator will begin discussion of this item with UW staff. June 2020: Not started yet.	Not started
	1.1.4 Assess who is currently using CONNECT and identify champion agencies to recruit new users.		Nov 2019: This is ongoing work of the CONNECT Coordinator, but this item has not been started in a systematic way. June 2020: No change.	In progress
	1.1.5 Include a requirement to use CONNECT in grants provided by local funders.			Not started

	1.1.6 Research the feasibility of expanding CONNECT to private businesses.			Not started

Objective	Strategy	Lead	Progress	Status
1.2 Work with CONNECT referral partners to ensure optimal use of the system.	1.2.1 Develop a communication plan for current and potential users about confidentiality safeguards, engaging agency champions from various sectors who use CONNECT.	Community Action Team and local CONNECT coordinator	Will start in Year 2. Some of the information needed for this would come from the state. State CONNECT staff may be more available for this in Year 2.	Not started
	1.2.2 Identify meaningful outputs to report to CONNECT users, including qualitative and quantitative data and success stories.		Will start in Year 2. Some of the information needed for this would come from the state. State CONNECT staff may be more available for this in Year 2.	Not started
	1.2.3 Develop an orientation module for new staff who will use CONNECT.		A training video is being produced by the Department of Public Health and Human Services (state CONNECT).	In progress
	1.2.4 Assess existing agencies/users and identify who needs additional support to optimize use.		This is ongoing work of the CONNECT Coordinator.	In progress
	1.2.5 Identify champions and communication leads within each partner agency.		This is ongoing work of the CONNECT Coordinator.	In progress
	1.2.6 Regularly communicate with and convene key partners, including providing ongoing training on issues like care coordination and sustainability.		June 2020: CONNECT Coordinator began hosting monthly lunch and learns over Zoom starting in February. At the lunch and learns, representatives from 3-5 agencies in a particular subsector present about their services. The goal of the lunch and learns is to increase CONNECT users' knowledge of the various agencies. The Coordinator also provides relevant updates about the system.	In progress

Other achievements/actions taken to advance access and referrals to services:

The Coordinator has been meeting with existing CONNECT agencies to assess usage and assist them in using the system more easily and frequently.

The Coordinator held a community meeting in January 2020 to present to a broad audience about the CONNECT system. Many prospective and current agencies attended to learn more about the system.

The Coordinator started holding monthly lunch and learns over Zoom in February. The lunch and learns are an opportunity for CONNECT users to learn about CONNECT tips and hear from featured CONNECT agencies.

The Coordinator worked with the Consilience Institute to advertise a training over Zoom on CONNECT. The partnership came about through the Behavioral Health COAD (Community Organizations Active in Disaster), citing the need to encourage behavioral health providers to join CONNECT to streamline the process in the community of how to locate providers with available appointments. The training was Friday, June 6. As of June 10, three private practice therapists have sent in their forms to be added to CONNECT.

Barriers to progress:

Helena Transitions Coalition, coordinated by Amber Rogers from Mountain Pacific Quality Health, will be the lead team. The coalition met in January, and skipped February due to illness and March due to COVID-19. A small group met virtually in April. May's meeting was skipped because of the Mountain-Pacific Quality Improvement Collaborative Kickoff Event. Because many partners in the group are from agencies which have been heavily impacted by COVID-19, there has not been the time to meet and discuss CONNECT that was anticipated.

In January, the group conducted a survey for members about their knowledge and use of CONNECT. We will use the survey information as a baseline for measuring change in knowledge and comfort speaking about CONNECT. Going forward, we will proceed with reviewing the survey and moving forward with training members of the Care Transitions Coalition when coalition members have more time to meet.

2019 - 2022

Lewis and Clark County
Community Health Improvement Plan



Produced by Healthy Together,
a community partnership
dedicated to improving the health
of all residents of Lewis and Clark
County by working together to focus
energy and resources.



Healthy Together Annual Progress Presentation

Task Force Virtual Meeting

July 13, 2020

9:00-10:30am

Priority 1: Behavioral Health

Focus: Education and Awareness

Goal

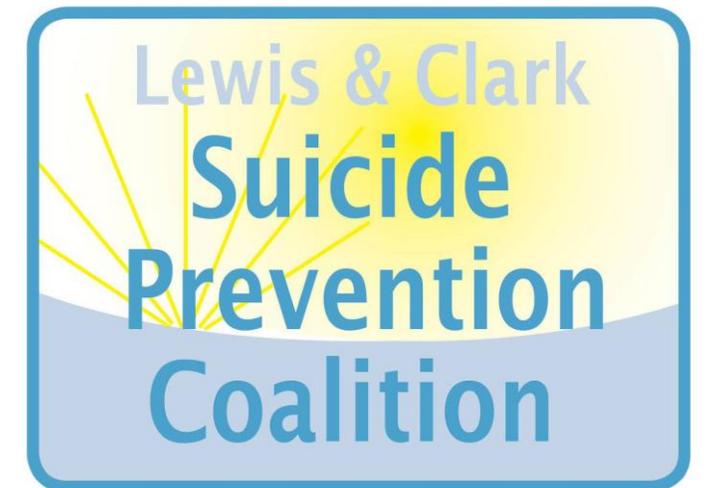
Increase awareness of behavioral health and suicide, and normalize the conversation around these topics.

Background and introduction

Lewis and Clark Suicide Prevention Coalition (LCSPC) is tasked with implementing stigma-reduction, evidence-based mental wellness promotion and substance use prevention activities.

