

LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH MEETING

HYBRID: Lewis and Clark Public Health Conference room at 1930 9th Ave and ZOOM

**April 27, 2023
1:00-3:00pm**

REGULAR BOARD MEETING AGENDA

1:00	CALL TO ORDER	
1:00	REVIEW OF AGENDA	
	1. Review and revision of agenda	Pg. 1
1:05	MINUTES	
	2. March 23, 2023	Pg. 2
1:10	INTRODUCTIONS	
	3. Employee Recognition and New Employees	Pg. 5
1:20	ACTION ITEMS	
	4. Adopt 2023-2026 Strategic Plan	Pg. 6
1:40	BOARD DISCUSSION	
	5. - 3 rd Quarter FY23 Finance Report - Annual Variance Summary	Pg. 62
2:00	HEALTH OFFICER REPORT	
	6. - PHAB Reaccreditation Update - Legislative Update - Local Governing Body By-Laws Update	Pg. 70
2:30	PUBLIC COMMENT	
	7. Public comments on matters not mentioned above	Pg. 71

Adjourn

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

ADA NOTICE

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

BOARD AGENDA ITEM

Meeting Date

April 27, 2023

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						
Collins						
Harris						
Kaufman						
MacLaurin						
Murgel						
Rolfe						
Weber						
Weltz						

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

BOARD AGENDA ITEM

Meeting Date

April 27, 2023

Agenda Item No.

2

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

AGENDA ITEMS March 23, 2023 Minutes

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						
Collins						
Harris						
Kaufman						
MacLaurin						
Murgel						
Rolfe						
Weber						
Weltz						

**LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH – MINUTES
1930 9th AVE, HELENA, MONTANA 59601
Zoom Meeting, 1:00 p.m.
March 23, 2023**

Members Present

Dr. Mikael Bedell, vice chair
Commissioner Tom Rolfe
Mayor Wilmot Collins (arrived @ 1:27pm)
Brie MacLaurin
Lisa Kaufman
Katherine Weber

Staff Present

Drenda Niemann
Jolene Helgersen
Laurel Riek
Brett Lloyd
Nina Heinzinger
A.C. Rothenbuecher

Members Absent

Justin Murgel, chair
Mayor Kelly Harris
Rex Weltz

Guests Present

Dr. Mikael Bedell, vice chair, called the meeting to order at 1:00 p.m. A quorum was established.

REVIEW OF AGENDA

No changes were made. No public comment was given.

MINUTES

Dr. Bedell asked if there were any corrections or additions to the February 23, 2023. There being none, the Board approved the minutes as written. No public comment was given.

ACTION ITEMS

PHAB Reaccreditation Letter of Support: Drenda Niemann, Health Officer, presented the PHAB Reaccreditation letter of support (on page 7 of the board packet) for review and approval. Ms. Niemann noted that as part of application to apply for reaccreditation, a signed letter of support is required by both the Board of Health and Local Governing Body. Brie MacLaurin made a motion to approve the PHAB Reaccreditation letter of support. Lisa Kaufman seconded the motion. No public comment was given. The motion carried 5-0.

Communicable Disease Update and Response Plan Promulgations: Laurel Riek, Disease Control and Prevention Division Administrator, along with Brett Lloyd, Public Health Emergency Preparedness Coordinator, and Nina Heinzinger, Licensed Establishment Supervisor, provided a communicable disease update (see Attachment “A”) in which Ms. Riek discussed the 2018-2022 reportable diseases in Lewis and Clark County. Next, the team presented the Communicable Disease Response Plan in which they discussed the purpose of the plan, Board of Health’s role, outbreak response, and community-wide response. In answer to a question from Dr. Bedell, Mr. Lloyd said that the previous plan was effective during the COVID-19 Pandemic and served the community well. Mr. Lloyd went on to explain that Public Health was able to adapt to the need for immediate hiring, new online serves were designed, along with developing a central location for both testing and immunization.

In answer to a question from Commissioner Tom Rolfe, Mr. Lloyd said that after the committee reviewed the After-Action Report, they agreed that improvements to barriers with language, social, and economic impacts were needed along with improvements to education and messaging. There being no further board member discussion, Ms. Kaufman made a motion to approve the Response Plan Promulgations. Commissioner Rolfe seconded the motion. No public comment was given. The motion carried 6-0.

BOARD MEMBER DISCUSSION

Transition to hybrid meetings/location: The board agreed to meet in-person and by zoom starting at their April 2023 board meeting. The in-person meeting will take place at 1930 9th Ave. in the Murray Building Board Room.

Workforce Development Plan: A.C Rothenbuecher, Community Health Promotion Division Administrator, presented the 2023-2026 Workforce Development Plan (on pages 16-112 of the board packet). Ms. Rothenbuecher discussed the plan overview, Phases 1-6 of the plan, and referenced the supplemental documents to the plan.

Board Finance Committee: Ms. Niemann provided an update on the Fiscal Year 2024 budget process and asked if there were any board members interested in participating on the finance committee. Ms. MacLaurin volunteered and noted that Justin Murgel would most likely attend also.

No public comment was given.

HEALTH OFFICERS REPORT

Strategic Planning Update: The 2023-2026 Strategic Plan draft will be finalized for board review at their April board meeting.

Legislative Update: Ms. Niemann offered a short update on activities of the Montana Legislature related to public health (see Attachment “B”).

Local Governing Body: The County Attorney is continuing his work on the amendments to the Local Governing Body By-Laws.

No public comment was given.

PUBLIC COMMENT

No public comment was given.

The meeting adjourned at 2:24 p.m.

Mikael Bedell, Vice Chair

Drenda Niemann, Secretary

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

BOARD AGENDA ITEM

Meeting Date

April 27, 2023

Agenda Item No.

3

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

AGENDA ITEMS: New Staff Introduction & Employee Recognition

PERSONNEL INVOLVED: Division Supervisor

BACKGROUND: Announcement of the new staff and employee of the quarter will be made.

HEALTH DIRECTOR'S RECOMMENDATION:

☐ ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Collins						
Harris						
Kaufman						
MacLaurin						
Murgel						
Rolfe						
Weber						
Weltz						

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

BOARD AGENDA ITEM

Meeting Date

April 27, 2023

Agenda Item No.

4

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

AGENDA ITEMS Adopt 2023-2026 Strategic Plan

PERSONNEL INVOLVED: Drenda Niemann, Health Officer

BACKGROUND Ms. Niemann will present the 2023-2026 Strategic Plan for board consideration.

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						
Collins						
Harris						
Kaufman						
MacLaurin						
Murgel						
Rolfe						
Weber						
Weltz						



Lewis & Clark Public Health

Strategic Plan

Effective Date: 2023-2026

Version: 1.0

Document Number:	ADM-102
Document Title:	LCPH Strategic Plan 2023-2026
Document Owner	Administration
Approval Date:	April 27, 2023
Approved By:	Board of Health
Effective Dates:	April 27, 2023 until April 27, 2026

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Signature Page:

Approved By:

Chair

Lewis & Clark City-County Board of Health

Date:

Record of Changes

<u>Changes Made</u>	<u>Changed By</u>	<u>Date of Change</u>

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1.0 How This Plan Was Developed

Members of the Lewis and Clark City-County Board of Health and staff of Lewis and Clark Public Health (LCPH) worked together over five months to develop this strategic plan, which covers the three-year period from April 2023 to April 2026. Staff of the Local Government Center, Montana State University Extension in Bozeman, facilitated the process. For a full list of participants, see [Section 6.0](#).

The Board of Health and LCPH used information from the 2021 Community Health Report, the 2022 Community Health Improvement Plan, and a targeted survey of department strengths and challenges to determine strategic direction. Regular progress checks and semi-annual reviews will ensure that the plan reflects effective methods for addressing community public health needs.

In an extended Board of Health meeting on January 26, 2023, the Board of Health met with the department's Strategic Planning Steering Committee to set high-level strategic direction for LCPH through mission and vision statements, values, and overarching initiatives.

On February 22, 2023, at an all-staff meeting, health department employees reviewed the board's high-level strategic direction and discussed more detailed goals, objectives, and activities with which to implement it.

Throughout parts of February, March, and April, the steering committee used these criteria to finalize the goals, objectives, and activities that:

- Captured the intent of the guidance provided by the Board of Health and department staff.
- Encouraged the department to evolve beyond its regular daily work.
- Were considered "doable."
- Were viewed as important steps to improving the health department infrastructure, the programs and services we offer, and the health of county residents.

Once a final draft was completed, department staff were asked to review it. A strategic plan "open-house" was offered on April 7th to discuss the draft document. Staff also had a chance to take a short survey specifically addressing these questions:

1. How well do the strategies and actions reflect the work done at the February all-staff meeting?
2. How realistic are the strategies, action steps, and timelines?
3. Are there any missing resources (staff, guidance documents, community partners, funding, etc.) that would help the department accomplish its goals, strategies, and action steps?
4. Do you see yourself contributing to the work outlined in this plan? If not, what would you like to see in the plan?
5. Provide any suggested edits.

The steering committee reviewed staff feedback and incorporated suggestions where appropriate. The Board of Health adopted this strategic plan at its April 27, 2023 regular meeting.

2.0 Mission, Vision, Values

2.1 Mission Statement:

The Board of Health reviewed, discussed, and made no changes to the department's long-time mission statement:

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

2.2 Vision Statement:

The Board of Health adopted the following updated vision statement for the health department:

Healthy People, Community, and Environment

2.3 Values:

These are the core values the health department and its staff will strive to demonstrate in their work with clients, partners, patients, community members, and each other:

Leadership: Cultivating a proactive and forward-thinking approach to public health.

Collaboration: Working together for health improvement.

Inclusiveness: Ensuring equitable opportunities to lead safe and healthy lives.

Effectiveness: Using best practices effectively to achieve health improvement.

Integrity: Serving the community professionally, honestly, and dependably.

2.2 Strategic Initiatives:

The following initiatives were established by the Board of Health:

1	Consider health equity and social determinants of health in all aspects of public health work.
2	Expand the role of public health in improving behavioral health , with a focus on wellness and resilience, mental health, and unhealthy substance use.
3	Improve health across the lifespan , with a focus on early childhood, youth, and older adults.
4	Promote a safe and healthy environment , with a focus on environmental health, built environment, and public health preparedness.
5	Improve public health infrastructure.

