

# LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH MEETING AGENDA

1930 9<sup>th</sup> Ave – LCPH Conference Room or Zoom

May 22, 2025

1:00-3:00pm

*Our vision is healthy people, community, and environment*

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

*Our values are leadership, collaboration, inclusiveness, effectiveness, and integrity*

TIME	CATEGORY	ITEM		PAGE
1:00	Call to Order			
1:00	Review of Agenda	1. Review and revision of agenda		1
1:05	Minutes	2. April 24, 2025		2
1:10	Recognition	3. Employee of the Quarter		6
1:15	Action Item	4. Recommend department budget for approval to the Board of County Commission		7
1:45	Board Training  <i>* select 1 function per offering *</i>	5. Policy Development	Governance Functions: - Policy Development - Resource Stewardship - Legal Authority - Partner Engagement - Continuous Improvement - Oversight	20
1:50	Alignment with LCPH 5 Strategic Initiatives     <i>* denotes alignment with the 2022 Community Health Improvement Plan</i>	6. Annual review of 2023-2026 Strategic Plan progress	<i>Consider <b>health equity</b> and social determinants of health in all aspects of public health work.</i>	21
			<i>Expand the role of public health in improving <b>behavioral health</b>, with a focus on wellness and resilience, mental health, and unhealthy substance use.</i>	
			<i>Improve <b>health across the lifespan</b>, with a focus on early childhood, youth, and older adults.</i>	
			<i>Promote a <b>safe and healthy environment</b>, with a focus on environmental health, built environment, and public health preparedness.</i>	
			<i>Improve public health infrastructure.</i>	
2:40	Announcements	7. - 2025 Legislative Session Recap - Supaman on the Walking Mall, May 22, 5:30pm		45
2:50	Public Comment	8. Public comment on items within the Board of Health's authority but not on the agenda		63
3:00	Adjourn			

## ADA NOTICE

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

**BOARD AGENDA ITEM**

**Meeting Date**

**May 22, 2025**

**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

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**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						
Brown						
Reed						
Harris						
Kaufman						
MacLaurin						
Ohs-Mosley						
Rolfe						
Weltz						

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

**BOARD AGENDA ITEM**

**Meeting Date**

**May 22, 2025**

**Agenda Item No.**

**2**

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

**AGENDA ITEMS** April 24, 2025 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

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**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						
Brown						
Reed						
Harris						
Kaufman						
MacLaurin						
Ohs-Mosely						
Rolfe						
Weltz						

# LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH

## Board of Health Meeting Minutes for April 24, 2025

### Board Members Present

Chair, Brie MacLaurin <i>Representing a consumer of health services</i>	Chanan Brown <i>Representing a resident living in the City of Helena</i>	Melinda Reed <i>Representing the City Commission</i>	Tom Rolfe <i>Representing the County Commission</i>	Sherri Ohs-Mosley <i>Representing a resident living in the county</i>
Lisa Kaufman, Hearings Officer <i>Representing science, environmental health expertise</i>	Rex Weltz <i>Representing Helena Public Schools Superintendent</i>	Mayor Kelly Harris <i>Representing East Helena City Council</i>		

### Staff Present

Drenda Niemann	Sandy Whittington	Heather Baker-Parmer	Jordyn Koenig	Hailey Brotcke
Sarah Sandau	Janet Janus			

### Guests

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### Members Absent

Dr. Mikael Bedell, Vice Chair <i>Representing practicing physician</i>				
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Category	Agenda Item
Call to order	Chair Brie MacLaurin called the meeting to order at 1:00 p.m., and a quorum was established.
Review of Agenda	Agenda 1- No changes were made to the agenda
Minutes	Agenda 2- The Board approved the minutes from the March 27, 2025 meeting.
Introductions & Employee recognition	<p>Agenda 3- Hailey Brotcke, Universal Home Visitor, introduced herself, giving an overview of her vast experience. As a mother of six, she serves the community as a certified Doula and an experienced breastfeeding peer counselor. She has a bachelor's degree in psychology and is completing her master's in mental health.</p> <p>The Chair, Brie MacLaurin, took a moment to congratulate Hailey and share her connection with the Universal Home Visitor program from the years before, when she was working for</p>

Category	Agenda Item
	<p>the health department. The Chair expressed her profound fondness for the program and what it offers the community.</p> <p>Jordyn Koenig introduced herself as the new billing clerk. She explained that she transitioned out of the educational profession and is now enjoying the challenge of learning all things billing.</p> <p>Sandy noted that Steve Thennis, our newest Environmental Health employee, could not make the meeting this month. Drenda also noted the Employee of the Quarter announcement would be postponed until the May meeting.</p>
<b>Board Training</b>	<p>Agenda 4 - Director, Drenda Niemann, shared a training video that covered the Board of Health's role as stewards of public health resources. The video, a joint production from the University of Michigan and National Association of Local Boards of Health (NALBOH), explored the foundational governance elements. The module stressed the importance of securing adequate funding to support essential services and highlighted the need to align local health goals with national initiatives.</p>
<p>Alignment with LCPH Strategic Initiatives-</p> <p><b>Improve public health infrastructure</b></p>	<p>Agenda 5- Drenda began the FY25 Q3 budget review by noting that revenue collection is lagging at 55%, even though 75% of the fiscal year has passed. The shortfall is due to property tax collections occurring only in November and May. Sheri Ohs-Mosely asked about the source of our revenue, considering it doesn't come from the State. Drenda advised the Board that the Mill fund comes directly from property taxes and noted that the only State funds we receive come from grants, most of which are passthrough federal funds. The State of Montana doesn't invest state general fund dollars in public health.</p> <p>Commissioner Tom Rolfe inquired as to what the line item of insurance credit is. Drenda deferred to Heather Parmer, who concurred that the line item refers to county levy funds designed to offset the employee health insurance expense.</p> <p>Chanan Brown inquired about the breakdown of public health funding, specifically the proportions of State vs. Federal contributions. Drenda offered to prepare actual numbers to share with the Board at the next meeting but quickly shared that at least 50% of the funding comes from Federal grants.</p> <p>The group discussed the uncertainty surrounding federal funding for certain programs and the challenges this could create for LCPH. Tom Rolfe voiced frustration over the reverse process of receiving funds before grant approvals.</p> <p>While personnel expenses remain slightly under budget, operational costs have reached 82%, largely due to early immunization purchases. The cash balance shows a healthy 99-day reserve, which is an improvement from previous years. The goal is a 90-day reserve. Even with conservative spending, Drenda pointed out that expenses continue to outpace revenue, leading to ongoing budget challenges. She further remarked that property taxes are not growing at the same rate as expenses, and the county has been providing cost-of-living increases to staff to keep up with inflation.</p>
<p>Alignment with LCPH Strategic Initiatives-</p>	<p>Agenda 6- Drenda presented the preliminary FY26 budget, which the Board Finance Committee reviewed last week. She explained that the budget consists of three distinct parts: tax revenue, grants, and a separate budget for the Water Quality Protection District, which operates under its own Board.</p>

Category	Agenda Item
<b><i>Safe and Healthy Environment</i></b>	<p>Drenda noted that the Mill anticipates \$2.6 million in revenue, with proposed expenses set at \$2.4 million. Personnel expenses are expected to increase by 2.13% due to a cost-of-living adjustment, while expenses such as building maintenance and information technology are projected to remain stable.</p> <p>She also outlined challenges related to grant funding, including the loss of two grants and uncertainty surrounding federal funding. The team is working to reallocate remaining grant funds from FY24 and FY25 for FY26. Superintendent Weltz and Brie expressed appreciation for Drenda and the LCPH team's efforts in maintaining a balanced budget despite financial constraints.</p> <p>Drenda informed the board that part of the balanced budget involves restructuring executive leadership following the retirement of Laurel Riek. This adjustment aims to free up funds for hiring an additional sanitarian in the future.</p> <p>She also reminded the board that HB 853, which would allow an increase in Licensed Establishment fees, remains uncertain. The bill's passage is critical for securing funding to hire another sanitarian.</p> <p>Drenda emphasized that the proposed \$6.8 million budget is still a work in progress, pending updates from the State regarding grant funding. This is not the final budget that will be presented to the BOCC. Drenda will present the final budget at the May Board of Health meeting at which time members will take action to recommend to the Board of County Commission for approval.</p>
Announcements	None
Public Comment	No further public comment was noted.
Adjourn	The meeting was adjourned at 2:20 pm.

