

LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH MEETING
LEWIS AND CLARK PUBLIC HEALTH
CONFERENCE ROOM at 1930 9th Ave or ZOOM
April 25, 2024
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 28, 2024	Pg. 2
1:10	INTRODUCTIONS	
	3. New Staff and Employee Recognition.....	Pg. 5
1:30	BOARD DISCUSSION	
	4. - 3 rd Quarter FY24 Finance Report	
	- Preliminary FY25 Budget	
	- Public Health Reaccreditation Update	
	- 2023-2026 Strategic Plan Annual Update	Pg. 6
2:15	BOARD TRAINING	
	5. Public Health 3.0	Pg. 27
2:45	PUBLIC COMMENT	
	6. Public comments on matters not mentioned above	Pg. 30

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 Kari DesRosier, 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 kgrose@lccountymt.gov 316 N Park, Room 303



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

BOARD AGENDA ITEM

Meeting Date

April 25, 2024

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						
Payne						
Weber						
Weltz						

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

BOARD AGENDA ITEM

Meeting Date

April 25, 2024

Agenda Item No.

2

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

AGENDA ITEMS March 28, 2024 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						
Payne						
Weber						
Weltz						

**LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH – MINUTES
1930 9th AVE, HELENA, MONTANA 59601
In-Person/Zoom Meeting, 1:00 p.m.
March 28, 2024**

Members Present

Dr. Mikael Bedell, vice chair
Commissioner Candace Payne
Mayor Wilmot Collins
Mayor Kelly Harris
Justin Murgel
Lisa Kaufman

Staff Present

Drenda Niemann
Jolene Helgerson
Beth Norberg
Nina Heinzinger
Shelly Maag

Members Absent

Brie MacLaurin, chair
Rex Weltz
Katherine Weber

Guests Present

Bob Anderson, Hydrometrics, Inc.
Bridget Williams, EPA
Cynthia Brook, METG

Dr. Mikael Bedell, vice chair, called the meeting to order at 1:00 p.m. A quorum was established 1:02 p.m.

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 22, 2024, minutes. There being no changes, the Board approved the minutes as written. No public comment was given.

ACTION ITEMS

Variance Request, Frank and Rose Osborne, 985 Ray Road, Helena, MT: Lisa Kaufman, Hearing Officer, read the hearing officer recommendation (See Attachment “A”) from the Osborne Variance held on March 26, 2024. She said the request met all the Montana Department of Environmental Quality criteria for granting a variance. Commissioner Candace Payne made a motion to ratify the hearing officer recommendation. Mayor Kelly Harris seconded the motion. No public comment was given. The motion carried 6-0.

Annual Board of Health Conflict of Interest: Drenda Niemann, Health Officer, presented the county attorney’s recommended amendments to the Conflict-of-Interest Policy for Boards of Health and Board of Health Conflict of Interest Disclosure Form (on pages 29-32 of the board packet) which were originally approved by the Board on February 22, 2024. Ms. Niemann asked board members to sign the amended policy and return via email or in-person. Mayor Kelly Harris made a motion to approve the amended Conflict-of-Interest Policy for Boards of Health. Commissioner Candace Payne seconded the motion. No public comment was given. Motion carried 6-0.

Board of Health Finance Committee: Ms. Niemann provided an update on the Fiscal Year 2025 budget process and asked for board member participation on the finance committee. Justin Murgel said that he

would participate in the meeting. Ms. Niemann noted that Brie McLaurin said that she would be in attendance also. Ms. Niemann will reach out to those not in attendance at today's meeting.

BOARD MEMBER DISUCSSION

East Helena Arsenic and Selenium Plume Update: Bob Anderson, Hydrologist for Hydrometrics, Inc., along with Bridget Willams with the Environmental Protection Agency (EPA) and Cynthia Brooks with the Montana Environmental Trust Group (METG), provided an update on the East Helena Arsenic and Selenium plumes near the ASARCO plant in East Helena (see Attachment "B"). Mr. Anderson presented various slides in which he discussed the former smelter's operation history, sources of groundwater contamination, METG's corrective measures, groundwater monitoring, and updates on current groundwater quality and groundwater plume status.

2023 Communicable Disease Report: Public Health Nurse Supervisor Shelly Maag and Licensed Establishment Supervisor Nina Heinzinger gave an update on the 2023 Communicable Disease Report (on pages 35-36 of the board packet) in which they highlighted year end reportable communicable disease cases that occurred in Lewis and Clark County.

Workforce Development Plan Update: Ms. Niemann provided an update on the 2023-2026 Workforce Development plan (on pages 37-43) in which she provided a brief overview of the six phases within the plan and staff's goals and objectives.

No public comment was given.

HEALTH OFFICERS REPORT

Ms. Niemann led board member video training on Financing Public Health.

No public comment was given.

PUBLIC COMMENT

No public comment was given.

The meeting adjourned at 2:54 p.m.

Mikael Bedell, Vice Chair

Drenda Niemann, Secretary

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

BOARD AGENDA ITEM

Meeting Date

April 25, 2024

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						
Payne						
Weber						
Weltz						

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

BOARD AGENDA ITEM

Meeting Date

April 25, 2024

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 3rd Quarter FY24 Finance Report; Preliminary FY25 Budget; Public Health Reaccreditation Update; 2023-2026 Strategic Plan Annual 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						
Payne						
Weber						
Weltz						

HEALTH DEPARTMENT MILL DOLLARS Thru March 2024

REVENUE	FY 2024 BUDGET	REVENUE RECEIVED YTD				TOTAL RECEIVED YTD	75% of the year elapsed 77% % of payroll		
		Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention		Budget Remaining	% of Budget Collected	Prior Year to Date
Taxes	\$ 1,562,568	\$ 918,170	\$ -	\$ -	\$ -	\$ 918,170	\$ 644,398	58.76%	\$ 876,049.83
Cost Allocation Recovery	\$ 197,344	\$ 76,590	\$ -	\$ -	\$ -	\$ 76,590	\$ 120,754	38.81%	\$ 119,935
Health Insurance Credits	\$ 210,310	\$ 93,910	\$ -	\$ -	\$ -	\$ 93,910	\$ 116,400	44.65%	\$ 94,410
Environmental Health Charges	\$ 162,080	\$ -	\$ -	\$ 111,481	\$ -	\$ 111,481	\$ 50,599	68.78%	\$ 100,542.00
Community Health Charges	\$ 325,934	\$ -	\$ -	\$ -	\$ 262,499	\$ 262,499	\$ 63,435	80.54%	\$ 203,536.21
Contracts/Grants	\$ 398,630	\$ 70,582	\$ 489,863	\$ -	\$ 22,489	\$ 582,933	\$ (184,303)	146.23%	\$ 236,928.15
Miscellaneous	\$ 229,100	\$ 204,187	\$ 192	\$ 18,639	\$ 6,532	\$ 229,550	\$ (450)	100.20%	\$ 299,743.88
TOTAL REVENUE	\$ 3,085,966	\$ 1,363,438	\$ 490,055	\$ 130,120	\$ 291,521	\$ 2,275,134	\$810,832	73.73%	\$ 1,931,145
	FTE	4.870	2.750	3.250	6.985	17.855			
		27.28%	15.40%	18.20%	39.12%				
YEAR TO DATE ACTUAL EXPENDITURES	FY 2024 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	\$ 1,148,063	\$ 265,475	\$ 134,370	\$ 114,252	\$ 335,287	\$ 849,384	\$ 298,679	73.98%	\$ 909,980
Temporary /Seasonal Salary	\$ 1,200	\$ -	\$ 17,422	\$ -	\$ 1,342	\$ 18,764	\$ (17,564)	1563.63%	\$ 1,062
Overtime	\$ -	\$ 318	\$ -	\$ -	\$ -	\$ 318	\$ (318)	--	\$ 200
Term Pay/ Uncomp Absences	\$ -	\$ 1,204	\$ 9,344	\$ 11,439	\$ 2,188	\$ 24,174	\$ (24,174)	--	\$ 7,784
Benefits	\$ 392,894	\$ 86,029	\$ 50,052	\$ 41,861	\$ 104,387	\$ 282,329	\$ 110,565	71.86%	\$ 290,845
Extra Pay period Savings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
TOTAL PERSONNEL	\$ 1,542,157	\$ 353,026	\$ 211,188	\$ 167,552	\$ 443,203	\$ 1,174,969	\$ 367,188	76.19%	\$ 1,209,872