3.0 Strategic Initiatives

Strategic Initiative 1: Health Equity

Goal 1.1: Improve knowledge of health equity and social determinants of health (SDOH) and build capacity to integrate into existing public health programs

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
1.1.1 Assess training needs and develop a training plan for staff on health equity and social determinants, their public health implications, and how to address them in public health work	Include health equity and cultural competency in the Workforce Development Assessment plan, annual training plan, and evaluation to support professional development of staff	APHA Advancing Health Equity Key Principles	Cultural Humility/Competency organizational assessment Annual Training Plan Tracking	Annually throughout the 3-year period	Senior Leadership, Inclusiveness Committee, Racial Equity Workgroup	Health Equity Policy, Procedure #7 Workforce Development Plan
	Share how programs and staff are integrating health equity and SDOH into public health work with colleagues	Scheduled meetings for sharing	Agendas and minutes documenting shared lessons learned	At least bi-annually throughout the 3-year period	Senior Leadership	Health Equity Policy
	Secure funding to implement annual training plan and provide stipends for training provided by community subject matter experts	Grant application Staff time to apply for funding	Number of grant applications submitted Amount of funding received	Annually or as grant funding becomes available	Senior Leadership, Inclusiveness Committee	Workforce Development Plan, Annual Training Plan

Lewis & Clark Public Health Strategic Plan

1.1.2 Integrate health equity and SDOH into LCPH programs as this work is foundational, not additional or siloed	Each team/program has one health equity activity and SDOH integrated into program plans	Time to discuss in team/division meetings	Programs Plans	Annually during the project period	Supervisors, Program Leads	Health Equity Policy, Procedure #9
	Each program/team will reach out to subpopulations with lived experiences as part of program development, evaluation, or outreach strategies; will coordinate with other programs if there are overlapping subpopulations		Notes from conversations with subpopulations and evidence feedback is integrated into program planning	Annually	Supervisors, Program Leads	Health Equity Policy, Procedure #1
1.1.3 Provide systematic ways for community members and organizations to participate in decision-making for programs, policies, services, interventions, and materials	Work with community partners and other local jurisdictions to advocate for one public policy outside LCPH's purview for the purpose of eliminating health inequities, i.e., health in all policies	CDC's Health in All Policies	One policy created	One by the end of the 3-year project period	Inclusiveness Committee, Supervisors	Health Equity Policy, Procedure #2, #6
	Collaborate/pool resources with partners to participate in trainings and/or invite partners to participate in LCPH trainings and lunch learns	Time Funding	Attendance lists	As appropriate throughout the 3-year project period	Senior Leadership, Racial Equity Assurance Team	Health Equity Policy, Procedure #2

Lewis & Clark Public Health Strategic Plan

1.1.4 Develop all health education and promotion materials to reach diverse populations across the county; taking into consideration images, languages, and cultural appropriateness of content	Adopt a checklist or procedure for staff and Communications Specialist to ensure products are appropriate and inclusive	APHA or other health equity organization resources	Checklist or procedure Website and social media feed	Within 6 months of approval of strategic plan	Communications Specialist, Program Staff	Health Equity Policy, Procedure #10
	Perform a quarterly audit of materials to ensure health equity in social media and website content. Share audit findings with the public, staff, and potential future staff	Ability Montana	75% sample materials meet checklist requirements	Quarterly throughout the 3-year project period	Communications Specialist	

Lewis & Clark Public Health Strategic Plan

Goal 1.2: Enhance access to public health services by addressing barriers to health equity and reduce disparities

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
1.2.1 Educate funders and programs about how some of their program requirements may be creating barriers to accessing services equitably and advocate for change	Draft letters, convene conversations, mobilize individuals with lived experience to advocate and educate federal and state partners Request Confluence Public Health Alliance (CPHA) statewide support in advocacy efforts	Time	Documentation of advocacy efforts and any impact of those efforts	As needed throughout the project period. May occur more during state legislative session or federal budget period	Program Staff, Senior Leadership, Health Officer, Confluence Public Health Alliance	Health Equity Policy, Procedure #4
1.2.2 Align resources to advance health equity	Each year, review annual budget for evidence of advancing health equity	Time	Annual Budget Reports	Annual budget season	Senior Leadership	Health Equity Policy, Procedure #8
1.2.3 Conduct epidemiological investigations in collaboration with healthcare entities, educational institutions, and other community partners to identify health disparities to design and implement targeted actions	Cultivate relationships with entities to improve or build new relationships resulting in secure data sharing opportunities Analyze available and updated data to share via dashboards, fact sheets, and grant performance measures	Time Analytical Software (SAS, GIS, Datasets)	Products, including health disparities data	Project-based or upon request	Epidemiologist	Health Equity Community Health Assessment and Community Health Improvement Plan PHAB Domain 1.2

Lewis & Clark Public Health Strategic Plan

<p>1.2.4 Move toward an integrated and inclusive services delivery system to create positive, consistent and equitable experiences with LCPH</p>	<p>Develop a data plan to measure progress</p> <p>Evaluate existing collection of data elements and revise as necessary to improve data on race, ethnicity and other data points to reveal and address inequities</p> <p>Evaluate program delivery systems to ensure the language and technology are accessible and available for diverse populations served by LCPH</p>	<p>Time Survey</p>	<p>Annual Review</p>	<p>On-going</p>	<p>Epidemiologist, Data Council Racial Equity Group, Communications Specialist</p>	<p>Customer Satisfaction Survey</p>
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Strategic Initiative 2: Behavioral Health

Goal 2.1: Increase staff capacity, knowledge, awareness, and understanding of their role with behavioral health

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
2.1.1 Staff will participate in de-escalation, attachment, resiliency, substance abuse, and suicide prevention training activities and discussions at least one time per year	Two QPR trainings per year for all new employees and those with outdated certification	MHAT SAHMSA Grant Trained Facilitator	Two trainings per year QM	2023-2026	Suicide Prevention Coordinator	Workforce Development Annual Training Plan
	In the first year, assess staff understanding of behavioral health topics	Survey format and questions	One survey QM	Year 1	Senior Leadership, Behavioral Health Team	
	Based on assessment results, include two behavioral health related trainings in the Workforce Development Annual Training Plan (WDATP)	Mental health awareness training grant from SAHMSA Trained Facilitator	One training plan QM	Year 2 and 3	Senior Leadership, Behavioral Health Team, Home Visiting Team	Workforce Development Annual Training Plan
	Promote additional opportunities staff can participate in if interested	List of community meetings and partners who might benefit from this plan, based on the needs outlined in the WDATP				

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	Conduct staff discussions around how behavioral health affects our work and programs. Supervisors utilize STAR-T monthly sessions to elevate staff identified issues as needed	Initial conversation starts with each team led by the supervisors. If a workgroup is requested from those conversations, then that can be brought to senior leadership	Project	Year 1	Senior Leadership, Team Supervisors	
	Annually train staff on how to utilize CONNECT, 211, 988, and LIFTS	CONNECT Coordinator, United Way, Home Visiting Team				Annually train staff on how to utilize CONNECT, 211, 988, and LIFTS
	Be a co-lead on opioid overdose prevention and opioid use prevention in the community	Narcan policies SAMHSA Best Practices Funding BHSI LT LAC	One annual update per year	2023-2026	Behavioral Health Team	Community Health Improvement Plan- Behavioral Health Focus Area
2.1.2 Strengthen, expand, and refine resiliency building in LCPH programs	Annually, train LCPH staff on ACEs and trauma-informed care	ACE's trainer to train the staff Staff time, Space or Virtual	One training per year - QM	Year 1	Senior Leadership, ACES's Trainer	

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	Utilize the Elevate MT trauma-informed/ responsive toolkit to operationalize the ACEs training in our day-to-day work	Elevate MT ACEs training Team discussion ACE's trainer for questions	One brainstorming session	Year 2	Team Supervisors	
	Update LCPH policies to include trauma-informed worksite language	Trained Facilitator ACEs training	One policy, systems and environmental change at LCPH	2023-2026	Senior Leadership	
2.1.3 Create one dedicated team to support, guide, convene, and facilitate the behavioral health work in our community	Ensure sustainable funding for the behavioral health team	Research funding sources	Two FTE	2023-2026	Senior Leadership Prevention Team	
	Hire FTE to support substance use work at LCPH	Research funding sources	One FTE hired	2023-2026	Senior Leadership Prevention Team	
	Align LCPH organizational structure to support a dedicated Behavioral Health Team at LCPH	Funding for FTE	One team created QM	Year 3	Senior Leadership Prevention Team	Community Health Improvement Plan - Behavioral Health Focus Area

Lewis & Clark Public Health Strategic Plan

Goal 2.2: Strengthen and expand partnerships and collaborative activities to improve mental health and unhealthy substance use

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
2.2.1 Take a leadership role in Lewis and Clark County on substance use treatment and prevention	Develop one community awareness campaign on the topic of marijuana use while pregnant or nursing	Education and best practices for marijuana prevention and cessation Community partners	One campaign per year QM	2023-2026	Home Visiting Team, Communications Specialist	Community Health Improvement Plan - Behavioral Health Focus Area
	Develop a community awareness campaign on the effects and risks of alcohol	Communications Specialist Prevention Team Lewis and Clark Local Advisory Council (LAC) Lewis and Clark Suicide Prevention Coalition	One campaign per year QM	Year 2	Communications Specialist, Prevention Team	Community Health Improvement Plan- Behavioral Health Focus Area

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<p>2.2.2 Actively participate in community initiatives to build awareness, promote services, and advocate for change to help improve the behavioral health system (MCRT, Crisis Stabilization Facility, LOSS Teams, 988, etc.)</p>	<p>Strengthen partnership with the schools and other community partners to offer more youth mental health initiatives</p>	<p>Helena School District East Helena School District Lewis and Clark County Schools Lewis and Clark Local Advisory Council (LAC) Lewis and Clark Suicide Prevention Coalition Rural Behavioral Health Institute (funding for youth behavioral health evaluations) Elevate Montana Helena Affiliate LCPH Behavioral Health Team</p>	<p>Project-increase in number of school partnerships for youth mental health initiatives</p>	<p>2023-2026</p>	<p>Prevention Team</p>	<p>Community Health Improvement Plan - Behavioral Health Focus Area</p>
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Lewis & Clark Public Health Strategic Plan

	Partner with organizations on behavioral health campaigns	Communications Specialist Prevention Team Lewis and Clark Local Advisory Council (LAC) Lewis and Clark Suicide Prevention Coalition	One campaign per year QM	2023-2026	Communications Specialist Prevention Team	Community Health Improvement Plan- Behavioral Health Focus Area
	Provide suicide prevention training for local government (City and County Commissioners, Board of Health, etc.)	Lewis and Clark Local Advisory Council (LAC) Lewis and Clark Suicide Prevention Coalition	One training per year QM	2023-2026	Suicide Prevention Coordinator	Community Health Improvement Plan - Behavioral Health Focus Area

Lewis & Clark Public Health Strategic Plan

2.2.4 Take a leadership role in reducing ACEs in the Helena Community	Assign LCPH staff to actively participate on the Elevate MT Affiliate Core Team	LCPH Epidemiologist Behavioral Health Systems Improvement Leadership Team Lewis and Clark County Local Advisory Council (LAC) Lewis and Clark County Suicide Prevention Coalition LOSS Team Safer Communities Montana Data Dashboards 7 Generations	One project per year that includes evaluation QM	2023-2026	Prevention Team	
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Lewis & Clark Public Health Strategic Plan

Goal 2.3: Prioritize staff wellness and resiliency

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
2.3.1 By 2026, improve staff wellness, resiliency and mental health by 5% from 2023 baseline	Assess LCPH workforce mental health, wellness, and well-being and what wellness options can help improve it	County Human Resources, Survey options, Survey formats	One survey per year QM	Year 1 Baseline, Year 3 Comparison	Prevention Programs Supervisor	
	Offer healthy activities for staff bonding and wellness	County Human Resource Funding Staff time and interest Activity options	One activity per year	Year 2 and 3	Senior Leadership	
	Create a staff wellness plan	County Human Resource Funding Staff time and interest Activity options	One plan	Year 2 and 3	Senior Leadership	Lewis and Clark County Policy – Wellness Program
	Conduct a workplace wellness activity for LCPH staff by facilitating an active break at all-staff meetings	WELCOA Worksite Wellness Resources Online materials for active breaks	Project	Annually 2023-2026	Prevention Team	

Strategic Initiative 3: Health Across the Lifespan

Goal 3.1: Identify aging issues and advance collaborative initiatives to address them

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
3.1.1 Lewis and Clark County, City of Helena, and City of East Helena will be AARP designated Age-Friendly	Work with community partners to explore steps to become an Age-Friendly community	AARP local support and AARP Age-Friendly online resources	QM 3	By 2026	Prevention Program Supervisor	Health Equity Policy
	Advocate for Age-Friendly designation with each local jurisdiction	Aging Well workgroup				
	Each local jurisdiction sends letter to AARP to be included in the Age-Friendly network					
3.1.2 Enhance use of the CONNECT Referral System for aging services	Complete one asset map of aging resource organizations	Collaboration with community partners from Aging Well Workgroup	Project-based	By 2026	CONNECT Referral Coordinator	
	Perform a CONNECT readiness assessment with identified aging resource organizations					
	Train aging resource organizations that show readiness to use CONNECT Referral System					

Lewis & Clark Public Health Strategic Plan

3.1.3 Convene Aging Well Workgroup and implement one strategy to increase intergenerational connectedness	Assess intergenerational connectedness	Aging Well Workgroup	Project	By 2026	Prevention Program Supervisor and Prevention Team	
	Develop a plan to address areas needing improvement identified by assessment	Home Visiting Team				
	Implement plan					