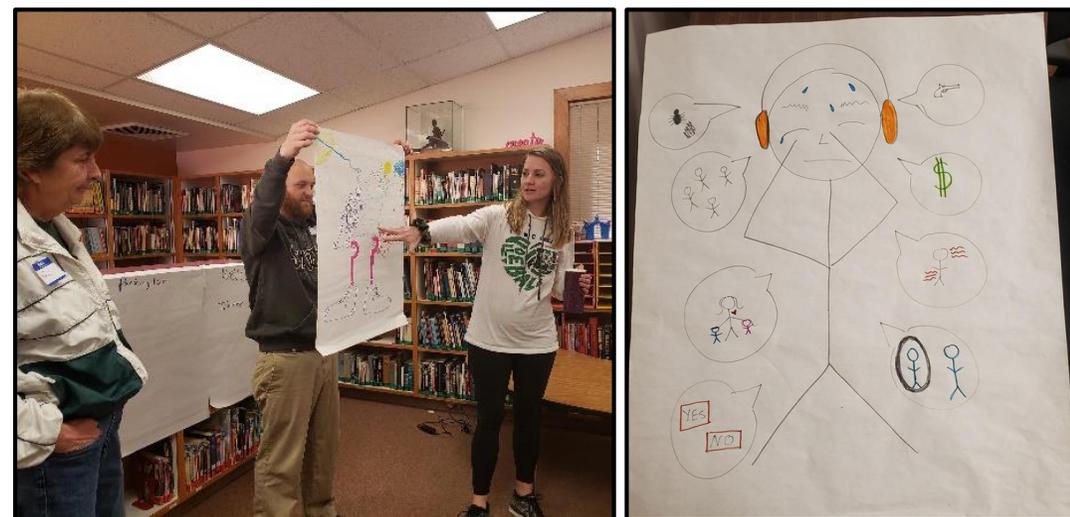
Efforts include:

- Man Therapy continuation into Year 2
- Military Strong Challenge, Year 2
- Ongoing community and workforce development training
- Lethal means reduction
- Community activities
- Monthly coalition meetings

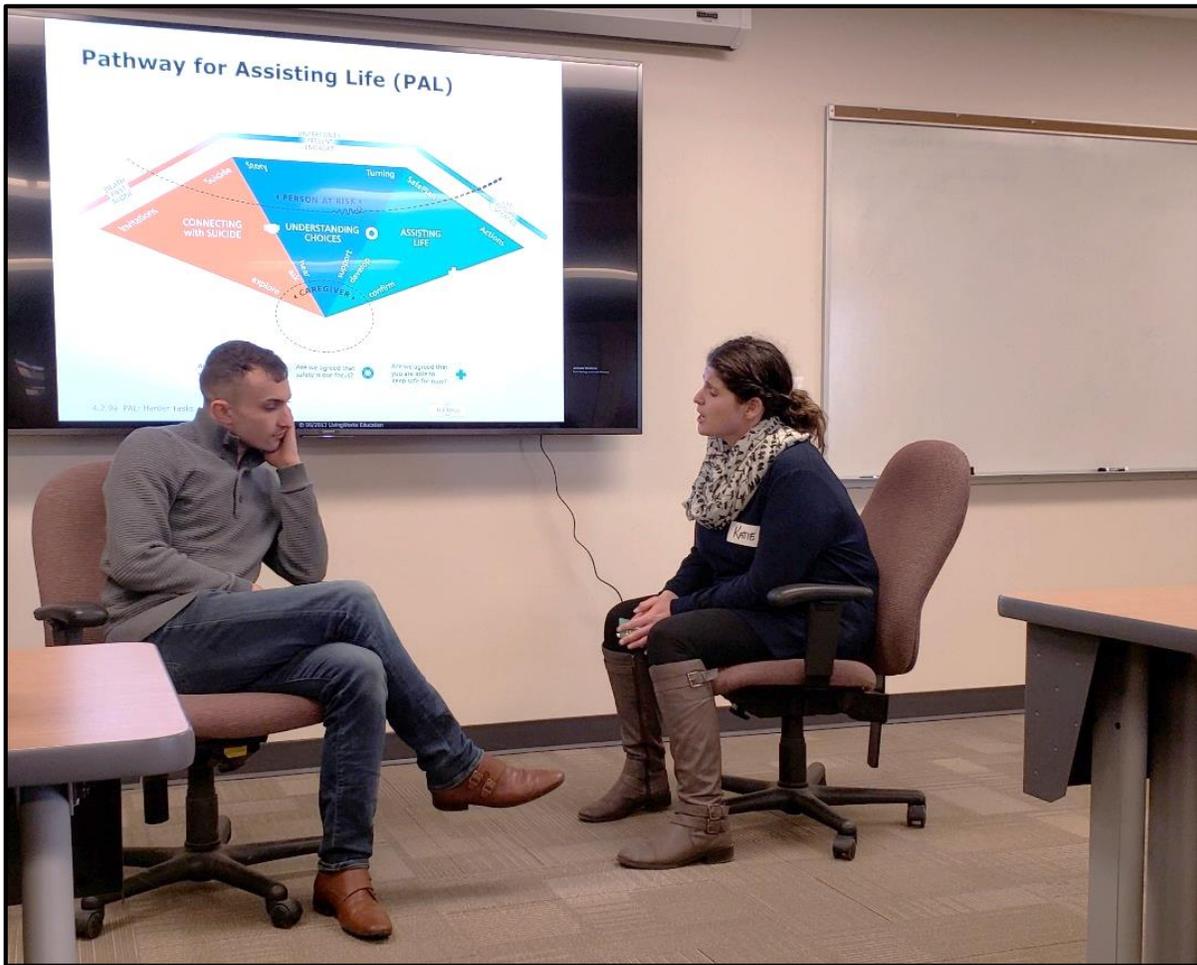


The Suicide Prevention program & LCSPC oversee the delivery of a variety of evidence-based models funded by MHAT grant:

- Question, Persuade, Refer (QPR)
- Youth Mental Health First Aid (YMHFA)
- Mental Health First Aid (MHFA)
- Applied Suicide Intervention Skills Training (ASIST)
- Adverse Childhood Experiences – Elevate MT
- Crisis Intervention Team training (CIT) – CIT MT
- Military Strong – PsychArmor Institute



Successes



Steady training (before Covid-19)