YEAR TO DATE						TOTAL YTD SPENT	Budget Remaining	% of Budget Spent	Prior Year to Date
ACTUAL EXPENDITURES	FY 2024 BUDGET	Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention				
OPERATIONS									
21.10 Office Supplies	\$ 3,300	\$ 647	\$ 766	\$ 409	\$ 1,561	\$ 3,384	\$ (84)	102.54%	\$ 5,426
21.20 Minor Equipment	\$ 1,250	\$ 9,860	\$ -	\$ -	\$ 1,247	\$ 11,106	\$ (9,856)	888.49%	\$ 4,563
21.50 Computer Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
22.10 Operating Supplies	\$ 11,100	\$ 2,430	\$ 40,011	\$ 39	\$ 3,146	\$ 45,626	\$ (34,526)	411.04%	\$ 34,992
22.21 Hep B Vaccine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
22.23 Non Travel Vaccinations	\$ 130,000	\$ -	\$ -	\$ -	\$ 156,202	\$ 156,202	\$ (26,202)	120.16%	\$ 111,031
22.24 Flu Vaccine	\$ 58,576	\$ -	\$ -	\$ -	\$ 15,614	\$ 15,614	\$ 42,962	26.66%	\$ 52,455
22.26 Travel Vaccines	\$ 33,152	\$ -	\$ -	\$ -	\$ 28,251	\$ 28,251	\$ 4,902	85.22%	\$ 16,181
22.27 Lab Expenses	\$ 3,850	\$ -	\$ -	\$ 50	\$ 2,126	\$ 2,176	\$ 1,674	56.52%	\$ 742
22.61 Titers/tests	\$ 2,390	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,390	0.00%	\$ 668
23.10 Repair & Maintenance	\$ -	\$ 150	\$ -	\$ -	\$ -	\$ 150	\$ (150)	--	\$ -
23.20 Gas & Oil	\$ 3,000	\$ -	\$ 565	\$ 1,333	\$ 139	\$ 2,037	\$ 963	67.90%	\$ 2,084
31.20 Postage	\$ 2,855	\$ 111	\$ 494	\$ 703	\$ 1,326	\$ 2,633	\$ 222	92.22%	\$ 2,053
31.40 Vehicle Parking	\$ 1,632	\$ -	\$ -	\$ 1,260	\$ -	\$ 1,260	\$ 372	77.21%	\$ 840
31.45 Vehicle Registration	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
31.60 Credit Card Fees	\$ 3,500	\$ -	\$ -	\$ 1,942	\$ 2,678	\$ 4,620	\$ (1,120)	131.99%	\$ 4,304
31.65 Credit Card Fees	\$ 2,100	\$ -	\$ -	\$ 1,986	\$ -	\$ 1,986	\$ 114	94.58%	\$ 1,628
32.10 Printing	\$ 550	\$ 1,096	\$ 416	\$ 32	\$ 1,364	\$ 2,907	\$ (2,357)	528.61%	\$ 6,559
33.10 Subscriptions	\$ -	\$ 153	\$ -	\$ -	\$ -	\$ 153	\$ (153)	--	\$ 247
33.20 Advertising	\$ -	\$ 180	\$ 14,893	\$ 37	\$ -	\$ 15,110	\$ (15,110)	--	\$ 24,675
33.50 Membership	\$ 5,300	\$ 6,680	\$ 15	\$ -	\$ 15	\$ 6,710	\$ (1,410)	126.60%	\$ 4,500
33.60 Licenses	\$ 1,000	\$ -	\$ -	\$ 540	\$ 618	\$ 1,158	\$ (158)	115.80%	\$ 943
33.70 Education Awareness	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
33.80 Health Club Dues	\$ -	\$ 120	\$ -	\$ -	\$ -	\$ 120	\$ (120)	--	\$ 150
34.10 Utilities (Augusta)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
34.50 Telephone	\$ 18,839	\$ 4,952	\$ 1,156	\$ 3,775	\$ 5,022	\$ 14,905	\$ 3,934	79.12%	\$ 14,920
35.10 Professional Services	\$ 2,000	\$ 4,446	\$ 550	\$ 3,400	\$ 2,875	\$ 11,271	\$ (9,271)	563.56%	\$ 7,302
35.65 Patient Services (BCH)	\$ -	\$ -	\$ 1,454	\$ -	\$ -	\$ 1,454	\$ (1,454)	--	\$ 2,366
35.70 Community Projects	\$ -	\$ -	\$ 9,066	\$ -	\$ -	\$ 9,066	\$ (9,066)	--	\$ -
36.10 Repair & Maintenance	\$ -	\$ -	\$ 86	\$ -	\$ -	\$ 86	\$ (86)	--	\$ 690
36.20 Office Repair/Maint	\$ 5,400	\$ 4,515	\$ -	\$ 662	\$ -	\$ 5,177	\$ 223	95.87%	\$ 5,361
36.30 Vehicle Repair	\$ 100	\$ -	\$ -	\$ 195	\$ -	\$ 195	\$ (95)	194.94%	\$ 13
37.10 Travel	\$ 1,250	\$ 57	\$ 3,122	\$ -	\$ 76	\$ 3,255	\$ (2,005)	260.40%	\$ 3,330
37.50 Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ 521
38.10 Training	\$ 2,000	\$ 750	\$ 1,345	\$ -	\$ 147	\$ 2,241	\$ (241)	112.07%	\$ 16,477
39.10 Contracted Services	\$ 16,564	\$ -	\$ 16,505	\$ 12,855	\$ 5,026	\$ 34,386	\$ (17,822)	207.59%	\$ 89,061
39.20 Recruitment Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ 959
39.61 Software Maint	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
50.10 Admin	\$ 69,014	\$ 51,761	\$ -	\$ -	\$ -	\$ 51,761	\$ 17,254	75.00%	\$ 49,412
50.11 HD Admin (applied to grants)	\$ 750	\$ -	\$ 14,316	\$ -	\$ 370	\$ 14,686	\$ (13,936)	1958.19%	\$ 11,757
50.20 Insurance	\$ 35,341	\$ 25,119	\$ -	\$ -	\$ 1,848	\$ 26,967	\$ 8,374	76.31%	\$ 27,813
50.25 Deductibles	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
50.30 Rent	\$ 234,341	\$ 120,866	\$ 9,670	\$ 16,107	\$ 15,234	\$ 161,877	\$ 72,464	69.08%	\$ 139,713
50.40 Technology	\$ 143,519	\$ 103,295	\$ -	\$ -	\$ -	\$ 103,295	\$ 40,224	71.97%	\$ 101,597
50.41 Tech Agreements	\$ 28,610	\$ -	\$ 9,678	\$ 13,356	\$ 9,678	\$ 32,711	\$ (4,101)	114.33%	\$ 2,142
80.10 Transfers Out/Match	\$ 357,452	\$ -	\$ 44,381	\$ 17,694	\$ 213,777	\$ 275,852	\$ 81,600	77.17%	\$ 219,569
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	\$ 1,183,735	\$ 337,185	\$ 168,488	\$ 76,376	\$ 468,338	\$ 1,050,386	\$ 133,349	88.73%	\$ 969,269