Lewis & Clark Public Health Strategic Plan

Goal 3.2: Incorporate evidence-based practices that help reduce Adverse Childhood Experiences (ACEs) in all age categories

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
3.2.1 Sustain and expand trauma-informed and responsive services to families with young children, youth, and aging populations	Seek out new funding options to sustain trauma-informed and responsive services	Home Visiting Supervisor, CHP Division Administrator, Circle of Security Facilitator	Seek one funding source per year	2023-2026	Home Visiting Supervisor, CHP Division Administrator	
	Provide two Circle of Security parent education classes annually	MIECHV reauthorization Home Visiting Coalition Home Visiting Task Force United Way, YWCA, RMDC, Pediatric Clinics	QM	By 2026	Home Visiting Supervisor, Division Administrator	
	Provide Circle of Security parent support groups weekly.		QM			
	Sustain the 7 Generations program for incarcerated parents		QM			
	Maintain full caseloads in evidence-based home visiting programs.		QM			
	Apply for one grant to provide universal home visiting services to children, youth, and aging populations		Project			
3.2.2 Increase child and family organizations who	Complete one asset map of child and family organizations	Home Visiting Taskforce, MT	Project-based	By 2026	CHP Division Administrator, CONNECT	

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utilize CONNECT Referral System	Conduct a CONNECT readiness assessment with identified child and family organizations	Home Visiting Coalition			Coordinator, Home Visiting Supervisor	
	Train child and family organizations that are ready to adopt the CONNECT Referral System					

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Goal 3.3: Adopt evidence-based practices that improve nutrition and physical activity in all age categories (children, youth, adult)

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
3.3.1 Advocate for improved access to physical activity and healthy foods	Identify changes needed and advocate for one policy, system, or environmental (PSE) change per year that increases nutrition security for families through community partnerships, coalitions, and programmatic work	Healthy Communities Coalition, WIC, Kids Nutrition Coalition, District Wellness Committee, Harvest of the Month, Abundant Montana, Local Food Assessment, Helena Food Share, Home Visiting	One PSE change per year	Annually 2023-2026	Prevention Team WIC	Community Health Improvement Plan - Chronic Disease Focus Area
	Support one change annually to expand the partnership for senior meals through community partnerships, coalitions, and programmatic work	Healthy Communities Coalition, AARP, Rocky's Area on Aging, Helena Food Share Senior Nutrition Program	One initiative per year	Annually 2023-2026	Prevention Team	Community Health Improvement Plan - Chronic Disease Focus Area

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	Increase food knowledge and skills through a campaign or strategy grounded in cultural humility and healthy food choices; gather feedback in those specific communities, including lived experts and community food program experts	Healthy Communities Coalition, Kids Nutrition Coalition, Environment Health Specialists - Licensed Establishments	One campaign implemented	Year 2	Prevention Team, Communication Specialist, Environment Health Specialists - Licensed Establishments	Health Equity Policy Community Health Improvement Plan - Chronic Disease Focus Area
	Conduct three walk audits per year in Lewis and Clark County to promote safe routes to school, work, and play opportunities	Non-motorized Travel Advisory Council, Healthy Communities Coalition, I2Audit Design and Facilitators	Three walk audits per year	Annually 2023-2026	Prevention Programs Supervisor	Health Equity Policy Community Health Improvement Plan - Chronic Disease Focus Area
3.3.2 Develop health promotion/wellness services that low-income families can utilize (*Health equity component alert)	One healthy eating program implemented or improved per year to support food access and knowledge for our lower income families	Kids Nutrition Coalition, Harvest of the Month, Helena Food Share, SNAP-Ed, WIC, Ability MT	One program implemented or improved per year	Annually 2023-2026	Prevention Programs Supervisor	Health Equity Policy Community Health

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	Collaborate with partners to coordinate one countywide physical activity effort per year that reduces barriers to participation	<p>Healthy Communities Coalition</p> <p>Look at events and efforts that are already occurring</p> <p>Look at what other communities are doing to improve physical activity</p>	One effort per year	Annually 2023-2026	Prevention Programs Supervisor	Improvement Plan: Chronic Disease Focus Area
3.3.3 Expand CONNECT Referral System to be more inclusive of services for health and wellness	Complete one asset map of health and wellness organizations		Project-based	By 2026	CONNECT Referral Coordinator	
	Conduct a CONNECT readiness assessment with identified health and wellness organization		Project-based	By 2026	CONNECT Referral Coordinator	
	Train health and wellness organizations that are ready to adopt the CONNECT Referral System		Project-based	By 2026	CONNECT Referral Coordinator	

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Goal 3.4: Prevent and improve management of chronic disease

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
3.4.1 Increase capacity for the health department to work on upstream and preventative chronic disease SDOH/health equity work	Hire or increase FTE to work on chronic disease efforts	Funding (new grants)	Project	Year 1 and 2	Prevention Team	Health Equity Policy
	Establish one new agency or program partnership to work collaboratively on chronic disease prevention	Helena Indian Alliance, PureView Health Center, St. Peter's Health	QM - One per year	2023-2026	Prevention Team	Health Equity Policy
	Annually, conduct a visioning session with the Prevention Team to analyze and assess national chronic disease trends and how to align our work using Healthy People 2030 and other national best practices	Healthy People 2030, CDC Best Practices, NACCHO Best Practices	QM - One per year	2023-2026	Prevention Team	Health Equity Policy
3.4.2 Support, lead, and sustain local chronic disease efforts with effective partnerships, evidence-based training, and robust data collection and evaluation	Participate in one quality improvement project using the PDSA model to improve care transitions for hospitals/skilled nursing facilities/rehabs	Quality Council, Mountain Pacific Quality Health, Healthy Communities Coalition Engage partners in the process	One PDSA cycle implemented	Year 1	Prevention Programs Supervisor	Quality Improvement Plan Community Health Improvement Plan: Chronic Disease Focus Area

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	By September 30, 2023, create a Social Determinants of Health Accelerator Plan that outlines the steps to addressing chronic disease with a SDOH upstream lens	CDC Grant Yarrow Consulting Healthy Communities Coalition	One plan created	Year 1	Prevention Programs Supervisor	Future: SDOH Accelerator Plan Health Equity Policy Community Health Improvement Plan: Chronic Disease Focus Area
	Implement with community partners the work outlined in the SDOH Accelerator Plan	SDOH Accelerator Plan, Future funding opportunities, Healthy Communities Coalition	Efforts being worked on	Years 2 and 3	Prevention Programs Supervisor	Future: SDOH Accelerator Plan Health Equity Policy Community Health Improvement Plan: Chronic Disease Focus Area

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Goal 3.5: Lead Community Efforts to Reinvigorate Immunization and STD Programs and Initiatives

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
3.5.1 Improve childhood and adolescent immunization rates in collaboration with community partners	Host one community meeting per year with stakeholders to evaluate immunization rates and identify ways to meet the thresholds	IZ rates in county, IZ rates in clinics Providers, Pharmacists, DPHHS	Number of meetings	Annually	PH Nurses	
	Develop a campaign to improve community knowledge of the importance and efficacy of immunizations	CDC/DPHHS evidence-based messaging	Evaluate effectiveness of campaign - number of clicks	By 2026	Communication Specialist	
3.5.2 Enhance STD program to reach high-risk individuals	Provide at least 25 free HIV tests annually to high-risk individuals	Testing supplies, Outreach materials	Number of HIV tests	Annually	PHN	
	Evaluate the need for in-house syphilis testing	Providers, DPHHS	Assessment complete	2023	PHN supervisor and team	
	At least quarterly, engage stakeholders in HIV program development, implementation, and evaluation	Community partners	Number of events	Quarterly	PHN Supervisor	
	Develop, implement, and evaluate education campaign regarding STD services	CDC/DPHHS evidence-based messaging	Media reach	By 2026	Communication Specialist	

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Goal 3.6: Rebuild community and individual level social connections/cohesion to support health across the lifespan

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
3.6.1 Convene and facilitate a community conversation to build community cohesion	Identify a LCPH team to lead this community conversation	LCPH staff, Community partners and stakeholders	LCPH team identified	2023	Senior Leadership	
	Identify community partners, stakeholders, decision makers, individuals to invite to a community conversation	Funds	List of partners, stakeholders, decision makers	2024		
	Organize logistics; when, where, agenda, facilitator		Agenda and Invitation	2024		
	Develop a community action plan to rebuild cohesion/connectedness		Completed action plan	2026		

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Goal 3.7: Protect young children from life-long health impacts of lead exposure

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
3.7.1 Increase the number of children 0-5 years of age who are tested for blood lead levels.	Reengage the provider outreach program		Quarterly meetings	By 2025	LEAP Program	
	Identify potential routes for LCPH to co-host capillary testing events	EPA, DPHHS, St. Peter's Hospital	One capillary testing event	By 2025		
	Establish quantitative surveillance metrics	LCPH Epidemiologist, DPHHS	Metrics established	By 2025	LEAP Program	
3.7.2 Reduce childhood lead exposure in homes	Increase parent outreach efforts by participating in at least three public outreach events annually	Early Childhood Collective, Home Visiting Task Force, East Helena School District, Head Start, WIC, EPA	At least three outreach events	Annually	LEAP Program	
	Partner with early childhood organizations to distribute educational materials to parents and caregivers	Early Childhood Collective, Home Visiting Task Force, East Helena School District, Head Start, WIC, EPA	At least one partnership established	Annually	CHP Division Administrator LEAP Program	

Strategic Initiative 4: Healthy Environments

Goal 4.1: Support local climate change mitigation and adaptation efforts

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
4.1.1 Improve climate change competency among staff	Develop survey to assess current staff competency	Learning collaborative model, Core Competencies, Health Professionals for a Healthy Climate , MSU Extension, UM Public Health Training Center, WHO Climate Change and Health Toolkit	Survey developed and administered	By 2025	Environmental Services Division, Epidemiologist	
	Create an implementation and evaluation plan to improve competency Make adjustments to the plan based on evaluation in subsequent years		Implementation and evaluation plan created	By 2025		
4.1.2 Gain understanding of climate change impacts on health and equity in Lewis and Clark County	Identify community partners to collaborate on local climate and health vulnerability assessment	Climate Change and Human Health in Montana , Health Professionals for a Healthy Climate, MSU Extension	Community partners identified and coalition created	By 2025	Environmental Services Division	

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	Conduct a local climate and health vulnerability assessment	Utilize CDC BRACE framework, APHA guide for LHDs	Assessment completed; indicators and surveillance systems identified or created; measures incorporated into 2027 CHA	By 2026	Environmental Services Division	
	Develop a community action plan	Missoula County example, City of Helena CAP	Draft plan created	By 2026	Environmental Services Division	
4.1.3 Develop a multi-faceted air quality education and outreach campaign to reduce exposure to harmful wildfire smoke and improve winter air quality conditions	At least three schools actively participating in the air quality flag program	Health Professionals for a Healthy Climate, Montana DEQ Air Quality Program, LCPH nurses, school nurses	Three schools participating in flag program	By 2026	Environmental Services Division	
	Review and update PM Advance Plan	Montana DEQ Air Quality Program	New PM Advance Plan	By 2024	Environmental Services Division	
	Partner with City of Helena to distribute wood stove education through utility bills	City of Helena PIO, LCPH PIO	Annual distribution of wood stove education	Annually	Environmental Services Division	

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	Launch air quality dashboard to display current local air quality data and historic trends	City/County GIS Department	Dashboard launched on website	By July 2023	Environmental Services Division	
	Partner with the Lewis and Clark County Grants and Purchasing Division to explore additional funding sources for the program	Lewis and Clark County Grants	Quarterly update, Check-in meetings	Quarterly	Environmental Services Division	

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Goal 4.2: Protect the quality and availability of our water resources