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Brie MacLaurin, Chair

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Drenda Niemann, Secretary

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

**BOARD AGENDA ITEM**

**Meeting Date**

**May 22, 2025**

**Agenda Item No.**

**3**

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

**AGENDA ITEMS:** Employee of the Quarter - Janet Janus, Admin II, Environmental Health

**PERSONNEL INVOLVED:** Drenda Niemann

**BACKGROUND:** Employee recognition

**HEALTH DIRECTOR'S RECOMMENDATION:** N/A

☐ **ADDITIONAL INFORMATION**

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**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						
Brown						
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MacLaurin						
Ohs-Mosley						
Rolfe						
Weltz						

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

**BOARD AGENDA ITEM**

**Meeting Date**

**May 22, 2025**

**Agenda Item No.**

**4**

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

**AGENDA ITEMS:** Recommend department budget for approval to the Board of County Commissioners

**PERSONNEL INVOLVED:** Drenda Niemann

**BACKGROUND:** FY26 Proposed Budget

**HEALTH DIRECTOR'S RECOMMENDATION:** Approval recommended

☒ **ADDITIONAL INFORMATION**

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**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						
Brown						
Reed						
Harris						
Kaufman						
MacLaurin						
Ohs-Mosley						
Rolfe						
Weltz						



COMBINED BUDGETS - summary

		2022-23 Actual	2023-24 Actual	2024-25 Budget	2024-25 Actual	2025-26 Budget
<b>Revenues</b>		<b>6,298,592</b>	<b>6,526,471</b>	<b>6,555,120</b>	<b>5,539,910</b>	<b>6,464,847</b>
Revenues	Taxes	1,520,382	1,577,059	1,700,584	997,721	1,760,159
Revenues	Licenses & Permits	2,400	3,445	2,620	2,390	3,000
Revenues	Intergovernmental Revenues	2,421,617	2,825,422	3,102,790	3,035,087	2,891,748
Revenues	Charges for Services	655,291	722,306	727,295	634,371	649,284
Revenues	Fines & Forfeitures	5,165	4,195	3,500	2,275	3,500
Revenues	Miscellaneous Income	510,963	567,248	440,240	329,407	443,616
Revenues	Investment/Royalty Income	46	-	-	44	-
Revenues	Other Financials	1,182,728	826,796	578,091	538,615	713,540
<b>Expenses</b>		<b>6,462,054</b>	<b>5,990,229</b>	<b>6,398,057</b>	<b>5,333,228</b>	<b>6,554,903</b>
Expenses	Personal Services	3,890,798	3,605,520	3,763,427	3,038,609	4,032,997
Expenses	Operations & Maintenance	1,400,986	1,212,782	1,294,935	1,182,329	1,270,165
Expenses	Fixed Charges	748,190	799,100	769,693	595,999	785,797
Expenses	Other Financing Uses	422,080	372,826	570,002	516,291	465,944
<b>Revenues Less Expenses</b>		<b>(163,462)</b>	<b>536,242</b>	<b>157,063</b>	<b>206,682</b>	<b>(90,056)</b>
Ending Cash		1,218,241	1,754,483	1,911,546	1,961,165	2,150,160

MILL - SUMMARY

		2022-23 Actual	2023-24 Actual	2024-25 Budget	2024-25 Actual	2025-26 Budget
<b>Revenues</b>		<b>2,958,757</b>	<b>3,248,843</b>	<b>2,975,427</b>	<b>1,739,198</b>	<b>2,674,621</b>
Revenues	Taxes	1,402,348	1,453,952	1,570,698	921,260	1,625,989
Revenues	Intergovernmental Revenues	472,556	708,975	490,884	80,467	125,724
Revenues	Charges for Services	630,381	696,841	702,202	618,634	625,591
Revenues	Fines & Forfeitures	5,165	4,195	3,500	2,275	3,500
Revenues	Miscellaneous Income	13,452	7,280	5,500	12,786	5,500
Revenues	Investment/Royalty Income	42	-	-	41	-
Revenues	Other Financials	434,813	377,600	202,643	103,735	288,317
<b>Expenses</b>		<b>2,962,766</b>	<b>2,725,783</b>	<b>2,730,834</b>	<b>2,118,813</b>	<b>2,366,425</b>
Expenses	Personal Services	1,567,763	1,412,357	1,269,811	936,402	981,461
Expenses	Operations & Maintenance	567,894	438,149	464,950	344,964	448,712
Expenses	Fixed Charges	473,870	517,145	464,206	352,829	485,308
Expenses	Other Financing Uses	353,240	358,132	531,867	484,618	450,944
<b>Revenues Less Expenses</b>		<b>(4,009)</b>	<b>523,061</b>	<b>244,593</b>	<b>(379,615)</b>	<b>308,196</b>
Ending Cash		596,988	1,120,049	1,364,642	740,434	1,587,241
33% of Operating Expenses		977,713	899,508	901,175	699,208	780,920

MILL - SUMMARY

			2022-23 Actual	2023-24 Actual	2024-25 Budget	2024-25 Actual	2025-26 Budget
<b>Revenues</b>			<b>2,958,757</b>	<b>3,248,843</b>	<b>2,975,427</b>	<b>1,739,198</b>	<b>2,674,621</b>
<b>Revenues</b>	<b>Taxes</b>		<b>1,402,348</b>	<b>1,453,952</b>	<b>1,570,698</b>	<b>921,260</b>	<b>1,625,989</b>
Revenues	Taxes	(311.10-00) Real Property Tax	1,258,660	1,312,229	1,457,367	848,989	1,508,329
Revenues	Taxes	(311.20-00) Personal Prop Tax	37,658	31,629	-	6,392	-
Revenues	Taxes	(312.00-00) Penalty & Interest	1,984	2,066	-	1,562	-
Revenues	Taxes	(316.00-00) Entitlement Levy-Tax	104,045	108,027	113,331	64,318	117,660
<b>Revenues</b>	<b>Intergovernmental Revenues</b>		<b>472,556</b>	<b>708,975</b>	<b>490,884</b>	<b>80,467</b>	<b>125,724</b>
Revenues	Intergovernmental Revenues	(331.11-45) COVID Relief Funding	37,149	348,041	383,175	-	-
Revenues	Intergovernmental Revenues	(331.40-00) Health Related Fed Grants	-	-	-	-	18,446
Revenues	Intergovernmental Revenues	(331.85-00) Fed Grts - Perform Based	214,803	209,695	-	4,883	-
Revenues	Intergovernmental Revenues	(334.00-00) State Grant	52,651	33,041	13,742	2,914	9,133
Revenues	Intergovernmental Revenues	(335.23-00) Entitlement Rev	86,517	93,244	93,967	72,670	98,145
Revenues	Intergovernmental Revenues	(337.00-00) Local Sources	81,437	24,955	-	-	-
<b>Revenues</b>	<b>Charges for Services</b>		<b>630,381</b>	<b>696,841</b>	<b>702,202</b>	<b>618,634</b>	<b>625,591</b>
Revenues	Charges for Services	(341.01-02) Reimbursements	52,766	39,829	20,000	20,233	20,000
Revenues	Charges for Services	(341.08-50) Administrative Fees	132,993	117,887	145,010	129,690	131,959
Revenues	Charges for Services	(344.01-10) Dog Control Licenses	4,597	4,381	5,000	4,135	5,000
Revenues	Charges for Services	(344.06-72) Pneumonia	-	11,859	40,000	60,562	50,000
Revenues	Charges for Services	(344.06-75) VFC	8,370	8,978	12,635	8,809	8,529
Revenues	Charges for Services	(344.06-76) Flu Shots	71,639	38,580	77,586	50,269	50,000
Revenues	Charges for Services	(344.06-78) Non-Slide Non-Travel	150,544	249,449	185,548	139,784	150,000
Revenues	Charges for Services	(344.06-83) School Districts	-	-	4,098	2,049	4,098
Revenues	Charges for Services	(344.06-85) Immunes - Travel	45,028	57,663	42,000	45,128	42,000
Revenues	Charges for Services	(344.06-93) Titers/test	8,395	14,833	8,165	16,580	14,000
Revenues	Charges for Services	(344.09-10) Site Evaluation Applicat	65,050	59,665	70,000	54,690	60,000
Revenues	Charges for Services	(344.09-11) Non-Degradation Fee	3,360	6,290	2,100	6,000	5,000
Revenues	Charges for Services	(344.09-14) Env Health - Hourly Rate	640	320	-	80	-
Revenues	Charges for Services	(344.09-15) Septic Tank Only	4,200	4,240	4,200	5,510	5,000
Revenues	Charges for Services	(344.09-16) Gravity Septic-Cert Instl	14,280	14,060	14,000	14,650	14,000
Revenues	Charges for Services	(344.09-17) Pressure Dosed System	28,413	30,360	33,600	21,500	25,000
Revenues	Charges for Services	(344.09-18) Individual Engineered Sys	-	480	-	-	-
Revenues	Charges for Services	(344.09-19) Public/Multi User System	2,520	720	630	3,600	1,500
Revenues	Charges for Services	(344.09-20) Certified Installer Fee	18,625	19,375	18,750	19,625	20,000
Revenues	Charges for Services	(344.09-21) Gravity Sept-NonCert Inst	5,040	6,360	5,600	5,440	5,600
Revenues	Charges for Services	(344.09-30) Septic Admin Penalty	-	500	-	-	-
Revenues	Charges for Services	(344.09-45) Groundwater Monitor Appli	5,040	6,480	3,780	5,760	3,780
Revenues	Charges for Services	(344.09-50) Septic Variance Applicatn	3,524	1,400	3,500	2,800	3,500
Revenues	Charges for Services	(344.09-60) Septic Maint - \$40 Fee	-	80	-	160	-
Revenues	Charges for Services	(344.09-62) Septic MaintInspector Fee	1,125	1,125	500	625	1,125
Revenues	Charges for Services	(344.09-63) Inspector Reporting Fees	2,108	1,927	2,000	705	2,000
Revenues	Charges for Services	(344.09-64) Septic Installer Fees	-	-	-	250	-