CIP TRANSFERS	\$ -	\$ 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GRAND TOTAL EXPENDITURES	\$ 2,725,892	690,211.37	379,675.22	243,927.35	911,541.33	\$ 2,225,355	\$ 500,537	81.64%	\$ 2,179,141
Revenue Over (Under) Expenditu	\$360,074	\$673,227	\$110,379	\$ (113,807)	\$ (620,021)	\$ 49,778			\$ (247,996)

FY 2024 BUDGET		Year to Date Actual	
CASH FLOW		CASH FLOW	
BEGINNING CASH	\$ -	BEGINNING CASH (non	\$ 596,988
REVENUES	\$ 3,085,966	REVENUES	\$ 2,275,134
EXPENDITURES	\$ 2,975,542	EXPENDITURES	\$ 2,225,355
Restricted Cash (BCH	\$ -	restricted to unrestricted transfer	\$ -
ENDING CASH	\$ 110,424	ENDING CASH (non res	\$ 646,767

Fund Bal last FY thru March

\$ 303,696

90 Day Reserve= \$ 672,138
 Current Cash Reserve (In Days) 79
 Restricted Cash (BCH D) \$ 13,185

Operational Plan Report

LCPH | 1-Strategic Plan - LCPH Strategic Plan - 2023 - 2026

[4/17/2024]



1-Strategic Plan

Vision:

1-Strategic Plan

Mission:

Group: - 1-Strategic Plan | - LCPH Strategic Plan - 2023 - 2026

Initiative Health Equity

1:



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



Objective 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 **Lead:** Niemann, Drenda

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.1.1	[L] Niemann, Drenda, Bir, Julie, Moore, Kathy, Riek, Laurel, Rothenbuecher, A.C., Sandau, Sarah	[Project] Include health equity and cultural competency in the Workforce Development Assessment plan, annual training plan, and evaluation to support professional development of staff	Cultural Humility/Competency organizational assessment Annual Training Plan Tracking [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	25% Complete
	1.1.1.2	[L] Niemann, Drenda, Maag, Shelly, Moore, Kathy, Riek, Laurel, Rothenbuecher, A.C., Sandau, Sarah	[Project] Share how programs and staff are integrating health equity and SDOH into public health work with colleagues	Agendas and minutes documenting shared lessons learned [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete
	1.1.1.3	[L] Niemann, Drenda, Bir, Julie, Moore, Kathy, Riek, Laurel, Rothenbuecher, A.C., Sandau, Sarah	[Project] Secure funding to implement annual training plan and provide stipends for training provided by community subject matter experts	Number of grant applications submitted Amount of funding received [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete



Objective 1.1.2: Integrate health equity and SDOH into LCPH programs as this work is foundational, not additional or siloed **Lead:** Niemann, Drenda

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.2.1	[L] Niemann, Drenda, Heinzinger, Nina, Maag, Shelly, McBroom, Jennifer, Moore, Kathy, Norberg, Beth, Riek, Laurel, Rothenbuecher, A.C., Sandau, Sarah	[QM] Each team/program has one health equity activity and SDOH integrated into program plans	3 Meetings between 4/27/2023 and 4/27/2026	1 33.3%

		Sparks, Mary			
	1.1.2.2	[L] Niemann, Drenda Heinzinger, Nina Maag, Shelly McBroom, Jennifer Moore, Kathy Norberg, Beth Riek, Laurel Rothenbuecher, A.C. Sandau, Sarah Sparks, Mary	[QM] 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	3 between 4/27/2023 and 4/27/2026	0%

Objective 1.1.3: Provide systematic ways for community members and organizations to participate in decision-making for programs, policies, services, interventions, and materials **Lead:** Niemann, Drenda

Objective % Done: 0 % Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.3.1	[L] Sandau, Sarah Bir, Julie Heinzinger, Nina Maag, Shelly McBroom, Jennifer Moore, Kathy Niemann, Drenda Norberg, Beth Plant, Jay Riek, Laurel Rothenbuecher, A.C. Sparks, Mary Stacey, Valerie	[Project] 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	One policy created by the end of the 3-year project period [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete
	1.1.3.2	[L] Niemann, Drenda Bir, Julie Moore, Kathy Riek, Laurel Rothenbuecher, A.C. Sandau, Sarah	[Project] Collaborate/pool resources with partners to participate in trainings and/or invite partners to participate in LCPH trainings and lunch learns	[between 4/27/2023 and 4/27/2026]	20% Complete

Objective 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 **Lead:** Johnson, Amber

Objective % Done: 0 % Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.4.1	[L] Johnson, Amber	[Project] Adopt a checklist or procedure for staff and Communications Specialist to ensure products are appropriate and inclusive	Checklist or procedure Website and social media feed [4/27/2023 - 10/27/2023] [between 4/27/2023 and 10/27/2023]	100% Complete
	1.1.4.2	[L] Johnson, Amber	[QA] 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. Goal: 75% sample materials meet checklist requirements	measured Quarterly Green >= 1 Yellow >0 and < 1 Red <= 0 [Cycle Start Date: 5/3/2023]	1

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

Objective 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 **Lead:** Niemann, Drenda

Objective % Done: 0 % Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.2.1.1	[L] Niemann, Drenda Moore, Kathy Riek, Laurel	[Project] Draft letters, convene conversations, mobilize individuals with lived experience to advocate and educate federal and state partners. Request Confluence Public Health Alliance (CPHA) statewide	Documentation of advocacy efforts and any impact of those efforts [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete


		Rothenbuecher, support in advocacy efforts. A.C. Sandau, Sarah	
--	--	--	--


 **Objective 1.2.2:** Align resources to advance health equity

Lead: Niemann,
Drenda

Objective % Done: 0 %

Activities Sum:


Status	Number	Activity Team	Activity	Performance Metric	Status
	1.2.2.1	[L] Niemann, Drenda Moore, Kathy Riek, Laurel Rothenbuecher, A.C. Sandau, Sarah	[Project] Each year, review annual budget for evidence of advancing health equity	Annual Budget Reports [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	20% Complete


 **Objective 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

Lead: Carpenedo,
Dorota

Objective % Done: 0 %

Activities Sum:




Status	Number	Activity Team	Activity	Performance Metric	Status
	1.2.3.1	[L] Carpenedo, Dorota	[Project] 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	Products, including health disparities data [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete

 **Objective 1.2.4:** Move toward an integrated and inclusive services delivery system to create positive, consistent and equitable experiences with LCPH

Lead: Carpenedo,
Dorota


Objective % Done: 0 %


Activities Sum: 0

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.2.4.1	[L] Carpenedo, Dorota Johnson, Amber Niemann, Drenda	[Project] Develop a data plan to measure progress	One Data Plan specific to this objective [between 4/27/2023 and 4/27/2026]	% Complete
	1.2.4.2	[L] Carpenedo, Dorota Johnson, Amber Niemann, Drenda	[Project] 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	Complete one assessment of LCPH forms and surveys. [between 4/27/2023 and 4/27/2026]	% Complete
	1.2.4.3	[L] Carpenedo, Dorota Johnson, Amber Niemann, Drenda	[Project] Evaluate program delivery systems to ensure the language and technology are accessible and available for diverse populations served by LCPH	[between 4/27/2023 and 4/27/2026]	% Complete