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
4.2.1 Build greater awareness of water quality and quantity issues throughout the Water Quality Protection District and Lewis and Clark County	Develop a multi-faceted water conservation education and outreach program	City of Helena Climate Action Plan, pages 63-77	Program and plan created	By 2024	Water Quality Protection District	
	Implement water conservation education and outreach program	Lake Helena Watershed Group, City of Helena, Helena Community of Resource Educators	Program implemented	By 2025	Water Quality Protection District	
	Evaluate effectiveness of education and outreach and make improvements in subsequent years		Program evaluation conducted	By 2026	Water Quality Protection District	
4.2.2 Re-implement the septic maintenance program	Re-evaluate and select a model that best meets our environmental protection goals Finish the existing Quality Improvement Project	QI Project, 2019 Program Review and Analysis, 2008 Implementation Plan	Model selected	By 2025	Environmental Services Division	
	Update regulations as needed to implement the program		Updated septic maintenance program and regulations	By 2026	Environmental Services Division	

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4.2.3 Improve collaboration and strengthen partnerships between the Water Quality Protection District and other environmental health programs	Share program updates and seek opportunities for collaboration at least twice per month		Bi-monthly meetings	Monthly	Environmental Services Division; Water Quality Protection District	
	Identify and implement one collaborative project per year		One collaborative program or project identified annually	Annually	Environmental Services Division; Water Quality Protection District	

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Goal 4.3: Build capacity to respond to public health emergencies

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
4.3.1 Train public health staff in roles and responsibilities of emergency preparedness and response	All staff complete required ICS training courses	Staff training spreadsheet, ICS training courses, Staff orientation checklist	100% staff completion of required trainings	End of 4 th quarter - Annually	PHEP Coordinator	PHEP Deliverables
	Provide quarterly opportunities for staff to participate in additional training	Staff training and exercise plan, FEMA	One training offered to staff quarterly	Quarterly	PHEP Coordinator	
	Conduct one exercise per year to reinforce understanding of incident response roles	PHEP, NSEEP	One exercise annually	Annually	PHEP Coordinator	
4.3.2 Identify and close gaps in local emergency preparedness plans and policies	Review and identify updates for existing plans and policies	Public Health Accreditation Board PHEP	All appropriate plans are reviewed	End of 4 th Quarter - Annually	PHEP Coordinator	PHEP Deliverables
	Update existing or create new plans and policies as needed	PHEP Official Documents Management Policy	All documents are updated as needed	End of 2 nd Quarter - Annually	PHEP Coordinator	

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4.3.3 Inform and educate the public on personal emergency preparedness	Develop an outreach plan and/or calendar for seasonal social media or website posts	City/County PIOs DES Coordinator	Education plan and/or calendar is created and implemented	By 2025	PHEP Coordinator, Communications Specialist	
	Maintain relevant preparedness resources for the public on our website and social media	FEMA DES DPHHS	Quarterly review of online resource lists	Quarterly	PHEP Coordinator, Communications Specialist	
	Participate in or host local preparedness-related events	Create an “activity calendar”	One outreach event quarterly	Quarterly	PHEP Coordinator	

Strategic Initiative 5: Public Health Infrastructure

Goal 5.1: Build and Sustain Staff Capacity

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
5.1.1 Adopt public health innovations and best-practice interventions	All staff is provided at least one professional development opportunity annually to learn about new public health innovations	Funding professional development opportunities “The Future of Public Health” Report by the Public Health Institute 2021	Quality Assurance	Once per year	Admin Team	Workforce Development Assessment Applying Evidence and Promising Practices Protocol
5.1.2 Improve average staff longevity at LCPH to 90% by 2026 <i>Baseline = 83% of staff have worked at LCPH for more than 5 years (2022 WAS)</i>	Evaluate updated “New Employee Orientation Checklist” for effectiveness Note feedback for QI project	Quality Council	Project-based	2023	Senior Leadership Team	Workforce Development Plan
	Each program completes a desk aid to help with succession planning	Research and provide a template for consistency	Project-based	2024	Senior Leadership Team with supervisors	
	Conduct one quality improvement project on onboarding	Quality Council	Project-based	2024	Quality Council, Interested supervisors	Quality Improvement Plan

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	Improve employee satisfaction in the areas of culture, diversity, inclusion, health, wellness, safety, and leadership by developing and implementing an action plan	2022 Employee Satisfaction Survey results	Quantitative measures set in improvement plan	2023	Labor Management Committee	2022 Employee Satisfaction Survey Health Equity and Inclusiveness policies
5.1.3 Recruit and hire a workforce that reflects the demographic, cultural, and linguistic characteristics of the population we serve	Develop and implement a recruitment plan that includes how we recruit, where we publish jobs, etc.	Anti-racism audit, Reputable national resources	Plan developed and implemented when hiring	2023	HR, Senior Leadership Team	Health Equity Policy, Procedure #5
	Document baseline demographics of workforce from 2022 WFD Assessment, how long staff stay, and why they leave Report comparison after 2025 assessment.	Exit Interviews	Quantitative	2025	Epidemiologist, Senior Leadership Team, Supervisors, HR	Workforce Development Assessment, Employee Satisfaction Survey, Health Equity and Inclusiveness Policies
5.1.4 Hire a Diversity Equity Inclusion (DEI) Specialist (1.0 FTE) to lead research, coordinate efforts, facilitate, and be an expert to guide LCPH	Create a DEI Specialist job description	National, state, and local organization templates	Project-based	2023	Senior Leadership Team	Health Equity, Cultural Competency, Inclusiveness Policies

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	Apply and secure funding for the position	Research funding sources	Project-based	2023	Senior leadership team	Health Equity, Cultural Competency, and Inclusiveness policies
5.1.5 Include diverse populations question in all LCPH interview questions and add language in job descriptions; include in recruitment plan	Train all LCPH supervisors to ensure practice is institutionalized and standardized	Interview question and job description examples, Racial Equity Workgroup	Project-based	2023	Senior Leadership Team	Health Equity, Cultural Competency, Inclusiveness Policies

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Goal 5.2: Advance Organizational Structure

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
5.2.1 Accomplish four physical infrastructure wins by 2026 to enhance department efficiency	Conduct follow-up conversations with program staff from WF Assessment to identify specific technology needs in department Develop work plan in collaboration with County IT to address program and system integration needs	County IT&S	Project-based	2023-24	Senior Leadership Team	Workforce Assessment Survey
	LCPH in new facility that meets our needs by 2026	County CAO, CFO, BoCC	Project-based	2026	Senior Leadership Team	2023 Preliminary Architect Report
	Seek out funding for building	County CAO, CFO, BoCC	Quantitative	2023-2026	Senior Leadership Team	
	Assess current organizational structure and make changes necessary to implement the 2023-2026 strategic plan	Current organization chart, Research from other health departments	Project-based	2026	Senior Leadership Team	Workforce Assessment Survey

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	Supervisors discuss ideas for cross-departmental/division collaboration with staff and report to Division Administrators for action	<i>Ideas from 2/22:</i> More coordinated LCPH outreach, organize internal provider outreach Bridge gap between environmental health and licensed establishment Better data management across divisions Reorient staff hired during pandemic and integrate them into department properly	Project-based	2023	Program Supervisors, Senior Leadership Team	Workforce Assessment Survey
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5.2.2 Accomplish two relational infrastructure wins by 2026 to improve staff satisfaction	Supervisors discuss ideas to meet internal communications needs and report to Division Administrators for action	<i>Ideas from 2/22:</i> Newsletter, Regular all-staffs, Bullet-point updates from leadership that are brought to team meetings, Bulletin boards with info Sharing program info, Staff updates, Other important info at all-staff meetings	Improve response to the employee satisfaction survey question: “Communication between senior leadership and employees is good” from 71.8% agree/strongly agree to 80% by 2026	2023	Program Supervisors, Senior Leadership Team, Communication Specialist	2022 Employee Satisfaction Survey
5.2.3: Design and implement an effective data management strategy and improvement plan	Develop data inventory table	Resources from other health departments, best practices from online research on topic	Project-Based	2024	Data Council	
	Review inventory and assess data management weaknesses and needs	Policies, guidance documents, templates, technical resources, trainings, etc.	Project-Based	2025	Data Council	
	Create Data Management Improvement Plan based on the assessment Formalize structure and roles of the Data Council	Utilize template and structure from the quality improvement plan and QI Council	Project-Based	2026	Data Council	

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Goal 5.3: Positively Shift Public Perception about Public Health

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
5.3.1 Develop and implement a community education and feedback campaign	Build a public relations team of staff and non-staff	LCPH staff, Community partners, National public health communications tools/research	Quantitative	2023	Communications Specialist	Communication & Marketing Policy
	Plan and implement a community education campaign about public health	Public relations team Funding for ads National public health communications tools/research	Quantitative	2026	Communications Specialist	Communication & Marketing Policy
	Plan and implement a community feedback listening campaign	National public health communications tools/research	Quantitative	2026	Communications Specialist	Communication & Marketing Policy
5.3.2 LCPH advocates for one local-level and one state-level policy over the course of the strategic plan that advances public health	Support staff participation in statewide association advocacy of state legislation	Confluence Public Health Alliance	Quality Assurance	2023-2026	Senior Leadership Team	
	Collaborate with or lead local advocacy efforts					

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Goal 5.4: Improve health data system capacity

Objectives	Activities	Resources	Assessment	Timeline	Responsibility	Linkages
5.4.1 Design and implement an effective data management strategy and improvement plan	Develop data inventory table	Resources from other health departments, best practices from online research on topic	Project-Based	2024	Data Council	
	Review inventory and assess data management weaknesses and needs	Policies, guidance documents, templates, technical resources, trainings, etc.	Project-Based	2025	Data Council	
	Create Data Management Improvement Plan based on the assessment Formalize structure and roles of the Data Council	Utilize template and structure from the quality improvement plan and QI Council	Project-Based	2026	Data Council	

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5.4.2 Support the development of the Community Health Assessment and Community Health Improvement Plan	Participate in the Healthy Together Steering Committee		# of meeting per year, minutes	Ongoing	Epidemiologist Health Officer	
	Collect qualitative and quantitate health data for the assessment	Healthy Together Steering Committee, Various national, state, and local data sets		2024	Epidemiologist	PHAB, Domain 1
	Assist in the development of meaningful metrics to measure impact of the community health improvement plan	Healthy Together Steering Committee		2025	Epidemiologist	PHAB, 5.2.1
5.4.3 Assist county partners with epidemiologic support to advance data driven decisions	Track external partner data requests directed for LCPH	Time, Analytical Software, Access to datasets	Request Based	Annual	Epidemiologist	PHAB, Domains: 1.3.1 A, 2.1.1.A
5.4.4 Increase the use of data and improve reporting data systems to identify, define, monitor, and share findings with program supervisors and leadership team as part of strategic initiatives	Work with system developers to increase ability for program staff to report and have access to automated, secure, and reliable data	Time Data Systems (Patagonia, JotForm, MIDIS, imMTrax), Analytical Software	Project-Based or Upon Request	Annual	Epidemiologist	
	Provide training to internal staff on data reporting, interpretation, and application	Time, Datasets	Employee Satisfaction Survey	Quarterly	Epidemiologist Data Council	

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5.4.5 Integrate data systems and modernize capacity for data analytics through adopting cost effective and necessary data solutions and software	Assist with identifying data systems to meet program data reporting needs	Time Analytical Software	Project-Based or Upon Request	Project-Based or Upon Request	Epidemiologist Data Council	
	Advance data exchange pathways to link multiple data streams (e.g., cases, lab reporting) between electronic health record reporting and healthcare entities	Time Data Systems (Patagonia, JotForm, MIDIS, imMTrax)	Project-Based or Upon Request	On-going	Epidemiologist	

4.0 Public Health Strengths & Challenges

4.1 SWOT Survey

Lewis and Clark Public Health conducted a survey of the Lewis and Clark City-County Board of Health in January 2023 to identify internal and external strengths and challenges of the health department.