- Consistent interest from partner agencies - medical & behavioral health providers, faith-based, nonprofit and first responders.
- Partnership with Awareness Network to incentivize training

Man Therapy

- 3,679 users from Sept. 1, 2018 – July 8, 2020
- 1,167 for 2019 – 2020

Military Strong

- 36 organization & more than 1,000 people trained
- 6 organizations actively in progress

Successes

2,809 people
trained in
entire
project

Oct.1, 2018 –
July 10, 2020

~ 60 in-
person
training
activities
offered

Nearly 30
trainers split
between
the models

Most popular is
QPR (shortest),
often leads to
people taking
more in-depth
training

Successes



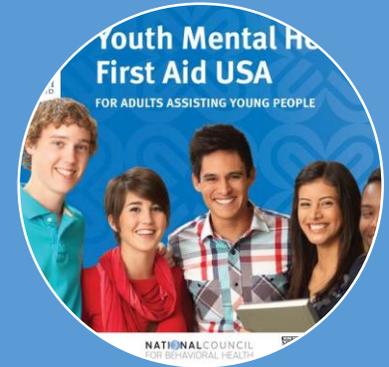
I feel more prepared for if I am ever in a situation where someone seems like they may be suicidal.



(This is) something that needs to be taught to everyone so that the stigma surrounding mental health is lifted.



Great training – QPR is a easy to remember too for anyone to use.



Awesome course!
Confidence building and reassuring.

Challenges & Barriers

Man Therapy

- Significantly less funding than first program year
- Partnership with Team RWB via the Helena Family YMCA lost momentum with COVID-19 and leadership change

Mental Health Awareness Training grant

- Difficult to get general public to participate
- COVID-19 reduced scheduled training & most models aren't virtual
- Complications with training community organizations during COVID

AmeriCorps VISTA Member

- Unable to onboard for summer start date



Year 2 Plans



Create a 5-year comprehensive plan with LCSPC

- To include overall communication plan & strategies on substance use, lethal means, SMVF and awareness
- Data driven + strategies from CDC Toolkit on S.P.
- Prepares LCSPC to submit grant proposals
- Recruit substance use disorder experts & partners
- VISTA reapplication in January
- Continue work on Military Strong
- Continue to expand virtual training in the area

Priority 1: Behavioral Health

Focus: Screening and Access to Care

Goal

Provide access to behavioral health screening and adequate, effective, and integrated mental health and substance-abuse treatment for every resident of Lewis and Clark County.

Objective: Foster community-level leadership and partnerships to develop and implement a universal behavioral health screening and referral protocol for the county.

Identify an evidence-based screening tool for universal screenings

Create a screening protocol and toolkit to distribute/train primary care providers, pediatricians, specialty care providers, and human service organizations

Toolkit would include screening tool, reference materials for completing screening tool and for making a referral in CONNECT, list of providers who accept new referrals

Identify behavioral health providers who have capacity for referrals

Train and add all of those behavioral health providers to CONNECT referral system

Train and implement screening tools and referral process in primary care and pediatric clinics to start; then, to human service organizations.

Progress to date:

Local Advisory Council designated a workgroup to work on this screening and referral process

Workgroup had an initial meeting and discussed key players, physician champions, next steps

Small focus group of physicians met to get a demonstration of the CONNECT referral system

Feedback received about the referral process from a provider perspective

Successes:

The workgroup consists of physicians and leaders from the medical and behavioral health community to brainstorm ideas on universal screening for behavioral health disorders.

Demonstration of CONNECT referral system and feedback from providers was really helpful to create next steps in the process

Barriers:

Getting everyone to the table. It is hard to get medical providers to the table with their busy patient schedules. Data entry into the referral system to make the referral is probably not doable within a clinic setting unless there is a dedicated person to enter the referral into CONNECT. Provider and nurses do not have time. Not all behavioral health providers are in the referral system.

Next Steps:

- Convene workgroup to decide on a screening tool
- Approach behavioral health providers to get them added to the CONNECT system
- Approach primary care and pediatric clinics to train on the toolkit and implement screenings
- Monitor for success
- Implement in human services organizations

Priority 2: Early Childhood

Focus: ACEs and Trauma-Informed Practices

Goal

Create a safe and compassionate community where we strengthen relationships, share our stories, and support each other.

Background and Introduction

- Elevate Montana Helena Affiliate was formed in 2015 in response to a need to educate our community about the long term affects of adverse childhood experiences. At that time it was a collaborative of many agencies: Shodair, Challenge Helena, ChildWise Institute, Early Childhood Coalition, Healthy Mothers Healthy Babies, Intermountain, Juvenile Probation, Lewis & Clark Public Health, Montana Board of Crime Control, Pacific Source, RMDC Head Start, St. Paul UMC, United Way of Lewis & Clark Area, Youth Connections, Youth Dynamics, Dan Fox Family Care Program/Youth Homes
- Healthy Together task force identified Reducing Adverse Childhood Experiences (ACEs) under the Early Childhood Priority Area and invited EMHA to join the conversation in March of 2019. Workgroup included EMHA, HMHB, Carroll College, Shodair, St. Peter's Health, Lewis & Clark Public Health, and ChildWise/Elevate Montana.

Priority 2: Early Childhood

Focus: ACEs and Trauma-Informed Practices

Goal

Create a safe and compassionate community where we strengthen relationships, share our stories, and support each other.

Successes Over the Past Year

- Workgroup was formed: EMHA, United Way, Zero to Five, ChildWise, RMDC, and St. Peter's Health. Community coalition gathering was held Feb. 13 and UWLCA directory of coalitions updated. Community's work celebrated. 21 coalitions were represented with 80 attendees and connections to over 40 agencies and organizations. Information collected from coalitions and while many use ACE resources, none listed community initiatives related to ACEs and trauma-informed practices.
- Increased collaboration through interagency attendance; members attending ECC, 0 to 5 Initiative and Lewis and Clark County Behavioral Health Local Advisory Council
- Established partnership with Mental and Social Wellbeing Workgroup, Healthy Communities Coalition of Lewis and Clark County to begin designing survey.
- Zero to 5, ChildWise and EMHA have partnered to develop "ACEs for Profit," a 6 Session training for businesses. Ascent Bank will be the first to roll this out. A list of businesses is being developed. Once data from the proposed survey has been collected, we can move forward with an official strategic plan.