Initiative Behavioral Health



2:

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

 **Objective 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

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.1.1.1	[L] Sandau, Sarah	[QM] Two QPR trainings per year for all new employees and those with outdated certification	6 Trainings between 4/27/2023 and 4/27/2026	3 50%
	2.1.1.2	[L] Niemann, Drenda [L] Sandau, Sarah	[QM] In the first year, assess staff understanding of behavioral health topics	1 Survey between 4/27/2023 and 4/27/2024	0%

	2.1.1.3	[L] Niemann, Drenda [L] Sandau, Sarah [L] Sparks, Mary	[QM] Based on assessment results, include two behavioral health related trainings in the Workforce Development Annual Training Plan	1 Training plan between 4/27/2024 and 4/27/2026	0%
	2.1.1.4	[L] Sandau, Sarah	[Project] Promote additional opportunities staff can participate in if interested	[between 4/27/2024 and 4/27/2027]	10% Complete
	2.1.1.5	[L] Niemann, Drenda	[Project] 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	[between 4/27/2023 and 4/27/2024]	0% Complete
	2.1.1.6	[L] Niemann, Drenda	[QA] Annually train staff on how to utilize CONNECT, 211, 988, and LIFTS	Trainings measured Annually Green >= 1 Yellow >0 and < 1 Red <= 0 [Cycle Start Date: 4/27/2023] [Cycle Start Date: 4/27/2023]	2
	2.1.1.7	[L] Sandau, Sarah	[Project] Be a co-lead on opioid overdose prevention and opioid use prevention in the community	Annual update measured Annually Green >= 1 Yellow >0 and < 1 Red <= 0 [between 4/27/2023 and 4/26/2024]	20% Complete

Objective 2.1.2: Strengthen, expand, and refine resiliency building in LCPH programs

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.1.2.1	[L] Niemann, Drenda Sparks, Mary	[QA] Annually, train LCPH staff on ACEs and trauma-informed care	Training measured Annually Green >= 1 Yellow >0 and < 1 Red <= 0 [Cycle Start Date: 4/27/2023]	1 Sum 5/8/2023 to date: 1
	2.1.2.2	[L] Niemann, Drenda Sparks, Mary	[QM] Utilize the Elevate MT trauma-informed/responsive toolkit to operationalize the ACEs training in our day-to-day work	1 Brainstorming session between 4/27/2024 and 4/27/2025	0%
	2.1.2.3	[L] Niemann, Drenda Sandau, Sarah Sparks, Mary	[Project] Update LCPH policies to include trauma-informed worksite language	1 One policy, systems and environmental change at LCPH session between 4/27/2023 and 4/27/2026 [between 4/27/2023 and 4/27/2026]	0% Complete

Objective 2.1.3: Create one dedicated team to support, guide, convene, and facilitate the behavioral health work in our community

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.1.3.1	[L] Sandau, Sarah	[Project] Ensure sustainable funding for the behavioral health team	Two FTE [between 4/27/2023 and 4/27/2026]	% Complete
	2.1.3.2	[L] Sandau, Sarah	[Project] Hire FTE to support substance use work at LCPH	One FTE [between 4/27/2023 and 4/27/2026]	100% Complete
	2.1.3.3	[L] Niemann, Drenda Sandau, Sarah	[QM] Align LCPH organizational structure to support a dedicated Behavioral Health Team at LCPH	1 Team created between 4/27/2023 and 4/27/2026	0%

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

Objective 2.2.1: Take a leadership role in Lewis and Clark County on substance use treatment and prevention

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.2.1.1	[L] Johnson, Amber [L] Sparks, Mary	[QM] Develop one community awareness campaign on the topic of marijuana use while pregnant or nursing	3 Campaigns between 4/27/2023 and 4/27/2026	0%
	2.2.1.2	[L] Johnson, Amber [L] Sandau, Sarah	[QM] Develop a community awareness campaign on the effects and risks of alcohol	1 Campaign between 4/27/2024 and 4/27/2025	0%

Objective 2.2.2: Actively participate in community initiatives to build awareness, promote services, and advocate for change to help improve the behavioral health

Lead: Sandau, Sarah

system (MCRT, Crisis Stabilization Facility, LOSS Teams, 988, etc.)

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.2.2.1	[L] Sandau, Sarah	[Project] Strengthen partnership with the schools and other community partners to offer more youth mental health initiatives	Increase in number of school partnerships for youth mental health initiatives [between 4/27/2023 and 4/27/2026]	25% Complete
	2.2.2.2	[L] Sandau, Sarah	[QM] Partner with organizations on behavioral health campaigns	3 Campaign between 4/27/2023 and 4/27/2026	1 33.3%
	2.2.2.3	[L] Sandau, Sarah Niemann, Drenda	[QM] Provide suicide prevention training for local government (City and County Commissioners, Board of Health, etc.)	3 Trainings between 4/27/2023 and 4/27/2026	0%



Objective 2.2.3: Take a leadership role in reducing ACEs in the Helena Community

Lead: Sandau, Sarah

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.2.3.1	[L] Sandau, Sarah	[QM] Assign LCPH staff to actively participate on the Elevate MT Affiliate Core Team	3 Project that includes evaluation between 4/27/2023 and 4/27/2026	0%



Goal Prioritize staff wellness and resiliency

2.3:



Objective 2.3.1: By 2026, improve staff wellness, resiliency and mental health by 5% from 2023 baseline

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.3.1.1	[L] Sandau, Sarah	[QM] Assess LCPH workforce mental health, wellness, and well-being and what wellness options can help improve it	3 surveys between 4/27/2023 and 4/27/2026	0%
	2.3.1.2	[L] Niemann, Drenda Johnson, Amber	[QM] Offer healthy activities for staff bonding and wellness	2 activities between 4/27/2024 and 4/27/2026	0%
	2.3.1.3	[L] Niemann, Drenda Riek, Laurel Sandau, Sarah	[QM] Create a staff wellness plan	1 plan between 4/27/2024 and 4/27/2026	0%
	2.3.1.4	[L] Sandau, Sarah	[QM] Conduct a workplace wellness activity for LCPH staff by facilitating an active break at all-staff meetings	3 activities between 4/27/2023 and 4/27/2026	1 33.3%

Initiative Health Across the Lifespan

3:



Goal Identify aging issues and advance collaborative initiatives to address them

3.1:



Objective 3.1.1: Lewis and Clark County, City of Helena, and City of East Helena will be AARP designated Age-Friendly **Lead:** Sandau, Sarah

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.1.1.1	[L] Sandau, Sarah	[QM] Each local jurisdiction sends letter to AARP to be included in the Age-Friendly network	3 Jurisdictions designated Age-Friendly between 4/27/2023 and 4/27/2026	0%



Objective 3.1.2: Enhance use of the CONNECT Referral System for aging services

Lead: Sandau, Sarah

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.1.2.1	[L] Sandau, Sarah	[Project] Complete one asset map of aging resource organizations	One asset map [between 4/27/2023 and 4/27/2026]	% Complete
	3.1.2.2	[L] Sandau, Sarah	[Project] Train aging resource organizations that show readiness to use CONNECT Referral System	[between 4/27/2023 and 4/30/2026]	% Complete



Objective 3.1.3: Convene Aging Well Workgroup and implement one strategy to increase intergenerational connectedness

