

LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH MEETING
LEWIS AND CLARK CITY-COUNTY BUILDING
Commission Chambers, Room 330
316 N. Park Helena, Montana 59601
February 27, 2020

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

REGULAR BOARD MEETING AGENDA

| | | |
|------|---|--------|
| 1:00 | CALL TO ORDER (<i>Introduce new East Helena Board Member</i>) | |
| 1:00 | REVIEW OF AGENDA | |
| | 1. Review and Revision of Agenda..... | Pg. 1 |
| 1:05 | MINUTES | |
| | 2. Minutes of December 5, 2019 Board of Health Meeting..... | Pg. 2 |
| 1:10 | ACTION ITEM | |
| | 3. Onsite Wastewater Regulation Adoption..... | Pg. 6 |
| 2:30 | BOARD DISCUSSION | |
| | 4. - New Staff Introduction and Employee of the Quarter Recognition - FY2020, 2 nd Quarter Finance Report - Variance Summary - Air Quality Update - Licensed Establishment Cooperative Agreement - Communicable Disease Report for CY19 | Pg. 7 |
| 2:50 | HEALTH OFFICER'S REPORT | |
| | 5. Report on Current Health Department Issues..... | Pg. 25 |
| 2:55 | PUBLIC COMMENT | |
| | 6. Public comments on matters not mentioned above..... | Pg. 31 |

Adjourn

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

ADA NOTICE

Lewis and Clark County is committed to providing access to persons with disabilities for its meetings, in compliance with Title II of the Americans with Disabilities Act and the Montana Human Rights Act. The County will not exclude persons with disabilities from participation at its meetings or otherwise deny them County's services, programs, or activities. Persons with disabilities requiring accommodations to participate in the County's meetings, services, programs, or activities should contact Aaron Douglas, as soon as possible to allow sufficient time to arrange for the requested accommodation, at any of the following: (406) 447- 8316 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

February 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 | | | | | | |
| Murgel | | | | | | |
| Oliver | | | | | | |
| Ream | | | | | | |

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

BOARD AGENDA ITEM

Meeting Date

February 27, 2020

Agenda Item No.

2

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

AGENDA ITEMS: Minutes December 5, 2019

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 | | | | | | |
| Berg | | | | | | |
| Collins | | | | | | |
| Eck | | | | | | |
| Hunthausen | | | | | | |
| Johnson | | | | | | |
| Murgel | | | | | | |
| Oliver | | | | | | |
| Ream | | | | | | |

**LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH – MINUTES
316 N. PARK AVENUE, HELENA, MONTANA 59601
Lewis and Clark City-County Building
December 5, 2019**

Members Present

Justin Murgel, chair
Kammy Johnson
Jenny Eck (arrived @ 1:12 p.m.)
Brie Oliver
Dr. Mikael Bedell
Tyler Ream

Staff Present

Drenda Niemann Kathy Moore
Jolene Helgersen Jennifer McBroom
Jacqueline Isaly Eric Merchant
Gayle Shirley
Frank Preskar
Brett Lloyd

Members Absent

Mayor Wilmot Collins
Commissioner Andy Hunthausen, vice chair
Scott St. Clair

Guests Present

Pat Christian, Helena Citizens Council

Justin Murgel, chair, called the meeting to order at 1:02 p.m. A quorum was established.

REVIEW OF AGENDA

No changes were made.

MINUTES

Mr. Murgel asked if there were any corrections or additions to the October 24, 2019, minutes. The Board approved the minutes as written.

ACTION ITEM

On-site Wastewater Regulation Public Hearing:

Drenda Niemann, Health Officer, provided an informal overview of the Board of Health Hearing Process for the proposed On-Site Wastewater Treatment Regulations Amendments. Mr. Murgel opened the hearing at 1:04 p.m. and proceeded to read the hearing information and instructions (see Attachment “A”). Frank Preskar, Sanitarian, provided a summary of the proposed regulations (on pages 8-9 of the board packet). There being no public wishing to speak, Mr. Preskar read a comment submitted in writing by Steve Kilbreath of Casne and Associates, Inc. (on page 7 of the board packet). Mr. Murgel announced that all written comments must be received by 5:00 p.m. Mountain Standard Time on Friday, January 10, 2020. The Board will consider final approval and adoption of the regulation at the Board of Health meeting scheduled for February 27, 2019, from 1:00-3:00 p.m. here in Room 330 of the City-County Building located at 316 North Park Avenue, Helena. There being no further comment, Mr. Murgel closed the hearing at 1:18 p.m.

Hearing Officer Recommendation, Mr. Tom Cohn Variance:

Kammy Johnson, Hearing Officer, and Mr. Preskar gave a brief account of the Cohn variance hearing held on December 3, 2019. Ms. Johnson recommended approval of the variance. She said the request met all of the Montana Department of Environmental Quality criteria for granting a variance. Ms. Johnson moved to ratify the hearing officer recommendation for approval. The motion carried 6-0.

BOARD MEMBER DISCUSSION

Non-Pharmaceutical Intervention Plan: Brett Lloyd, Emergency Preparedness Coordinator, presented the Non-Pharmaceutical Intervention (NPI) Plan for board review and final approval (on pages 12-39 of the board packet). Mr. Lloyd provided a brief description of the plan. On October 8, 2019, Ms. Niemann and Mr. Murgel signed the NPI checklist for submittal to the Montana Department of Public Health and Human Services by October 15. Ms. Niemann said that the NPI Plan gives the Board of Health authority to enact the plan's strategies and inform Public Health how to act. In answer to a question from Jenny Eck, Mr. Lloyd said that authority for the NPI plan already exists in Montana Code Annotated.

Water Quality Protection District Update: Jennifer McBroom, Water Quality Protection District (WQPD) Program Supervisor, gave a brief 1st quarter update on the District's 3-year Strategic Plan (on pages 11-48). Ms. McBroom noted that the District added water quantity to its mission statement and that staff will give a quarterly progress update to their board every quarter.

East Helena Super Fund Cleanup Activities Update: Kathy Moore, Environmental Services Division Administrator, gave an update on the East Helena Superfund Cleanup Activities (see Attachment "B"). In answer to questions from Mr. Murgel, Ms. Moore said that both the East Helena High School and Prickly Pear Elementary School lots have had their soil cleaned and removed or tilled to address potential lead issues. The subdivision next to the school will have its soil cleaned or tilled prior to development. Ms. Moore informed the Board that she would give a presentation about arsenic and selenium plumes that exist in East Helena at a later date if they wish.

HEALTH OFFICER'S REPORT

The WIC Team completed its state monitoring visit in November with a score of 92! This score puts LCPH WIC in the top performance tier given by the state office. This is an indication of the exceptional work that our staff does on a day-to-day basis running a complicated program and the exceptional service that they make available to families in our community.

Eric Merchant, Disease Control and Prevention Division Administrator, provided an update on the increase of syphilis cases nationwide and across Montana (see page 52 of the board packet). He noted that the numbers have increased in Lewis and Clark County and Cascade County, as well as the state as a whole. In answer to a question from Mr. Murgel, Mr. Merchant said that according to the Centers for Disease Control, 80 percent of syphilis cases occur in people between the ages 15-44 nationwide.

Ms. Niemann was accepted to participate in a 9-month National Council on Behavioral Health's Public Health Behavioral Health Initiative on leadership training. She and 39 other health officers will attend a training workshop in Austin, Texas, in April.

Western Montana Mental Health Center will no longer provide behavioral health crisis services to Lewis and Clark County. The Local Advisory Council on Behavioral Health, in partnership with St. Peter's Health, will host a community conversation on December 11, 1:30 – 4:30 p.m. at the SPH Education Center to discuss and make short- and long-term recommendations for the future of behavioral health crisis services in the county. Ms. Niemann announced that in the short-term the county's detention center behavioral health services will be provided by the Center for Mental Health. The county's Criminal Justice Department will take over long-term behavioral health services.

The January Board of Health meeting will be a poverty simulation at Carroll College. More information is to come.

In answer to a question from Brie Oliver, Ms. Niemann said that the National Guard has completed testing 4 out of 6 targeted wells for PFAS (per- and polyfluoralkyl substances). The results should be available in February.

PUBLIC COMMENT

Pat Christian with the Helena Citizens Council addressed the Board regarding the availability of assistance for the public to sign up for Medicaid. Ms. Niemann informed Ms. Christian that Stephen Cocca, ACA Outreach Worker with PureView Health Center, is a resource to the public regarding Medicaid.

Representative Mary Ann Dunwell of 2811 Alexis Ave., Helena, MT, thanked the Board for their volunteer service on the Board of Health.

The meeting adjourned at 2:43 p.m.

Justin Murgel, Chair

Drenda Niemann, Secretary

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

BOARD AGENDA ITEM

Meeting Date

February 27, 2020

Agenda Item No.

3

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

AGENDA ITEMS Onsite Wastewater Regulation Adoption

PERSONNEL INVOLVED: Justin Murgel, Board Chair

BACKGROUND The Board will consider approval and adoption of the Onsite Wastewater Regulations. *WW Regulations were emailed to Board members as a separate document.

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 | | | | | | |
| Murgel | | | | | | |
| Oliver | | | | | | |
| Ream | | | | | | |

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

BOARD AGENDA ITEM

Meeting Date

February 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 New Staff Introduction & Employee of the Quarter Recognition; FY2020 2nd Qtr Finance Report; Variance Summary; Air Quality Update; Licensed Establishment Cooperative Agreement; Communicable Disease Report for CY19

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 | | | | | | |
| Murgel | | | | | | |
| Oliver | | | | | | |
| Ream | | | | | | |

HEALTH DEPARTMENT MILL DOLLARS Thru December 2019

REVENUE

| | FY 2020 BUDGET | REVENUE RECEIVED YTD | | | | TOTAL RECEIVED YTD | 50% of the year elapsed 50% % of payroll | | |
|------------------------------|---------------------|----------------------|---------------------------|-------------------------|------------------------------|-----------------------|---|--------------------------|-----------------------|
| | | Administration | Community Health Promo | Environmental Health | Disease Ctrl & Prevention | | Budget Remaining | % of Budget Collected | Prior Year to Date |
| Taxes | \$ 1,305,227 | \$ 700,151 | | | | \$ 700,151 | \$ 605,076 | 53.64% | \$ 685,886.39 |
| Cost Allocation Recovery | \$ 122,499 | \$ 62,406 | | | | \$ 62,406 | \$ 60,093 | 50.94% | \$ 72,522 |
| Health Insurance Credits | \$ 185,138 | \$ 82,884 | | | | \$ 82,884 | \$ 102,254 | 44.77% | \$ 73,902 |
| Environmental Health Charges | \$ 138,080 | | | \$ 72,644 | | \$ 72,644 | \$ 65,436 | 52.61% | \$ 78,705.00 |
| Community Health Charges | \$ 309,109 | | | | \$ 187,345 | \$ 187,345 | \$ 121,764 | 60.61% | \$ 135,568.69 |
| Contracts/Grants | \$ 239,175 | \$ 7,675 | \$ 70,221 | \$ 4,101 | \$ 14,553 | \$ 96,551 | \$ 142,624 | 40.37% | \$ 31,935.00 |
| Miscellaneous | \$ 36,601 | \$ 6,372 | \$ 3,756 | \$ 130 | \$ 4,742 | \$ 15,001 | \$ 21,600 | 40.98% | \$ 346,058.79 |
| TOTAL REVENUE | \$ 2,335,829 | \$ 859,488 | \$ 73,978 | \$ 76,875 | \$ 206,641 | \$ 1,216,982 | \$1,118,847 | 52.10% | \$ 1,424,577 |
| | 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 | \$ 125,571 | \$ 61,047 | \$ 86,088 | \$ 199,976 | \$ 472,683 | \$ 477,333 | 49.76% | \$ 404,644 |
| Temporary /Seasonal Salary | \$ 1,204 | \$ 971 | \$ - | \$ - | \$ 1,387 | \$ 2,358 | \$ (1,154) | 195.85% | \$ 481 |
| Overtime | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | -- | \$ 298 |
| Term Pay/ Uncomp Absences | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | -- | \$ 10,548 |
| Benefits | \$ 313,052 | \$ 39,179 | \$ 19,887 | \$ 27,262 | \$ 58,260 | \$ 144,588 | \$ 168,464 | 46.19% | \$ 130,299 |
| Extra Pay period Savings | \$ 9,808 | | | | | \$ 9,808 | \$ 9,808 | | |
| TOTAL PERSONNEL | \$ 1,274,080 | \$ 165,721 | \$ 80,934 | \$ 113,350 | \$ 259,624 | \$ 619,629 | \$ 654,452 | 49.01% | \$ 546,269 |