Priority 2: Early Childhood

Focus: ACEs and Trauma-Informed Practices

Goal

Create a safe and compassionate community where we strengthen relationships, share our stories, and support each other.

Challenges or Barriers Encountered Over The Past Year

- In this section we were asked to discuss challenges and barriers. I don't believe there are many other than individual's mindsets (including my own) and even those can be overcome.
- Staying on track can be a challenge as there is so much to accomplish and so many to reach.
- As Chair of EMHA, remembering I'm not in this alone can be a challenge!
- The Pandemic has created some slowdown but thank goodness for technology in keeping us all connected!
- It is likely that the survey may not be completed by the end of this year.

Priority 2: Early Childhood

Focus: ACEs and Trauma-Informed Practices

Goal

Create a safe and compassionate community where we strengthen relationships, share our stories, and support each other.

Action Steps for Year Two

Obj. 1.1 Expand the work of the Elevate Montana Helena Affiliate to drive collective action related to addressing Adverse Childhood Experiences (ACEs) in the county.

- 1.1.1 Continue increasing collaboration and engagement
- **IF 1.1.5** Create and deliver surveys &
1.1.6 Compile survey data to establish baseline of knowledge and need. **Are not completed**
- 1.1.7 Develop strategic plan for implementation of ACE awareness and trauma-informed trainings.

Obj. 1.2 Implement education and advocacy strategies to increase awareness of ACEs and use of trauma-informed practices throughout our county.

- 1.2.1 Implement ACEs trainings with large employers.

Priority 2: Early Childhood

Focus: ACEs and Trauma-Informed Practices

Goal

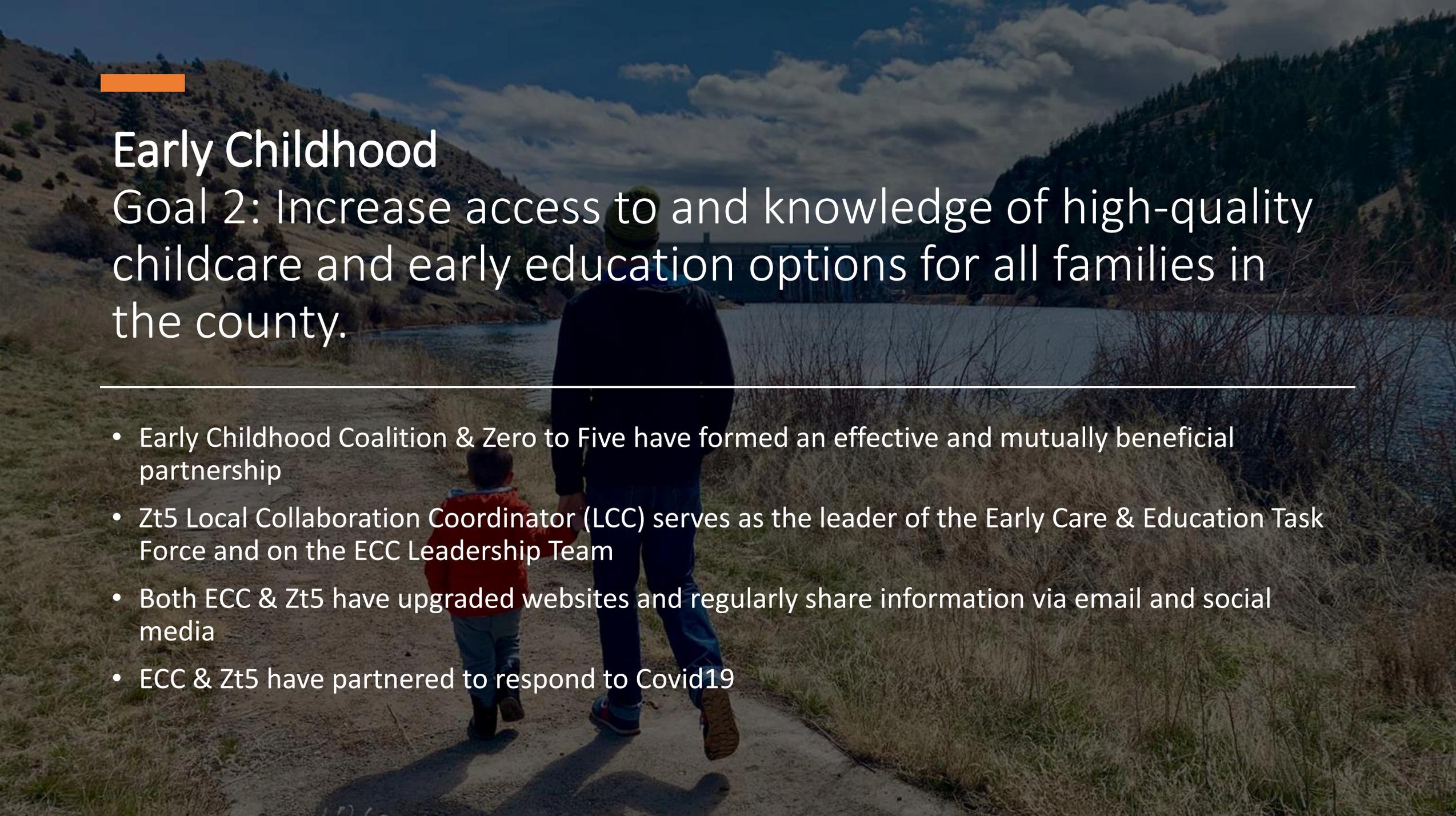
Create a safe and compassionate community where we strengthen relationships, share our stories, and support each other.