Lead: Sandau, Sarah

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.1.3.1	[L] Sandau, Sarah	[Project] Assess intergenerational connectedness	[between 4/27/2023 and 4/26/2023]	0% Complete
	3.1.3.2	[L] Sandau, Sarah	[Project] Develop a plan to address areas needing improvement identified by assessment	[between 4/27/2023 and 4/26/2023]	0% Complete
	3.1.3.3	[L] Sandau, Sarah	[Project] Implement plan	[between 4/27/2023 and 4/26/2023]	0% Complete

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

Objective 3.2.1: Sustain and expand trauma-informed and responsive services to families with young children, youth, and aging populations

Objective % Done: 0 % Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.2.1.1	[L] Sparks, Mary	[Project] Seek out new funding options to sustain trauma-informed and responsive services	[between 4/27/2023 and 4/27/2026]	% Complete
	3.2.1.2	[L] Sparks, Mary	[QM] Provide two Circle of Security parent education classes annually	2 Circle of Security classes between 4/27/2023 and 4/27/2026	0%
	3.2.1.3	[L] Sparks, Mary	[Project] Provide Circle of Security parent support groups weekly	[between 4/27/2023 and 4/27/2026]	0% Complete
	3.2.1.5	[L] Sparks, Mary	[Project] Maintain full caseloads in evidence-based home visiting programs.	[between 4/27/2023 and 4/27/2026]	% Complete
	3.2.1.6	[L] Sparks, Mary	[Project] Apply for one grant to provide universal home visiting services to children, youth, and aging populations	[between 4/27/2023 and 4/27/2026]	% Complete

Objective 3.2.2: Increase child and family organizations who utilize CONNECT Referral System

Objective % Done: 0 % Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.2.2.1	[L] Sandau, Sarah	[Project] Complete one asset map of child and family organizations	[between 4/27/2023 and 4/27/2026]	% Complete
	3.2.2.2	[L] Sandau, Sarah	[Project] Train child and family organizations that are ready to adopt the CONNECT Referral System	[between 4/27/2023 and 4/27/2026]	50% Complete

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

Objective 3.3.1: Advocate for improved access to physical activity and healthy foods **Lead:** Sandau, Sarah

Objective % Done: 0 % Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.3.1.1	[L] Sandau, Sarah	[QM] 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	3 PSE change between 4/27/2023 and 4/27/2026	0%
	3.3.1.2	[L] Sandau, Sarah	[QM] Support one change annually to expand the partnership for senior meals through community partnerships, coalitions, and programmatic work	3 Initiatives between 4/27/2023 and 4/27/2026	0%
	3.3.1.3	[L] Sandau, Sarah	[QM] 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	1 PSE change between 4/27/2024 and 4/27/2025	2 200%
	3.3.1.4	[L] Sandau, Sarah	[QM] Conduct three walk audits per year in Lewis and Clark County to promote safe routes to school, work, and play opportunities	9 Walk audits between 4/27/2023 and 4/27/2026	4 44.4%

Objective 3.3.2: Develop health promotion/wellness services that low-income families can utilize **Lead:** Sandau, Sarah

Objective % Done: 0 % Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.3.2.1	[L] Sandau, Sarah	[QM] One healthy eating program implemented or improved per year to support food access and knowledge for our lower income families	3 Program implemented or improved between 4/27/2023 and 4/27/2026	2 66.7%
	3.3.2.2	[L] Sandau,	[QM] Collaborate with partners to coordinate one	3 Efforts between 4/27/2023 and 4/27/2026	

		Sarah	countywide physical activity effort per year that reduces barriers to participation		1 33.3%
--	--	-------	---	--	------------

Objective 3.3.3: Expand CONNECT Referral System to be more inclusive of services for health and wellness **Lead:** Sandau, Sarah

Objective % Done: **0 %** Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.3.3.1	[L] Sandau, Sarah	[Project] Complete one asset map of health and wellness organizations	[between 4/27/2023 and 4/27/2026]	% Complete
	3.3.3.2	[L] Sandau, Sarah	[Project] Train health and wellness organizations that are ready to adopt the CONNECT Referral System	[between 4/27/2023 and 4/27/2026]	1% Complete

Goal Prevent and improve management of chronic disease
3.4:

Objective 3.4.1: Increase capacity for the health department to work on upstream and preventative chronic disease SDOH/health equity work **Lead:** Sandau, Sarah

Objective % Done: **0 %** Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.4.1.1	[L] Sandau, Sarah	[Project] Hire or increase FTE to work on chronic disease efforts	[between 4/27/2023 and 4/27/2026]	% Complete
	3.4.1.2	[L] Sandau, Sarah	[QM] Establish one new agency or program partnership to work collaboratively on chronic disease prevention	3 New agencies or programs between 4/27/2023 and 4/27/2026	1 33.3%
	3.4.1.3	[L] Sandau, Sarah	[QM] 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	3 Visioning sessions between 4/27/2023 and 4/27/2026	0%

Objective 3.4.2: Support, lead, and sustain local chronic disease efforts with effective partnerships, evidence-based training, and robust data collection and evaluation **Lead:** Sandau, Sarah

Objective % Done: **0 %** Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.4.2.1	[L] Sandau, Sarah	[QM] Participate in one quality improvement project using the PDSA model to improve care transitions for hospitals/skilled nursing facilities/rehabs	1 PDSA cycle between 4/27/2023 and 4/27/2024	1 100%
	3.4.2.2	[L] Sandau, Sarah	[QM] 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	1 Plan created between 4/27/2023 and 9/30/2023	1 100%
	3.4.2.3	[L] Sandau, Sarah	[Project] Implement with community partners the work outlined in the SDOH Accelerator Plan	[between 10/1/2023 and 4/27/2026]	% Complete

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

Objective 3.5.1: Improve childhood and adolescent immunization rates in collaboration with community partners

Objective % Done: **0 %** Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.5.1.2	[L] Johnson, Amber	[Project] Develop a campaign to improve community knowledge of the importance and efficacy of immunizations	[4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	30% Complete
	3.5.1.3	[L] Maag, Shelly	[QM] Meet with 2 clinics per year to discuss their immunization rates and identify ways to meet threshold of 90% fully immunized.	6 Meetings between 4/27/2023 and 4/28/2026	0%

Objective 3.5.2: Enhance STD program to reach high-risk individuals

Objective % Done: **0 %** Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.5.2.1	[L] Maag, Shelly	[QM] Provide at least 25 free HIV tests annually to high-risk individuals	25 HIV Tests between 4/27/2023 and 6/30/2024	18 72%
	3.5.2.2	[L] Maag, Shelly	[Project] Evaluate the need for in-house syphilis testing	[between 4/27/2023 and 4/27/2024]	100% Complete
	3.5.2.3	[L] Maag,	[Project] At least quarterly, engage stakeholders in HIV		

	Shelly	program development, implementation, and evaluation	[4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	33% Complete
	3.5.2.4 [L] Johnson, Amber	[Project] Develop, implement, and evaluate education campaign regarding STD services	[4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	10% Complete

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

Objective 3.6.1: Convene and facilitate a community conversation to build community cohesion **Lead:** Niemann, Drenda

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.6.1.1	[L] Niemann, Drenda	[Project] Identify a LCPH team to lead this community conversation	[4/27/2023 - 4/27/2024] [4/27/2023 - 4/27/2024] [between 4/27/2023 and 4/27/2024]	% Complete
	3.6.1.2	[L] Niemann, Drenda	[Project] Identify community partners, stakeholders, decision makers, individuals to invite to a community conversation	[between 4/27/2024 and 4/27/2025]	% Complete
	3.6.1.3	[L] Niemann, Drenda	[Project] Organize logistics; when, where, agenda, facilitator	[between 4/27/2024 and 4/27/2025]	% Complete
	3.6.1.4	[L] Niemann, Drenda	[Project] Develop a community action plan to rebuild cohesion/connectedness	[between 4/27/2025 and 4/27/2026]	% Complete

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

Objective 3.7.1: Increase the number of children 0-5 years of age who are tested for blood lead **Lead:** Norberg, Beth levels.