Revenues	Charges for Services	(344.09-66) Septic Class Fees	2,125	-	3,500	-	3,500
<b>Revenues</b>	<b>Fines &amp; Forfeitures</b>		<b>5,165</b>	<b>4,195</b>	<b>3,500</b>	<b>2,275</b>	<b>3,500</b>
Revenues	Fines & Forfeitures	(351.01-40) Animal Control Fines	5,165	4,195	3,500	2,275	3,500
<b>Revenues</b>	<b>Miscellaneous Income</b>		<b>13,452</b>	<b>7,280</b>	<b>5,500</b>	<b>12,786</b>	<b>5,500</b>
Revenues	Miscellaneous Income	(362.01-00) Misc Revenue	4,184	1,577	500	5,543	500
Revenues	Miscellaneous Income	(362.03-00) Copier Charges	8,294	5,398	5,000	5,201	5,000
Revenues	Miscellaneous Income	(365.02-00) Donations-Private	974	305	-	2,042	-
<b>Revenues</b>	<b>Investment/Royalty Income</b>		<b>42</b>	<b>-</b>	<b>-</b>	<b>41</b>	<b>-</b>
Revenues	Investment/Royalty Income	(371.02-00) Interest Earnings	42	-	-	41	-
<b>Revenues</b>	<b>Other Financials</b>		<b>434,813</b>	<b>377,600</b>	<b>202,643</b>	<b>103,735</b>	<b>288,317</b>
Revenues	Other Financials	(383.01-00) Interfund Transfers	434,813	377,600	202,643	103,735	288,317
<b>Expenses</b>			<b>2,962,766</b>	<b>2,725,783</b>	<b>2,730,834</b>	<b>2,118,813</b>	<b>2,366,425</b>
<b>Expenses</b>	<b>Personal Services</b>		<b>1,567,763</b>	<b>1,412,357</b>	<b>1,269,811</b>	<b>936,402</b>	<b>981,461</b>
Expenses	Personal Services	(11-01) Regular Salaries	1,171,367	1,036,458	944,836	656,684	715,377
Expenses	Personal Services	(11-02) Temporary Salaries	1,373	8,204	1,200	1,116	1,200
Expenses	Personal Services	(12-01) Overtime	1,635	486	-	1,204	-
Expenses	Personal Services	(13-01) Termination Pay	12,251	24,445	-	54,948	-
Expenses	Personal Services	(15-10) Employer FICA	70,955	63,727	58,654	42,166	44,428
Expenses	Personal Services	(15-20) Employer Medicare	16,594	14,904	13,718	9,861	10,390
Expenses	Personal Services	(16-10) Employer PERS	106,441	97,012	85,696	64,756	64,885
Expenses	Personal Services	(17-10) Employer Health Ins.	178,326	160,582	157,131	100,550	138,860
Expenses	Personal Services	(17-20) Unemployment Ins	4,064	2,674	3,784	1,789	2,866
Expenses	Personal Services	(17-30) Workers Comp Ins	4,757	3,867	4,792	3,327	3,455
<b>Expenses</b>	<b>Operations &amp; Maintenance</b>		<b>567,894</b>	<b>438,149</b>	<b>464,950</b>	<b>344,964</b>	<b>448,712</b>
Expenses	Operations & Maintenance	(21-10) Office Supplies	7,863	4,469	5,200	3,848	5,200
Expenses	Operations & Maintenance	(21-20) Minor Equipment	5,379	12,552	3,700	1,012	3,200
Expenses	Operations & Maintenance	(22-10) Operating Supplies	42,297	48,628	10,100	9,970	10,200
Expenses	Operations & Maintenance	(22-23) Non-Slide Non-Travel	151,001	162,895	100,000	117,452	100,000
Expenses	Operations & Maintenance	(22-24) Vaccines-Flu	52,205	15,614	50,000	44,078	50,000
Expenses	Operations & Maintenance	(22-25) Vaccines-Pnuemonia	-	3,831	65,000	62,428	65,000
Expenses	Operations & Maintenance	(22-26) Travel Vaccines	22,087	31,642	40,000	37,847	40,000
Expenses	Operations & Maintenance	(22-27) Lab Expenses	1,082	3,396	3,600	4,084	3,600
Expenses	Operations & Maintenance	(22-61) Titers/Test	984	-	-	-	-
Expenses	Operations & Maintenance	(23-10) Repair & Maint Supplies	13	150	200	65	200
Expenses	Operations & Maintenance	(23-20) Gas Oil, & Etc.	3,130	2,698	3,600	2,895	3,600
Expenses	Operations & Maintenance	(31-20) Postage Box Rent Etc.	4,554	4,890	5,700	3,165	4,196
Expenses	Operations & Maintenance	(31-40) Vehicle Parking	1,680	1,680	-	-	-
Expenses	Operations & Maintenance	(31-45) Vehicles- Registration	22	-	-	-	-
Expenses	Operations & Maintenance	(31-60) Bank/Credit Card Fees	6,683	7,886	7,600	7,279	7,600
Expenses	Operations & Maintenance	(31-65) Cr Credit Fees	2,362	2,762	3,000	1,938	3,000
Expenses	Operations & Maintenance	(32-10) Print Dupl Typing Binding	8,887	3,763	4,100	3,581	4,200
Expenses	Operations & Maintenance	(33-10) Publicity Subscrip Dues	950	168	200	175	200
Expenses	Operations & Maintenance	(33-20) Advertising	33,092	15,110	1,200	1,410	1,500
Expenses	Operations & Maintenance	(33-50) Membership Dues	8,780	12,495	11,125	6,930	13,125
Expenses	Operations & Maintenance	(33-60) License Fees	1,483	1,158	740	300	740
Expenses	Operations & Maintenance	(33-70) Education Awareness	7,416	-	5,300	2,000	5,800

Expenses	Operations & Maintenance	(33-80) Health Club Dues	180	120	200	-	200
Expenses	Operations & Maintenance	(34-10) Utility Services	-	1,200	-	-	-
Expenses	Operations & Maintenance	(34-50) Telephone & Answering Ser	20,974	19,656	16,501	12,558	15,817
Expenses	Operations & Maintenance	(35-10) Professional Services	10,888	18,634	9,350	8,053	9,950
Expenses	Operations & Maintenance	(35-65) Patient's Ancillary Serv	2,130	2,547	2,500	-	2,500
Expenses	Operations & Maintenance	(35-70) Community Projects	7,100	9,066	-	-	-
Expenses	Operations & Maintenance	(36-10) Repair & Maint Services	1,484	101	100	-	100
Expenses	Operations & Maintenance	(36-20) Office Machines	8,112	8,081	8,950	6,305	9,400
Expenses	Operations & Maintenance	(36-30) Motor Vehicles	565	320	200	236	1,200
Expenses	Operations & Maintenance	(37-10) Travel	20,065	4,590	1,700	1,844	4,100
Expenses	Operations & Maintenance	(37-50) Board Meeting Expenses	527	-	-	-	-
Expenses	Operations & Maintenance	(38-10) Training	21,965	3,663	2,700	2,294	3,700
Expenses	Operations & Maintenance	(39-10) Other Purch/Contract Serv	110,919	34,386	102,384	3,217	80,384
Expenses	Operations & Maintenance	(39-20) Recruitment Services	1,038	-	-	-	-
<b>Expenses</b>	<b>Fixed Charges</b>		<b>473,870</b>	<b>517,145</b>	<b>464,206</b>	<b>352,829</b>	<b>485,308</b>
Expenses	Fixed Charges	(50-10) Admin Fees - General	65,883	69,014	77,905	58,429	87,104
Expenses	Fixed Charges	(50-11) Admin Fees - Departments	13,685	14,686	-	-	-
Expenses	Fixed Charges	(50-20) Insurance	36,468	35,340	39,301	29,823	51,405
Expenses	Fixed Charges	(50-30) Rent- County owned	206,935	218,904	176,333	132,249	179,373
Expenses	Fixed Charges	(50-40) Technology	136,616	139,052	127,229	90,540	123,988
Expenses	Fixed Charges	(50-41) Software Agreements	14,284	40,148	43,438	41,788	43,438
<b>Expenses</b>	<b>Other Financing Uses</b>		<b>353,240</b>	<b>358,132</b>	<b>531,867</b>	<b>484,618</b>	<b>450,944</b>
Expenses	Other Financing Uses	(80-10) Transfers to Other Funds	352,040	358,132	381,867	409,618	420,944
Expenses	Other Financing Uses	(80-15) Transf to Other Fund-CIP	-	-	150,000	75,000	30,000
Expenses	Other Financing Uses	(80-20) Trans to Outside Source	1,200	-	-	-	-
<b>Revenues Less Expenses</b>			<b>(4,009)</b>	<b>523,061</b>	<b>244,593</b>	<b>(379,615)</b>	<b>308,196</b>
Ending Cash			<b>596,988</b>	<b>1,120,049</b>	<b>1,364,642</b>	<b>740,434</b>	<b>1,587,241</b>
<b>33% of Operating Expenses</b>			<b>977,713</b>	<b>899,508</b>	<b>901,175</b>	<b>699,208</b>	<b>780,920</b>

GRANTS - condensed

		2022-23 Actual	2023-24 Actual	2024-25 Budget	2024-25 Actual	2025-26 Budget
<b>Revenues</b>		<b>2,917,424</b>	<b>2,867,041</b>	<b>3,173,301</b>	<b>3,554,215</b>	<b>3,374,000</b>
Revenues	Taxes	118,034	123,108	129,886	76,461	134,170
Revenues	Licenses & Permits	2,400	3,445	2,620	2,390	3,000
Revenues	Intergovernmental Revenues	1,949,061	2,116,446	2,611,906	2,954,621	2,766,024
Revenues	Charges for Services	22,930	22,090	25,093	14,387	23,693
Revenues	Miscellaneous Income	91,525	169,196	46,940	81,298	48,316
Revenues	Investment/Royalty Income	4	-	-	4	-
Revenues	Other Financials	733,470	432,756	356,856	425,056	398,797
<b>Expenses</b>		<b>3,129,114</b>	<b>2,837,661</b>	<b>3,168,647</b>	<b>2,877,943</b>	<b>3,703,226</b>
Expenses	Personal Services	2,069,984	1,899,540	2,127,089	1,838,476	2,679,493
Expenses	Operations & Maintenance	764,120	681,291	769,773	808,968	761,170
Expenses	Fixed Charges	234,195	242,135	271,785	217,893	262,563
Expenses	Other Financing Uses	60,815	14,694	-	12,605	-
<b>Revenues Less Expenses</b>		<b>(211,690)</b>	<b>29,380</b>	<b>4,654</b>	<b>676,272</b>	<b>(329,226)</b>
Ending Cash		263,906	293,286	297,940	969,558	319,696