| YEAR TO DATE ACTUAL EXPENDITURES | FY 2020 BUDGET | | | | | TOTAL YTD SPENT | Budget Remaining | % of Budget Spent | Prior Year to Date |
|-------------------------------------|---------------------|---------------------------|-------------------------|------------------------------|-------------------|---------------------|---------------------|-------------------------|-----------------------|
| | Administration | Community Health Promo | Environmental Health | Disease Ctrl & Prevention | | | | | |
| OPERATIONS | | | | | | | | | |
| 21.10 Office Supplies | \$ 24,324 | \$ 2,208 | \$ 851 | \$ 710 | \$ 865 | \$ 4,633 | \$ 19,691 | 19.05% | \$ 3,484 |
| 21.20 Minor Equipment | \$ 22,919 | \$ - | \$ 748 | \$ 360 | \$ 120 | \$ 1,228 | \$ 21,691 | 5.36% | \$ 3,027 |
| 21.50 Computer Equipment | \$ - | \$ 1,872 | | | | \$ 1,872 | \$ (1,872) | -- | \$ - |
| 22.10 Operating Supplies | \$ 11,789 | \$ 2,873 | \$ 21,791 | \$ 1,676 | \$ 1,179 | \$ 27,520 | \$ (15,731) | 233.43% | \$ 16,508 |
| 22.21 Hep B Vaccine | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | -- | \$ - |
| 22.23 Non Travel Vaccinations | \$ 108,310 | \$ - | \$ - | \$ - | \$ 45,190 | \$ 45,190 | \$ 61,120 | 42.51% | \$ 42,829 |
| 22.24 Flu Vaccine | \$ 52,308 | \$ - | \$ - | \$ - | \$ 107,326 | \$ 107,326 | \$ (55,018) | 205.18% | \$ 51,660 |
| 22.26 Travel Vaccines | \$ 45,627 | \$ - | \$ - | \$ - | \$ 13,252 | \$ 13,252 | \$ 32,375 | 29.05% | \$ 22,889 |
| 22.27 Lab Expenses | \$ 4,082 | \$ - | \$ - | \$ - | \$ 1,241 | \$ 1,241 | \$ 2,841 | 30.39% | \$ 2,229 |
| 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 | \$ - | \$ 251 | \$ 1,139 | \$ 91 | \$ 1,481 | \$ (481) | 148.08% | \$ 768 |
| 31.20 Postage | \$ 2,730 | \$ 46 | \$ 21 | \$ 232 | \$ 345 | \$ 644 | \$ 2,086 | 23.60% | \$ 1,215 |
| 31.40 Vehicle Parking | \$ 1,608 | \$ - | \$ - | \$ 816 | \$ - | \$ 816 | \$ 792 | 50.75% | \$ 804 |
| 31.45 Vehicle Registration | \$ - | \$ 171 | | | | \$ 171 | \$ (171) | -- | \$ 43 |
| 31.60 Credit Card Fees | \$ 4,182 | \$ - | \$ - | \$ - | \$ 1,789 | \$ 1,789 | \$ 2,393 | 42.77% | \$ 1,782 |
| 31.65 Credit Card Fees | \$ 2,000 | \$ - | \$ - | \$ 626 | \$ - | \$ 626 | \$ 1,374 | 31.28% | \$ 757 |
| 32.10 Printing | \$ 6,386 | \$ 2,352 | \$ 891 | \$ 25 | \$ 1,666 | \$ 4,935 | \$ 1,451 | 77.27% | \$ 12,622 |
| 33.10 Subscriptions | \$ 1,200 | \$ 250 | \$ - | \$ 530 | \$ - | \$ 780 | \$ 420 | 65.00% | \$ 215 |
| 33.20 Advertising | \$ 5,226 | \$ 455 | \$ 8,365 | \$ 415 | \$ 117 | \$ 9,352 | \$ (4,126) | 178.95% | \$ 3,730 |
| 33.50 Membership | \$ 8,550 | \$ 4,505 | \$ 100 | \$ 220 | \$ 225 | \$ 5,050 | \$ 3,501 | 59.06% | \$ 4,708 |
| 33.60 Licenses | \$ 1,320 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,320 | 0.00% | \$ 50 |
| 33.70 Education Awareness | \$ - | \$ - | \$ - | \$ 106 | \$ - | \$ 106 | \$ (106) | -- | \$ - |
| 33.80 Health Club Dues | \$ 859 | \$ 190 | \$ 64 | \$ 100 | \$ - | \$ 354 | \$ 505 | 41.18% | \$ 297 |
| 34.10 Utilities (Augusta) | \$ 1,200 | \$ - | \$ - | \$ - | \$ 600 | \$ 600 | \$ 600 | 50.00% | \$ 600 |
| 34.50 Telephone | \$ 16,569 | \$ 2,948 | \$ 1,141 | \$ 1,603 | \$ 2,796 | \$ 8,488 | \$ 8,081 | 51.23% | \$ 7,934 |
| 35.10 Professional Services | \$ 12,000 | \$ 3,037 | \$ 150 | \$ - | \$ 960 | \$ 4,147 | \$ 7,853 | 34.55% | \$ 3,969 |
| 35.65 Patient Services (BCH) | \$ 5,000 | \$ - | \$ 3,240 | \$ - | \$ - | \$ 3,240 | \$ 1,760 | 64.80% | \$ 3,476 |
| 35.70 Community Projects | \$ - | \$ - | \$ 4,628 | \$ - | \$ - | \$ 4,628 | \$ (4,628) | -- | \$ - |
| 36.10 Repair & Maintenance | \$ 500 | \$ - | \$ - | \$ - | \$ 170 | \$ 170 | \$ 330 | 34.00% | \$ 1,085 |
| 36.20 Office Repair/Maint | \$ 8,000 | \$ 4,476 | \$ - | \$ 1,020 | \$ 45 | \$ 5,541 | \$ 2,459 | 69.26% | \$ 4,149 |
| 36.30 Vehicle Repair | \$ 500 | \$ - | \$ - | \$ 335 | \$ - | \$ 335 | \$ 165 | 67.06% | \$ 752 |
| 37.10 Travel | \$ 12,937 | \$ 849 | \$ 4,290 | \$ 1,027 | \$ 2,695 | \$ 8,861 | \$ 4,076 | 68.49% | \$ 3,627 |
| 37.50 Board Expenses | \$ 300 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 300 | 0.00% | \$ 20 |
| 38.10 Training | \$ 20,505 | \$ 373 | \$ 5,876 | \$ 1,661 | \$ 420 | \$ 8,330 | \$ 12,175 | 40.62% | \$ 1,970 |
| 39.10 Contracted Services | \$ 151,340 | \$ 700 | \$ 45,756 | \$ 210 | \$ 25,351 | \$ 72,016 | \$ 79,324 | 47.59% | \$ 3,025 |
| 39.20 Recruitment Services | \$ - | \$ - | \$ 39 | \$ - | \$ - | \$ 39 | \$ (39) | -- | \$ 215 |
| 39.61 Software Maint | \$ 36,457 | \$ - | \$ - | \$ 11,968 | \$ - | \$ 11,968 | \$ 24,489 | 32.83% | \$ 11,398 |
| 50.10 Admin | \$ 49,168 | \$ 24,584 | \$ - | \$ - | \$ - | \$ 24,584 | \$ 24,584 | 50.00% | \$ 24,413 |
| 50.11 HD Admin (applied to grants) | \$ 10,000 | \$ 450 | \$ 4,243 | \$ - | \$ - | \$ 4,693 | \$ 5,307 | 46.93% | \$ 450 |
| 50.20 Insurance | \$ 26,308 | \$ 12,254 | \$ - | \$ - | \$ - | \$ 12,254 | \$ 14,054 | 46.58% | \$ 15,446 |
| 50.25 Deductibles | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | -- | \$ - |
| 50.30 Rent | \$ 158,494 | \$ 51,500 | \$ 2,457 | \$ 15,920 | \$ 6,988 | \$ 76,866 | \$ 81,629 | 48.50% | \$ 73,698 |
| 50.40 Technology | \$ 99,094 | \$ 49,545 | \$ - | \$ - | \$ - | \$ 49,545 | \$ 49,549 | 50.00% | \$ 60,607 |
| 80.10 Transfers Out match | \$ 328,345 | \$ - | \$ 12,084 | \$ 13,829 | \$ 161,399 | \$ 187,312 | \$ 141,033 | 57.05% | \$ 163,348 |
| 80.10 Transfers Out septic | \$ 64,320 | \$ - | \$ - | \$ 11,109 | \$ - | \$ 11,109 | \$ 53,211 | 17.27% | \$ 3,866 |
| 80.10 Transfer out to Consent Refer | \$ 5,000 | \$ - | \$ 2,500 | \$ - | \$ - | \$ 2,500 | \$ 2,500 | 50.00% | \$ 2,500 |
| 80.20 Transfer to Outside Source | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | -- | \$ - |
| TOTAL OPERATIONS | \$ 1,309,957 | \$ 165,638 | \$ 120,163 | \$ 66,237 | \$ 377,563 | \$ 729,602 | \$ 580,355 | 55.70% | \$ 557,297 |
| CIP TRANSFERS | \$ 30,626 | 15,313 | | | | \$ 15,313 | \$ 15,313 | | \$ 12,709 |
| GRAND TOTAL EXPENDITURES | \$ 2,614,663 | 346,672.49 | 201,096.90 | 179,586.88 | 637,186.87 | \$ 1,364,543 | \$ 1,250,120 | 52.19% | \$ 1,116,275 |
| Revenue Over (Under) Expenditu | (\$278,834) | \$512,816 | (\$127,119) | \$ (102,711) | \$ (430,546) | (\$ 147,561) | | | \$ 308,302 |

| CASH FLOW | | FY 2020 BUDGET | |
|----------------------|----|----------------|------------|
| BEGINNING CASH | \$ | 638,784 | \$ 316,301 |
| REVENUES | \$ | 2,335,829 | |
| EXPENDITURES | \$ | 2,532,161 | |
| restricted Cash (BCH | \$ | - | |
| ENDING CASH | \$ | 442,452 | \$ 758,753 |

| CASH FLOW | | Year to Date Actual | |
|-------------------------------------|----|---------------------|--|
| BEGINNING CASH (non | \$ | 955,085 | |
| REVENUES | \$ | 1,216,982 | |
| EXPENDITURES | \$ | 1,364,543 | |
| restricted to unrestricted transfer | \$ | - | |
| ENDING CASH (non res | \$ | 810,764 | |

Fund Bal last FY thru December

90 Day Reserve= \$ 644,711

Current Cash Reserve (In Days) 117

Restricted Cash (BCH D) \$ 23,716

Cooperative Agreement

Between
Montana Department of Public Health and Human Services
And
Board of Health

Identity of Parties and Purpose Statement

This **Cooperative Agreement** (Agreement) is between the **Montana Department of Public Health and Human Services** (DPHHS), and the Lewis & Clark County Board of Health (BOH).

The purpose of this Agreement is to establish a payment schedule for maximizing the disbursement of funds to the BOH to support inspections of licensed establishments and to determine which optional programs the BOH will conduct.

A failure to sign this agreement may result in the inability of a local health jurisdiction to maximize funding. Each completed inspection will result in a payment equal to the license fee or the portion of that fee designated in the applicable statute.

Period of Performance and Termination of this Cooperative Agreement

This Cooperative Agreement is effective from **January 1, 2020 through December 31, 2020** and cannot be terminated except by written notification from one of the parties with a minimum of 30-day notice. This agreement may not be extended.

Sole Agreement

This is the only Agreement between the parties with respect to payments for inspections for licensed establishments. This Agreement replaces any previous Cooperative Agreement(s) entered into by the parties with respect to payments and responsibilities for inspections of public establishments as defined in this agreement.

Alterations or Amendments

The parties may amend this Cooperative Agreement by mutual agreement. Any amendment is effective only when in writing and signed by both parties.

Responsibilities of the parties:

The BOH agrees:

1. To inspect the following types of licensed establishments within its jurisdiction on an annual basis:
 - a) Inspections required to be performed by local health jurisdictions
 - i. Retail Food Establishments

- ii. Wholesale Food Establishments
 - iii. Trailer Courts & Campgrounds (See 3a for exceptions)
 - iv. Public Accommodation (see 2a for exceptions)
- b) The BOH agrees to conduct the following activities (please check all that apply):
- i. Pools, Spas and Other Water Feature Inspections – Seasonal establishments must be inspected once per calendar year. Year-round establishments must have one full facility inspection and one critical point inspection conducted per year.
 - Yes
 - No
 - ii. Body Art Establishment Inspections
 - Yes
 - No
 - iii. Body Art Establishment Plan Review
 - Yes
 - No
 - iv. Peer to Peer Inspector Training (see Appendix Band Table 3)
 - Yes
 - No
 - v. Perform joint wholesale food establishment food processing and product labeling reviews with the department.
 - Yes
 - No
- c) If the BOH chooses not to perform inspections and/or plan or process reviews of pools, spas, and other water features, wholesale food establishments, or body art facilities, they will be conducted by the Department or its designee. A designee may include a neighboring county under contract with the Department.
- d) If the BOH opts out of Pool and Body Art inspections, the BOH gives DPHHS the authority to sign Pool, Spa, and Body Art licenses for the county.
- e) If the BOH opts into Peer to Peer Inspector Training, they agree to have Trainers host a trainee, travel to the trainee's county, or a combination of the two, to perform routine inspections of licensed establishments (See Appendix B and Table 3). Only DPHHS-standardized or FDA-standardized inspectors may provide the Peer to Peer inspections of retail food establishments. Opting into this program means that you are only obligated to assist counties as time allows. It does not mean that you are expected to prioritize neighboring county trainings over your own.
2. To inspect public sleeping accommodations within its jurisdiction as follows:
- a) Inspect each hotel, motel, rooming house/boarding house/hostel before initial license validation, upon complaint,

- b) Inspect each bed & breakfast and tourist/vacation home/condominium before initial license validation and upon complaint;
 - c) Lewis & Clark Public Health will offer a training class for facility innkeepers and/or housekeepers of public accommodations. If the hotel, motel, rooming house/boarding house/hostel chooses to participate, then the training will replace an inspection for the year. If in subsequent years, additional training is offered, the facility will be allowed to replace 1 inspection every 2 years with the training.
 - i. The training will cover the following topic areas:
 - Appropriate cleaning of shared linens and towels;
 - Pest management;
 - Breakfast bars;
 - Non-public water supplies.
 - ii. Alternatively, those facilities with breakfast bars/food service will be offered food safety training.
 - d) The quality of the training program will be evaluated through an evaluation form used at the end of the course along with a question and answer session that will verbally assess the understanding of the class participants.
 - e) Complete follow-up inspections as determined necessary by the sanitarian; and
 - f) Make a reasonable effort to license all operating establishments, including tourist homes.
3. To inspect trailer courts and campgrounds within its jurisdiction as follows:
- a) Inspect each trailer court and campground before initial license validation and upon complaint. Trailer courts and campgrounds will be inspected at least once every three years.
 - b) Evaluate every non-public water supply associated with trailer courts and campgrounds for compliance with sampling and water quality standards.
4. Inspections of licensed establishments must be performed by the local health officer, sanitarian, or sanitarian-in-training;
5. To enter inspection dates into the Department's database, after inspection or within two weeks after the end of each quarter;
6. A minimum of one person in the County will obtain access to the Department's licensing database, receive training, and enter the date and name of person performing each inspection;
7. On a minimum of a quarterly basis, to notify the Department of any status changes to establishment licenses (i.e. out of business; change of ownership);
8. To provide copies of inspection reports to the Department for auditing purposes, upon request;
9. To notify the Department when a sanitarian or the BOH takes enforcement action that may impact a license; and

10. To be eligible for payment from the Local Board Inspection Fund (LBIF), the County must maintain a functioning local board of health as required by Title 50 of the Montana Code Annotated.

The Department agrees:

1. To pay the percentage required by statute of each licensing fee received by the Department into a Local Board Inspection Fund. Fees paid into the fund will be collected from licensees of retail food establishments, wholesale food establishments, public accommodations, trailer courts and campgrounds, and, if applicable, body art establishments (see Table 2), pools, spas, and other water features;
2. To pay the BOH the license fee or fees associated with an establishment from the local board inspection fund, so long as the licensed establishment is inspected or reported as permanently closed and the license fee or fees have been paid by the establishment;
3. If the BOH inspects licensed establishments in program categories covered by this agreement before the end of the licensure year, payment from the Local Board Inspection Fund will be made at the rates according to statute using the payment schedule in Table 1. Payment rules to be applied to the percentages can be found in Appendix A;
4. To provide copies of plan review correspondence to the county sanitarian;
5. The amount available from the local board inspection fund is solely dependent upon fees paid by licensed establishments within the relevant jurisdiction. The percentage paid to the BOH under the schedule is intended to be a percentage of the actual amount available in that fund based on amounts paid in from licensees. Under no circumstances will the Department be obligated to pay an amount larger than has been paid into the Local Board Inspection Fund. Payment is also dependent on statutory authority available to the State to make payments from the Local Board Inspection Fund;
6. To provide training, education, technical assistance and information to staff of local board of health;
7. To maintain a record of inspections submitted by the staff of the local board of health as required in rule; and
8. To provide analytical support through the Laboratory Services Bureau to the BOH's environmental health program regarding food safety. When necessary, support to environmental health programs may include food and environmental sampling for *Salmonella*, *Listeria*, and Shiga-toxin producing *E.coli*, along with clinical (human) testing for the analytes listed in the [public health laboratory manual](#).