4.2 Internal Environment

Strengths	Challenges
Analysis / data-driven decisions	Eroding funding
Communication	Board of Health approval of variances
Dedicated staff working to improve health	Combating misinformation
Leadership	Reestablishing trust and good will
Trauma-Informed	Impacting social determinants of health
Behavioral health education and support	Employee retention
Community Interaction	Changing public perception of public health
Integrity	Staffing and funding capacity to do essential services plus added strategic initiatives
Public sanitation	Addressing climate change

4.3 External Environment

Opportunities	Threats
DEI improvements	Mistrust of public health by public
Empower community support of public health	Public distrust of facts and data
Behavioral health systems improvement	Political threats to public health authority

5.0 Implementing This Plan

5.1 Implementation Responsibilities

The Board of Health and LCPH management team are responsible jointly for ensuring that this strategic plan is implemented.

Within six months of adoption of this plan, each division of LCPH is expected to develop an annual work plan that includes measurable and time-framed targets for completing the action steps outlined here. The annual action plan will be entered into the VMSG Dashboard tool to help monitor performance management.

5.2 Review & Revision

Strategic planning is an ongoing process, not a product. This document reflects the best understanding of needs and the decisions to address those needs at the time it was written. But if the plan is to remain useful and effective, it must evolve along with community and department needs, emerging issues, and growing understanding of what interventions are feasible and effective.

A process to review and revise this plan on a regular basis will allow the department to adapt to new circumstances and incorporate new knowledge.

The LCPH management team will be responsible for reviewing the plan on a semi-annual basis and revising if deemed necessary. Staff will present progress during all-staff meetings semi-annually. Staff will report on the status of the plan, along with any revisions, to the Board of Health once a year during regular board meetings.

Substantive changes to this plan will be recorded in the Record of Changes on page ii.

5.3 Maintenance and Availability

This plan will be maintained as part of the LCPH official documents management system. It will be available to all staff on the public health intranet at <https://intranet.lccountymt.gov/public-health/official-documents/>

6.0 Participants in the Process

6.1 Board of Health

Justin Murgel, Chair, Representing a resident in the City of Helena
Dr. Mikael Bedell, Vice Chair, Representing practicing physician in the County
Wilmot Collins, Helena Mayor
Kelly Harris, East Helena Mayor
Tom Rolfe, County Commissioner
Rex Weltz, Helena School Superintendent
Brie MacLaurin, Representing consumer of public health services
Lisa Kaufman, Representing resident with an environmental health/science background
Katherine Weber, Representing a resident living in the County

6.2 Strategic Planning Steering Committee

Drenda Niemann, Health Officer and Department Director
Laurel Riek, Disease Control and Prevention Administrator
Valerie Stacey, Sanitarian, Environmental Health Services
Julie Bir, Systems Improvement Specialist/CONNECT Referral Coordinator
Jolene Helgersen, Lead Administrative Assistant

6.3 Facilitator

Dan Clark and Ashley Kent, Local Government Center, MSU Extension

6.4 Public Health Staff

A.C. Rothenbuecher	Community Health Promotion Division Administrator
Ardis Sullivan	Billing Clerk
Beth Norberg	Program Supervisor, Environmental Services
Brett Lloyd	Emergency Preparedness Coordinator
Carin McClain	Health Educator, Tobacco Use Prevention
Charity Krebs	WIC Pure Breast Feeding Coordinator, Aide
Dawn Sullivan	Administrative Assistant, Environmental Health Services
Deborah Pena-Ortiz	Public Health Nurse
Dorota Carpenedo	Epidemiologist
Drenda Niemann	Health Officer
Franchesca Talbot	Environmental Health Specialist
Greg Daly	Healthy Families Case Manager

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Heather Baker-Parmer	Finance Coordinator
Jay Plant	Environmental Health Specialist
Jennifer McBroom	Water Quality Protection District Program Supervisor
Jess Hegstrom	Suicide Prevention Coordinator
Joel Ebert	Environmental Health Technician
Jolene Helgerson	Lead Administrative Assistant
Jolene Jennings	Behavioral Health Systems Improvement Specialist
Jordan Moore	Environmental Health Specialist
Julie Bir	CONNECT Referral Coordinator
Kate Sexton	Healthy Families RN Case Manger
Kathy Moore	Environmental Health Services Division Administrator
Katie Maslowski	Healthy Families Case Manager
Laura Hendley	Environmental Health Specialist
Laurel Riek	Disease Control & Prevention Division Administrator
Lori Erion	Front Desk Clerk
Madeline McKeefry	Water Quality Specialist
Maria Stolle	WIC Registered Dietitian
Marissa Johnson	Healthy Families RN Case Manger
Mary Sparks	Home Visiting Program Supervisor
Melissa Baker	Health Educator, Cancer Control Program
Nina Heinzinger	Licensed Establishments Program Supervisor
Rae Brown	Public Health Nurse
Sandra Bravo	Administrative Receptionist
Sarah Howe-Cobb	Public Health Nurse, Augusta
Sarah Sandau	Prevention Programs Supervisor
Sherry Winchell	WIC Registered Dietitian
Tanner Rasmussen	Public Health Nurse
Taylor Dinsdale	Environmental Health Specialist
Valerie Stacey	Environmental Health Specialist
Vianka Tyler	WIC Coordinator



Lewis & Clark
Public Health

Helena, Montana

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

BOARD AGENDA ITEM

Meeting Date

April 27, 2023

Agenda Item No.

5

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

AGENDA ITEMS: Board Member Discussion

PERSONNEL INVOLVED: Board Members/Staff

BACKGROUND 3rd Quarter FY23 Finance Report; Annual Variance Summary

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						
Collins						
Harris						
Kaufman						
MacLaurin						
Murgel						
Rolfe						
Weber						
Weltz						

HEALTH DEPARTMENT MILL DOLLARS Thru March 2023

		REVENUE RECEIVED YTD				TOTAL RECEIVED YTD	75% of the year elapsed 77% % of payroll		
REVENUE	FY 2023 BUDGET	Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention		Budget Remaining	% of Budget Collected	Prior Year to Date
Taxes	\$ 1,472,777	\$ 876,050	\$ -	\$ -	\$ -	\$ 876,050	\$ 596,727	59.48%	\$ 824,653.61
Cost Allocation Recovery	\$ 139,407	\$ 119,935	\$ -	\$ -	\$ -	\$ 119,935	\$ 19,472	86.03%	\$ 80,102
Health Insurance Credits	\$ 205,848	\$ 94,410	\$ -	\$ -	\$ -	\$ 94,410	\$ 111,438	45.86%	\$ 87,047
Environmental Health Charges	\$ 235,889	\$ -	\$ -	\$ 104,727	\$ -	\$ 104,727	\$ 131,162	44.40%	\$ 190,865.00
Community Health Charges	\$ 264,742	\$ -	\$ -	\$ -	\$ 203,536	\$ 203,536	\$ 61,206	76.88%	\$ 110,218.41
Contracts/Grants	\$ 287,237	\$ 40,460	\$ 171,516	\$ -	\$ 53,100	\$ 265,076	\$ 22,161	92.28%	\$ 225,608.95
Miscellaneous	\$ 270,550	\$ 251,940	\$ 3,715	\$ 36,653	\$ 7,436	\$ 299,744	\$ (29,194)	110.79%	\$ 332,128.01
TOTAL REVENUE	\$ 2,876,450	\$ 1,382,794	\$ 175,231	\$ 141,380	\$ 264,072	\$ 1,963,478	\$912,972	68.26%	\$ 1,850,623

FTE	4.870	2.750	3.250	6.985	17.855
	27.28%	15.40%	18.20%	39.12%	

YEAR TO DATE ACTUAL EXPENDITURES							%			Prior Year
FY 2023 BUDGET	Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention	TOTAL YTD SPENT	Budget Remaining	Budget Spent		to Date	
PERSONNEL										
Regular Salary	\$ 1,130,781	\$ 233,290	\$ 171,334	\$ 151,079	\$ 354,277	\$ 909,980	\$ 220,801	80.47%	\$ 836,370	
Temporary /Seasonal Salary	\$ 1,200	\$ -	\$ -	\$ -	\$ 1,062	\$ 1,062	\$ 138	88.53%	\$ -	
Overtime	\$ -	\$ 200	\$ 130	\$ 44	\$ 845	\$ 1,219	\$ (1,219)	--	\$ 867	
Term Pay/ Uncomp Absences		\$ 1,453	\$ -	\$ -	\$ 7,784	\$ 9,236	\$ (9,236)	--	\$ 18,029	
Benefits	\$ 393,792	\$ 73,370	\$ 54,723	\$ 50,103	\$ 112,649	\$ 290,845	\$ 102,947	73.86%	\$ 268,550	
Extra Pay period Savings	\$ 15,901	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,901	0.00%		
TOTAL PERSONNEL	\$ 1,541,674	\$ 308,313	\$ 226,187	\$ 201,226	\$ 476,617	\$ 1,212,343	\$ 329,331	79.46%	\$ 1,123,817	