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.7.1.1	[L] Norberg, Beth Moore, Kathy	[Project] Reengage the provider outreach program	-Quarterly Lewis and Clark County Lead Coalition Meetings 2024-2026 -3 in-office provider meetings annually -Provide lead burden data sheet to all providers in L & C County 2024-2025 [between 1/23/2024 and 1/23/2025]	% Complete
	3.7.1.2	[L] Norberg, Beth Moore, Kathy	[Project] Identify potential routes for LCPH to co-host blood lead testing events	-Obtain 2 capillary blood testing units spring 2024 -Train LCPH nursing staff spring/summer 2024 -Hold 2 blood lead testing events Summer and Fall 2024 [between 5/1/2024 and 12/31/2024]	% Complete
	3.7.1.3	[L] Norberg, Beth Carpenedo, Dorota Moore, Kathy Sparks, Mary	[Project] Establish quantitative surveillance metrics	-Use MIDIS data to develop quarterly reports 2024-2026 [between 1/1/2024 and 1/1/2026]	% Complete

Objective 3.7.2: Reduce childhood lead exposure in homes

Lead: Norberg, Beth

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.7.2.1		[QM] Increase parent outreach efforts by participating in at least three public outreach events annually	9 Events between 4/27/2023 and 4/27/2026	0%
	3.7.2.2	[L] Rothenbuecher, A.C. Moore, Kathy Sparks, Mary	[QM] Partner with early childhood organizations to distribute educational materials to parents and caregivers	3 Partnerships established between 4/27/2023 and 4/27/2026	1 33.3%

Initiative Healthy Environments

4:

Goal Support local climate change mitigation and adaptation efforts

4.1:

Objective 4.1.1: Improve climate change competency among staff

Lead: Stacey, Valerie

Objective % Done: 0 %

Activities Sum: 0

Status	Number	Activity Team	Activity	Performance Metric	Status
	4.1.1.1	[L] Carpenedo, Dorota [L] Stacey, Valerie Moore, Kathy Norberg, Beth	[QM] Develop survey to assess current staff competency	1 survey developed and administered between 4/27/2023 and 4/27/2025	0%
	4.1.1.2	[L] Norberg, Beth [L] Stacey, Valerie Moore, Kathy	[QM] Create an implementation and evaluation plan to improve competency Make adjustments to the plan based on evaluation in subsequent years	1 Implementation and evaluation plan created between 4/27/2023 and 4/27/2025	0%



Objective 4.1.2: Gain understanding of climate change impacts on health and equity in Lewis and Clark County **Lead:** Stacey, Valerie

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	4.1.2.1	[L] Stacey, Valerie	[Project] Identify community partners to collaborate on local climate and health vulnerability assessment	[between 4/27/2023 and 4/27/2025]	% Complete
	4.1.2.2	[L] Stacey, Valerie	[QM] Conduct a local climate and health vulnerability assessment	1 assessment completed between 4/27/2023 and 4/27/2026	0%
	4.1.2.3	[L] Stacey, Valerie	[QM] Develop a community action plan	1 draft plan created between 4/27/2023 and 4/27/2026	0%



Objective 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 **Lead:** Plant, Jay

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	4.1.3.1	[L] Plant, Jay	[QM] At least three schools actively participating in the air quality flag program	3 schools participating between 4/27/2023 and 4/27/2026	0%
	4.1.3.2	[L] Plant, Jay Norberg, Beth	[QM] Review and update PM Advance Plan	1 New PM Advance Plan between 4/27/2023 and 4/27/2026	0%
	4.1.3.3	[L] Plant, Jay	[QA] Partner with City of Helena to distribute wood stove education through utility bills	Education distributed measured Annually Green >= 1 Yellow >0 and < 1 Red <= 0	Sum 5/9/2023 to date:
	4.1.3.4	[L] Norberg, Beth Plant, Jay	[QM] Launch air quality dashboard to display current local air quality data and historic trends	1 Dashboard launched on website between 4/27/2023 and 7/31/2023	0%
	4.1.3.5	[L] Norberg, Beth	[QA] Partner with the Lewis and Clark County Grants and Purchasing Division to explore additional funding sources for the program	Update and check-in meetings measured Quarterly Green >= 1 Yellow >0 and < 1 Red <= 0	Sum 5/9/2023 to date:



Goal Protect the quality and availability of our water resources

4.2:



Objective 4.2.1: Build greater awareness of water quality and quantity issues throughout the Water Quality Protection District and Lewis and Clark County **Lead:** McBroom, Jennifer

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	4.2.1.1	[L] McBroom, Jennifer	[QM] Develop a multi-faceted water conservation education and outreach program.	1 Program and plan created between 4/27/2023 and 4/27/2024	0%
	4.2.1.2	[L] McBroom, Jennifer	[QM] Implement water conservation education and outreach program	1 Program implemented between 4/27/2023 and 4/27/2025	0%
	4.2.1.3	[L] McBroom, Jennifer	[QM] Evaluate effectiveness of education and outreach and make improvements in subsequent years	1 Program evaluation conducted between 4/27/2023 and 4/27/2026	0%



Objective 4.2.2: Re-implement the septic maintenance program

Lead: Norberg, Beth

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	4.2.2.1	[L] Norberg, Beth	[QM] Re-evaluate and select a model that best meets our environmental protection goals Finish the existing Quality Improvement Project	1 Model selected between 4/27/2023 and 4/27/2025	0%
	4.2.2.2	[L] Norberg, Beth	[QM] Update regulations as needed to implement the program	1 Program and regulations updated between 4/27/2023 and 4/27/2026	0%

Objective 4.2.3: Improve collaboration and strengthen partnerships between the Water Quality Protection District and other environmental health programs **Lead:** Norberg, Beth

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	4.2.3.1	[L] McBroom, Jennifer [L] Norberg, Beth	[Project] Share program updates and seek opportunities for collaboration at least twice per month	Bi-monthly meetings [between 4/27/2023 and 4/27/2026]	% Complete
	4.2.3.2	[L] McBroom, Jennifer [L] Norberg, Beth	[QA] Identify and implement one collaborative project per year	Collaborative program or project identified measured Annually Green >= 1 Yellow >0 and < 1 Red <= 0	

Goal Build capacity to respond to public health emergencies

4.3:

Objective 4.3.1: Train public health staff in roles and responsibilities of emergency preparedness and response **Lead:** Riek, Laurel

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	4.3.1.1	[L] Riek, Laurel Helgerson, Jolene	[Project] All staff complete required ICS training courses	100% staff completion of required trainings, at end of 4th quarter annually [between 4/27/2023 and 4/27/2026]	% Complete
	4.3.1.2	[L] Riek, Laurel	[QA] Provide quarterly opportunities for staff to participate in additional training	Trainings offered measured Quarterly Green >= 1 Yellow >0 and < 1 Red <= 0	
	4.3.1.3	[L] Riek, Laurel	[QM] Conduct one exercise per year to reinforce understanding of incident response roles	3 Exercises between 4/27/2023 and 4/27/2026	0%

Objective 4.3.2: Identify and close gaps in local emergency preparedness plans and policies **Lead:** Riek, Laurel