Priority 2: Early Childhood

Focus: Early Child Care and Education

Goal

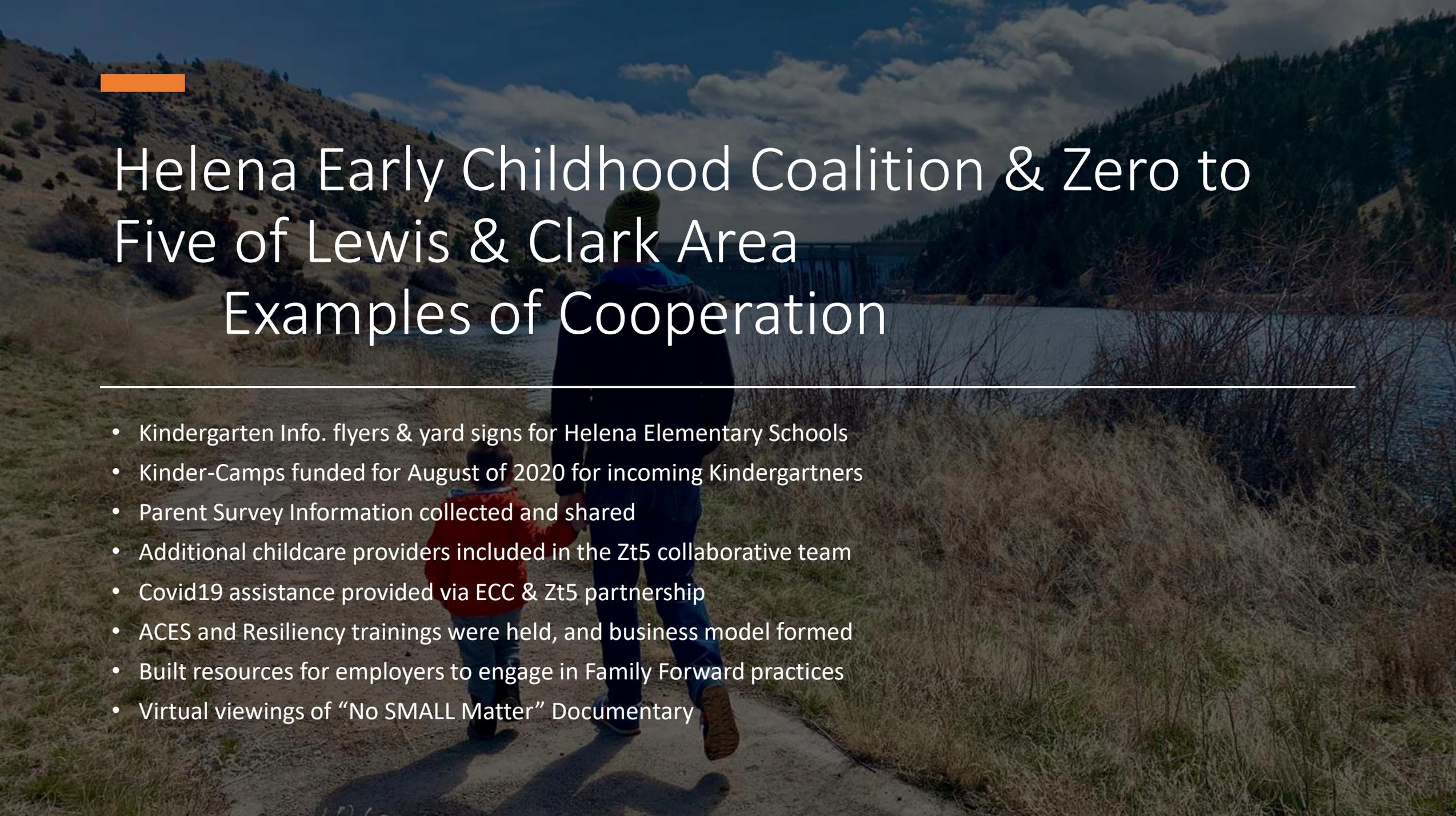
Increase access to and knowledge of high-quality child care and early education options for all families in the county.