GRANTS - summary

			2022-23 Actual	2023-24 Actual	2024-25 Budget	2024-25 Actual	2025-26 Budget
<b>Revenues</b>			<b>2,917,424</b>	<b>2,867,041</b>	<b>3,173,301</b>	<b>3,554,215</b>	<b>3,374,000</b>
<b>Revenues</b>	<b>Taxes</b>		<b>118,034</b>	<b>123,108</b>	<b>129,886</b>	<b>76,461</b>	<b>134,170</b>
Revenues	Taxes	(311.10-00) Real Property Tax	114,432	120,034	129,886	75,739	134,170
Revenues	Taxes	(311.20-00) Personal Prop Tax	3,424	2,890	-	584	-
Revenues	Taxes	(312.00-00) Penalty & Interest	177	184	-	137	-
<b>Revenues</b>	<b>Licenses &amp; Permits</b>		<b>2,400</b>	<b>3,445</b>	<b>2,620</b>	<b>2,390</b>	<b>3,000</b>
Revenues	Licenses & Permits	(322.70-00) Cottage Food Registration	320	400	120	200	200
Revenues	Licenses & Permits	(322.75-00) Temporary Food Fac Small	1,275	2,125	1,500	1,615	1,800
Revenues	Licenses & Permits	(322.80-00) Temporary Food Fac Large	805	920	1,000	575	1,000
<b>Revenues</b>	<b>Intergovernmental Revenues</b>		<b>1,949,061</b>	<b>2,116,446</b>	<b>2,611,906</b>	<b>2,954,621</b>	<b>2,766,024</b>
Revenues	Intergovernmental Revenues	(331.00-00) Federal Grants	69,661	313,048	777,475	396,558	784,467
Revenues	Intergovernmental Revenues	(331.11-45) COVID Relief Funding	27,120	29,385	-	8,768	-
Revenues	Intergovernmental Revenues	(331.40-00) Health Related Fed Grants	560,409	473,010	648,671	631,539	598,392
Revenues	Intergovernmental Revenues	(331.40-10) MCH Block Grant	60,743	60,850	62,586	48,849	64,421
Revenues	Intergovernmental Revenues	(331.85-00) Fed Grts - Perform Based	328,802	460,201	731,160	876,187	916,730
Revenues	Intergovernmental Revenues	(334.00-00) State Grant	403,602	285,685	78,000	555,833	88,000
Revenues	Intergovernmental Revenues	(334.40-00) Plan Reviews	16,415	17,670	15,000	13,200	15,000
Revenues	Intergovernmental Revenues	(334.50-00) Inspections	9,990	12,500	8,000	8,545	8,000
Revenues	Intergovernmental Revenues	(334.60-00) Health Related Grants	250,169	267,142	91,092	230,229	91,092
Revenues	Intergovernmental Revenues	(335.00-00) State Shared Revenue	148,900	151,964	159,922	159,922	159,922
Revenues	Intergovernmental Revenues	(337.00-00) Local Sources	73,250	44,992	40,000	24,992	40,000
<b>Revenues</b>	<b>Charges for Services</b>		<b>22,930</b>	<b>22,090</b>	<b>25,093</b>	<b>14,387</b>	<b>23,693</b>
Revenues	Charges for Services	(341.01-00) Misc Collections	-	-	6,480	-	6,480
Revenues	Charges for Services	(344.06-15) Medicaid - Home Visiting	316	17	-	291	-
Revenues	Charges for Services	(344.06-16) Medicaid - Nutrition	21,893	21,215	16,613	13,517	16,613
Revenues	Charges for Services	(344.06-21) Private Insurance	110	858	-	580	600
Revenues	Charges for Services	(344.06-30) Training Classes/Workshop	611	-	-	-	-
Revenues	Charges for Services	(344.15-10) State	-	-	2,000	-	-
<b>Revenues</b>	<b>Miscellaneous Income</b>		<b>91,525</b>	<b>169,196</b>	<b>46,940</b>	<b>81,298</b>	<b>48,316</b>
Revenues	Miscellaneous Income	(362.01-00) Misc Revenue	2,370	1,673	-	-	-
Revenues	Miscellaneous Income	(365.02-00) Donations-Private	14,786	21,558	-	500	-
Revenues	Miscellaneous Income	(365.03-00) Contrib - Outside Sources	-	2,400	-	-	-
Revenues	Miscellaneous Income	(365.04-00) Grants-Private	74,369	143,566	-	80,798	-
Revenues	Miscellaneous Income	(365.05-00) Local Match	-	-	46,940	-	48,316
<b>Revenues</b>	<b>Investment/Royalty Income</b>		<b>4</b>	<b>-</b>	<b>-</b>	<b>4</b>	<b>-</b>
Revenues	Investment/Royalty Income	(371.02-00) Interest Earnings	4	-	-	4	-
<b>Revenues</b>	<b>Other Financials</b>		<b>733,470</b>	<b>432,756</b>	<b>356,856</b>	<b>425,056</b>	<b>398,797</b>

Revenues	Other Financials	(383.01-00) Interfund Transfers	733,470	432,756	356,856	425,056	398,797
<b>Expenses</b>			<b>3,129,114</b>	<b>2,837,661</b>	<b>3,168,647</b>	<b>2,877,943</b>	<b>3,703,226</b>
<b>Expenses</b>	<b>Personal Services</b>		<b>2,069,984</b>	<b>1,899,540</b>	<b>2,127,089</b>	<b>1,838,476</b>	<b>2,679,493</b>
Expenses	Personal Services	(11-01) Regular Salaries	1,547,973	1,363,590	1,535,029	1,367,054	1,939,240
Expenses	Personal Services	(11-02) Temporary Salaries	27,002	26,942	73,000	10,720	4,000
Expenses	Personal Services	(12-01) Overtime	5,245	2,446	1,000	2,152	1,000
Expenses	Personal Services	(13-01) Termination Pay	11,299	37,824	-	1,913	-
Expenses	Personal Services	(15-10) Employer FICA	96,169	86,313	98,860	83,207	120,483
Expenses	Personal Services	(15-20) Employer Medicare	22,491	20,186	23,121	19,460	28,179
Expenses	Personal Services	(16-10) Employer PERS	139,655	129,178	139,229	125,333	175,889
Expenses	Personal Services	(17-10) Employer Health Ins.	206,457	223,476	239,441	218,180	389,790
Expenses	Personal Services	(17-20) Unemployment Ins	5,569	3,577	6,377	3,451	7,773
Expenses	Personal Services	(17-30) Workers Comp Ins	8,124	6,006	9,232	7,006	11,339
Expenses	Personal Services	(19-10) Misc Payroll	-	-	1,800	-	1,800
<b>Expenses</b>	<b>Operations &amp; Maintenance</b>		<b>764,120</b>	<b>681,291</b>	<b>769,773</b>	<b>808,968</b>	<b>761,170</b>
Expenses	Operations & Maintenance	(21-10) Office Supplies	1,527	2,994	20,553	2,738	17,378
Expenses	Operations & Maintenance	(21-20) Minor Equipment	3,278	31,507	1,000	9,536	2,000
Expenses	Operations & Maintenance	(22-10) Operating Supplies	35,417	46,752	45,579	78,563	80,497
Expenses	Operations & Maintenance	(22-27) Lab Expenses	527	776	6,100	415	2,476
Expenses	Operations & Maintenance	(22-40) Janitorial	454	-	-	-	-
Expenses	Operations & Maintenance	(23-10) Repair & Maint Supplies	78	-	500	-	500
Expenses	Operations & Maintenance	(23-20) Gas Oil, & Etc.	2,932	3,461	6,600	2,296	6,600
Expenses	Operations & Maintenance	(31-20) Postage Box Rent Etc.	1,459	2,304	3,596	4,088	3,999
Expenses	Operations & Maintenance	(31-40) Vehicle Parking	840	840	-	-	-
Expenses	Operations & Maintenance	(31-50) Vehicle Tow In Service	1,000	900	2,500	1,493	2,500
Expenses	Operations & Maintenance	(32-10) Print Dupl Typing Binding	7,585	6,460	4,496	13,677	4,700
Expenses	Operations & Maintenance	(33-20) Advertising	61,611	27,037	9,397	61,106	6,397
Expenses	Operations & Maintenance	(33-50) Membership Dues	345	345	825	170	825
Expenses	Operations & Maintenance	(33-60) License Fees	2,780	754	1,370	200	1,370
Expenses	Operations & Maintenance	(33-70) Education Awareness	38	896	19,129	1,050	2,200
Expenses	Operations & Maintenance	(33-80) Health Club Dues	98	125	300	325	500
Expenses	Operations & Maintenance	(34-10) Utility Services	1,670	1,722	2,000	1,509	2,000
Expenses	Operations & Maintenance	(34-50) Telephone & Answering Ser	23,897	25,346	23,071	18,460	23,637
Expenses	Operations & Maintenance	(35-10) Professional Services	29,184	15,325	40,200	9,472	24,000
Expenses	Operations & Maintenance	(35-70) Community Projects	13,986	300	300	71,033	-
Expenses	Operations & Maintenance	(36-10) Repair & Maint Services	1,464	228	1,500	375	1,500
Expenses	Operations & Maintenance	(36-30) Motor Vehicles	-	1,547	-	1,198	-
Expenses	Operations & Maintenance	(37-10) Travel	7,883	23,841	34,799	16,881	38,659
Expenses	Operations & Maintenance	(38-10) Training	12,785	15,691	13,717	42,722	21,912
Expenses	Operations & Maintenance	(39-10) Other Purch/Contract Serv	553,242	472,138	532,241	471,662	517,520
Expenses	Operations & Maintenance	(39-20) Recruitment Services	39	-	-	-	-
<b>Expenses</b>	<b>Fixed Charges</b>		<b>234,195</b>	<b>242,135</b>	<b>271,785</b>	<b>217,893</b>	<b>262,563</b>
Expenses	Fixed Charges	(50-11) Admin Fees - Departments	119,308	103,201	136,319	129,690	121,305