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	4.3.2.1	[L] Riek, Laurel	[Project] Review and identify updates for existing plans and policies	All appropriate plans are reviewed, by end of 4th Quarter annually [between 4/27/2023 and 4/27/2026]	% Complete
	4.3.2.2	[L] Riek, Laurel	[Project] Update existing or create new plans and policies as needed	All documents are updated as needed, by end of 2nd Quarter annually [between 4/27/2023 and 4/27/2026]	% Complete

Objective 4.3.3: Inform and educate the public on personal emergency preparedness **Lead:** Riek, Laurel

Objective % Done: 0 %

Activities Sum: 0

Status	Number	Activity Team	Activity	Performance Metric	Status
	4.3.3.1		[Project] Develop an outreach plan and/or calendar for seasonal social media or website posts	[between 4/27/2023 and 4/27/2025]	% Complete
	4.3.3.2	[L] Riek, Laurel	[QA] Maintain relevant preparedness resources for the public on our website and social media	Review measured Quarterly Green >= 1 Yellow >0 and < 1 Red <= 0	Sum 5/8/2023 to date:
	4.3.3.3	[L] Riek, Laurel	[QA] Participate in or host local preparedness-related events	Review measured Quarterly Green >= 1 Yellow >0 and < 1 Red <= 0	Sum 5/8/2023 to date:

Initiative Public Health Infrastructure

5:



Goal Build and Sustain Staff Capacity

5.1:



Objective 5.1.1: Adopt public health innovations and best-practice interventions

Lead: Niemann, Drenda

Objective % Done: 0 %

Activities Sum: 0

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.1.1.1		[QA] All staff is provided at least one professional development opportunity annually to learn about new public health innovations	Professional development opportunities measured Annually Green >= 1 Yellow >0 and < 1 Red <= 0	Sum 5/8/2023 to date:



Objective 5.1.2: Improve average staff longevity at LCPH to 90% by 2026

Lead: Niemann, Drenda

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.1.2.1	[L] Niemann, Drenda Riek, Laurel Sandau, Sarah	[Project] Evaluate updated 'New Employee Orientation Checklist' for effectiveness Note feedback for Q1 project	[between 4/27/2023 and 4/27/2026]	% Complete
	5.1.2.2	[L] Niemann, Drenda Riek, Laurel Sandau, Sarah	[Project] Each program completes a desk aid to help with succession planning	[4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete
	5.1.2.3	[L] Niemann, Drenda Riek, Laurel Sandau, Sarah	[Project] Conduct one quality improvement project on onboarding	[between 4/27/2023 and 4/27/2026]	% Complete
	5.1.2.4	[L] Niemann, Drenda Sparks, Mary	[Project] Improve employee satisfaction in the areas of culture, diversity, inclusion, health, wellness, safety, and leadership by developing and implementing an action plan	[4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	30% Complete



Objective 5.1.3: Recruit and hire a workforce that reflects the demographic, cultural, and linguistic characteristics of the population we serve

Lead: Niemann, Drenda

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.1.3.1	[L] Niemann, Drenda Riek, Laurel Sandau, Sarah	[Project] Develop and implement a recruitment plan that includes how we recruit, where we publish jobs, etc.	Plan developed and implemented when hiring [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete
	5.1.3.2	[L] Niemann, Drenda Riek, Laurel Sandau, Sarah	[Project] Document baseline demographics of workforce from 2022 WFD Assessment, how long staff stay, and why they leave Report comparison after 2025 assessment.	[between 4/27/2023 and 4/27/2026]	50% Complete



Objective 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

Lead: Niemann, Drenda

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.1.4.1	[L] Niemann, Drenda	[Project] Create a DEI Specialist job description	[between 4/27/2023 and 4/27/2026]	% Complete
	5.1.4.2	[L] Niemann, Drenda	[Project] Apply and secure funding for the position	[between 4/27/2023 and 4/27/2026]	% Complete



Objective 5.1.5: Include diverse populations question in all LCPH interview questions and add language in job descriptions; include in recruitment plan

Lead: Niemann, Drenda

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.1.5.1	[L] Niemann,	[Project] Train all LCPH supervisors to ensure practice is		

	Drenda	institutionalized and standardized	[4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete
--	--------	------------------------------------	---	------------

Goal Advance Organizational Structure

5.2:

Objective 5.2.1: Accomplish four physical infrastructure wins by 2026 to enhance department efficiency **Lead:** Niemann, Drenda

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.2.1.1	[L] Niemann, Drenda	[Project] 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	[between 4/27/2023 and 4/27/2026]	% Complete
	5.2.1.2	[L] Niemann, Drenda, Riek, Laurel Sandau, Sarah	[Project] LCPH in new facility that meets our needs by 2026	[4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete
	5.2.1.3	[L] Niemann, Drenda	[Project] Seek out funding for building	[between 4/27/2023 and 4/27/2026]	% Complete
	5.2.1.4	[L] Niemann, Drenda, Riek, Laurel Sandau, Sarah	[Project] Assess current organizational structure and make changes necessary to implement the 2023-2026 strategic plan	[4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	50% Complete
	5.2.1.5	[L] Niemann, Drenda, Riek, Laurel Sandau, Sarah	[Project] Supervisors discuss ideas for cross-departmental/ division collaboration with staff and report to Division Administrators for action	[4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	10% Complete

Objective 5.2.2: Accomplish two relational infrastructure wins by 2026 to improve staff satisfaction

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.2.2.1	[L] Niemann, Drenda, Riek, Laurel Sandau, Sarah	[Project] Supervisors discuss ideas to meet internal communications needs and report to Division Administrators for action	[4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	50% Complete

Goal Positively Shift Public Perception about Public Health

5.3:

Objective 5.3.1: Develop and implement a community education and feedback campaign **Lead:** Johnson, Amber

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.3.1.1	[L] Johnson, Amber	[Project] Build a public relations team of staff and non-staff	[4/27/2023 - 4/27/2024] [between 4/27/2023 and 4/27/2024]	0% Complete
	5.3.1.2	[L] Johnson, Amber	[Project] Plan and implement a community education campaign about public health	[4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	50% Complete
	5.3.1.3	[L] Johnson, Amber	[Project] Plan and implement a community feedback listening campaign	[4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	0% Complete

Objective 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 **Lead:** Niemann, Drenda

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.3.2.1	[L] Niemann, Drenda, Riek, Laurel Sandau,	[Project] Support staff participation in statewide association advocacy of state legislation	[4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	30% Complete

		Sarah			
	5.3.2.2	[L] Niemann, Drenda Riek, Laurel Sandau, Sarah	[Project] Collaborate with or lead local advocacy efforts	[4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete

Goal Improve health data system capacity

5.4:



Objective 5.4.1: Design and implement an effective data management strategy and improvement plan

Lead: Carpenedo, Dorota

Objective % Done: **0 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.4.1.1	[L] Carpenedo, Dorota	[Project] Develop data inventory table	One Data Inventory Table [between 4/27/2023 and 4/27/2026]	% Complete
	5.4.1.2	[L] Carpenedo, Dorota	[Project] Review inventory and assess data management weaknesses and needs	Number of Initiatives Resulting in Change [between 4/27/2023 and 4/27/2026]	% Complete
	5.4.1.3	[L] Carpenedo, Dorota [L] Stacey, Valerie	[Project] Create Data Management Improvement Plan to formalize structure and roles of the Data Council	One Data Management Improvement Plan [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	90% Complete



Objective 5.4.2: Improve staff core competencies in data analytics and assessment (Domain 1) **Lead:** Carpenedo, Dorota