Early Childhood

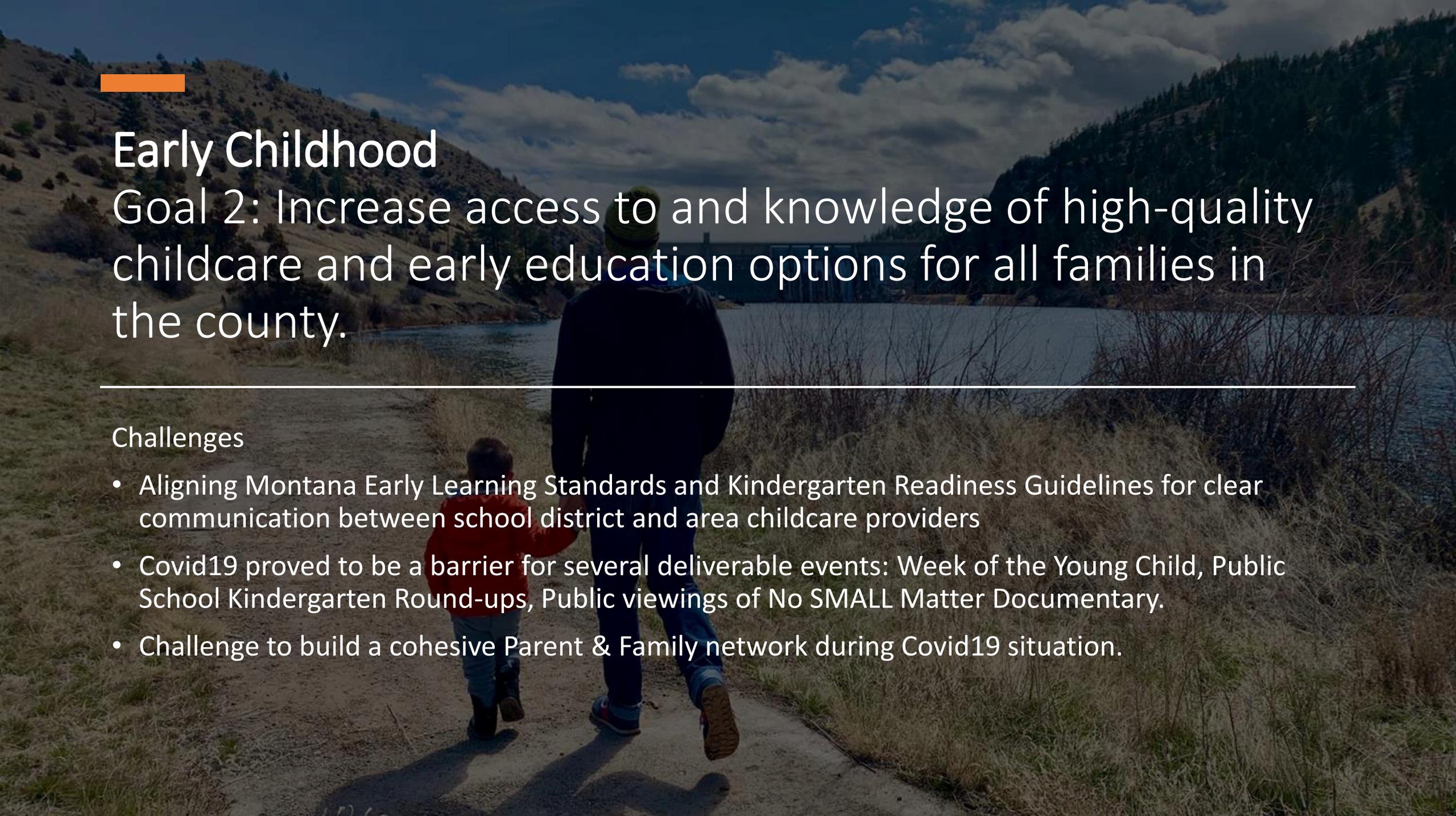
Goal 2: Increase access to and knowledge of high-quality childcare and early education options for all families in the county.

- Early Childhood Coalition & Zero to Five have formed an effective and mutually beneficial partnership
- Zt5 Local Collaboration Coordinator (LCC) serves as the leader of the Early Care & Education Task Force and on the ECC Leadership Team
- Both ECC & Zt5 have upgraded websites and regularly share information via email and social media
- ECC & Zt5 have partnered to respond to Covid19

A photograph of a person and a child walking away from the camera on a dirt path. The person is wearing a dark jacket and blue jeans, and the child is wearing a red jacket and blue pants. They are walking towards a large body of water, possibly a lake or reservoir, with hills in the background. The sky is blue with some clouds. There is a white horizontal line below the title.

Helena Early Childhood Coalition & Zero to Five of Lewis & Clark Area Examples of Cooperation

- Kindergarten Info. flyers & yard signs for Helena Elementary Schools
- Kinder-Camps funded for August of 2020 for incoming Kindergartners
- Parent Survey Information collected and shared
- Additional childcare providers included in the Zt5 collaborative team
- Covid19 assistance provided via ECC & Zt5 partnership
- ACES and Resiliency trainings were held, and business model formed
- Built resources for employers to engage in Family Forward practices
- Virtual viewings of “No SMALL Matter” Documentary