YEAR TO DATE ACTUAL EXPENDITURES								% of		
	FY 2023 BUDGET	Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention	TOTAL YTD SPENT	Budget Remaining	Budget Spent	Prior Year to Date	
OPERATIONS										
21.10 Office Supplies	\$ 5,150	\$ 1,379	\$ 886	\$ 1,039	\$ 2,122	\$ 5,426	\$ (276)	105.36%	\$ 6,514	
21.20 Minor Equipment	\$ 1,650	-	\$ 3,558	\$ 449	\$ 556	\$ 4,563	\$ (2,913)	276.57%	\$ 2,154	
21.50 Computer Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -	
22.10 Operating Supplies	\$ 8,800	\$ 3,238	\$ 16,676	\$ 75	\$ 15,002	\$ 34,992	\$ (26,192)	397.63%	\$ 40,618	
22.21 Hep B Vaccine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -	
22.23 Non Travel Vaccinations	\$ 83,720	\$ -	\$ -	\$ -	\$ 111,031	\$ 111,031	\$ (27,311)	132.62%	\$ 56,409	
22.24 Flu Vaccine	\$ 58,576	\$ -	\$ -	\$ -	\$ 52,455	\$ 52,455	\$ 6,121	89.55%	\$ 81,507	
22.26 Travel Vaccines	\$ 33,152	\$ -	\$ -	\$ -	\$ 16,181	\$ 16,181	\$ 16,971	48.81%	\$ 16,794	
22.27 Lab Expenses	\$ 4,100	\$ -	\$ -	\$ -	\$ 742	\$ 742	\$ 3,358	18.11%	\$ 1,068	
22.61 Titers/tests	\$ 2,390	\$ -	\$ -	\$ -	\$ 668	\$ 668	\$ 1,722	27.94%	\$ 3,541	
23.10 Repair & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ 43	
23.20 Gas & Oil	\$ 2,650	\$ -	\$ 561	\$ 1,522	\$ -	\$ 2,084	\$ 566	78.64%	\$ 2,495	
31.20 Postage	\$ 5,985	\$ 110	\$ 412	\$ 670	\$ 861	\$ 2,053	\$ 3,932	34.30%	\$ 7,358	
31.40 Vehicle Parking	\$ 1,632	\$ -	\$ -	\$ 840	\$ -	\$ 840	\$ 792	51.47%	\$ 2,040	
31.45 Vehicle Registration	\$ -	\$ -	\$ -	\$ -	\$ 22	\$ 22	\$ (22)	--	\$ -	
31.60 Credit Card Fees	\$ 3,888	\$ -	\$ -	\$ 1,798	\$ 2,506	\$ 4,304	\$ (416)	110.69%	\$ 3,218	
31.65 Credit Card Fees	\$ 2,000	\$ -	\$ -	\$ 1,628	\$ -	\$ 1,628	\$ 372	81.41%	\$ 1,319	
32.10 Printing	\$ 2,228	\$ 894	\$ 3,946	\$ 19	\$ 1,699	\$ 6,559	\$ (4,331)	294.37%	\$ 15,353	
33.10 Subscriptions	\$ 400	\$ 247	\$ -	\$ 555	\$ -	\$ 802	\$ (402)	200.48%	\$ 234	
33.20 Advertising	\$ 5,200	\$ 2,171	\$ 21,730	\$ 774	\$ -	\$ 24,675	\$ (19,475)	474.52%	\$ 34,417	
33.50 Membership	\$ 11,750	\$ 4,250	\$ -	\$ 250	\$ -	\$ 4,500	\$ 7,250	38.30%	\$ 5,335	
33.60 Licenses	\$ 2,325	\$ -	\$ -	\$ 810	\$ 133	\$ 943	\$ 1,383	40.54%	\$ 480	
33.70 Education Awareness	\$ -	\$ -	\$ 7,416	\$ -	\$ -	\$ 7,416	\$ (7,416)	--	\$ -	
33.80 Health Club Dues	\$ 100	\$ 150	\$ -	\$ -	\$ -	\$ 150	\$ (50)	150.00%	\$ -	
34.10 Utilities (Augusta)	\$ 1,200	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,200	0.00%	\$ -	
34.50 Telephone	\$ 18,406	\$ 4,481	\$ 2,050	\$ 2,917	\$ 5,472	\$ 14,920	\$ 3,486	81.06%	\$ 9,059	
35.10 Professional Services	\$ 5,925	\$ 3,318	\$ 1,120	\$ -	\$ 2,863	\$ 7,302	\$ (1,377)	123.24%	\$ 5,600	
35.65 Patient Services (BCH)	\$ -	\$ -	\$ 2,366	\$ -	\$ -	\$ 2,366	\$ (2,366)	--	\$ 4,639	
35.70 Community Projects	\$ -	\$ -	\$ 7,100	\$ -	\$ -	\$ 7,100	\$ (7,100)	--	\$ -	
36.10 Repair & Maintenance	\$ 300	\$ -	\$ 682	\$ -	\$ 690	\$ 1,371	\$ (1,071)	457.15%	\$ 192	
36.20 Office Repair/Maint	\$ 8,400	\$ 5,361	\$ 925	\$ -	\$ -	\$ 6,286	\$ 2,114	74.84%	\$ 6,033	
36.30 Vehicle Repair	\$ 500	\$ -	\$ -	\$ 13	\$ 552	\$ 565	\$ (65)	112.93%	\$ -	
37.10 Travel	\$ 9,450	\$ 92	\$ 2,918	\$ 21	\$ 300	\$ 3,330	\$ 6,120	35.24%	\$ 1,693	
37.50 Board Expenses	\$ 200	\$ 521	\$ -	\$ -	\$ -	\$ 521	\$ (321)	260.42%	\$ 717	
38.10 Training	\$ 23,290	\$ 249	\$ 14,901	\$ 1,177	\$ 151	\$ 16,477	\$ 6,813	70.75%	\$ 8,748	
39.10 Contracted Services	\$ 52,856	\$ 10,350	\$ 27,931	\$ 39,135	\$ 11,644	\$ 89,061	\$ (36,205)	168.50%	\$ 51,780	
39.20 Recruitment Services	\$ -	\$ -	\$ -	\$ -	\$ 959	\$ 959	\$ (959)	--	\$ -	
39.61 Software Maint	\$ 12,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,500	0.00%	\$ 11,564	
50.10 Admin	\$ 65,883	\$ 49,412	\$ -	\$ -	\$ -	\$ 49,412	\$ 16,471	75.00%	\$ 46,887	
50.11 HD Admin (applied to grants)	\$ 750	\$ -	\$ 11,532	\$ -	\$ -	\$ 11,532	\$ (10,782)	1537.54%	\$ 7,114	
50.20 Insurance	\$ 38,221	\$ 25,965	\$ -	\$ -	\$ 1,848	\$ 27,813	\$ 10,408	72.77%	\$ 16,524	
50.25 Deductibles	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -	
50.30 Rent	\$ 206,933	\$ 108,978	\$ 9,256	\$ 7,744	\$ 13,735	\$ 139,713	\$ 67,220	67.52%	\$ 137,755	
50.40 Technology	\$ 140,074	\$ 101,597	\$ -	\$ -	\$ -	\$ 101,597	\$ 38,477	72.53%	\$ 63,398	
50.41 Tech Agreements	\$ 21,668	\$ -	\$ 1,071	\$ 12,142	\$ 1,071	\$ 14,284	\$ 7,384	65.92%	\$ -	
80.10 Transfers Out match	\$ 421,017	\$ -	\$ 39,654	\$ 17,855	\$ 212,654	\$ 270,164	\$ 150,853	64.17%	\$ 174,066	
80.10 Transfers Out septic	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ 2,227	
80.10 Transfer out to Consent Refer	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000	0.00%	\$ -	
80.20 Transfer to Outside Source	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -	
TOTAL OPERATIONS	\$ 1,268,269	\$ 322,763	\$ 176,691	\$ 91,434	\$ 455,918	\$ 1,046,807	\$ 221,462	82.54%	\$ 828,892	
\$	-					\$ -	\$ -		\$ 20,181	
CIP TRANSFERS	\$ -	0				\$ -	\$ -		\$ 20,181	
GRAND TOTAL EXPENDITURES	\$ 2,809,943	631,075.68	402,878.64	292,659.65	932,535.37	\$ 2,259,149	\$ 550,794	80.40%	\$ 1,972,890	
Revenue Over (Under) Expenditu	\$66,507	\$751,719	(\$227,648)	\$ (151,280)	\$ (668,463)	\$ (295,672)			\$ (122,267)	

CASH FLOW			Year to Date Actual		Fund Bal last FY thru March
FY 2023 BUDGET			BEGINNING CASH (non	\$ 599,368	
			REVENUES	\$ 1,963,478	
			EXPENDITURES	\$ 2,259,149	
			restricted to unrestricted transfer	\$ -	
ENDING CASH	\$ 553,819	\$ 444,187	ENDING CASH (non res	\$ 303,696	\$ 495,175
90 Day Reserve=	\$ 692,863		Restricted Cash (BCH D	\$ 15,315	
Current Cash Reserve (In Days)	37				

Variances to the Lewis and Clark County Onsite Wastewater Regulations

Environmental Division

Beth Norberg, RS

April 27, 2023





50-2-116 (1)(j) - MCA

- Subject to the provisions of 50-2-130, propose for adoption by the local governing body necessary regulations that are not less stringent than state standards for the control and disposal of sewage from private and public buildings and facilities that are not regulated by Title 75, chapter 6, or Title 76, chapter 4.
- The regulations must describe standards for granting variances from the minimum requirements that are identical to standards promulgated by the Department of Environmental Quality and,
- Must provide for appeal of variance decisions to the Department of Environmental Quality as required by 75-5-305.

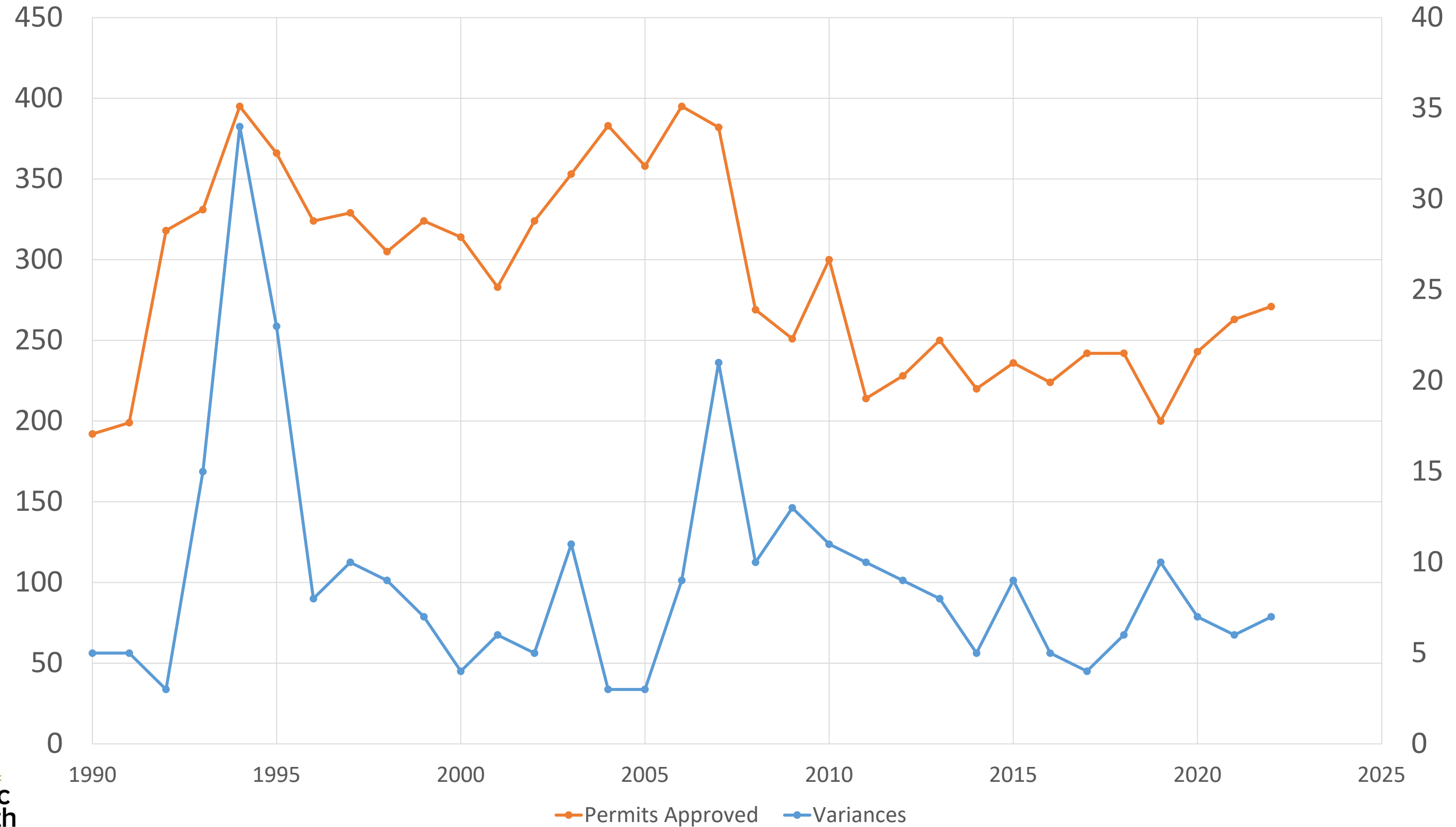
What is a Variance?

- An exception to the minimum requirements
 - Lewis and Clark County On-Site Wastewater Treatment Regulations, Section 3.4
 - State minimum standards for wastewater treatment
 - ARM Title 17, Chapter 36, Subchapter 900
 - Circular DEQ 4
- A quasi-judicial action by the Board of Health; that is, a procedure to objectively determine facts and draw conclusions from them to provide a basis for an official action.