Expenses	Fixed Charges	(50-20) Insurance	1,848	1,848	2,000	1,848	2,000
Expenses	Fixed Charges	(50-30) Rent- County owned	47,239	60,097	48,402	36,302	54,870
Expenses	Fixed Charges	(50-32) Rent-Ext Non Cnty Owned	62,340	59,341	65,088	32,544	65,088
Expenses	Fixed Charges	(50-40) Technology	3,460	3,976	6,200	4,881	5,524
Expenses	Fixed Charges	(50-41) Software Agreements	-	13,672	13,776	12,628	13,776
<b>Expenses</b>	<b>Other Financing Uses</b>		<b>60,815</b>	<b>14,694</b>	<b>-</b>	<b>12,605</b>	<b>-</b>
Expenses	Other Financing Uses	(80-10) Transfers to Other Funds	60,815	3,185	-	12,605	-
Expenses	Other Financing Uses	(80-15) Transf to Other Fund-CIP	-	11,509	-	-	-
<b>Revenues Less Expenses</b>			<b>(211,690)</b>	<b>29,380</b>	<b>4,654</b>	<b>676,272</b>	<b>(329,226)</b>
<b>Ending Cash</b>			<b>263,906</b>	<b>293,286</b>	<b>297,940</b>	<b>969,558</b>	<b>319,696</b>

**WATER QUALITY - summary**

		2022-23 Actual	2023-24 Actual	2024-25 Budget	2024-25 Actual	2025-26 Budget
<b>Revenues</b>		<b>422,411</b>	<b>410,586</b>	<b>406,392</b>	<b>246,497</b>	<b>416,226</b>
Revenues	Charges for Services	1,980	3,375	-	1,350	-
Revenues	Miscellaneous Income	405,986	390,771	387,800	235,323	389,800
Revenues	Other Financials	14,446	16,440	18,592	9,825	26,426
<b>Expenses</b>		<b>370,175</b>	<b>426,785</b>	<b>498,576</b>	<b>336,473</b>	<b>483,252</b>
Expenses	Personal Services	253,052	293,622	366,527	263,730	372,043
Expenses	Operations & Maintenance	68,972	93,342	60,212	28,398	58,283
Expenses	Fixed Charges	40,125	39,821	33,702	25,277	37,926
Expenses	Other Financing Uses	8,025	-	38,135	19,068	15,000
<b>Revenues Less Expenses</b>		<b>52,237</b>	<b>(16,199)</b>	<b>(92,184)</b>	<b>(89,976)</b>	<b>(69,026)</b>
Ending Cash		357,347	341,148	248,964	251,172	265,024

**WATER QUALITY - summary**

			2022-23 Actual	2023-24 Actual	2024-25 Budget	2024-25 Actual	2025-26 Budget
<b>Revenues</b>			<b>422,411</b>	<b>410,586</b>	<b>406,392</b>	<b>246,497</b>	<b>416,226</b>
<b>Revenues</b>	<b>Charges for Services</b>		<b>1,980</b>	<b>3,375</b>	<b>-</b>	<b>1,350</b>	<b>-</b>
Revenues	Charges for Services	(344.09-40) Well Monitoring Fee	1,980	3,375	-	1,350	-
<b>Revenues</b>	<b>Miscellaneous Income</b>		<b>405,986</b>	<b>390,771</b>	<b>387,800</b>	<b>235,323</b>	<b>389,800</b>
Revenues	Miscellaneous Income	(362.01-00) Misc Revenue	-	12	-	-	-
Revenues	Miscellaneous Income	(363.01-00) Maintenance/Assessments	381,680	388,852	387,800	234,189	389,800
Revenues	Miscellaneous Income	(363.04-00) Pnlty & Int on Del Asmnts	1,565	1,907	-	1,134	-
Revenues	Miscellaneous Income	(365.02-00) Donations-Private	22,740	-	-	-	-
<b>Revenues</b>	<b>Other Financials</b>		<b>14,446</b>	<b>16,440</b>	<b>18,592</b>	<b>9,825</b>	<b>26,426</b>
Revenues	Other Financials	(383.01-00) Interfund Transfers	14,446	16,440	18,592	9,825	26,426
<b>Expenses</b>			<b>370,175</b>	<b>426,785</b>	<b>498,576</b>	<b>336,473</b>	<b>483,252</b>
<b>Expenses</b>	<b>Personal Services</b>		<b>253,052</b>	<b>293,622</b>	<b>366,527</b>	<b>263,730</b>	<b>372,043</b>
Expenses	Personal Services	(11-01) Regular Salaries	192,275	218,907	279,538	199,894	277,650
Expenses	Personal Services	(12-01) Overtime	78	135	-	83	-
Expenses	Personal Services	(13-01) Termination Pay	-	3,032	-	1,909	-
Expenses	Personal Services	(15-10) Employer FICA	11,687	13,533	17,331	12,283	17,214
Expenses	Personal Services	(15-20) Employer Medicare	2,733	3,165	4,053	2,873	4,026
Expenses	Personal Services	(16-10) Employer PERS	17,254	20,142	25,354	18,311	25,183
Expenses	Personal Services	(17-10) Employer Health Ins.	27,662	33,230	37,499	26,785	45,238
Expenses	Personal Services	(17-20) Unemployment Ins	674	556	1,118	505	1,111
Expenses	Personal Services	(17-30) Workers Comp Ins	687	922	1,634	1,088	1,621
<b>Expenses</b>	<b>Operations &amp; Maintenance</b>		<b>68,972</b>	<b>93,342</b>	<b>60,212</b>	<b>28,398</b>	<b>58,283</b>
Expenses	Operations & Maintenance	(21-10) Office Supplies	294	710	1,000	47	1,000
Expenses	Operations & Maintenance	(21-20) Minor Equipment	13,301	18,199	4,000	788	3,500
Expenses	Operations & Maintenance	(22-10) Operating Supplies	1,192	5,777	3,985	6,313	2,000
Expenses	Operations & Maintenance	(22-27) Lab Expenses	19,632	20,299	16,500	5,507	19,000
Expenses	Operations & Maintenance	(23-10) Repair & Maint Supplies	13	88	800	120	800
Expenses	Operations & Maintenance	(23-20) Gas Oil, & Etc.	1,019	1,243	2,000	1,095	2,000
Expenses	Operations & Maintenance	(31-20) Postage Box Rent Etc.	610	754	1,000	801	1,000
Expenses	Operations & Maintenance	(31-40) Vehicle Parking	840	840	-	-	-
Expenses	Operations & Maintenance	(31-45) Vehicles- Registration	53	-	-	-	-
Expenses	Operations & Maintenance	(32-10) Print Dupl Typing Binding	2	29	500	2,946	1,000
Expenses	Operations & Maintenance	(33-20) Advertising	2,435	-	1,000	764	1,000
Expenses	Operations & Maintenance	(33-50) Membership Dues	50	782	1,000	337	1,000
Expenses	Operations & Maintenance	(33-70) Education Awareness	5,817	5,131	8,000	3,610	7,000

Expenses	Operations & Maintenance	(33-80) Health Club Dues	225	175	300	125	300
Expenses	Operations & Maintenance	(34-50) Telephone & Answering Ser	2,883	2,856	2,377	2,077	2,683
Expenses	Operations & Maintenance	(35-10) Professional Services	175	2,728	2,000	420	2,000
Expenses	Operations & Maintenance	(35-70) Community Projects	-	393	-	-	-
Expenses	Operations & Maintenance	(36-30) Motor Vehicles	163	-	-	-	-
Expenses	Operations & Maintenance	(37-10) Travel	2,587	2,102	4,000	2,082	4,000
Expenses	Operations & Maintenance	(37-50) Board Meeting Expenses	21	252	500	307	500
Expenses	Operations & Maintenance	(38-10) Training	3,850	1,446	1,000	1,060	1,500
Expenses	Operations & Maintenance	(39-10) Other Purch/Contract Serv	13,812	29,538	10,000	-	10,000
Expenses	Operations & Maintenance	(39-20) Recruitment Services	-	-	250	-	-
<b>Expenses</b>	<b>Fixed Charges</b>		<b>40,125</b>	<b>39,821</b>	<b>33,702</b>	<b>25,277</b>	<b>37,926</b>
Expenses	Fixed Charges	(50-10) Admin Fees - General	7,592	8,042	9,311	6,983	10,872
Expenses	Fixed Charges	(50-20) Insurance	3,748	3,876	3,833	2,874	4,260
Expenses	Fixed Charges	(50-30) Rent- County owned	16,341	16,995	10,608	7,956	10,563
Expenses	Fixed Charges	(50-40) Technology	12,444	10,908	9,950	7,464	12,231
<b>Expenses</b>	<b>Other Financing Uses</b>		<b>8,025</b>	<b>-</b>	<b>38,135</b>	<b>19,068</b>	<b>15,000</b>
Expenses	Other Financing Uses	(80-10) Transfers to Other Funds	8,025	-	-	-	-
Expenses	Other Financing Uses	(80-15) Transf to Other Fund-CIP	-	-	38,135	19,068	15,000
<b>Revenues Less Expenses</b>			<b>52,237</b>	<b>(16,199)</b>	<b>(92,184)</b>	<b>(89,976)</b>	<b>(69,026)</b>
<b>Ending Cash</b>			<b>357,347</b>	<b>341,148</b>	<b>248,964</b>	<b>251,172</b>	<b>265,024</b>