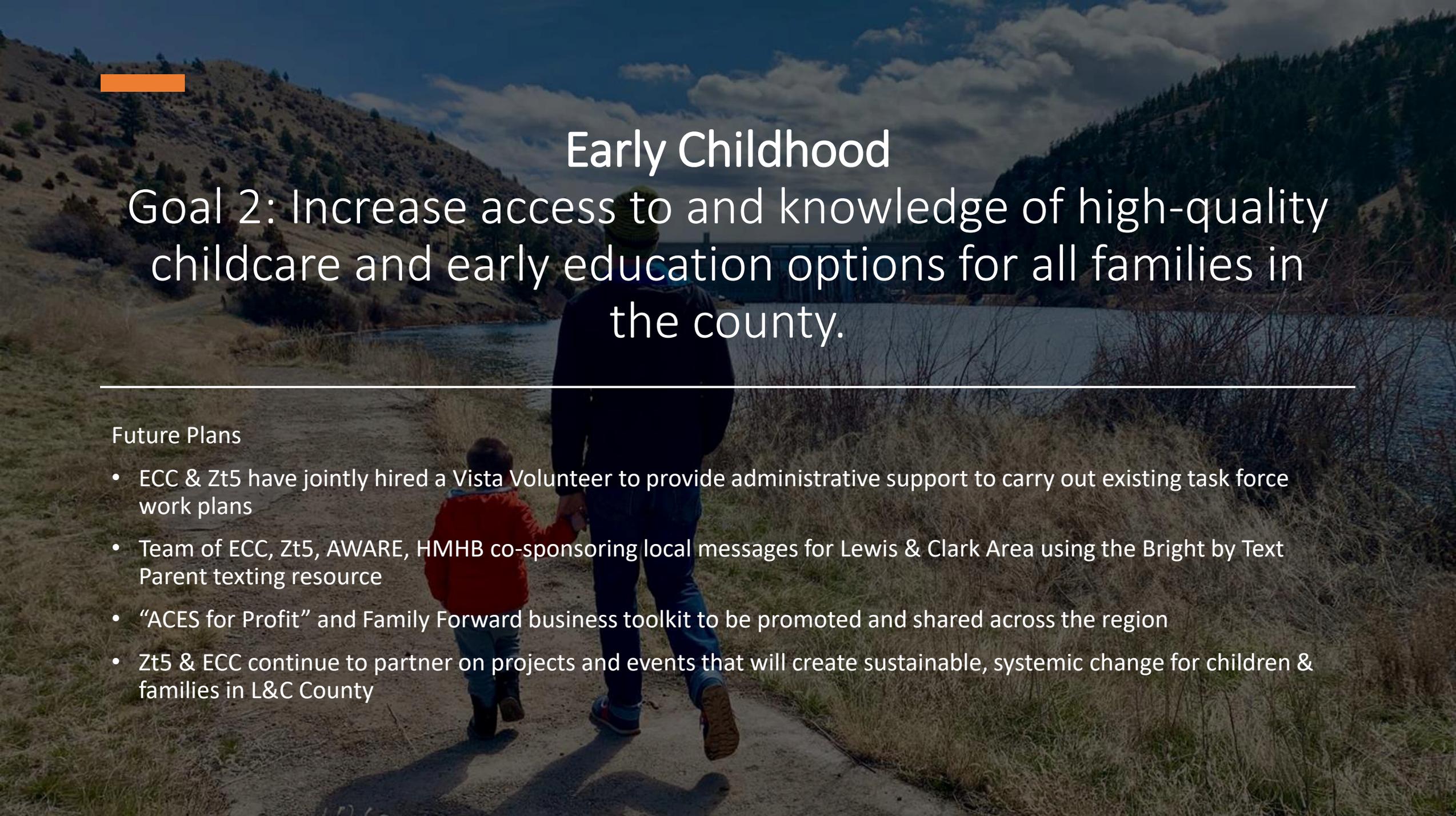


Early Childhood

Goal 2: Increase access to and knowledge of high-quality childcare and early education options for all families in the county.

Challenges

- Aligning Montana Early Learning Standards and Kindergarten Readiness Guidelines for clear communication between school district and area childcare providers
- Covid19 proved to be a barrier for several deliverable events: Week of the Young Child, Public School Kindergarten Round-ups, Public viewings of No SMALL Matter Documentary.
- Challenge to build a cohesive Parent & Family network during Covid19 situation.



Early Childhood

Goal 2: Increase access to and knowledge of high-quality childcare and early education options for all families in the county.

Future Plans

- ECC & Zt5 have jointly hired a Vista Volunteer to provide administrative support to carry out existing task force work plans
- Team of ECC, Zt5, AWARE, HMHB co-sponsoring local messages for Lewis & Clark Area using the Bright by Text Parent texting resource
- “ACES for Profit” and Family Forward business toolkit to be promoted and shared across the region
- Zt5 & ECC continue to partner on projects and events that will create sustainable, systemic change for children & families in L&C County

Priority 3: Access and Referrals

Focus: Improving Access and Referrals to Services

Goal

Create a seamless system for referrals to all health and human-service programs in the county that support an intentional and strategic culture of collaboration.

Background and introduction

- System access and referral category largely about increasing use of CONNECT Referral System
 - Providers can send referrals on behalf of clients
 - Closed loop of communication for providers
 - Takes burden off clients of reaching out
- CHIP Goals: engaging both current agencies and new agencies



For clients

The trusted provider becomes a one-stop shop for resources



Created by Adrien Coquet
from Noun Project

Contacted by the agency who receives the referral



Created by Ignation
from Noun Project

Basic level of care coordination

For providers



Receive new referrals



Refer directly to other providers



Search by location, service type, and insurance



Helena and statewide resources



Find providers with openings



Follow client's engagement



Overall referral data

Successes

- September 2019: system upgrade
 - Statewide
 - Filter to search for agencies
 - Text ROI – great for virtual visits
- Onboarded new agencies
 - 68 new agencies/programs since April 2019
 - Including: St. Peter's programs, Child and Family Services, PureView, Public Health, private practice behavioral health and speech, OT, PT providers, nonprofits and social services
- Coordinator learning job