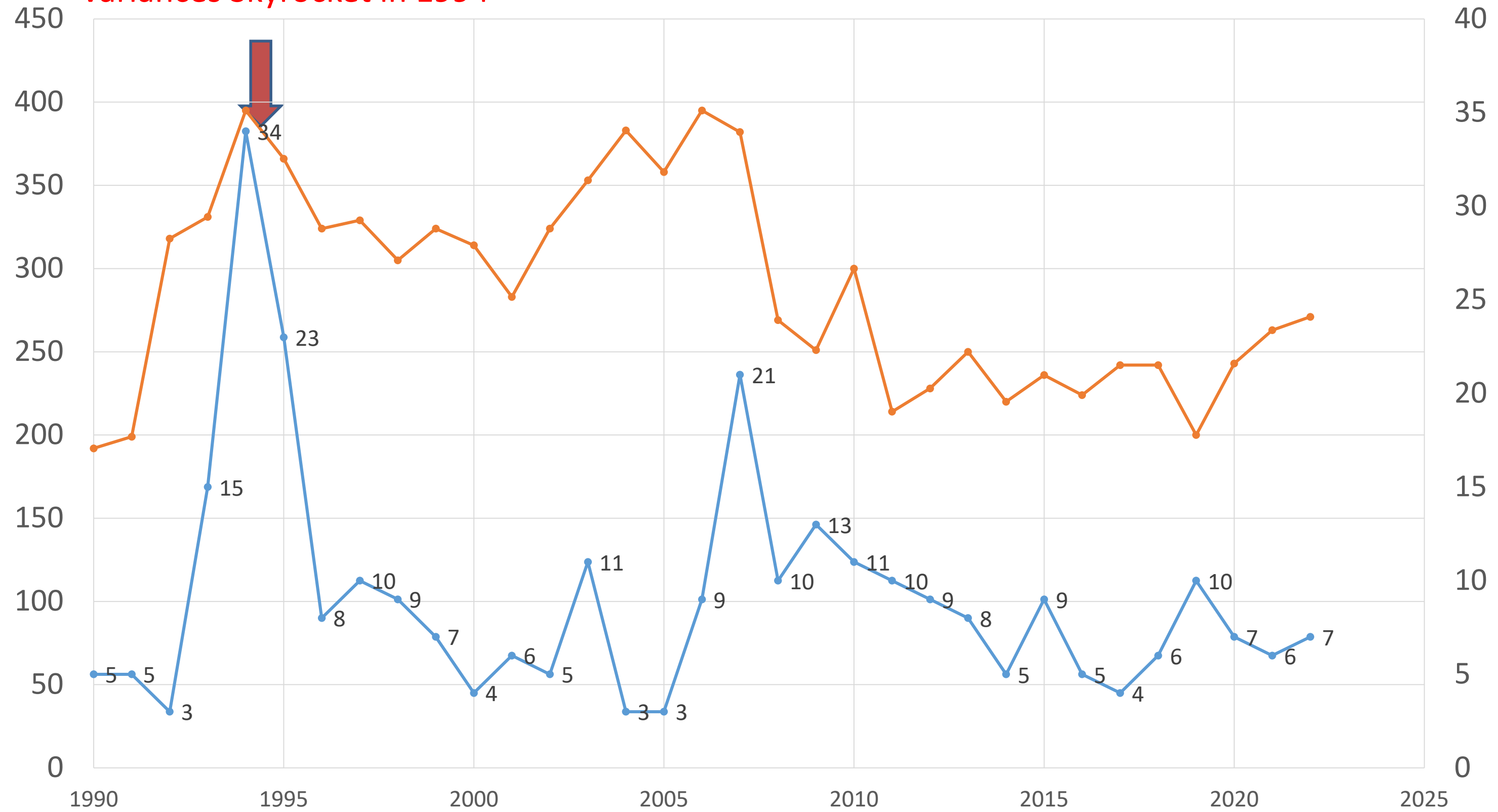


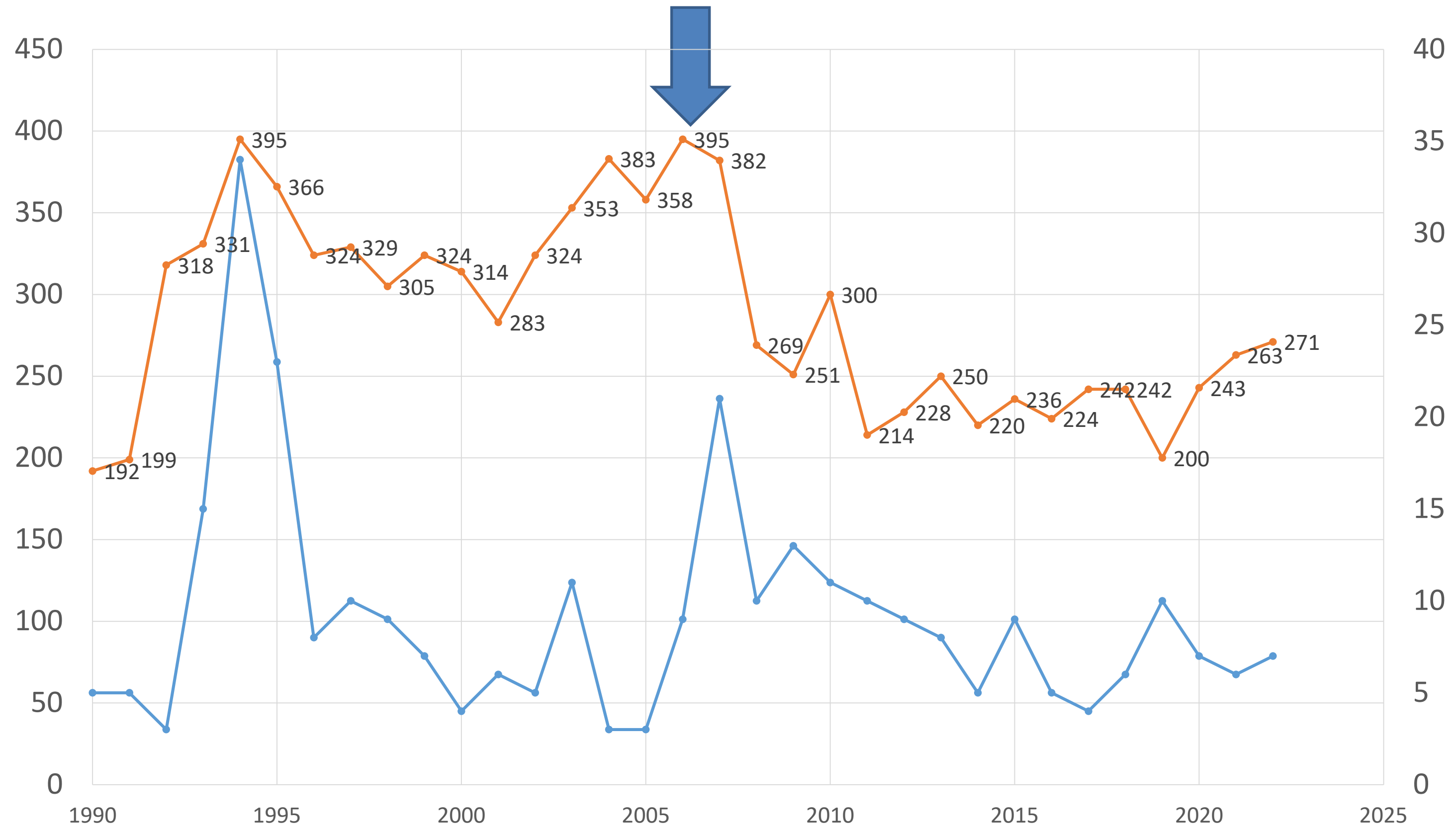
Hearing Date	Name	Address	Primary Request	Secondary Request	HO Recommendation	BOH Ratification	Conditions	Sanitarian
3/13/2013	Brian & Carrie Ann Drinville	2169 Head Lane, Helena	<4' to GW	n/a	Referred to BOH	Denied	New construction, Appealed	FP
3/13/2013	Michael Mayer	5328 Glacier Point Loop, Helena	tank <10 to foundation;property line		Approve			FP
4/24/2013	Gail Zarr (McKeever)	1830 Good News Lane, Lincoln	<100' to own well	<10' to property line	Approve			BN
7/24/2013	Robert J Kistler	3288 Trerise Rd, EH	<100-yr floodplain	n/a	Approve	7/25/2013	pre-1973	FP
7/24/2013	Theresa Lewing	3225 Grandview Rd, EH	<100-yr floodplain	n/a	Approve	7/25/2013		BN
10/24/2013	Jeff & Lila Thomas	1355 Ponderosa Rd, Helena	<4' to GW	n/a	Approve	10/24/2013		FP
10/29/2013	Lester & Amy Baldry	1829 Good News Lane, Lincoln	<100-yr floodplain	n/a	Approve		Eric Bryson, HO	BN
11/19/2013	Craig & Lisa Woolard	4274 Marshall Lane, Cascade	<100' to own well	<10' to property line	Approve	12/5/2013	pre-1973	FP
2/26/2014	Rick J Liles	460 Stemple Pass Road, Lincoln	<100' to SW	<4' to GW	Approve	2/27/2014	Previous variance 1994	BN
4/22/2014	Ralph and Dianne Hoffman	3102 Terrance Ave, Helena	<100' to SW, well, floodplain	<10' to property line	Approve	5/22/2014	replacement of pre-1973	JP
8/27/2014	Jacob Connor	1170 Rinnay Road, Helena	<4' to GW	n/a	Approve	9/25/2014	Max 23 employees	JP
10/22/2014	John & Mary Flavia Morgan	2999 Gladstone Creek, Wolf Creek	tank <50' to SW	n/a	Approve	10/23/2014	seasonal use	JP
12/2/2014	Mark and Patricia Ferrell	4266 Marshall Lane, Cascade	<100' to own well	<10' to property line	Approve	12/4/2014		FP
2/25/2015	Matt Elvbakken	3831 Wylie Dr., Helena	Year round holding tank	n/a	Approve	2/26/2015	commerical use	FP
5/20/2015	Kale Schmidt	817 Ross Rd, Helena	<100-yr floodplain	n/a	Approve	5/28/2015		FP
7/6/2015	Steve Hilt	5601 Alabama, Helena	<100-yr floodplain	n/a	Approve	via email		FP
7/21/2015	Dan Sherman	3275 Lanning Rd, E. Helena	<100-yr floodplain	n/a	Approve	7/23/2015		JP
8/21/2015	Dr. Joy	5645,5647,5649 Alabama	<100-yr floodplain	n/a	Approve	via email		
9/8/2015	Arlene Brunton	970 Mill Rd, Helena	<100-yr floodplain	n/a	Approve	9/9/2015	BOH conference	FP
9/22/2015	Teinsvold	4205 Floweree Dr, Helena	<4' to GW	n/a	Approve	9/24/2015	new construction	FP
9/24/2015	Joe and Anita Duvall	50 Main St, Craig	Year round holding tank	<100' from well	Approve	9/24/2015	extension of 10/4/2007 variance	FP
11/3/2015	Steve and Cherrie Albrecht	1076 Ray Road, Helena	<4' to GW	<100-yr floodplain	Approve	12/3/2015		BN
3/22/2016	Joan Lippert	1994 Beartooth Rd, Wolf Creek	<10' to property line	system in parking lot	Approve	3/24/2016		FP
4/25/2016	Mike & Marilyn Greely	4204 Marshall Lane, Cascade	<10' to property line	n/a	Approve	4/28/2016		FP
6/22/2016	Jessalyn Rice	1046 Aiken Road Helena	<100-yr floodplain	n/a	Approve	6/23/2016		JP
9/20/2016	Ken Rosenbaum	900 Ray Road	<100-yr floodplain	n/a	Approve	9/27/2016		FP
12/1/2016	John Wipplinger	786 Rosemary Rd, Helena	<100-yr floodplain	n/a	Approve	12/1/2016		FP
5/22/2017	Jon Wood	817 Ross Rd, Helena	<100-yr floodplain	n/a	Approve	5/25/2017		BN
8/23/2017	Billi & Marci Heigh	4141 Helberg Dr, Helena	<4' to GW	n/a	Approve	via email	new construction; second home	FP
9/26/2017	Biggs, Edward and Sarah	5655 Glass Dr, Helena	<4' to GW	n/a	Approve	9/28/2017	added guest house	BN
1/18/2018	Doug Listen	989 Rosemary Rd	Setback to multiple features	reduced cover	Approve	1/18/2018	floodplain, property line, sw	FP
2/22/2018	Patricia Perl	2290 Crested Wheat Loop, Helena	Greasetrap size reduction	n/a	Approve	2/2/2018	Chocolate production	BN
3/21/2018	Michael Sullivan	4124 Craig Frontage Rd	<100-yr floodplain	<10' to property line	Approve	2/22/2018		FP
7/24/2018	Tim Thennis	3411 Wylie Dr, Helena	Setback to multiple features	Use of Presby	Approve	7/26/2018	No room for pressure dosed	BN
9/27/2018	Daniel and Catherine Trost	5232 Castles Road, Helena	Setback to slope >35%	Use of Presby; cut	Approve	9/27/2018	No room for pressure dosed	BN
11/20/2018	Donald G. Foos	711 Rinay Road, Helena	Setback to multiple features	<4' to GW	Approve	12/6/2018	Small lot in floodplain	BN