The laboratory maintains and provides sample collection kits and technical support

when food or water samples need to be collected and tested for contamination. This includes food sampling kits and drinking water emergency sampling supplies. Examples include assisting with *Listeria* swabbing or collecting and shipping samples of food for *Salmonella* or *E.coli* analysis.

The Laboratory Services Bureau is certified by Region 8 of the EPA and can provide water analysis for pesticides, herbicides, volatile organics, industrial chemicals, nutrients, enteric bacteria, oxygen demand, metals, mercury, as well as lead in paint and dust wipes. The laboratory not only tests drinking water, but also wastewater, groundwater, sediment, solid wastes, and plant and fish tissues.

In an outbreak or emergency where the Department cannot provide laboratory support through the Laboratory Services Bureau, it will work closely with relevant regulatory agencies and their laboratories including the CDC, FDA, and USDA.

Table 1: Payment Schedule- Applies to Retail Food Establishments; Wholesale Food Establishments; Public Accommodations (except Tourist Homes and Bed & Breakfasts *see note) Trailer Courts/Campgrounds; Body Art Establishments; Pools, Spas and Other Water Features (if applicable):

| Percent of Licensed Establishments Inspected by the County during the licensure year | LBIF Disbursement by Percentage |
|--|---|
| 90% - 100% | 100% (of paid licenses) |
| < 90% | 1 Payment per Paid License per Inspection |

* Note: All license fees for Tourist Homes and Bed & Breakfast will be paid annually to the county and are not subject to Table 1.

. *All license fees for public accommodations, who attend sponsored training, will be paid annually to the county and are not subject to Table 1,

**Note: All license fees for trailer courts/campgrounds will be paid annually as described in 3 above and are not subject to Table 1.

Table 2: License fees reimbursed to counties performing inspections of Body Art Establishments:

| License type | License fee | Reimbursement per inspection |
|------------------------|-------------|------------------------------|
| Tattooing | \$135 | \$121.50 (90%) |
| Body Piercing | \$135 | \$121.50 (90%) |
| Ear lobe piercing only | \$75 | \$67.50 (90%) |

Table 3: Peer to Peer Retail Food Inspector training: Counties will be reimbursed for mileage, meals and lodging for their employees who may be either trainers or trainees and travel outside of their home counties for the purpose of peer to peer training. Counties who host a trainee will also be given an additional \$50 per training inspection. Please note that opting into this portion of the cooperative agreement does not obligate you to provide this service. Peer to peer trainings will only be done when both counties have time (See Appendix B).

| | |
|-------------------------------------|---------------------------------|
| Lodging* | State Rate (Approx. \$96/Night) |
| Meals | Up to \$30.50 Per day |
| Mileage | \$0.279 Per mile |
| Additional Inspection Reimbursement | \$50.00 Per Inspection |

* Note: Lodging will be reimbursed at the state rate unless preauthorization is granted by DPHHS; every attempt should be made to obtain state rates.

Both parties agree that:

1. The responsibilities of the parties are governed by the Montana Code Annotated and the Administrative Rules of Montana and nothing in this agreement is intended to contradict or supplant relevant provisions of the laws of Montana; and
2. The following process is to be used in the event of a disagreement between the BOH and the Food & Consumer Safety Section (FCSS) about the terms of this agreement.
 - a. If the BOH is unable to resolve their disagreement with FCSS, a written notification from the BOH must be provided to the Communicable Disease Control and Prevention Bureau Chief. The BOH shall provide in writing specific details about the remaining issues that are in dispute. The Bureau Chief shall attempt to resolve the dispute. If unable to resolve the dispute, the reasons for the department's position on the issues in dispute must be presented to the BOH in writing.
 - b. If resolution of the disagreement is not obtained, the BOH may request a review and written determination to be made by the Public Health and Safety Division Administrator.
 - c. The decision of the Division Administrator may be appealed to the Department Director, whose decision is final.

Liaisons:

These persons serve as the primary contacts between the parties regarding the performance of the task order.

1. Ed Evanson is the liaison for DPHHS (phone: 406-444-5309)
2. Liaison for the BOH: Laurel Riek, Supervisor, Licensed Establishment Program (phone: 406-447-8361)

For: Montana Department of Public Health and Human Services

Signature: _____
Printed name and title: Todd Harwell, Division Administrator
Date: _____

For: Lewis and Clark City- County Board of Health

Signature: _____
Printed name and title: Justin Murgel, Chair
Date: _____

Please mail signed Agreement to: Ed Evanson, Supervisor
DPHHS-Food & Consumer Safety Section
P.O. Box 202951
Helena MT 59620-2951

Appendix A:

Payment Rules for Licensed Establishments

The following scenarios describe how credit for an inspection will be applied to the percentage described in Table 1 of this Agreement. Any scenarios not covered by these business rules will be evaluated on a case by case basis.

| Scenario | License Fee(s) paid | Inspection(s) completed | Credit(s) toward percentage |
|-----------------|---|---|------------------------------------|
| 1 | License fee paid | 1 or more inspection(s) completed | 1 credit toward percentage |
| 2 | License fee paid | 0 inspections completed | 0 credit toward percentage |
| 3 | License fee paid | 0 inspection completed due to business closing | 1 credit toward percentage |
| 4 | 0 fees paid | 0 inspections completed | 0 credit toward percentage |
| 5 | 2 license fees paid on 1 establishment due to change in ownership | 2 inspections performed because of change in ownership | 2 credits toward percentage |
| 6 | 2 license fees paid on 1 establishment due to change in ownership | 1 inspection performed | 1 credit toward percentage |
| 7 | License fee paid for pool or spa operated throughout the year | 1 full facility and 1 critical point inspection performed | 1 credit toward percentage |
| 8 | License fee paid for seasonal pool or spa | 1 full facility inspection performed | 1 credit toward percentage |

Appendix B:

Peer to Peer Inspector Training

One of the tasks of Food and Consumer Safety is to provide or facilitate training to ensure consistent, high quality inspections across the state. Joint inspections with experienced county inspectors are one way to accomplish that. To minimize the impact to county budgets, Food and Consumer Safety will fund peer to peer inspection training up to \$10,000 per year (allocated total for the entire state).

These funds are available on a first-come, first-serve basis for counties with a new inspector, or an inspector needing additional training in a certain type of inspection or inspection components outside of previous training. This may be a Sanitarian in Training (SIT) or is a sanitarian that is moving into inspection types with which they have limited experience.

Training will be provided at the discretion of the counties. If a county opts into this program but time and/or resources change the county is not obligated to host training or send a trainer to a neighboring county.

Minimum requirements for trainers:

1. Currently employed by a county and determined by FCS to be qualified to provide training;

The following applies to food inspections:

- a. Trainers must be standardized in food inspections by the State Standard or FDA Standard.
- b. Minimum Facility Requirements
 1. Risk Level 2, 3, or 4
- c. Inspections by Risk Level (see Annex 5, Table 1 of the 2013 Food Code)
 1. Risk Level 2 - no more than 3 inspections
 2. Risk Level 3 or 4 - up to 12 inspections
 3. If possible, facilities should include
 - a. retail processing,
 - b. HACCP, and
 - c. Molluscan shellfish sales or service
 4. FCS currently does not have plans to approve more than 15 Peer to Peer inspections at a time.

Reimbursement:

1. Trainers may host the trainee and/or travel to the trainee's county to perform inspections.
2. Reimbursement to the county for mileage, meals and lodging for either trainers or trainees who travel outside of their jurisdiction.
3. An additional \$50 per inspection for a county hosting a trainee, due to the additional amount of time required for training.

Projected Reimbursement per training:

| | | | |
|-------------------------------------|---|--------------|------------------|
| Lodging | State Rate (Currently \$96/night) | x5 nights | \$480.00 |
| Meals | \$30.50/day | x5 days | \$152.50 |
| Mileage | \$0.279/mile | x400 miles | <u>\$111.60</u> |
| | | Total travel | \$744.10 |
| Additional inspection reimbursement | | | |
| | \$50.00/inspection | x15 | <u>\$750.00</u> |
| Total per sanitarian trained | | | \$1494.10 |

All peer to peer training must be pre-approved by FCS. To receive pre-approval, send the section the following information:

- 1) The training inspector
- 2) The trainee
- 3) The establishments to be visited with the risk categories
- 4) The number of days and nights spent training
- 5) The projected lodging cost
- 6) The projected mileage cost

2019 Year End Communicable Disease Report

Date: January 24, 2020



Active Surveillance

(Community Trends):

Majority of confirmed influenza cases are Influenza B. In January, reports of 4 confirmed cases of Norovirus and recent STDs: syphilis, HIV, and Gonorrhea.

Montana Disease Summary

- reporting period Week ending 1/11/2020 included:

- **General Communicable Diseases:** Elevated blood lead (1),
- **Enteric Diseases:** Campylobacteriosis (4), Cryptosporidiosis (1), Salmonellosis (2)
- **Vaccine Preventable Diseases:** *Haemophilus influenzae*, invasive (1), Influenza hospitalization¹ (24), Pertussis (1), *Streptococcus pneumoniae* (6), Varicella [chickenpox] (1)
- **STD/HIV:** Chlamydia (94), Gonorrhea (44), HIV (1)
- **Hepatitis:** Hepatitis A, acute (1), Hepatitis B, chronic (1), Hepatitis C, chronic (29), Hepatitis C, acute (2)

STD: Due to recent clusters of STDs (syphilis and HIV) in our community, please complete a thorough sexual risk assessment for all patients, and a full STD screening for those patients either already diagnosed with one STD and/or who are high risk (drug use, men who have sex with men, bisexuals, those with multiple/anonymous partners, etc.)

Novel Coronavirus 2019-nCoV: Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. 2019-nCoV is a novel “new” coronavirus detected in Wuhan City, China.

Patients in the United States who meet the following criteria should be evaluated as a Patients Under Investigation (PUI) in association with the outbreak of 2019-nCoV in Wuhan City, China.

- 1) Fever AND symptoms of lower respiratory illness (e.g., cough, shortness of breath) and in the last 14 days before symptom onset:
 - a. History of travel from Wuhan City, China or
 - b. Close contact with a person who is under investigation for 2019-nCoV while that person was ill.
- 2) Fever OR symptoms of lower respiratory illness (e.g., cough, shortness of breath) and in the last 14 days before symptom onset:
 - a. Close contact with an ill laboratory-confirmed 2019-nCoV patient.

If your patient meets the above criteria, contact Lewis & Clark Public Health nurses at 457-8900.

| Reportable Diseases in Lewis & Clark County | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | 2019 YTD | 2018 YTD | 2017YTD |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|----------|---------|
| <i>Campylobacter jejuni</i> | | 1 | 1 | 2 | 1 | 1 | | 5 | 1 | 1 | 1 | 1 | 14 | 19 | 20 |
| Chlamydia | 26 | 28 | 19 | 29 | 18 | 15 | 17 | 15 | 14 | 20 | 17 | 20 | 218 | 240 | 246 |
| Cryptosporidium | | | | 1 | | | | | | | | 1 | 1 | 4 | 3 |
| <i>E. coli</i> 0157 | | | | | | | | 1 | | | 1 | | 2 | 2 | 2 |
| <i>E. coli</i> Non-0157 | | | | | | | | | | | | | 0 | 7 | 5 |
| <i>Giardia</i> | | | | | | | | 1 | | | | 1 | 1 | 6 | 7 |
| Gonorrhea | | | 2 | 3 | 1 | 4 | 2 | 5 | 2 | 3 | 1 | 5 | 23 | 27 | 27 |
| Haemophilus Influenza | | | | | | | | | | | | | 0 | 1 | 0 |
| Hepatitis A | | | | 1 | | | | | | | | | 1 | 0 | 0 |
| Hepatitis B | | | | | | | 1 | | | | | | 1 | 0 | 2 |
| Hepatitis C | 3 | 4 | 7 | 1 | 2 | 3 | 6 | 7 | 1 | 2 | 4 | 5 | 40 | 46 | 45 |
| HIV | | | | | | | | | | | | 1 | 0 | 0 | 1 |
| Influenza A (Seasonal) | 60 | 369 | 338 | 18 | | | 1 | | | 2 | 1 | 9 | 798 | 615 | 609 |
| Influenza B | 1 | 15 | 20 | 8 | 1 | | | | | | 5 | 11 | 50 | 366 | 308 |
| Legionella | | | | | | | 1 | 1 | | | | | 2 | 3 | 5 |
| Lyme Disease | | | | | | | | | | | | | 0 | 1 | 2 |
| Norovirus | | | | 1 | 32 | | | | | | 5 | 2 | 38 | 31 | 46 |
| Norovirus Outbreak | | | | | 5 | | | | | | | | 5 | 1 | 5 |
| Pertussis | | | 1 | 3 | 9 | 2 | 7 | 4 | 1 | | 1 | 1 | 28 | 1 | 11 |
| Q Fever | | | | | | | | | | | | | 0 | 0 | 1 |
| Rocky Mtn Spotted Fever | | | | | 1 | | | 1 | | | | | 2 | 0 | 5 |
| Salmonella | | 1 | | 4 | 2 | 2 | 2 | 3 | 2 | 3 | 1 | 1 | 20 | 11 | 9 |
| Shigella sonnei | | | | | | 1 | | | | | | 2 | 1 | 0 | 0 |
| Strep Pneumoniae Invasive | | | 1 | 1 | | | | 1 | 3 | 1 | | 1 | 7 | 4 | 8 |
| Syphilis | | | | 1 | | | | 1 | 3 | 1 | 1 | 1 | 7 | 2 | 5 |
| Tuberculosis | | | | | | | | | | | | | 0 | 0 | 0 |
| Varicella | | | | | | | | | | 1 | | | 1 | 6 | 5 |
| Viral GI Outbreaks | | | | | | | | | | | | | 0 | 1 | 3 |
| | 90 | 418 | 389 | 73 | 72 | 28 | 37 | 44 | 28 | 34 | 38 | 62 | 1260 | 1394 | 1446 |

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.