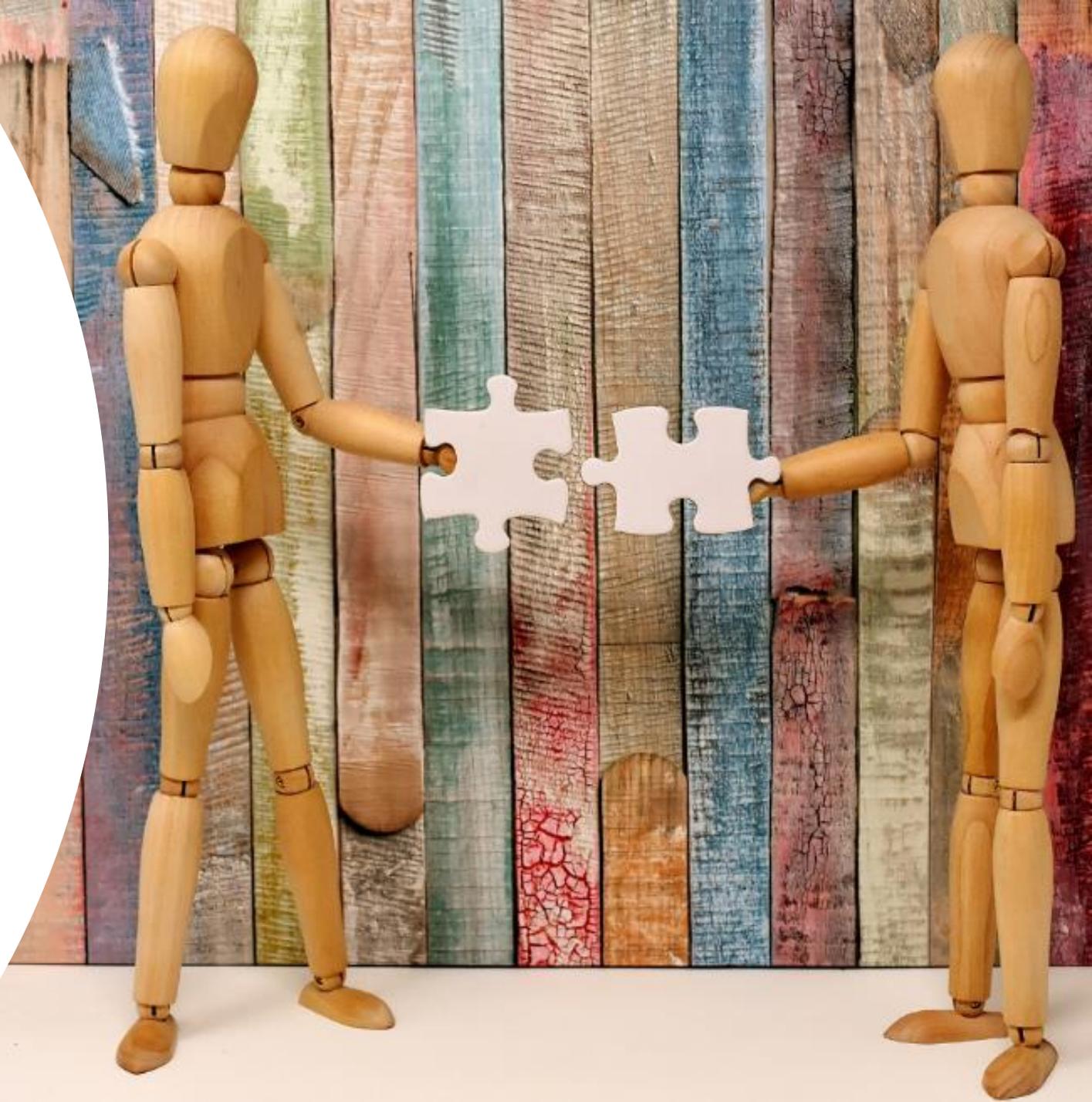
Challenges and Barriers

- Establishing a Lead Team
 - Lead Team listed in CHIP disbanded
 - Locating the best fit
- COVID-19
 - Meetings and outreach delayed



Year Two steps

- Continue establishing a Lead Team
- Continued partnership with 211
- Focus on adding behavioral health providers (with help from champion groups/agencies)



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

BOARD AGENDA ITEM

Meeting Date

August 27, 2020

Agenda Item No.

5

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

AGENDA ITEMS: Health Officer’s Report

PERSONNEL INVOLVED: Drenda Niemann, Health Officer

BACKGROUND: Ms. Niemann 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
Bedell						
Berg						
Collins						
Eck						
Hunthausen						
Johnson						
MacLaurin						
Murgel						
Ream						

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

BOARD AGENDA ITEM

Meeting Date

August 27, 2020

Agenda Item No.

6

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
Bedell						
Berg						
Collins						
Eck						
Hunthausen						
Johnson						
MacLaurin						
Murgel						
Ream						

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

FY 2021

	Jul	Aug	Sep	Oct	Nov/Dec	Jan	Feb	Mar	Apr	May	Jun
Bedell	X										
Berg	X										
Collins	X										
Eck	O										
Hunthausen	O										
Johnson	X										
MacLaurin	X										
Murgel	X										
Ream	O										

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

T = Training



Lewis & Clark Public Health

1930 Ninth Avenue
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PH: 457-8900
Fax: 406.457.8990

Andy Hunthausen-vice chair
County Commissioner
316 N. Park
Helena, Montana 59623
447-8304 (W) 447-8370 (Fax)
E-mail: ahunthausen@lccountymt.gov

(1)
Pleasure of L & C County Commission

Mayor Wilmot Collins
City Commissioner
316 N. Park
Helena, Montana 59623
447-8410 (W)
E-mail: wcollins@helenamt.gov

(2)
Pleasure of City of Helena Commission

Tyler Ream
Superintendent, Helena School Dist. No. 1
55 S. Rodney
Helena, Montana 59601
324-2001 (W)
E-mail: tream@helenaschools.org

(3,a)
Superintendent of Schools

Dr. Mikael Bedell
710 Madison Ave
Helena, MT 59601
208-630-3848 (c)
E-mail mbedell@sphealth.org

(3,b)
Term expires - June 30, 2022

Kammy Johnson
2030 Cromwell Dixon Ln
Ste F, PMB 202
Helena, MT 59602
799-3654 (W) 458-1956 (H) 439-0914 (C)
E-mail: kjohnsonmt@gmail.com

(3,c)
Term expires - June 30, 2021

Raymond Berg
PO Box 786
East Helena, MT 59635-0786
431-9861 (C)
E-mail: rberg7867@icloud.com

(3,d)
Pleasure of East Helena City Council

Brie MacLaurin
710 N. Davis St.
Helena, MT 59601
461-0784 (C)
E-mail: brie@hmhb-mt.org

(3,e)
Term expires - June 30, 2022

Justin Murgel- chair
2502 Gold Rush Ave.
Helena, MT 59601
422-9928 (H)
E-mail: Justin.Murgel@PacificSource.com

(3,f)
Term expires - June 30, 2021

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

(3,g)
Term expires - June 30, 2021

Updated July 2020

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



LEWIS AND 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, 2021	Second Term
Justin Murgel	Term expires - June 30, 2021	First Term
Mikael Bedell	Term expires - June 30, 2022	First Term
Brie MacLaurin	Term expires - June 30, 2022	First Term
Kammy Johnson	Term expires - June 30, 2021	Second Term
Tyler Ream	Superintendent of Schools	
Andy Hunthausen	Pleasure of Lewis & Clark County Commission	
Mayor Wilmot Collins	Pleasure of Helena City Commission	
Raymond Berg	Pleasure of East Helena City Council	

MEETING DATES FOR FISCAL YEAR 2021

Scheduled for 1:00 p.m. in Room 330 of the City-County Building.

July 23, 2020

August 27, 2020

September 24, 2020

October 22, 2020

December 3, 2020

January 28, 2021

February 25, 2021

March 25, 2021

April 22, 2021

May 27, 2021

June 24, 2021

July 2020