Objective % Done: **0 %**

Activities Sum: **0**

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.4.2.1		[Project] Develop staff data training curriculum outline	Data Training Curriculum Outline [between 3/4/2024 and 7/1/2024]	% Complete
	5.4.2.2	[L] Carpenedo, Dorota	[Project] Work with system developers to increase ability for program staff to report and have access to automated, secure, and reliable data	[between 4/27/2023 and 4/27/2026]	% Complete



Objective 5.4.3: Support the development of the Community Health Assessment and Community Health Improvement Plan

Lead: Carpenedo, Dorota

Objective % Done: **0 %**

Activities Sum: **0**

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.4.3.1	[L] Carpenedo, Dorota	[Project] Participate in the Healthy Together Steering Committee	Number of meeting per year, minutes [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete
	5.4.3.2	[L] Carpenedo, Dorota	[Project] Collect qualitative and quantitate health data for the assessment	1 Survey per year; total of 3 can be combination of qualitative and quantitative. [between 4/27/2023 and 4/27/2026]	% Complete
	5.4.3.3	[L] Carpenedo, Dorota	[Project] Assist in the development of meaningful metrics to measure impact of the community health improvement plan	[4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete



Objective 5.4.4: Assist county partners with epidemiologic support to advance data driven decisions

Lead: Carpenedo, Dorota

Objective % Done: **0 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.4.4.1	[L] Carpenedo, Dorota	[Project] Track external partner data requests directed for LCPH	One External Data Request Tracking Sheet [between 4/27/2023 and 4/27/2026]	% Complete




Objective 5.4.5: Integrate data systems and modernize capacity for data analytics through adopting cost effective and necessary data solutions and software

Lead: Carpenedo, Dorota

Objective % Done: **0 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.4.5.1	[L] Carpenedo, Dorota	[Project] Assist with identifying data systems to meet program data reporting needs	Incorporate and Actively Start Using Existing or Acquire New Databases/System [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete

	5.4.5.2	[L] Carpenedo, Dorota	[Project] Advance data exchange pathways to link multiple data streams (e.g., cases, lab reporting) between electronic health record reporting and healthcare entities	4/27/2026] Number of unique projects [between 4/27/2023 and 4/27/2026]	% Complete
---	---------	-----------------------------	--	---	------------

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

BOARD AGENDA ITEM

Meeting Date

April 25, 2024

Agenda Item No.

5

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

AGENDA ITEMS Financing Public Health

PERSONNEL INVOLVED: Board of Health members

BACKGROUND The Board will participate in Public Health 3.0 training.

HEALTH DIRECTOR'S RECOMMENDATION: N/A

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

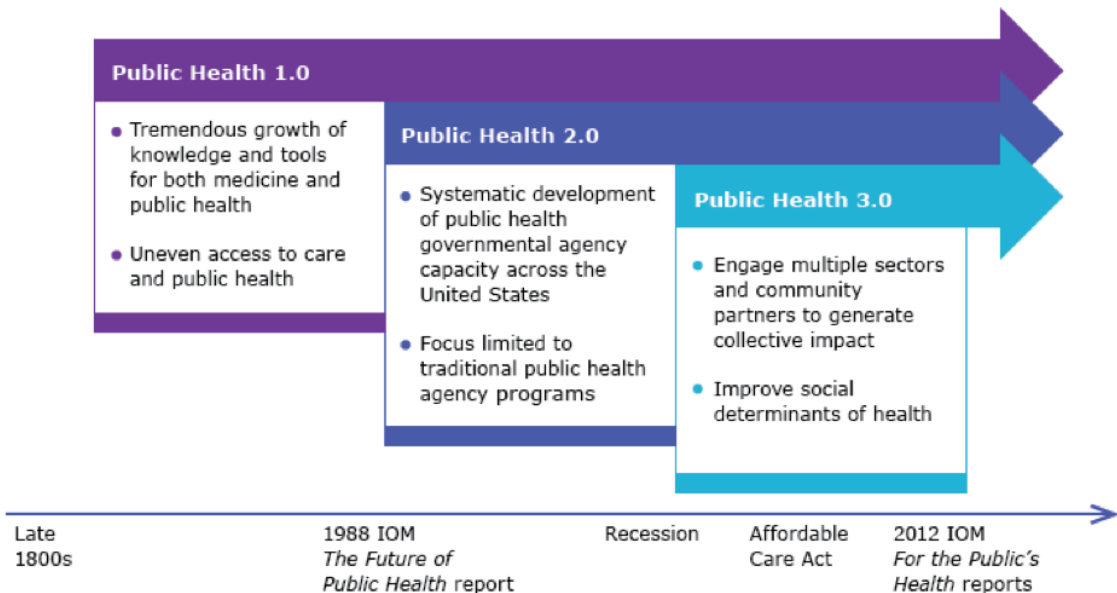
	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Collins						
Harris						
Kaufman						
MacLaurin						
Murgel						
Payne						
Weber						
Weltz						

What is Public Health 3.0? A Renewed Approach to Public Health

**Adapted from the Center for Disease Control and Prevention Website*

Public Health 3.0 builds on the extraordinary successes of our past. *Public Health 1.0* refers to the period from the late 19th century through much of the 20th century when modern public health became an essential governmental function with specialized federal, state, local, and tribal public health agencies. During this period, public health systematized sanitation, improved food and water safety, expanded our understanding of diseases, developed powerful prevention and treatment tools such as vaccines and antibiotics, and expanded capability in epidemiology and laboratory science. This scientific and organizational progress meant that comprehensive public health protection — from effective primary prevention through science-based medical treatment and tertiary prevention — was possible for the general population.

Public Health 2.0 emerged in the second half of the 20th century and was heavily shaped by the 1988 IOM report *The Future of Public Health* (12). In that seminal report, the IOM posited that public health authorities were encumbered by the demands of providing safety-net clinical care and were unprepared to address the rising burden of chronic diseases and new threats such as the HIV/AIDS epidemic. The report's authors declared, "This nation has lost sight of its public health goals and has allowed the system of public health activities to fall into disarray."



With this call to action, the IOM defined a common set of core functions, and public health practitioners developed and implemented target capacities and performance standards for governmental public health agencies at every level. During the 2.0 era, governmental public health agencies became increasingly professionalized.

Public Health 3.0 refers to a new era of enhanced and broadened public health practice that goes beyond traditional public department functions and programs. Cross-sectoral collaboration is inherent to the Public Health 3.0 vision, and the Chief Health Strategist role requires high-achieving health organizations with the skills and capabilities to drive such collective action. Pioneering US communities are already testing this approach to public health, with support from several national efforts.

Find more information about Public Health 3.0, by going to:
https://www.cdc.gov/pcd/issues/2017/17_0017.htm

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

BOARD AGENDA ITEM

Meeting Date

April 25, 2024

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						
Collins						
Harris						
Kaufman						
MacLaurin						
Murgel						
Payne						
Weber						
Weltz						

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

FY 2024

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



Lewis & Clark Public Health

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

Candace Payne
County Commissioner
316 N. Park
Helena, Montana 59623
447-8304 (W) 447-8370 (Fax)
E-mail: cpayne@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-chair
710 N. Davis St.
Helena, MT 59601
461-0784 (C)
E-mail: briemaclaurin@gmail.com

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

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

Updated May 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	
Candace Payne	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 2024

Scheduled for 1:00 p.m. in the Public Health Conference Room of the Murray Building or by Zoom.

July 27, 2023

August 24, 2023

September 28, 2023

October 26, 2023

December 7, 2023

January 25, 2024

February 22, 2024

March 28, 2024

April 25, 2024

May 23, 2024

June 27, 2024

July 2023