| Reportable Diseases in Lewis & Clark County | Jan-20 | 2020 YTD | Jan-19 | 2019 YTD | Jan-18 | 2018 YTD |
|---|--------|----------|--------|----------|--------|----------|
| <i>Campylobacter jejuni</i> | | 0 | | 0 | | 0 |
| Chlamydia | 19 | 19 | 26 | 26 | 27 | 27 |
| Cryptosporidium | | 0 | | 0 | | 0 |
| <i>E. coli</i> 0157 | | 0 | | 0 | | 0 |
| <i>E. coli</i> Non-0157 | | 0 | | 0 | | 0 |
| <i>Giardia</i> | | 0 | | 0 | | 0 |
| Gonorrhea | 2 | 2 | | 0 | 5 | 5 |
| Haemophilus Influenza | | 0 | | 0 | | 0 |
| Hepatitis A | 1 | 1 | | 0 | | 0 |
| Hepatitis B | | 0 | | 0 | | 0 |
| Hepatitis C | 6 | 6 | 3 | 3 | 4 | 4 |
| HIV | 1 | 1 | | 0 | | 0 |
| Influenza A (Seasonal) | 81 | 81 | 60 | 60 | 232 | 232 |
| Influenza B | 104 | 104 | 1 | 1 | 39 | 39 |
| Legionella | | 0 | | 0 | 1 | 1 |
| Lyme Disease | | 0 | | 0 | | 0 |
| Norovirus | 4 | 4 | | 0 | 6 | 6 |
| Norovirus Outbreak | | 0 | | 0 | | 0 |
| Pertussis | 1 | 1 | | 0 | | 0 |
| Q Fever | | 0 | | 0 | | 0 |
| Rocky Mtn Spotted Fever | | 0 | | 0 | | 0 |
| Salmonella | | 0 | | 0 | 2 | 2 |
| Shigella sonnei | | 0 | | 0 | | 0 |
| Strep Pneumoniae Invasive | 1 | 1 | | 0 | | 0 |
| Syphilis | 1 | 1 | | 0 | | 0 |
| Tuberculosis | | 0 | | 0 | | 0 |
| Varicella | | 0 | | 0 | | 0 |
| Viral GI Outbreaks | | 0 | | 0 | | 0 |
| | 221 | 221 | 90 | 90 | 316 | 316 |

After Hours Contact Number: 406-523-5564

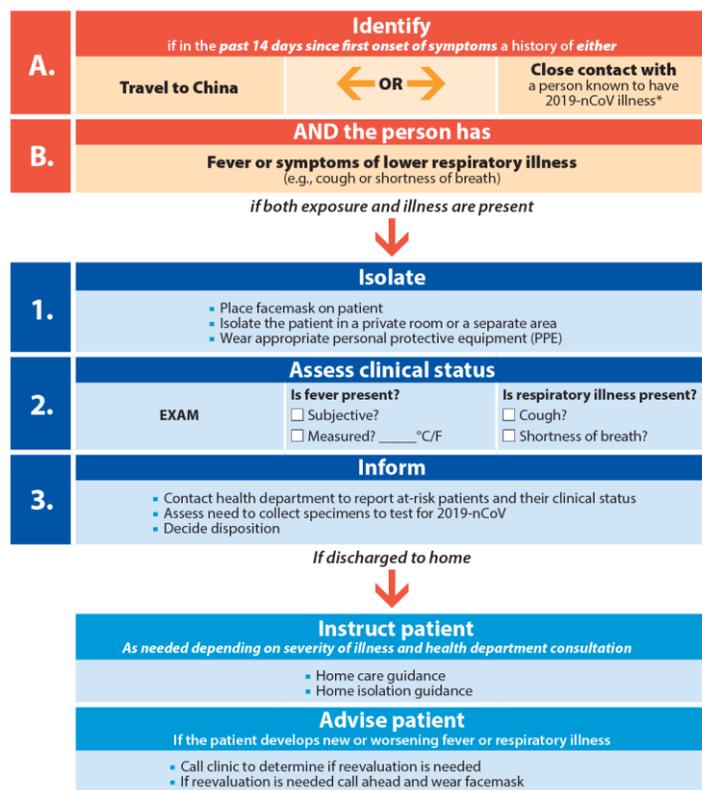
Active Surveillance (Community Trends): Locally, we have widespread influenza, mostly B, with 13 hospitalizations in January. Also, we have received reports of Hand, Foot and Mouth disease, Norovirus, Listeriosis and Pertussis.

Latent TB: As of January 1, 2020, Latent TB infection is reportable to the Local Health Department. Lab tests should automatically report positive IGRAs, but you will need to report positive PPD's.

2019 Novel Coronavirus: Currently, there are no cases in Montana. See the attached CDC Resources links on Novel coronavirus.

Flowchart to Identify and Assess 2019 Novel Coronavirus

For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)



* Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For more clarification on the definition for close contact see CDC's Interim Guidance for Healthcare Professionals: www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

Summary-MMWR Week 5: Ending 2/1/2020

- **General Communicable Diseases:** Elevated blood lead (1)
- **Zoonotic diseases:** Lyme disease (1)
- **Enteric Diseases:** Campylobacteriosis (4), Cryptosporidiosis (1), Listeriosis (1), Salmonellosis (1), Shiga toxin-producing E. coli (STEC) (1), Shigellosis (1)
- **Vaccine Preventable Diseases:** Influenza hospitalization (30), Pertussis (1), Streptococcus pneumoniae, invasive (1)
- **STD/HIV:** Chlamydia (82), Gonorrhea (27), Syphilis, unknown (1)
- **Hepatitis:** Hepatitis A, acute (1), Hepatitis B, chronic (1), Hepatitis C, chronic (22)
- **Latent TB Infection:** (4)



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.

| Document Name | Website link | Last Updated |
|---|---|---|
| Updates | | |
| 2019 Novel Coronavirus Situation Summary (this includes maps of US and cases globally) | https://www.cdc.gov/coronavirus/2019-ncov/summary.html | 2/7/2020 |
| HAN Messages - Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus in Wuhan, China | https://emergency.cdc.gov/han/2020.asp | 2/1/2020 |
| Confirmed Novel Coronavirus Cases Globally | https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html | updated regularly on Mondays, Wednesdays, and Fridays |
| About Coronavirus | | |
| About 2019 Novel Coronavirus including transmission, symptoms, testing, prevention, treatment and FAQs. | https://www.cdc.gov/coronavirus/2019-ncov/about/index.html | 2/6/2020 |
| <i>Novel Coronavirus (2019-nCoV) and You</i> fact sheet | https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf | 2/5/2020 |
| <i>What to do if you are sick with 2019 Novel Coronavirus</i> fact sheet | https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf | 2/5/2020 |
| Persons Under Investigation (PUI) and Contacts | | |
| Criteria to guide for evaluation and reporting of patients under investigation (PUI) of novel coronavirus. Includes: <ul style="list-style-type: none"> • PUIs definition • Close contact definition • Recommendations for reporting, testing and specimen collection | https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html | 2/2/2020 |
| Case Report form for 2019 Novel Coronavirus. Includes the link to the form and instructions. | https://www.cdc.gov/coronavirus/2019-ncov/php/case-report-form.html | 2/7/2020 |
| Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Novel Coronavirus | https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html | 2/8/2020 |
| Interim Guidance for Preventing 2019 Novel Coronavirus from Spreading to Others in Homes and Residential Communities . This guidance is for: <ul style="list-style-type: none"> • Confirmed cases • PUIs • Caregivers and household members | https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html | 2/1/2020 |

Revised 2/11/2020



| | | |
|---|---|-----------|
| <ul style="list-style-type: none"> • Close contacts with confirmed case or PUI | | |
| Interim Guidance for Implementing Home Care of Confirmed Cases and PUIs <i>not</i> Requiring Hospitalization for 2019 Novel Coronavirus | https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html | 1/31/2020 |
| Information for Travelers | | |
| Novel Coronavirus Information for Travelers (includes CDC China Travel Notice) NOTE: Warning Level 3, Avoid Nonessential Travel. | https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html | 2/10/2020 |
| US Department of State China Travel Advisory NOTE: this is set at Travel Advisory Level 4: Do not travel. | https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/china-travel-advisory.html | 2/2/2020 |
| Quarantine and Isolation | | |
| Interim Recommendations regarding Shelter Characteristics for 2019-nCoV: US Government Repatriation Operation | https://dphhs.mt.gov/Portals/85/publichealth/documents/CDEpi/DiseasesAtoZ/2019-nCoV/2019nCoV_InterimHousingGuidance_CDC_02012020.pdf | 2/10/2020 |
| Infection Control | | |
| Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019-nCoV or Patients Under Investigation for 2019 Novel Coronavirus in a Healthcare Setting | https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html | 2/3/2020 |
| Healthcare Supply of Personal Protective Equipment | https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html | 2/8/2020 |
| Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings | https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html | 2/7/2020 |
| Healthcare Providers Preparedness | | |
| Information for Healthcare Professionals | https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-hcp.html | 2/8/2020 |
| Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus Infection | https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html | 1/30/2020 |
| Guidance for EMS - NEW | https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html | 2/6/2020 |
| Resources for Hospitals and Healthcare Professionals Preparing for Patients with Suspected or Confirmed 2019-nCoV | https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html | 1/24/2020 |

Revised 2/11/2020



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| | | |
|---|---|-----------|
| Interim Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019-nCoV - NEW | https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html | 2/8/2020 |
| Hospital Providers Preparedness | | |
| Hospital Preparedness Checklist for Suspected or Confirmed Novel Coronavirus cases | https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html | 1/25/2020 |
| Interim Considerations for Disposition of Hospitalized Patients with 2019-nCoV Infection - NEW | https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html | 2/9/2020 |
| Information for Laboratories and Specimen Collection | | |
| Information for Laboratories | https://www.cdc.gov/coronavirus/2019-ncov/lab/index.html | 2/11/2020 |
| Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for 2019 Novel Coronavirus | https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html | 2/2/2020 |
| Specimen Collection Form (CDC Form 50.34) | https://www.cdc.gov/laboratory/specimen-submission/pdf/form-50-34.pdf | 1/17/2020 |
| Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with 2019-nCoV | https://www.cdc.gov/coronavirus/2019-ncov/lab/lab-biosafety-guidelines.html | 2/10/2020 |

Revised 2/11/2020



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

BOARD AGENDA ITEM

Meeting Date

February 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 | | | | | | |
| Murgel | | | | | | |
| Oliver | | | | | | |
| Ream | | | | | | |

Lewis and Clark Public Health Report

Drenda Niemann, Health Officer

Staff News and Workforce Development:

Gayle Shirley has announced her retirement as communications and systems improvement manager effective April 30, 2020. She has been with LCPH for 9 years.

Emerging Public Health Issues:

- Flu Update: See informational handout in packet
- COVID-19 (novel Coronavirus): See informational handout in packet

The Montana DEQ has received a permit application from Valley Sand & Gravel (VSG) to mine gravel from a parcel north of the City of Helena within Lewis & Clark County. DEQ held an open house and public meeting on Feb 12th at the Helena Middle School auditorium to solicit public comment on the permit application. Approximately 200 members of the public attended the meeting. Over 35 written questions were addressed by panel participants, and over 30 individuals provide oral comments.

The proposed gravel pit lies within the boundaries of the Lewis & Clark County Water Quality Protection District (WQPD) and has experienced flooding twice in the past ten years. Consequently, the WQPD is reviewing the permit application as it pertains to hydrology and water quality, and will be submitting formal comments to the DEQ prior to their requested Feb 21st deadline.

The meeting began with an informal open house at which specialists from DEQ, DNRC, and Lewis & Clark County (LCC) were available to answer questions. County employees that were on-hand to answer question from the public during the open house portion of the venue included Lindsay Morgan (Community Planning & Development), Jeni Garcin (Public Information Officer), and Pete Schade (Water Quality Protection District). After the open house, DEQ scientists provided a short presentation on the application, after which participants had an opportunity to submit written questions for a panel of participants. The meeting concluded with a formal public comment/testimony period from 7:30 p.m. to 9 p.m where participants were allowed 3 minutes to provide oral comments. DEQ is also accepting written comments and requests that all written comments be received for consideration by Feb 21, 2020. Written comments may be submitted by email using the “Public Comment for Valley Sand and Gravel, LLC— McHugh 2” link under “Opencut News” at <http://deq.mt.gov/Mining/Opencut>, or by U.S. Mail addressed to the DEQ Opencut Mining Section, P.O. Box 200901, Helena, MT 59620-0901. Opencut Permit Application #3088, Valley Sand and Gravel, LLC-McHugh 2 Gravel Pit, may be viewed online at <https://appecm.mt.gov/PerceptiveDEQOpencutSearch/> by entering “3088” in the “Opencut #” box and clicking the “Submit” button.

Grants Report:

Lewis and Clark Public Health (LCPH) has secured grant funding to support an evaluation of the feasibility and potential effectiveness of a local integrated syringe services program or Integrated SSP. More specifically, the grant would pay for the professional facilitation of a Collective Impact Project with local stakeholders and decision makers to evaluate such a program in our community. With this grant, LCPH seeks to continue the ongoing local effort to increase support for those experiencing mental illness and substance abuse by evaluating the development and implementation of an Integrated SSP. A SSP would aim to enhance access to important social and health care services such as integrated behavioral and mental health services, addiction counseling, medically assisted treatment, overdose prevention, referral to safe housing, communicable disease testing and treatment, and preventing the transmission of communicable disease such as HIV and Hepatitis C. In other words, when integrated, the SSP provides a service which is desired by those who inject drugs thereby directly facilitating the opportunity for local referral to other important social and health care-related services.

Progress on Community Health Improvement Plan:

Healthy Together, a community partnership facilitated by the health department, has released its first semiannual progress report on the 2019-2022 Community Health Improvement Plan. A copy of the report is available in this packet and online at www.lccountymt.gov/healthy-together. It describes what steps the community has taken so far to improve behavioral health, early childhood, and access to health services.

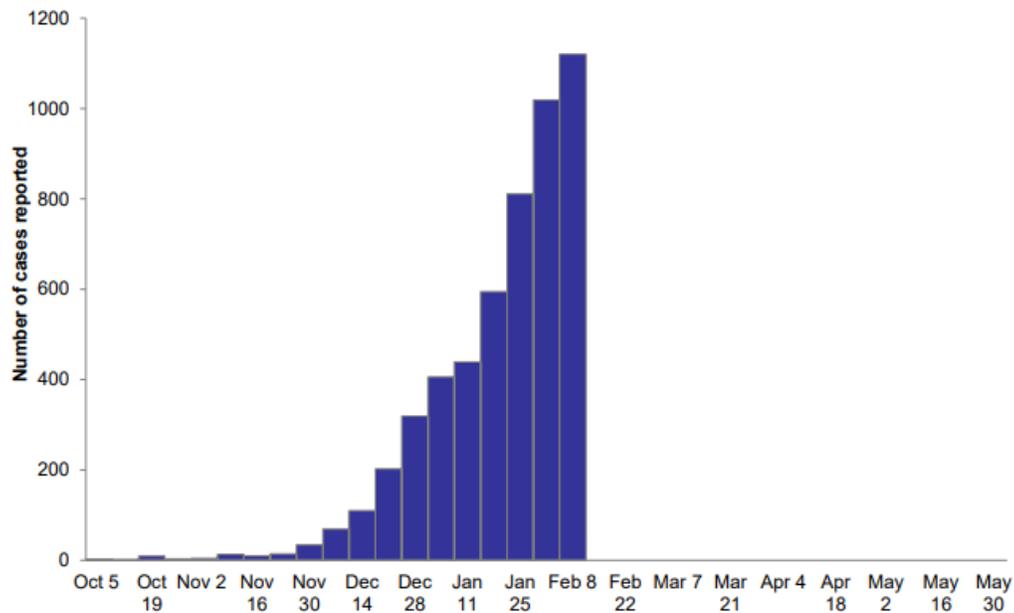
Progress on Strategic Plan:

On January 23, 2020, 56 participants and 17 volunteers came together to participate in a Helena Poverty Simulation held at Carroll College campus. The poverty simulation experience is designed to help participants begin to understand what it might be like to live in a typical low-income family trying to survive from month to month in our community. The first half of the event was the simulation. The participants were put into families and had to get all of their needs met in the short 15 minute week. The simulation demonstrated how difficult it can be to just meet your basic needs when other factors are at play (health issues, childcare, etc). Following the simulation, there was a panel discussion with individuals with lived experience of poverty in Helena. The panelists spoke about how this simulation compares to living in Poverty in Helena. After the panel there was small group discussion about what attendees can do in their personal and professional lives in relation to what they learned or experienced through the simulation. Conversation was impactful, and people left with a feeling of empowerment and increased awareness.

**LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH
2019-2020 FLU SEASON UPDATE
LEWIS AND CLARK COUNTY**

So, how is the current flu season shaping up? Things are starting to heat up (see graph below)...As of Thursday, February 20, 2020, there have been **443** reported cases and **one** flu-related death in Lewis and Clark County. This compares with **342** confirmed cases and **five** deaths reported over the same time period last flu season. State-wide, there have been **5,193** cases and **four** deaths reported this season. All counties in Montana have reported at least one case of influenza. The most common influenza subtype identified this flu season is **influenza B**. In the past few weeks, the proportion of **influenza A** positives has been increasing (source: Lewis and Clark Public Health, Montana DPHHS).

Figure 3. Influenza cases reported by week – Montana, 2019-2020 season



What are the different types of flu virus that cause disease? There are four types of influenza viruses: **A, B, C and D**. Influenza A and B viruses are of primary concern because they cause seasonal epidemics of disease in humans almost every winter in the United States. A pandemic, or an epidemic occurring on a scale which crosses international boundaries, typically occurs with the emergence of a new and very different influenza A virus. Influenza type C infections generally cause a mild respiratory illness and are not thought to cause epidemics. Influenza D viruses primarily affect cattle and are not known to infect or cause illness in people.

Influenza A viruses are the most harmful. Wild aquatic birds are often the hosts for a large variety of influenza A viruses. Sometimes these viruses are transmitted from bird to human and can cause devastating outbreaks. Influenza B almost exclusively infects humans and is less common than influenza A. Type B also mutates about two to three times more slowly than influenza A. Because humans are the natural host of influenza B, pandemics generally do not occur with influenza B viruses. (Source: CDC)

Types of Influenza Virus

| Sr. No | Basis | Type A | Type B | Type C |
|--------|-------------|---|----------------------------|----------------------------|
| 1 | Symptoms | Moderate to Severe | Mild | Mild |
| 2 | Age Group | All | Primarily children | All |
| 3 | Affect | Humans and animal | Affects human only | Affects human only |
| 4 | Divided | Subdivided based on antigenic differences | Not divided into sub types | Not divided into sub types |
| 5 | Epidemics | Widespread | Regional | Don't cause |
| 6 | Experienced | Mostly | Less Common than type A | Rarely Reported |

12/3/2014

GSK - Influenza Virus Vaccine

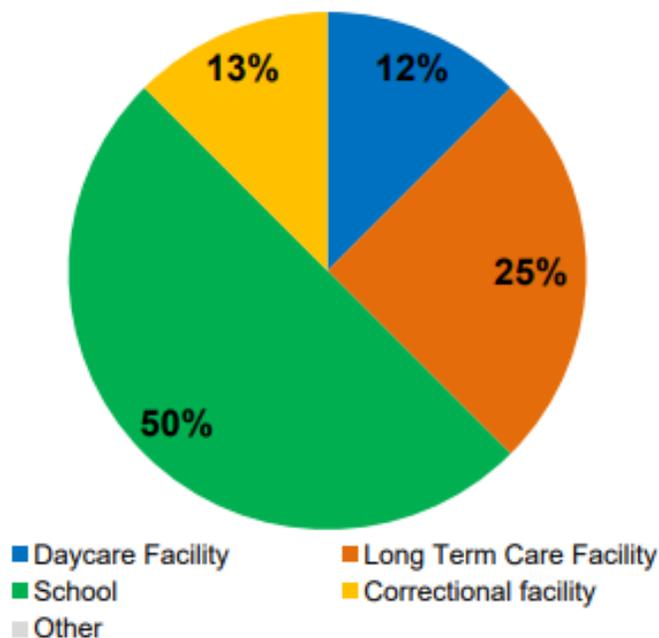
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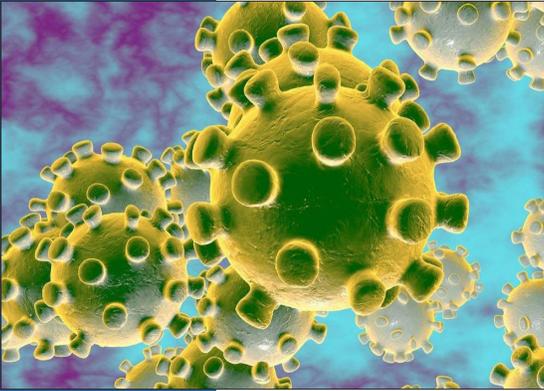
A little information about flu “Outbreaks”. Flu outbreaks in a congregate setting are reportable. An outbreak is defined as “an incidence of a disease or infection significantly exceeding the incidence normally observed in a population of people over a period of time specific to the disease or infection in question” (ARM 34.114.101 (24)).

For the current flu season there has been a **single** reported outbreak at a long-term care facility in Lewis and Clark County. This compares with **two** outbreaks reported last flu season, one at a local school and the other within the Communicable Disease Bureau of the Public Health and Safety Division of the state Department of Public Health and Human Services. No kidding—the flu does not discriminate—even those that know most about it can get it! The following chart identifies the most common settings for flu outbreak in Montana (source Montana DPHHS)

Figure 8. Reported influenza outbreaks by setting – Montana, 2019-20 season



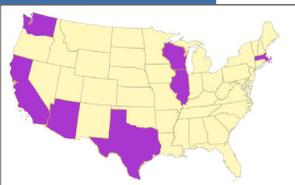
Novel Coronavirus and You



A new strain of coronavirus identified in China late last year has been causing an outbreak of a disease known as COVID-19. Its symptoms include severe respiratory illness and pneumonia. Although the potential global public-health threat posed by this virus is a serious concern, **the risk to most Americans is low at this time. No cases have been reported in Montana.**

How to Protect Your Health

Avoid travel to China. The first cases of this novel coronavirus were seen in China in December 2019. Travelers have since spread it to some other countries, including the United States.



States with confirmed cases, Feb. 20, 2020

To protect Americans, the U.S. State Department and the Centers for Disease Control and Prevention (CDC) have issued travel advisories asking Americans not to travel to China. At this time, those who have recently traveled to China or who are close contacts of such travelers are most likely to get this disease. Officials are taking strict precautions to assess and respond to the health of Americans returning to the U.S. from abroad.

Monitor the situation and stay informed. This is a rapidly evolving situation. Travel advisories and the risk for Americans may change. You can get up-to-date information about the virus on the CDC website at: www.cdc.gov/coronavirus/2019-ncov/

Do your part: Take common-sense precautions. The same steps you can take to protect yourself from flu and other respiratory viruses can help protect you against the virus that causes COVID-19. They're good habits for all occasions!



- Wash your hands often with soap and water, or use hand sanitizer.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid contact with people who are sick.
- Stay home when you're sick, and avoid close contact with others.
- Cover your mouth and nose with a tissue or sleeve when coughing or sneezing.

Keep perspective. Some people think the novel coronavirus is scary, in large part because it's new. But it's not the only respiratory disease out there. Seasonal flu causes up to 5 million cases of severe illness a year and up to 650,000 deaths, according to the World Health Organization. It's not too late to get a flu shot!

For more information, call LCPH at 457-8900.
Or visit www.LewisAndClarkHealth.org

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

BOARD AGENDA ITEM

Meeting Date

February 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 | | | | | | |
| Murgel | | | | | | |
| Oliver | | | | | | |
| Ream | | | | | | |

For Your Information



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



Completed



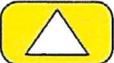
In Progress



Not Started

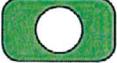
PRIORITY 1: BEHAVIORAL HEALTH

Goal 1: Increase awareness of behavioral health and suicide and normalize the conversation around these topics. Lead: Lewis and Clark Suicide Prevention Coalition

| Objective 1 | Strategy | Progress | Status |
|---|---|---|---|
| BH 1.1 Support multi-sector partnerships to increase knowledge of and reduce stigma tied to behavioral health challenges. | BH 1.1.1 Hold 11 Coalition meetings a year. | On track to complete in December 2019 |  |
| | BH 1.1.2 Consider formalizing membership and governance structure of the Coalition. | No progress |  |
| | BH 1.1.3 Increase Coalition membership by 4 to include additional cross-sector representation of the community. | Have added 3 new representatives from Helena College, Intermountain, and the state Addictive and Mental Disorders Division (AMDD) |  |
| | BH 1.1.4 Expand use of technology to allow remote participation in Coalition meetings. | Members are able to call in via conference call or by cell phone. No progress on video conferencing. |  |
| | BH 1.1.5 Expand staffing level for Coalition, using VISTA volunteer if possible. | Plans are being formulated for a summer VISTA. Will work with state Prevention Resource Center in December 2019 to solidify plan. |  |
| | BH 1.1.6 Identify needs to expand education and awareness work and secure funding to meet these needs. | Working on developing comprehensive plans for schools to use to identify gaps in behavioral health education. Also working on plan to expand educational opportunities to the hotel industry. |  |

| | | | |
|--|---|--|---|
| | BH 1.1.7 Develop a Coalition Communication Plan for external and internal partners. | No progress |  |
| | BH 1.1.8 Expand public information campaigns focused on reducing stigma and increasing awareness. | Began a second year of the Man Therapy Program and are working to expand military cultural competency and suicide prevention information through Military Strong campaign. |  |

| Objective 2 | Strategy | Progress | Status |
|--|---|--|---|
| BH 1.2 Implement stigma-reduction and evidence-based mental wellness promotion and substance abuse prevention activities. | BH 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. | Added 1 trainer to provide Mental Health First Aid, 1 trainer to provide ASIST (Applied Suicide Intervention Skills). Three more being considered for Youth Mental Health First Aid. |  |
| | BH 1.2.2 Provide monthly trainings in mental-health promotion and suicide prevention for community residents. | Ongoing. Trained 1,326 people from April 1 to Sept. 30, 2019 (end of first grant year). 766 people, October – Nov. 21, 2019 2,092 total (as of Nov. 21, 2019) |  |
| | BH 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. | Ongoing. Calendar is updated at least twice a month. |  |
| | BH 1.2.4 Develop a multi-level model that facilitates partner-agency participation in and communication about evidence-based training annually. | Ongoing |  |
| | BH 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. | No progress |  |
| | BH 1.2.6 Identify evidence-based, substance-abuse education and training and appropriate audiences. | No progress |  |
| | BH 1.2.7 Expand use of evidence-based, substance-abuse prevention strategies and trainings. | No progress |  |

| | | | |
|--|---|-----------|---|
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| | BH 1.2.8 Develop listings on the CONNECT referral system for mental health and suicide-prevention trainings so agencies can send referrals. | Completed |  |

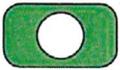
How we measure success: Percentage of activities that are “complete” or “in progress.” **6% complete, 63% in progress**

Other achievements/actions taken to enhance behavioral health awareness and reduce stigma: May Mental Health Month and Suicide Prevention Month collective impact events

Barriers to progress: Lack of connection with those in substance use work to establish 1.2.5 – 1.2.7

Reporter: Jess Hegstrom, Suicide Prevention Coalition Coordinator

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. Lead: Lewis and Clark Behavioral Health Advisory Council (LAC)

| Objective | Strategy | Progress | Status |
|---|---|--|---|
| BH 2.1 Foster community-level leadership and partnerships to develop and implement a universal behavioral health screening and referral protocol for the county. | BH 2.1.1 Identify a project lead. | Jill Steeley is project lead |  |
| | BH 2.1.2 Develop an action plan. | Met with potential committee members. Once the committee is put together, we can start an action plan. |  |
| | BH 2.1.3 Map a process for universal screening. | No progress |  |
| | BH 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. |  |
| | BH 2.1.5 Convene providers to discuss increasing screenings and to select screening tools. | No progress |  |
| | BH 2.1.6 Develop a screening and referral protocol and toolkit that health-care and human-service organizations can use. | No progress |  |
| | BH 2.1.7 Distribute toolkit to all pediatric, primary care, and specialty providers and offer training in implementation. | No progress |  |
| | BH 2.1.8 Expand and track listings on CONNECT referral system for behavioral health screening and treatment providers. | No progress |  |
| | BH 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. |  |

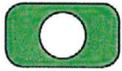
How we measure success:

- Percentage of activities that are “complete” or “in progress.” **11% completed, 33% in progress**
- ~~Percentage~~ Number of behavioral-health providers using the CONNECT referral system: **percentage unavailable**
- Percentage of primary-care providers and pediatricians in the county who use CONNECT to make referrals to behavioral-health services: **unavailable**
- ~~Percentage~~ Number of specialty-care providers in the county who use CONNECT to make referrals to behavioral-health services: **percentage unavailable**
- Percentage of primary-care and pediatric providers who have a behavioral-health screening and referral process: **unavailable**
- Percentage of health-care providers screening for depression and anxiety for all patients 10 years of age or older: **unavailable**

Other achievements/actions taken to provide access to behavioral health screenings:

Barriers to progress:

Reporter: Jill Steeley, Chair of Local Behavioral Health Advisory Council (LAC)



Completed



In Progress



Not Started

PRIORITY 2: EARLY CHILDHOOD

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

| Objective 1 | Strategy | Progress | Status |
|---|---|---|--------|
| EC 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. | EC 1.1.1 Increase collaboration and engagement of current Affiliate members and recruit new organizations to participate. | Active recruitment simultaneous with Coalition Gathering. | |
| | EC 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. | |
| | EC 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, Rocky Mountain Development Council, and St. Peter's Health. Working on a community coalition gathering and updating United Way directory as we do it. | |
| | EC 1.1.4 Create an inventory of current community initiatives related to ACEs and trauma-informed practices. | In progress – will be able to ascertain after the Community Coalition Gathering. | |
| | EC 1.1.5 Create and deliver surveys based on communication plan to assess knowledge and need for ACE awareness. | No progress | |
| | EC 1.1.6 Compile survey data to establish baseline of knowledge and need. | No progress | |

| | EC 1.1.7 Develop strategic plan for implementation of ACE awareness and trauma-informed trainings. | No progress |  |
|--|---|--|---|
| Objective 2 | Strategy | Progress | Status |
| EC 2.2 Implement education and advocacy strategies to increase awareness of ACEs and use of trauma-informed practices throughout our county. | EC 1.2.1 Implement ACEs trainings with large employers. | Started ACE presentations with staff of the Sheriff's Office. This will be an ongoing partnership. Need to identify largest employers in the county and then find out who's had training and who hasn't. St. Peter's Health has had pockets of training. |  |
| | EC 1.2.2 Implement peer-to-peer learning opportunities based on compiled data and strategic plan. | No progress |  |
| | EC 1.2.3 Partner with early-childhood initiatives to advocate the importance of trauma-informed systems with key policymakers. | We have members attending Early Childhood Coalition and Zero to 5 Initiative. |  |
| | EC 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. | No progress |  |
| | EC 1.2.5 Re-survey community members to measure the success of our efforts. | No progress |  |

How we measure success: Percentage of activities that are “complete” or “in progress.” **0% completed, 50% in progress**

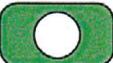
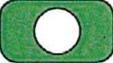
Other achievements/actions taken to advance knowledge of ACEs and trauma-informed practices.