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

**BOARD AGENDA ITEM**

**Meeting Date**

**May 22, 2025**

**Agenda Item No.**

**5**

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

**AGENDA ITEMS:** Policy Development

**PERSONNEL INVOLVED:** Drenda Niemann

**BACKGROUND:** Board training- Governance Functions

**HEALTH DIRECTOR'S RECOMMENDATION:** N/A

**ADDITIONAL INFORMATION**

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**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						
Brown						
Reed						
Harris						
Kaufman						
MacLaurin						
Ohs-Mosley						
Rolfe						
Weltz						

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

**BOARD AGENDA ITEM**

**Meeting Date**

**May 22, 2025**

**Agenda Item No.**

**6**

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

**AGENDA ITEMS:** Annual review of 2023-2026 Strategic Plan progress

**PERSONNEL INVOLVED:** Drenda Niemann

**BACKGROUND:** Alignment with LCPH 5 Strategic Initiatives-Health equity, behavioral health, health across the lifespan, and safe and healthy environment

**HEALTH DIRECTOR'S RECOMMENDATION:** N/A

☒ ADDITIONAL INFORMATION

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**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						
Brown						
Reed						
Harris						
Kaufman						
MacLaurin						
Ohs-Mosley						
Rolfe						
Weltz						

# Operational Plan Report

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

[5/13/2025]



## 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  
**1.1: build 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: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.1.1	[L] Niemann, Drenda Bir, Julie Riek, Laurel 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]	67% Complete
<b>Notes:</b> - Next workforce assessment will occur in late 2025 - Cultural Competency/Humility Training added to new employee orientation checklist. - Link to Cultural Competency/Humility Training sent to existing staff with a request to complete. - Lunch and Learns scheduled. See schedule in MS Team Admin folder - Session evaluations conducted to identify lessons learned and staff feedback					
	1.1.1.2	[L] Bir, Julie [L] Niemann, Drenda Maag, Shelly Riek, Laurel 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] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	67% Complete
<b>Notes:</b> - January 2024 STAR-T session with supervisors was dedicated to learning about SDOH and discussing ways to start integrating health equity into programs. - added a health equity/SDOH slide to strategic plan update slide template for April 2024 annual update. - Engaging Inclusiveness committee to potentially provide technical assistance to program supervisors as they reach out to vulnerable residents for feedback on ways to improve programs and services. Inclusiveness committee will discuss at their August 2024 meeting. -					
	1.1.1.3	[L] Niemann, Drenda Bir, Julie Riek, Laurel 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] [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]	100% Complete
<b>Notes:</b> - Applied for and received an MSU AHEC health equity training grant in the amount of \$5,000 to provide stipends to lunch and learn presenters. - Successfully transferred grant to HIA for implementation. 9 stipends processes for lunch-n-learn sessions as of 6/19/24.					



**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: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.2.1	[L] Bir, Julie [L] Niemann, Drenda Heinzinger, Nina Maag, Shelly McBroom, Jennifer Norberg, Beth Riek, Laurel Sandau, Sarah Sparks, Mary	[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	2 66.7%
<b>Notes:</b> 3/22/24: Licensed Establishment team will investigate the possibility of using unemployment or worker's comp for facilitating exclusion order compliance. 9/16/24: PHN Team provides free services for uninsured, underinsured. Includes, STI testing and treatment, immunization services, off-site clinics/services for those that may have transportation and other barriers. 9/26/24: PHN team is collaborating with ADVC (Aging & Disability Vaccine Collaborative) to offer surveys for gathering data on barriers for accessing vaccine services. ADVC is able to help us provide vaccines to people with mobility barriers such as home bound individuals.					
	1.1.2.2	[L] Bir, Julie [L] Niemann, Drenda Heinzinger, Nina Maag, Shelly McBroom, Jennifer Norberg, Beth Riek, Laurel 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	7 233.3%
<b>Notes:</b> March-May 2024: Carin worked with the guidance counselor at PAL, the Project for Alternative Learning, to address the prevalent vaping problem at the school. After meeting a few times, it was clear that traditional/ 'by the book' approaches were not a great fit, so Carin worked with Brooke to develop a series of listening sessions as a starting point for future possible programming. During the first listening session, Carin, along with Amber Johnson, LCPH Marketing Specialist, facilitated the sessions that aimed at better understanding students' experiences around vaping, why they started vaping, had they considered quitting, what social factors played into their daily habits, and what they would have wanted to hear as middle schoolers about vaping. The second session, Carin and Amber met with another group of students from PAL to present a social media campaign that Amber developed, which was informed by the first listening session. Students provided feedback on the content of the campaign and shared potential other approaches. A major success is that the PAL students are interested in starting an ambassador program where they go to middle schools to talk to students about vaping, focusing on what they would have wanted to hear.  January 2025: In December, Amber and Villette with Alcohol Awareness Campaign. Villette attended conversations with Amber at Carroll College, Our Place, and God's Love. Amber spoke about the Alcohol Awareness Campaign and Villette discussed the Substance Misuse Coalition and prevention work happening. An Alcohol Awareness survey was conducted during these. Amber also attended additional conversations at Helena College.  August 2025: Prevention Team and LCPH staff attended Pride Parade with outreach materials. Prevention Team and Lead program attended the East Helena Back-to-School bash (organized by PureView), reaching low-income subpopulation and people potentially exposed to lead.  October 2025: Prevention Team attended Fall Fest in Broadwater County, reaching rural residents. Prevention Team sponsored games for fair attendees to increase LCPH name recognition, through partnership with Broadwater County Social Services Committee.  January-June 2025: Tobacco Health Educator took the mobile clinic van to all high schools and middle schools in Helena and East Helena to pick up confiscated vapes to take for recycling. Not only does this provide a service to the schools, but also has been a great tool for building relationships.  March 2025: Tobacco Health Educator presented to Helena Middle school students in conjunction with Kris Menard, tobacco prevention for OPI. They presented to 650 students.					





**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: **67 %**

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 Niemann, Drenda Norberg, Beth Plant, Jay Riek, Laurel 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]	50% Complete
<b>Notes:</b> - L&C county is starting review of the Growth Policy. Jay, Valerie, and Sarah are health dept representatives on the advisory council. Review process to begin in Feb 2024 and conclude in 2025.					
	1.1.3.2	[L] Niemann, Drenda Bir, Julie Riek, Laurel Sandau, Sarah	[Project] Collaborate/pool resources with partners to participate in trainings and/or invite partners to participate in LCPH trainings and lunch learns	[4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	67% Complete
<b>Notes:</b> - HIA and PVHC have both been invited to join the lunch and learn sessions. - HIA agreed to accept the MSU AHEC training grant for speaker stipends when the BoCC did not accept grant funds. - HIA is taking the lead on serving diverse populations in a healthcare setting. LCPH will be invited to participate in available sessions.					





**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: **67 %**

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
<b>Notes:</b> Communications Toolkit Checklist is complete and training done on September 28 and all staff Comm Bootcamp.					
	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	2 Sum 10/28/2024 to date: 3
<b>Notes:</b> Social media activity over the last quarter included health equity content, including outreach and education related to: indigenous communities, LBGTQ+ community, veterans, people with disabilities, and women and girls.  January 2024 campaign and social media promotion on health equity and social determinants of health. June column focused on health equity. Juneteenth 2023 post focused on health equity.  Include health equity references in many if not most of my monthly newspaper columns.  Multiple anti-vaping focus group with at-risk youth.  Helped host 'Health in All Policies' education day for Helena residents/leaders - emphasizing social determinants of health and health equity.  Outreach to rural residents and Hutterite community in Augusta.					