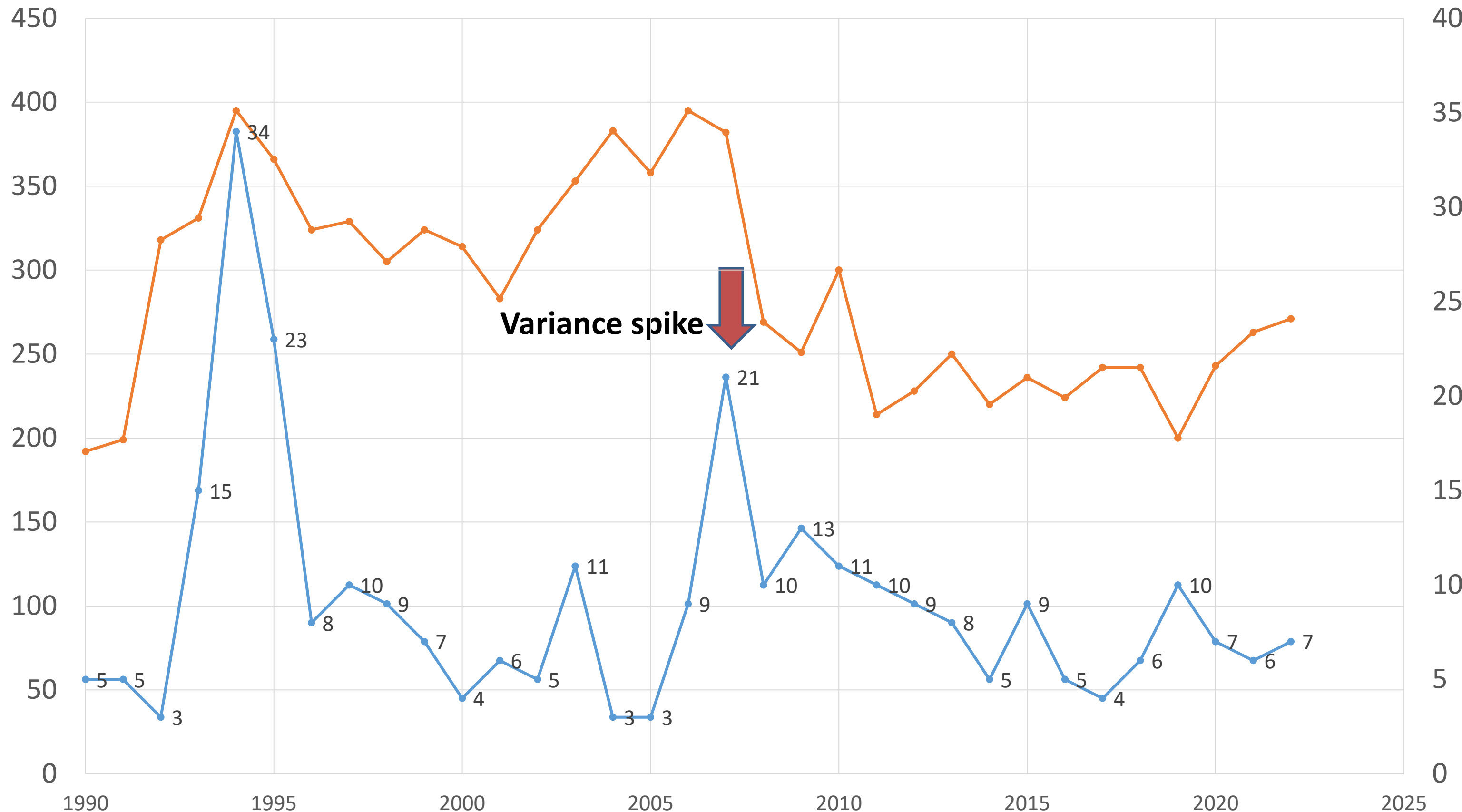
Permits and Variances by Year



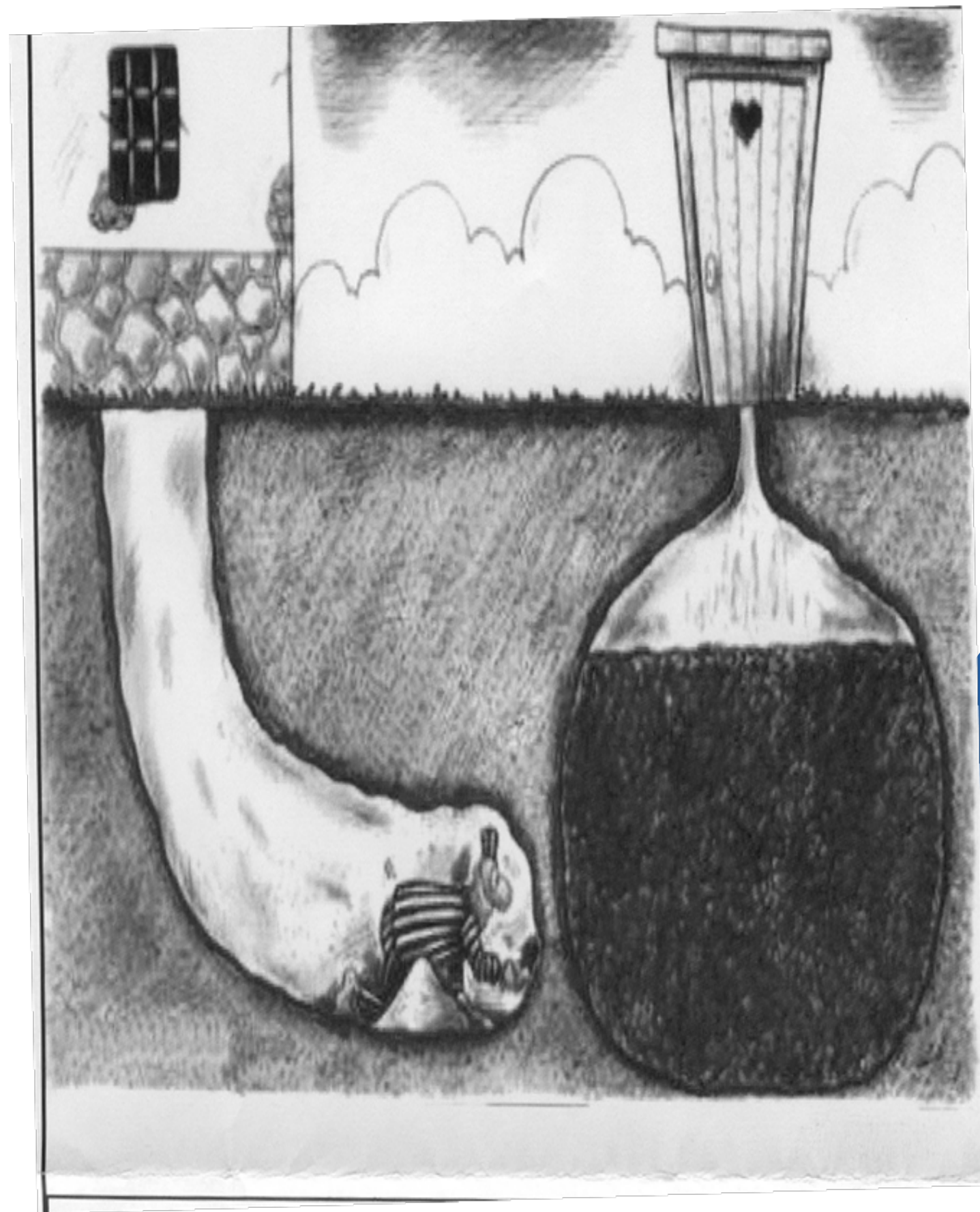
Variances Skyrocket in 1994







THANK YOU



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

BOARD AGENDA ITEM

Meeting Date

April 27, 2023

Agenda Item No.

6

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

AGENDA ITEMS: Health Officer's Report

PERSONNEL INVOLVED: Public Health Staff

BACKGROUND: PHAB Accreditation Update; Legislative Update; Local Governing Body By-Laws Update

HEALTH DIRECTOR'S RECOMMENDATION: N/A

☐ ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Collins						
Harris						
Kaufman						
MacLaurin						
Murgel						
Rolfe						
Weber						
Weltz						

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

BOARD AGENDA ITEM

Meeting Date

April 27, 2023

Agenda Item No.

7

☐ 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						
Collins						
Harris						
Kaufman						
MacLaurin						
Murgel						
Rolfe						
Weber						
Weltz						

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

FY 2023

	Jul	Aug	Sept	Oct	Nov/ Dec	Jan	Feb	Mar	Apr	May	Jun
Bedell	X	O	X	X	X	X	X	X			
Collins	O	O	X	X	O	O	X	X			
Harris	X	X	X	X	X	O	X	O			
Kaufman	X	X	X	X	O	O	X	X			
MacLaurin	X	O	X	X	X	X	X	X			
McCormick	X	X	X	X	X	---	---	---	---	---	---
Murgel	X	X	X	O	X	X	X	O			
Rolfe	---	---	---	---	---	X	X	X			
Weber	X	X	X	O	X	O	X	X			
Weltz	O	O	X	O	X	O	X	O			

Legend:

X = Present

X_p = Present by phone

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

O = Absent

* = No meeting held

P = Strategic Planning Session

T = Training



Lewis & Clark Public Health

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

Tom Rolfe
County Commissioner
316 N. Park
Helena, Montana 59623
447-8304 (W) 447-8370 (Fax)
E-mail: trolfe@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

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

(3,a)
Superintendent of Schools

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

(3,b)
Term expires - June 30, 2025

Lisa Kaufman
4322 Paso Fino Lane
Helena, MT 59602
438-1194(H) 444-5313 (W)
E-mail: lkaufman@mt.gov

(3,c)
Term expires - June 30, 2024

Mayor Kelly Harris
P.O. Box 1170
East Helena, MT 59635
438-1031(C)
E-mail: kharris@easthelenamt.us

(3,d)
Pleasure of East Helena City Council

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

(3,e)
Term expires - June 30, 2025

Katherine Weber
3135 Bannack Drive
Helena, MT 59602
215-499-0050 (C)
E-mail: Katherine.weber@hotmail.com

(3,f)
Term expires - June 30, 2024

Justin Murgel- chair
2502 Gold Rush Ave.
Helena, MT 59601
422-9928 (H)
E-mail: justin.murgel@pureviewhealthcenter.org

(3,g)
Term expires - June 30, 2024

Updated January 2023

*"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

Katherine Weber	Term expires - June 30, 2024	First Term
Justin Murgel	Term expires - June 30, 2024	Second Term
Mikael Bedell	Term expires - June 30, 2025	Second Term
Brie MacLaurin	Term expires - June 30, 2025	Second Term
Lisa Kaufman	Term expires - June 30, 2024	First Term
Rex Weltz	Superintendent of Schools	
Tom Rolfe	Pleasure of Lewis & Clark County Commission	
Mayor Wilmot Collins	Pleasure of Helena City Commission	
Mayor Kelly Harris	Pleasure of East Helena City Council	

MEETING DATES FOR FISCAL YEAR 2023

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

July 28, 2022

August 18, 2022

September 22, 2022

October 27, 2022

December 1, 2022

January 26, 2023 Strategic Planning Session

February 23, 2023

March 23, 2023

April 27, 2023

May 25, 2023

June 22, 2023

January 2023