We are focused on organizing a Community Coalition Gathering/Celebration for Feb. 13, 2020. This will allow us to connect with all local coalitions and increase awareness of what each does in the community. Elevate Montana Helena Affiliate (EMHA) continues to provide ACE presentations in the community. Most recently we conducted presentations at the Sheriff's Office, Family Outreach, and Cottonwood ALC, a private K-12 school. EMHA is also partnering with legislators, ChildWise and other interested parties to promote Handle with Care, in hopes that Montana policymakers will endorse and adopt the program statewide. *An ACE & Resilience Toolkit for Providers* (resource specific to the Helena Community) is also being developed in which we are advocating the use of the CONNECT and 211 referral systems.

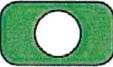
Barriers to progress: There really are no barriers other than so much to do and so many to reach!

Reporter: Rebecca Hargis, Elevate Montana, Helena Affiliate

Goal 2: Increase access to and knowledge of high-quality child care and early education options for all families in the county. Lead: Early Childhood Coalition (ECC) and Zero to Five Initiative (Zt5)

| Objective 1 | Strategy | Progress | Status |
|--|---|---|---|
| <p>EC 2.1 Ensure meaningful partnerships among early-childhood coalitions and stakeholders.</p> | <p>EC 2.1.1 Define goals for Zero to Five Initiative and the ECC.</p> | <p>The ECC Leadership Team and Coordinator and Zero to Five Local Collaboration Coordinator have 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 2019. The Zt5 Design Team has established its governance documents (mission, vision, values) and will set goals during the November and December meetings. Generally speaking, both groups have very similar mission, vision and values.</p> |  |
| | <p>EC 2.1.2 Define relationship between Zero to Five Initiative and ECC.</p> | <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 can partner and add value to the work being done in the area of Early Childhood Education.</p> |  |
| | <p>EC 2.1.3 Include caregivers in Zero to Five pathways group.</p> | <p>Zt5 is still meeting and talking with caregivers and childcare directors with the intention to include them on the Collaborative Team starting in January 2020.</p> |  |
| | <p>EC 2.1.4 Commit to gather and share data between Zero to Five and ECC to quantify need.</p> | <p>ECC's Coordinator and the Zt5 have informally agreed to share information. The ECC Coordinator shared results of the SMECS survey conducted by Bloom consulting (see below), and the Zt5 has agreed to share results of its 0-5 family survey currently being conducted. The two entities will continue to share information, and use this data to set goals for future projects together.</p> |  |
| | <p>EC 2.1.5 Commit to meet twice a year to define actions and avoid duplication of efforts.</p> | <p>ECC and Zt5 have committed to meet at least twice a year for this purpose.</p> |  |

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|--|---|--|---|
| | <p>EC 2.1.6 Support development of a communication system to enhance community knowledge of quality child care and early education.</p> | <p>In recent strategic and work planning, ECC and its Early Care and Education Task Force (ECETF) have prioritized improving community knowledge of quality child care and early education, and the topic was discussed at the November 2019 general membership meeting. Among other things, the ECETF plans to continue and expand its Week of the Young Child activities and develop a pre-kindergarten calendar for parents to share important dates. Zt5 and ECC are coordinating efforts to develop communications plans.</p> |  |
|--|---|--|---|

| Objective 2 | Strategy | Progress | Status |
|---|---|--|---|
| <p>EC 2.2 Implement systems-change activities to increase access to high-quality child care and early education.</p> | <p>EC 2.2.1 Review the “Strengthening Montana’s Early Childhood Systems” parent survey, conducted by DPHHS in 2019, to assess child-care needs.</p> | <p>ECC and Zt5 Coordinators have reviewed results of the survey. This information, along with specifics from our current countywide survey, will be foundational as we create action plans for the coming year.</p> |  |
| | <p>EC 2.2.2 Develop community goals to address child-care needs identified in the survey.</p> | <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 “Strengthening Montana’s Early Childhood “ (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>EC 2.2.3 Develop toolkit to educate employers on employee-sponsored child-care models.</p> | <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. The Coordinator 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 and agreed to share materials. These trainings and materials will likely be the basis for any toolkit given to employers. Zt5 will also follow up on the “Business Summit” sponsored by the State Zt5 Office in May 2019, with the goal of encouraging local businesses to sponsor existing childcare facilities.</p> |  |
| | <p>EC 2.2.4 Host forum on employer-sponsored child-care models.</p> | <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</p> |  |

| | | | |
|--|--|---|---|
| | | initial introduction was held for businesses in May 2019. Zt5 will do 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. | |
| | EC 2.2.5 Research child-care cooperative models. | 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. |  |
| | EC 2.2.6 Support emerging and newly funded early-childhood initiatives. | ECC and Zt5 will support emerging and newly funded initiatives. An ECC Leadership Team member recently met with a state 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 teaching 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 2019. Zt5 is exploring ways to use its own funding and invest it in ways that will lead to systemic change that enhances the goals of both the ECC & Zt5. |  |
| | EC 2.2.7 Repeat "Strengthening Montana's Early Childhood System" parent survey to track progress and emerging needs. | Original survey was completed by the state in Summer 2019 and results were shared with stakeholders in the fall. A local survey will be conducted in coming years. |  |
| | EC 2.2.8 Promote CONNECT referral system as a resource to find quality child care and early education. | 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. |  |

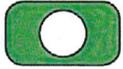
How we measure success:

- Percentage of activities that are “complete” or “in progress.” **21% complete, 71% in progress**
- Number of licensed child-care slots in county: **1453 (includes Head Start)**
- Number of STARS to Quality child-care providers: **26**
 - **Pre-STAR: 1**
 - **STAR 1: 0**
 - **STAR 2: 10**
 - **STAR 3: 7**
 - **STAR 4: 7**
 - **STAR 5: 1**

- Number of employer-sponsored, licensed child-care facilities: **1 (St. Peter’s Health)**
- Number of licensed child-care providers who offer benefits to employees: **unavailable**

Reporters: Jeff Buscher, Zero to Five Initiative, United Way; and Elaine Dahl, Early Childhood Coalition

HK



Completed



In Progress



Not Started

PRIORITY 3: 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. Lead: CONNECT Coordinator, Lewis and Clark Public Health

| Objective 1 | Strategy | Progress | Status |
|--|---|--|--------|
| AR 1.1 Increase adoption of the CONNECT referral system by health and human-service providers. | AR 1.1.1 Identify potential CONNECT users by determining which organizations frequently receive referrals. | Referral mapping (gathering information about referral partners from agencies) has been conducted with new agencies signed up with CONNECT. It also was conducted with agencies that attended a CONNECT celebration in October 2019. This will be undertaken on a larger scale at community meetings in December or January. | |
| | AR 1.1.2 Partner with 2-1-1 to strengthen the system for agency-to-agency referrals. | United Way is in the midst of a reorganization. Once finished, the CONNECT Coordinator will begin discussion of this item with UW staff. | |
| | AR 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. | United Way is reorganizing. Once finished, the CONNECT Coordinator will begin discussion of this item with UW staff. | |
| | AR 1.1.4 Assess who is currently using CONNECT and identify champion agencies to recruit new users. | This is regular, ongoing work of the CONNECT Coordinator, but this item has not been started in a systematic way. | |
| | AR 1.1.5 Include a requirement to use CONNECT in grants provided by local funders. | No progress | |
| | AR 1.1.6 Research the feasibility of expanding CONNECT to private businesses. | No progress | |

| Objective 2 | Strategy | Progress | Status |
|---|---|---|---|
| AR 1.2 Work with CONNECT referral partners to ensure optimal use of the system. | AR 1.2.1 Develop a communication plan for current and potential users about confidentiality safeguards, engaging agency champions from various sectors who use CONNECT. | Expect to have more access to state resources to accomplish this in Year 2 of the CHIP. |  |
| | AR 1.2.2 Identify meaningful outputs to report to CONNECT users, including qualitative and quantitative data and success stories. | Expect to have more access to state resources to accomplish this in Year 2 of the CHIP. |  |
| | AR 1.2.3 Develop an orientation module for new staff who will use CONNECT. | A training video is being produced by the Montana Department of Public Health and Human Services. |  |
| | AR 1.2.4 Assess existing agencies/users and identify who needs additional support to optimize use. | This is ongoing work of the CONNECT Coordinator. |  |
| | AR 1.2.5 Identify champions and communication leads within each partner agency. | This is ongoing work of the CONNECT Coordinator. |  |
| | AR 1.2.6 Regularly communicate with and convene key partners, including providing ongoing training on issues like care coordination and sustainability. | No progress |  |

How we measure success:

- Percentage of activities that are “complete” or “in progress”: **0% complete, 42% in progress**
- Number of unduplicated individuals referred through CONNECT (June through November 2019 for all CONNECT data): **211**
- Number of agencies that signed up to use CONNECT: **53**
- Percentage of agencies on CONNECT that are actively using the system: **28%**
- Total number of referrals: **263**
- Percentage of referrals that lead to contact with a CONNECT provider: **46%**

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 celebration for new and current users in October 2019 to celebrate the upgrades and create excitement about CONNECT. There were 18 individuals in attendance at the party (outside LCPH staff).

Barriers to progress:

Much of the work from the finalization of the CHIP to the time of this progress report has involved the Coordinator learning the job and then supporting agencies in the new system upgrade.

The Community Action Team (CAT) will not be continuing as a group, so the CAT will not be the lead on these items from the CHIP. Instead, the plan is that the Helena Transitions Coalition, coordinated by Amber Rogers from Mountain Pacific Quality Health, will be the lead team. This decision was made mid-November, and the December meeting of the HTC will likely include more discussion of the CONNECT work identified in the CHIP.

Reporter: Julie Bir, CONNECT Coordinator, Lewis and Clark Public Health

RECORD OF CHANGES

As work continues on the goals, objectives, and strategies of the 2019-2022 Community Health Improvement Plan, the Healthy Together steering committee and/or task force may find it necessary to revise portions of the plan to address issues that arise. Changes to activities and measures of the CHIP have been underlined in this progress report where they appear and are listed here with explanations for the changes:

Page 5: Measures 2 and 4 for Behavioral Health Goal 2 were revised to call for numbers of providers rather than percentages. Ability to get total numbers of behavioral-health and specialty-care providers in the county was questionable, making it impossible to calculate percentages. Definitions for behavioral-health and specialty-care providers will be added.

Page 12: A definition for “benefits” will be added to Measure 5, and the term “licensed” was added to Measures 4 and 5.

DISTRIBUTION OF THIS REPORT

Healthy Together Steering Committee members agreed to distribute this semiannual progress report in, at minimum, the following ways:

- Presentations to governing entities of steering committee members
- Healthy Together website
- Via email to Healthy Together task force members
- Social media
- Presentations to coalitions involved in work on the CHIP

FOR MORE INFORMATION

Contact Gayle Shirley, Lewis and Clark Public Health, 406-457-8908 or gshirley@lccountymt.gov

Visit the Healthy Together website at www.lccountymt.gov/healthy-together

News Releases

| | | |
|---|-----------|----------|
| Media Advisory: Community to Learn About Living in Poverty | All media | Jan17,22 |
| Column: Our Experts' Top Tips for Raising Healthy, Happy... | IR | Jan 17 |

Media Hits

| | | | |
|--|------|--------|-----|
| Training Available to Help Those with Suicidal... | KTVH | Jan 15 | Pos |
| Column: Our Experts' Top Tips for Raising Healthy... | IR | Jan 22 | Pos |
| Poverty Simulation Offers Glimpse into Struggles... | IR | Jan 23 | Pos |
| Poverty Simulation Teaches Helena Community... | KTVH | Jan 23 | Pos |

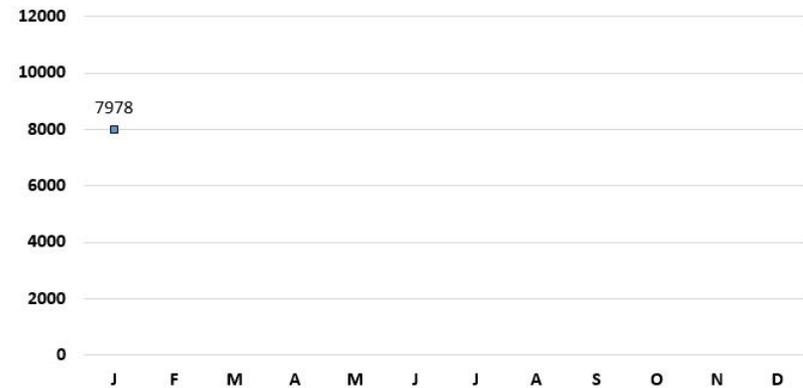
Advertising

| | | |
|---------------------------------------|---------------------------|---------------|
| Man Therapy: Therapy from Creators... | Blackfoot Valley Dispatch | Jan 1, 22, 29 |
| MT Tobacco Quit Line | Blackfoot Valley Dispatch | Jan 1 |
| Man Therapy: 7th Inning Stretch | Blackfoot Valley Dispatch | Jan 8 |

Internal Communication

| | | |
|---------------------------------|----------|---------------|
| The Pulse - January 2020 | 157 sent | 33% open rate |
| Health News Digest - January 3 | 81 sent | 30% open rate |
| Health News Digest - January 10 | 81 sent | 35% open rate |
| Health News Digest - January 17 | 81 sent | 40% open rate |
| Health News Digest - January 24 | 81 sent | 35% open rate |
| Health News Digest - January 31 | 82 sent | 34% open rate |

Total Web Page Views*



Website: Top Page Hits

| | |
|----------------------|------|
| Air Quality | 1344 |
| Home Page | 1017 |
| Environmental Health | 205 |
| Food Facilities | 194 |
| Septic Systems | 179 |

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

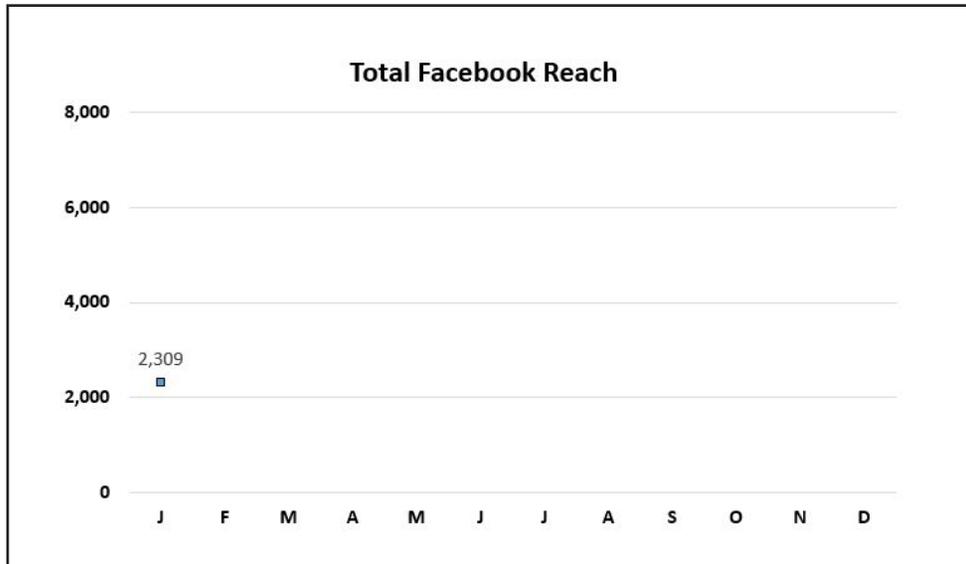
Facebook

| | |
|-------------------|------|
| Page likes: | 717 |
| Change from Dec. | +4 |
| Female: | 84% |
| Male: | 15% |
| County residents: | 512 |
| Ages 13-24: | 2.4% |
| Ages 25-44: | 59% |
| Ages 45-64: | 30% |
| Ages 65+: | 9% |

Total number of posts: 15

Most popular post: 263

The Zero to Five Lewis and Clark County Collaborative has issued a report outlining the results of a survey of local families on topics like parenting resources, supports, challenges and strengths. The survey also collected information on child care and suggestions for how the community can better support parents and families....