**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: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.2.1.1	[L] Bir, Julie [L] Niemann, Drenda	[Project] Draft letters, convene conversations, mobilize individuals with lived experience to advocate and educate federal and state partners.	Documentation of advocacy efforts and any impact of those efforts [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026]	67% Complete

		Riek, Laurel Sandau, Sarah	Request Confluence Public Health Alliance (CPHA) statewide support in advocacy efforts.	[4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	
		<b>Notes:</b> <ul style="list-style-type: none"> <li>- Laurel is participating in the statewide advocacy efforts to increase licensed establishment fees during 2025 Leg session.</li> <li>- Mobilized L&amp;C BoCC to advocate that Montana Association of Counties support licensed establishment fee increase.</li> <li>- LCPH signed on to a letter advocating to maintain vaccine and sanitation standards in the childcare rules.</li> <li>- Mobilizing LAC to advocate for crisis services at the HB872 Behavioral Health System for Future Generations Commission.</li> <li>- LCPH signed on to a letter advocating for public health &amp; prevention approaches to be considered for 872 funding.</li> <li>- Marisa and client participated in a townhall with leaders from HRSA to advocate for continued and increased funding for home visiting.</li> <li>- Leading LAC Continuum of Care workgroup that's advocating for the reauthorization of Medicaid Expansion. Members are identifying individuals in the community who have benefited from Med Exp and helping them share their personal stories.</li> </ul>			



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

**Lead:** Niemann, Drenda

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.2.2.1	[L] Bir, Julie [L] Niemann, Drenda Riek, Laurel 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]	67% Complete
		<b>Notes:</b> FY24 - Budgeted .25 FTE for Systems Improvement which includes Health Equity FY25 - funds planned for ongoing health equity training for staff			



**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:**

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.2.3.1	[L] Stacey, Valerie	[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]	67% Complete
		<b>Notes:</b> 7/17/23 [D.C]: Met with the CDC and DPHHS on (7/17/23) to develop multi-county CASPER Survey (Lewis and Clark, Jefferson, Broadwater, Meagher, Powell). This survey would be a new source for data for LCPH and the data will be used for the 2024 CHA and available to incorporate in specific program activities. 8/03/23 [D.C]: Communicated with DPHHS (8/1/23) about multi-county (Lewis and Clark, Jefferson, Broadwater, Meagher, Powell) BRFSS dataset to be shared with LCPH for 2024 CHA. Obtained confirmation that the dataset will be available in October 2024 when 2022 BRFSS dataset will become finalized. Filled out the Data Request form in order to work out Data Plan with DPHHS Epidemiologist to transfer the dataset in Oct.2024. 10/16/23 [D.C]: a). Meeting with MT DPHHS to discuss next steps on the multi-county CASPER survey occurred on September 29, 2023, to discuss survey methodology and data sharing among the five counties (Lewis and Clark, Jefferson, Broadwater, Meagher, Powell) covered by St. Peter's Health Service Area. The plan is schedule more meetings with county partners to build relationship and entrust other county sharing their data for the CHA document due in 2024. b). On August 31, 2023. Data were shared with LCPH from partners in the county on the MT 988 Suicide Prevention and Mental Health Crisis Line, Law Enforcement 911 Dispatch, Helena Police Department, Lewis and Clark County, MT, Mobile Crisis Response Team at St. Peter's Health. These data were published on the public facing interactive dashboard on August 31, 2023 and are updated quarterly. 11/10/23 [D.C]: Met with Healthy Together Steering Committee on 11/8/23 to discuss the process of incorporating health services areas covered by St. Peter's Health including other rural areas of Lewis and Clark County like Augusta to include the whole county as part of the multi-county CASPER Survey in 2024. 12/18/23 [D.C]: Met with Healthy Together Steering Committee on 12/13/23 to start identifying community partners like Carroll College, Helena College, Boy and Girl Scouts, to be involved in collecting the data for the CASPER survey. The epidemiologist started the process of comparative analysis among BRFSS, CASPER, and PRC Surveys to assess for gaps in data collection to help identify disparities in the multi-county health service area. 1/25/24 [D.C]: Partnered with United Way and participated in training and data collection on 1/25/24 in the Point in Time Survey focused on unsheltered individuals in the Helena area.			





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

**Lead:**

Objective % Done: **67 %**

Activities Sum: **0**

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.2.4.1	[L] Stacey, Valerie 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]	67% Complete
		<b>Notes:</b> 8/2/23 [D.C]: Started drafting Data Plan with steps and to help measure progress for this objective. Asked Julie B. to help as she's involved in the assessment of demographic data elements included in forms/survey currently used across LCPH programs.			

	1.2.4.2	[L] Stacey, Valerie 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]	67% Complete
	<b>Notes:</b> 8/3/23 [D.C]: Building on already started review by previous employee, Julie B. and Dorota C. will continue to assess and generate the assessment document with demographic data elements collected in forms/surveys/systems across LCPH. Also a research is being conducted on demographic questions and their categories from reputable, vetted, and notable data sources. After finalizing, this assessment will be presented to Inclusiveness Committee, Data Council, Admin Team for next steps to consider.				
	1.2.4.3	[L] Niemann, Drenda Johnson, Amber	[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]	67% 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: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.1.1.1	[L] Bir, Julie	[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	4 66.7%
	<b>Notes:</b> New employees were offered to attend another QPR happening, but will plan a specific LCPH QPR in Q2. One offered in December 2023, two offered in January 2024. QPR scheduled August 1, 2024.				
	2.1.1.2	[L] Bir, Julie [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	1 100%
	<b>Notes:</b> Staff were emailed a survey through Jotform asking what behavioral health training they would be interested in. 40 people responded. 13 wanted crisis de-escalation, 7 wanted mental health first aid, 7 wanted Narcan training, 5 wanted QPR, and 4 wanted Youth Mental Health First Aid.				
	2.1.1.3	[L] Bir, Julie [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	2 200%
	<b>Notes:</b> - ACEs (March 2024) - De-escalation (March 2024) - CONNECT/211/988/Bright App/LIFTS (March 2024) - QPR (dates?) - STAR-T resilience practices sessions - monthly with supervisors				
	2.1.1.4	[L] Bir, Julie [L] Sandau, Sarah	[Project] Promote additional opportunities staff can participate in if interested	[between 4/27/2024 and 4/27/2027]	67% Complete
	<b>Notes:</b> - Shared training opportunities offered during Suicide Prevention Awareness month (Sept) and encouraged staff to participate. - Shared Family to Family training from NAMI - Shared information on the Behavioral Health Certificate - Public Health and Mental Health Collaboration class in February (posted in December)				
	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]	100% Complete
	<b>Notes:</b> - Holding monthly STAR-T supervisor sessions to build supervisor capacity to support employees. 5/21/24: STAR-T was centered around finding out the needs of behavioral health impacts on our work as well as our staff. The group had conversation around 211, CONNECT, knowing who to reach out to, EAP, and other resources. In the survey that was sent out to all-staff in April asked about what behavioral health training staff would like. Over half the respondents answered crisis de-escalation. Supervisors are going to ask their teams what this means to them as this could mean a variety of topics. Narcan training was the second most requested.				
	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] [Cycle Start Date: 4/27/2023]	2




<b>Notes:</b> - Presentation delivered at June 8, 2023 All-Staff meeting - 988 was included in the QPR for staff - Included in March 2024 All-Staff meeting				
	2.1.1.7	[L] Bir, Julie	[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] 67% Complete
<b>Notes:</b> First local and regional meeting happened for the OENDP grant. Position posted. Ali was hired in September 2023. Stakeholder meetings for the 12-county region. Looking at getting the local stakeholders together. Hoping to get Narcan trainings in place. Jan-March: 3 stakeholder meetings. 2 regional, 1 local. Local: MOAT funds. Regional: MOAT and opioid misuse toolkit from MSU. Narcan and fentanyl test strip distribution and training is occurring locally. Fentanyl test strips are being distributed regionally.  April-June: Ali spoke at Confluence. Ali has been training 6 organizations in Q2 (2024), regular local and regional stakeholder meetings. Narcan distribution began in June for the 12-county region through LCPH as part of the OENDP program  January 2025: Jakob has been attending trainings and other weekly meetings with state partners and other OENDP hub members across the state to expand knowledge, share issues, and grow the OENDP and overdose prevention work in Lewis & Clark county and around the state.				



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

Objective % Done: **67 %**

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] [Cycle Start Date: 6/30/2024]	2 Sum 5/8/2023 to date: 4
<b>Notes:</b> - Presentation delivered at All-Staff meeting on June 8, 2023. - Presentation delivered to All-Staff meeting on March 14, 2024					
	2.1.2.2	[L] Sparks, Mary Niemann, Drenda	[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%
<b>Notes:</b> LCPH staff assisting Elevate MT with creating the toolkit (July 2023)					
	2.1.2.3	[L] Bir, Julie [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: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.1.3.1	[L] Bir, Julie	[Project] Ensure sustainable funding for the behavioral health team	Two FTE [between 4/27/2023 and 4/27/2026]	67% Complete
<b>Notes:</b> 2 new grants secured: HRSA (4 years) and OENDP (18 months) New revised project charter (5 organizations signed so far) Received BJA Grant in September 2023. Received another year of Montana Mental Health Trust.					
	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
<b>Notes:</b> Hired Joel and Ali in September 2023.					
	2.1.3.3	[L] Bir, Julie [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 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: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
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	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] Bir, Julie [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	2 200%
<p><b>Notes:</b> January 2024 social media post on problematic drinking and alcohol-related deaths in Montana.</p> <p>August 2024 campaign on substance misuse and addiction, emphasizing alcohol - newspaper, radio, social media. Used as a kickoff for Alcohol Awareness Campaign - collecting survey responses to Alcohol Use Questionnaire. Outreach to college kids. Planning community conversations for January 2025.</p> <p>Ongoing social media posts about behavioral health - mental health and substance misuse, alcohol included.</p> <p>January 2025: Alcohol Awareness Campaign is under way with Amber as the lead. An alcohol survey has been completed. Mocktail Event is in the process of being planned with community conversations included. Tentative dates are in February 2025.</p> <p>April 2025 update: Alcohol Awareness Campaign is under way with Amber as the lead. An alcohol survey has been completed, and findings are being compiled. The mocktail community conversation event has been tentatively scheduled for May 21st in conjunction with Supaman in Helena. Planning meetings with community partners such as Helena Schools, and East Helena Schools for this event have been underway. He is scheduled to visit 4 High Schools to discuss SUD &amp; MH. He will also have a community performance that includes alcohol awareness.</p>					