January 31

The Centers for Disease Control and Prevention (CDC) are recommending that travelers avoid all nonessential travel to China due to the outbreak there of a novel coronavirus (2019-nCoV). You can learn more on the CDC website. No 2019-nCoV cases have been identified in Montana. Link to CDC coronavirus page. (107 reached, 1 reaction)

January 31

Make sure your child’s car seat is installed properly so that it can effectively protect them! Stop by Helena Motors today at 1 PM and get yours checked for FREE! Shared Tri-County Buckle Up event. (103 reached, 2 reactions)

January 28

The Zero to Five Lewis and Clark County Collaborative has issued a report outlining the results of a survey of local families on topics like parenting resources, supports, challenges and strengths. The survey also collected information on child care and suggestions for how the community can better support parents and families. You can read the report here: https://www.lccountymt.gov/.../LC_CountyFamilySurveyReport-1-... United Way of the Lewis & Clark Area w/meme made in-house (263 reached, 5 reactions, 1 share)

January 24

More than 50 community members got a taste of what it’s like to live on a poverty-level income Thursday as participants in a community-wide poverty simulation. The event was sponsored by Lewis and Clark Public Health, Montana No Kid Hungry, United Way of the Lewis and Clark Area, Helena Food Share, and Good Samaritan.

The purpose of the event was to help those who work with people in poverty understand the barriers their clients face and how they can help to reduce them. As one participant put it, “In America, the worst thing you can be is someone in need. You’re expected to pull yourself up by your bootstraps. There’s a stigma that comes with needing help.” You can read more here: Link to IR article w/pic (209 reached, 13 reactions)

January 22

What’s the secret to raising happy, healthy children? There is no one recipe, but our pregnancy and parenting experts at Lewis and Clark Public Health have some tips that could help! You’ll find them in our column in today’s Independent Record. https://helenair.com/.../article_a419ac25-1938-52c3-9275-bd16... w/image (116 reached, 3 reactions)

January 22

While the novel coronavirus from China is a concern, so to is the more common seasonal influenza, or flu. The first flu death of the season in Montana was reported this week. It’s NOT too late to get a flu shot! Shared KXLH broadcast w/pic (201 reached, 4 reactions, 9 shares)

January 22

While this is a worrisome public health situation, the CDC believes that the immediate health risk to the general U.S. public is low. Shared CDC post on 2019-nCoV (147 reached, 4 reactions, 1 share)

January 20

Martin Luther King Day holiday closure meme.d FDA post. (107 reached, 3 reactions)

January 16

Martin Luther King Day holiday closure meme.d FDA post. (90 reached, 2 reactions)



January 14

Last year, dozens of Lewis and Clark County residents collaborated to produce the 2019-2022 Community Health Improvement Plan (CHIP). The document identified health issues that the community considers to be our highest priorities over the next few years.

A lot of work has been accomplished since the May publication of the CHIP. Now you can read about it in the first semiannual CHIP progress report, available on the Healthy Together website. The report describes what steps the community has taken so far to improve behavioral health, early childhood, and access to health services.

(130 reached, 1 reaction, 2 shares)

January 14

Air Quality Good meme. (135 reached, 3 reactions, 1 share)

January 13

As of 4 pm today, the air-quality forecast for the Helena Valley has been revised to a WATCH. This means that particulate pollution is not expected to improve over the next 24 hours and that it has or may exceed federal standards for health.

Sensitive individuals and those with aggravated heart or lung disease may experience breathing problems. These individuals should limit prolonged exertion outdoors until the Watch level warning is removed. (253 reached, 4 reactions, 2 shares)

January 11

Weather forecasters are predicting extreme cold for the Helena area starting late Sunday or Monday. Are you ready? Experts suggest that you gather supplies in case you need to stay home for several days without power. Keep in mind each person's specific needs, including medication. Don't forget the needs of pets. Have extra batteries for radios and flashlights. Learn more about how to prepare for and survive winter's worst. [Link to ready.gov](#). (93 reached, 2 reactions, 1 share)

January 7

Are you a health or human services provider? Have you heard about CONNECT, the electronic referral system available at no cost across Montana? Come see how this statewide referral network can help you connect your clients with other services they need. Friday, Jan. 24, 2-3 PM, at the St. Peter's Health Education Center. Call 406-457-8979 for more information. (158 reached, 2 reactions, 1 share)

January 2

If you're a woman between the ages of 20 and 66, don't skip this important information about your health! w/meme (197 reached, 4 reactions)

News Releases

| | | |
|--|----|--------|
| Column: Little Sidewalk That Could Lead to Better Health | IR | Dec 13 |
|--|----|--------|

Media Hits

| | | | |
|--|------|-------|-----|
| Helena Leaders, Advocates Celebrate New Sidewalk | KTVH | Dec3 | Pos |
| County to Vote on Helena Valley Subdivision... | IR | Dec16 | Neu |
| Column: Little Sidewalk That Could... | IR | Dec18 | Pos |
| Public Health Reacts After Tobacco Age Raised | KTVH | Dec30 | Pos |

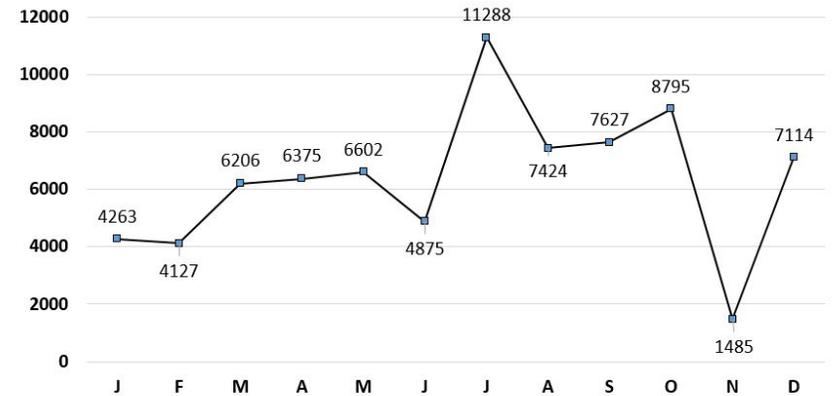
Advertising

| | | |
|---------------------------------|---------------------------|------------------|
| Man Therapy: 7th Inning Stretch | Blackfoot Valley Dispatch | Dec 4,11, 18, 25 |
|---------------------------------|---------------------------|------------------|

Internal Communication

| | | |
|----------------------------------|----------|---------------|
| The Pulse - December 2019 | 155 sent | 34% open rate |
| Health News Digest - December 6 | 81 sent | 36% open rate |
| Health News Digest - December 13 | 81 sent | 44% open rate |
| Health News Digest - December 20 | 81 sent | 36% open rate |
| Health News Digest - December 27 | 81 sent | 35% open rate |

Total Web Page Views*



Website: Top Page Hits

| | |
|----------------------|-----|
| Air Quality | 997 |
| Home Page | 839 |
| Contact Us | 193 |
| Pregnancy, Parenting | 169 |
| Environmental Health | 167 |

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

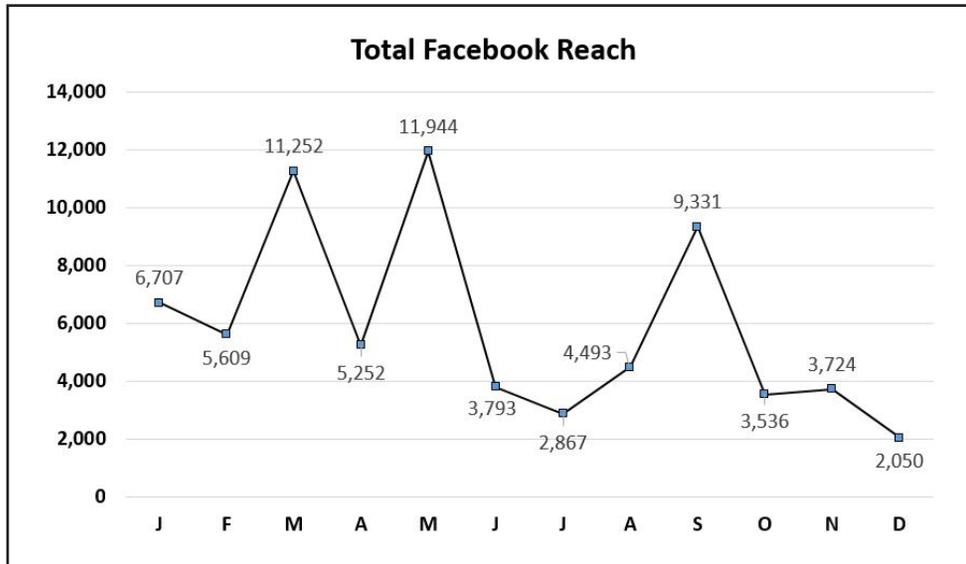
Facebook

| | |
|-------------------|------|
| Page likes: | 713 |
| Change from Nov. | +1 |
| Female: | 84% |
| Male: | 15% |
| County residents: | 506 |
| Ages 13-24: | 2.3% |
| Ages 25-44: | 59% |
| Ages 45-64: | 32% |
| Ages 65+: | 9% |

Total number of posts: 15

Most popular post: 329

As of 1:00 pm on December 1, 2019, the 24 hour air quality forecast is at a WATCH level. A watch means that particulate levels are not expected to improve over the next 24 hours and that an exceedance of the National Ambient Air Quality standards may occur or has already occurred.



December 30

Nicotine addiction is especially harmful for those under age 25 because their brains are still developing. That’s one reason we welcome recent efforts to keep tobacco and other nicotine products, like e-cigarettes, out of the hands of our youth! Link to KTVH: <https://www.ktvh.com/news/helena-news/lewis-clark-public-health-reacts-after-tobacco-age-raised-to-21?fbclid=IwAR1wbHUIZH6HICEZ4DtUZq7bM5ugOYCHPkbAjC1TDH4Fp2lpvxCnYna9yF8> (170 reached, 10 reactions)

December 29

Have you resolved to quit using tobacco in 2020? Congratulations! The Montana Tobacco Quit Line can help. Call 1-800-QUIT-NOW (1-800-784-8669). With “Life Is Tough” meme. (126 reached, 4 reactions)

December 23

All of us at Lewis and Clark Public Health wish you and yours the happiest and healthiest of holiday seasons! w/ Peace Joy graphic (139 reached, 7 reactions)

December 18

We’ve said it before: Measles--once nearly eradicated in this country--now could be just a plane ride away. For passengers who flew in or out of Los Angeles or Denver Dec. 11, that has become all too true.

Measles can be a serious, even deadly, disease, but it’s easily preventable with MMR vaccine. Check this CDC site to find out if you may need to be vaccinated. <https://www.cdc.gov/vaccines/vpd/mmr/public/>

Besides, isn’t measles one of the last things you want to give this holiday season? Link to Newsweek article: https://www.newsweek.com/measles-outbreak-update-health-officials-exposure-lax-denver-airport-1477592?fbclid=IwAR3z2_b9oDEajul8tW8mKDET6CkOjsWLuOAOBIE6rRVz-pACvT3DpcCR4a8 (215 reached, 5 reactions, 8 shares)

December 18

A District Judge is allowing enforcement of emergency rules to temporarily restrict the sale of flavored e-cigarette products in Montana. The ban began today, Wednesday, December 18, at 1 p.m. Enforcement of the ban will be complaint-driven. You can learn more about the ban, or lodge a complaint if you see a retail establishment violating the ban, on our website, www.LewisAndClarkHealth.org . w/image (97 reached, 1 reaction)

December 18

It’s good to keep in mind that not everyone is having happy holidays. You can choose to be sensitive to whatever place they’re in. Shared Suicide Prevention Coalition post. (105 reached, 2 reactions)

December 17

“On average, we spend around 90% of our time indoors. So, it’s important to keep our indoor air as clean as possible, especially during winter months when we like to keep our windows and doors shut tight to seal out the cold.” Link to Forbes article: https://www.forbes.com/sites/nomanazish/2019/11/23/how-to-improve-air-quality-in-your-home/?fbclid=IwAR3hjpRhC9Wb0Y08wiL_4QWGKl4b_SJvvGPOJe-lPb7u9nBxYHnZmLRGYko#55ac82556ef5 (122 reached, 1 reaction)

December 17

Did you know that some medications can impair your ability to drive safely? Some can affect your driving for a short time after you take them. Others can last for several hours, and even into the next day. And some medicines have a warning to not operate heavy machinery, including driving a car. Find out if the medications you take are on the FDA’s list. Shared FDA post. (98 reached)



December 11

Food can be a great holiday gift, especially for those hard-to-buy-for people who don't really need any more "things." If you're planning to send a food package or expect to receive one, make sure food safety is part of the gift. Here's how. Shared Food Safety News post. (88 reached)

December 10

Wood stoves are a common source of heating in Lewis and Clark County. Installing, using, and maintaining them properly can help prevent safety and health risks. Learn more at [#healthinthe406](https://dphhs.mt.gov/healthinthe406) #healthinthe406 Shared Health in the 406 meme. (96 reached, 1 reaction)

December 10

In-house infographic on number of Americans with Alzheimer's in 2019, 2050. (125 reached, 1 reaction)

December 3

Giving gifts to children is a favorite part of winter holidays, whether they're wrapped under a tree or exchanged with the lighting of a candle. When choosing a toy for a child, the American Academy of Pediatrics recommends that the toy be appropriate for the child's age and stage of development. This makes it more likely the toy will engage the child – and reduces the risk it could cause injury. Check out these additional tips from the AAP on toy selection and safety: <https://www.aap.org/.../Toy-Safety-Tips-from-the-American-Aca...> (97 reached)

December 3

The City-County Board of Health will hold a public hearing Thursday, Dec. 5, on proposed changes to county rules that govern septic systems and wastewater treatment. The hearing will be at 1 PM in Room 330 of the City-County Building, 316 N. Park Ave., in Helena. You can find a copy of the proposed revisions on our website at www.LewisAndClarkHealth.org under Featured News. w/image (181 reached, 2 reactions, 1 share)

December 2

Air Quality Is Good meme. (62 reached)

December 1

As of 1:00 pm on December 1, 2019, the 24 hour air quality forecast is at a WATCH level. A watch means that particulate levels are not expected to improve over the next 24 hours and that an exceedance of the National Ambient Air Quality standards may occur or has already occurred. (329 reached, 4 reactions, 4 shares)

News Releases

| | | |
|--|----|--------|
| Column: Join Us in Harnessing the Power of Inclusion | IR | Nov 15 |
|--|----|--------|

Media Hits

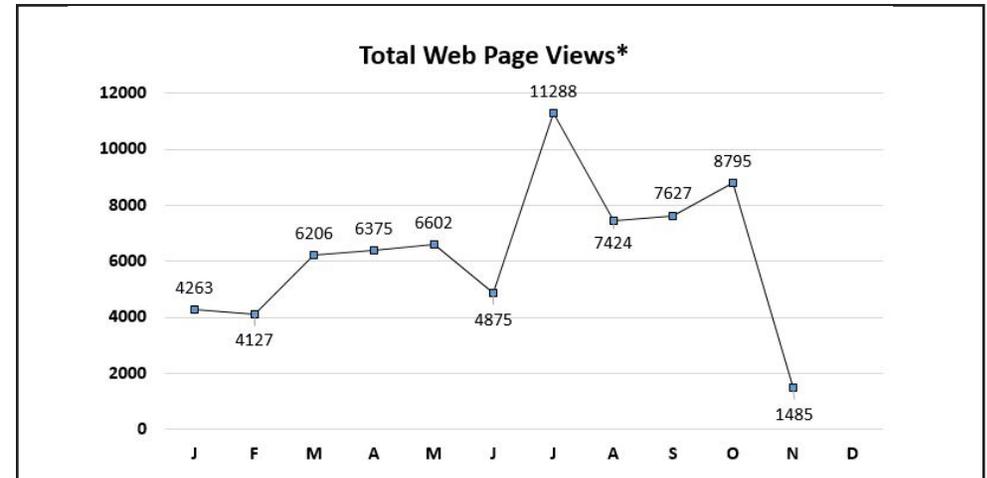
| | | | |
|--|------|-------|-----|
| Business Briefcase: Septic Regulations | IR | Nov3 | Neu |
| Norovirus Cases on Rise in L&C County | KTVH | Nov20 | Neu |
| Column: Join Us in Harnessing Power of Inclusion | IR | Nov20 | Pos |
| Business Briefcase: ServSafe | IR | Nov24 | Pos |
| Turkey Cooking Safety Tips | KTVH | Nov25 | Pos |

Advertising

| | | |
|---------------------------------|---------------------------|------------|
| Man Therapy: Men Have Feelings | Blackfoot Valley Dispatch | Nov 6, 13 |
| Man Therapy: 7th Inning Stretch | Blackfoot Valley Dispatch | Nov 20, 27 |

Internal Communication

| | | |
|----------------------------------|----------|---------------|
| The Pulse - November 2019 | 155 sent | 38% open rate |
| Health News Digest - November 8 | 81 sent | 44% open rate |
| Health News Digest - November 15 | 81 sent | 36% open rate |
| Health News Digest - November 22 | 81 sent | 33% open rate |
| Health News Digest - November 29 | 81 sent | 31% open rate |



Website: Top Page Hits

| | |
|----------------------|-----|
| Air Quality | 316 |
| Home Page | 160 |
| Pregnancy, Parenting | 36 |
| Contact Us | 34 |
| Environmental Health | 32 |

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

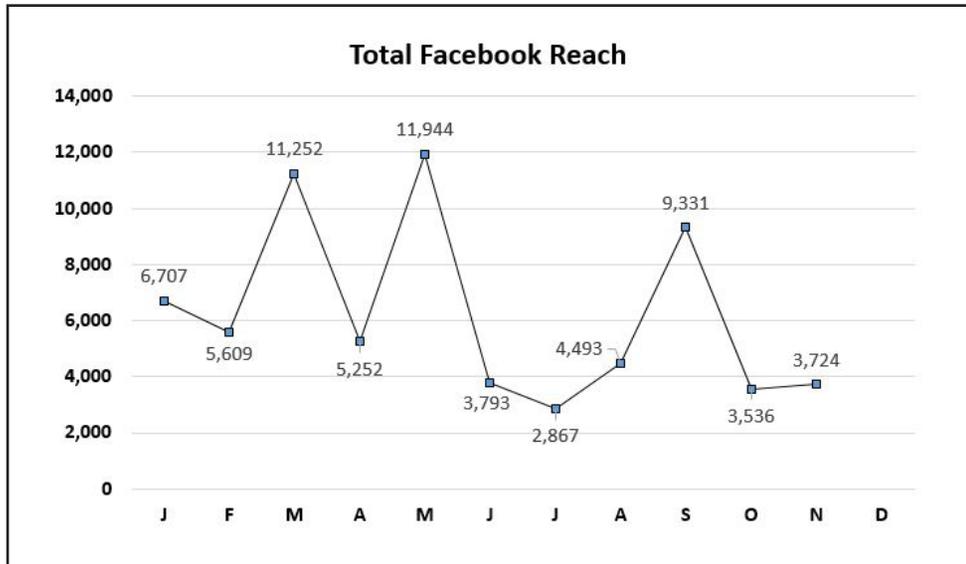
Facebook

| | |
|-------------------|------|
| Page likes: | 712 |
| Change from Oct. | +5 |
| Female: | 84% |
| Male: | 15% |
| County residents: | 511 |
| Ages 13-24: | 3.2% |
| Ages 25-44: | 59% |
| Ages 45-64: | 30% |
| Ages 65+: | 8% |

Total number of posts: 21

Most popular post: 678

Congratulations to Zachary Eckhart (center), this year's winner of the Lewis and Clark County Teen Vax contest! His name was drawn from among entrants who were up to date on all recommended vaccinations. A 5th grader at Radley Elementary School in East Helena, Zach is pictured with his sister Kiley, mother Michelle....



November 27

Congratulations to Zachary Eckhart (center), this year’s winner of the Lewis and Clark County Teen Vax contest! His name was drawn from among entrants who were up to date on all recommended vaccinations. A 5th grader at Radley Elementary School in East Helena, Zach is pictured with his sister Kiley, mother Michelle, and Lewis and Clark Public Health nurses Shelly Maag and Katie Sheehy. Zach got his vaccinations at Partners in Pediatrics. Way to go, Zach! Enjoy that \$50 gift certificate! w/pic (679 reached, 30 reactions, 5 comments, 2 shares)

November 27

Thanksgiving office closure meme (92 reached, 1 reaction)

November 26

Don’t be that guy! Learn more about foodborne illness at <https://dphhs.mt.gov/publichealth/cdepi/diseases/foodborne> w/meme (227 reached, 2 reactions, 1 share)

November 25

If salad is on your Thanksgiving menu (or anytime), make sure you’re not using romaine lettuce grown in Salinas, CA. Shared link to USDA outbreak update. (155 reached, 2 reactions)

November 25

If you’re the one responsible for preparing that Thanksgiving turkey, check out these tips from one of our food-safety experts. The bottom line: “Keep your hands clean, cook to the right temperature, cool it quickly, reheat it properly to 165 degrees and you’ve gone a long way to protecting your family.” Shared link to Riek interview with KTVH. (154 reached, 4 reactions, 1 share)

November 21

Thank you to #TheCaringFoundationofMontana and the #LewisandClarkLibrary for allowing us to partner with them! Stop in and get your flu shot. Shared Turkey Challenge event. (169 reached, 2 reactions)

November 21

Tips for a food-safe Thanksgiving. Shared FoodSafety.gov infographic. (166 reached, 5 reactions, 6 shares)

November 21

Do you strap your child in properly when you’re driving in cold weather? Here’s what you should -- and shouldn’t -- do to keep your kiddo safe. First and foremost, ditch that heavy winter coat while your child is in the car seat. Shared YouTube video “New Results Show Dangers of Winter Coats in Car Seats.” (256 reached, 10 reactions, 1 comment, 4 shares)

November 14

Psst, hey you! Got a minute? Shared Public Health in the 406 diabetes risk test. (77 reached)

November 13

Quitting smoking isn’t easy. It can help to have a plan. Why not make Thursday, Nov. 21 -- the day of the annual Great American Smokeout -- your day to start the journey to a smoke-free life! Start planning now! Shared American Cancer Society meme. (109 reached, 3 reactions)

November 13

Turkey time is on the horizon! But don’t buy your fresh turkey too soon. Shared FoodSafety.gov post on buying fresh turkeys. (87 reached, 2 reactions)



November 12

According to the Kids Count Data Center, a project of The Annie E. Casey Foundation: Meme on county students eating free/reduced-price lunches. (226 reached, 3 reactions, 1 share)

November 11

Veterans Day office closure meme. (159 reached, 7 reactions)

November 6

Shared Public Health in the 406 post about getting flu vaccination. (117 reached)

November 6

Veterans Day office closure meme. (168 reached, 5 reactions)

November 5

If you are the parent or regular caregiver of a preschool-aged child in Lewis & Clark County, we want to hear your voice. Link to Zero to Five survey. (346 reached, 1 reaction, 2 shares)

November 4

Shared Survivor Day event. (71 reached)

November 4

Shared American Foundation for Suicide Prevention, Montana Chapter, meme. (103 reached, 2 reactions)

November 4

During the 2019-2020 academic year, the Rocky Mountain Public Health Training Center will award 27 students in higher education \$3,500 in financial support to assist with public-health-focused field placements and faculty-student collaborative projects. Application deadline is Nov. 15. You can learn more here: <https://www.surveymonkey.com/r/SLPH2019> (83 reached)

November 1

Happy November, Augusta neighbors! Don't miss our flu immunization clinic at the Augusta Youth Center today. It starts in 15 minutes (11 AM) and runs until 12:30 PM. Be a champ! Protect yourself and your community! w/image (100 reached, 4 reactions)

November 1

Today marks the beginning of daily reporting of outdoor air quality, as required by county Outdoor Air Quality Regulations. The health department issues these reports each year from November through February, when temperature inversions are more likely to trap chimney smoke and vehicle exhaust under a layer of warmer air, adding significantly to air pollution. The reports let residents know when they can use fireplaces or wood stoves and how to protect their health from the effects of smoke.

To learn more about the regulations and how to sign up to get the daily reports, check our website. <https://LewisAndClarkHealth.org> (181 reached, 1 reaction, 2 shares)



Board of Health Calendar for 2020

January 2020

- Poverty Simulation – Carroll College

February 2020

- Onsite Wastewater Regulation Adoption
- Finance Report - 2nd Quarter FY 2020
- New Staff & Board Member Introductions and Employee Recognition
- Air Quality Update
- Variance Summary
- Report: Public Health Emerging or Current Issue
- LE Cooperative Agreement
- Communicable Disease Report for Calendar Year 2019
- Licensed Establishment Cooperative Agreement (action)

March 2020

- Lead Regulation Presentation and Open Public Comment Period
- Gold and Silver Fork Food Safety Awards
- Workforce Development survey/plan update
- East Helena Arsenic and Selenium Plum presentation
- Semiannual Review of Strategic Plan Performance Measures
- Age Friendly Community Resolution
- Call for Board Finance Committee – April meeting
- Communicable Disease Response Plan & Checklist
- UMich Online Board Training: Financing Public Health

April 2020

- Lead Regulation Public Hearing
- New Staff Introductions and Employee Recognition
- Gold and Silver Buoy Pool Awards
- Board Finance Committee Report/ Board Finance for 3rd Quarter FY20
- Wayfinding Plan Resolution
- Flu Update
- CONNECT Referral System Report

May 2020

- Lead Regulation Adoption
- Quality Improvement Update
- PHEP Report
- Board of Health votes to recommend the FY2021 health department budget
- Report: Public Health Emerging or Current Issue

June 2020

- Chronic Disease Presentation
- Healthy Together Presentation
- Pandemic Flu Plan and Assessment
- Closed session: annual appraisal
- Appointments for Board of Health Officer Positions

July 2020

- New Staff Introductions and Employee Recognition
- PureView Health Center Update
- Year End Financial Report for FY20
- Report: Public Health Emerging or Current Issue

August 2020

- Employee Engagement Survey Results
- Home Visiting Presentation
- Suicide Prevention Presentation
- Year End Report on Communication and Marketing Dashboard
- UMich Online Board Training: Public Health Primer A

September 2020

- Semiannual Review of Strategic Plan Performance Measures
- PHAB Annual Report & Results Action Plan
- UMich Online Board Training: Public Health Primer B

October 2020

- Finance Report for 1st Quarter of FY21
- WIC Presentation
- New Staff Introductions and Employee Recognition
- Ongoing Board Training: Operating as a Board of Health

November 2020

- No Board Meeting

December 2020

- Workforce Development Plan Update
- Water Quality Protection District Presentation
- Update on East Helena Superfund cleanup activities
- Report: Public Health Emerging or Current Issue
- Ongoing Board Training

Upcoming 2021 Events

- Jan - Air Quality Ordinance informational presentation

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

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

FY 2020

| | Jul | Aug | Sep | Oct | Nov/Dec | Jan | Feb | Mar | Apr | May | Jun |
|------------|-----|-----|-----|-----|---------|-----|-----|-----|-----|-----|-----|
| Bedell | O | X | X | X | X | T | | | | | |
| Berg | --- | --- | --- | --- | --- | O | | | | | |
| Collins | X | O | X | O | O | O | | | | | |
| Eck | X | X | O | X | X | O | | | | | |
| Hunthausen | O | X | X | X | O | O | | | | | |
| Johnson | O | X | O | X | X | T | | | | | |
| Murgel | X | O | X | X | X | T | | | | | |
| Oliver | X | X | O | X | X | O | | | | | |
| Ream | O | X | X | X | X | O | | | | | |
| St. Clair | X | O | X | O | 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

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 Oliver
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
903 East Groschell
East Helena, MT 59635
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 June 2019

*"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 Oliver | 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 2020

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

July 25, 2019

August 22, 2019

September 26, 2019

October 24, 2019

December 5, 2019

January 23, 2020

February 27, 2020

March 26, 2020

April 23, 2020

May 28, 2020

June 25, 2020