**Objective 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.)

**Lead:** Sandau, Sarah

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.2.2.1	[L] Bir, Julie	[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]	67% Complete
<p><b>Notes:</b> Jess and Julie working with Lona Carter from Helena Public Schools on a lunch and learn for school counselors about youth BH health resources. (Didn't end up happening, but will happen next year) Lona spoke about Youth Mental Health at the June LAC meeting. Lona will be attending the Suicide Mortality Review training in NY in July. SOS is being implemented in Clancy, MT City, and Jefferson High MOU with Helena Public Schools for Deterra/Gun Locks should be signed shortly. Helping East Helena implement Youth Aware of Mental Health (YAM). Prevention Team attended some resource fairs for the schools. October- Helena College Career Fair tabling event Helena Schools attending the MCRT Community Coalition Ali working with National Honor Society to offer volunteer opportunities for SCM June - NHS Partnership will be readdressed at the beginning of the 2024-25 school year, late August or early September</p>					
	2.2.2.2	[L] Bir, Julie	[QM] Partner with organizations on behavioral health campaigns	3 Campaign between 4/27/2023 and 4/27/2026	2 66.7%
<p><b>Notes:</b> - Mental Health Month in May - Suicide Prevention Awareness joint activities in Sept - Drenda is an active member of the new Communities that Care (CTC) key leader team. - LCPH staff participating in CTC community board and workgroups. -Launching the BH Crisis Dashboard in Fall of 2023 (presentations, Newspaper, Social Media)</p> <p>January 2025: Partnered with PureView Health Center around promotion of pilot project: Mobile Clinic Van. SCM campaign has grown with the expansion of advertising options, public events, and collaboration with partners to include monthly Safeway tabling, Survivors of Suicide Loss event, and others.</p> <p>April 2025: -Alcohol Awareness: Helena Schools, East Helena Schools for Supaman performance. (May 21 &amp; 22) - Alcohol Awareness: Helena Indian Alliance for Mocktail Community Conversation with Supaman event. (May 21 &amp; 22) -MH Awareness Rodney St Block Party: LAC, United Way, Family Promise and Elevate Montana. (May 17) -Participating in the CTC Community Coalition: Growing Up Helena</p>					
	2.2.2.3	[L] Bir, Julie 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	2 66.7%
<p><b>Notes:</b> Legislative members heard about the crisis systems work. October- CONNECT Board of Health Presentations</p>					



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


**Lead:** Sandau, Sarah

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
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	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%
<b>Notes:</b> Jess has been attending the meetings. They are trying to become a non-profit and create bylaws.					



## 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 **Lead:** Bir, Julie

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.3.1.1	[L] Sandau, Sarah Johnson, Amber	[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	1 33.3%
	2.3.1.2	[L] Niemann, Drenda Heinzinger, Nina Johnson, Amber	[QM] Offer healthy activities for staff bonding and wellness	2 activities between 4/27/2024 and 4/27/2026	3 150%
<b>Notes:</b> - Sept Communications Bootcamp promoted networking, connection, and bonding with coworkers. - Promoting social happenings in the MS Teams staff bulletin board and encouraging staff to participate. - Amber and Nina facilitating monthly wellness potlucks and weekly yoga and Thai Chi. Added Wellness Channel to the Bulletin Board in MS Teams.					
	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	1 100%
<b>Notes:</b> Monthly Gatherings – 12 - 1 PM every 1st Thursday of the Month Healthy Potluck (fruit, veggies, legumes, whole grains, lean proteins, healthy fats) 30 Minute Presentation (Topics: Habit Creation, Sleep, Nutrition, Etc.) 30 Minute Feast and Discussion Monthly Calendar Invites Weekly Yoga – 2:30 PM Tuesdays (No Calendar Invites) Weekly Thai Chi – 10 AM Thursdays (No Calendar Invites) Daily Walking Groups – Individually Lead (No Calendar Invites)  Posted in Wellness Channel of Team Bulletin Board. Facilitated by Amber and Nina.					
	2.3.1.4	[L] Bir, Julie	[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	3 100%
<b>Notes:</b> Staff wellness and connection break at June 8th all staff meeting Staff wellness and connection break at Sept 28th all staff meeting. Jolene invites staff for a Wellness Wednesday Walk.					

## 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: **67 %**

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	1 33.3%
<b>Notes:</b> On July 15, 2024, the Helena City Commission passed a resolution authorizing City staff to submit a formal application to AARP. The Aging Well Workgroup will encourage other local jurisdictions to join the AARP Age-Friendly Network and has made this a standing item on the agenda for monthly meetings.					



**Objective 3.1.2:** Enhance use of the CONNECT Referral System for aging services **Lead:** Bir, Julie

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.1.2.1	[L] Bir, Julie	[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] Bir, Julie	[Project] Train aging resource organizations that show readiness to use CONNECT Referral System	[between 4/27/2023 and 4/30/2026]	67% Complete

**Notes:** Alzheimer's Association signed their Participation Agreement on 5/16/2023  
SPH Injury Prevention onboarded in August 2024

**Objective 3.1.3:** Convene Aging Well Workgroup and implement one strategy to increase intergenerational connectedness **Lead:** Sandau, Sarah

Objective % Done: **67 %**

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]	67% Complete
<b>Notes:</b> May 2024: Healthy Communities Coalition, of which Aging Well Workgroup is a part, heard about the new initiative in Helena to build the ARC, which will provide  The Aging Well Workgroup meets every month and is co-lead by Carin McClain, LCPH and Mindy Diehl of Rocky Mountain Development Council. Aging Well Workgroup does a number of things to promote intergenerational connectedness – Cupid Crew, advocating for communities to join AARP Age Friendly Network, and sharing the events/campaigns of members so that community engagement increases.  May 2025: Julie Bir, Prevention Team Supervisor, and Carin McClain, led a brief discussion at Aging Well about social connectedness needs in the community. Organizations were able to share ideas with each other about programs.					
	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]	30% 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  
**3.2: Experiences (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 **Lead:** Sparks, Mary

Objective % Done: **67 %**

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 **Lead:** Bir, Julie

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.2.2.1	[L] Bir, Julie	[Project] Complete one asset map of child and family organizations	[between 4/27/2023 and 4/27/2026]	% Complete
	3.2.2.2	[L] Bir, Julie	[Project] Train child and family organizations that are ready to adopt the CONNECT Referral System	[between 4/27/2023 and 4/27/2026]	30% Complete
<b>Notes:</b> CPS Training in July 2023 Options Clinic - refresher training in August 2024, and they are now sending referrals					

**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: **67 %**

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%
<b>Notes:</b> Two school food forums in October.					
	3.3.1.2	[L] Sandau, Sarah	[QM] Support one change annually to expand the partnership for senior meals through community	3 Initiatives between 4/27/2023 and 4/27/2026	0%

			partnerships, coalitions, and programmatic work		
		<b>Notes:</b>	Food, Nutrition, and Physical Activity workgroup looking at how to increase Senior Farmers Market Vouchers.		
	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%
		<b>Notes:</b>	Spring/Summer 2023: Healthy Food Challenge and Farmers Market Bingo strategies from the Healthy Communities Coalition. Summer 2023 - LE Supervisor worked with Helena Food Share in reviewing and approving facility plans for new location that will include a kitchen, learning space and increased capacity. Amber interested in starting 'Helena's Next Food Star' campaign for LCPH		
	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%
		<b>Notes:</b>	6th Ward Walk Audit- May Montana/Custer Walk Audit- June National/Argyle Walk Audit- September 11th and Rodney Walk Audit- December		



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

Objective % Done: **67 %**

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%
		<b>Notes:</b>	Spring/Summer 2023: Healthy Food Challenge and Farmers Market Bingo strategies from the Healthy Communities Coalition.		
	3.3.2.2	[L] Sandau, Sarah	[QM] Collaborate with partners to coordinate one countywide physical activity effort per year that reduces barriers to participation	3 Efforts between 4/27/2023 and 4/27/2026	1 33.3%
		<b>Notes:</b>	Spring 2023: Healthy Living Challenge includes physical activity components. Shared in stores, online, articles, etc.		



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

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.3.3.1	[L] Bir, Julie	[Project] Complete one asset map of health and wellness organizations	[between 4/27/2023 and 4/27/2026]	% Complete
	3.3.3.2	[L] Bir, Julie	[Project] Train health and wellness organizations that are ready to adopt the CONNECT Referral System	[between 4/27/2023 and 4/27/2026]	25% Complete
		<b>Notes:</b>	LCPH Immunization team was added to CONNECT in 2023		



## 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:** Bir, Julie

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.4.1.1	[L] Bir, Julie	[Project] Hire or increase FTE to work on chronic disease efforts	[between 4/27/2023 and 4/27/2026]	25% Complete
		<b>Notes:</b>	AHEC 1 year grant to increase cancer screening outreach and education to Meagher County women. 1 year grant from DPHHS to help with FTE to help implement the CHIP for the Chronic Disease section		
	3.4.1.2	[L] Bir, Julie	[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%
		<b>Notes:</b>	Julie trained Sage Medical for CONNECT, and they are now interested in Aging Well Workgroup.		
	3.4.1.3	[L] Bir, Julie	[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: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
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	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%
<b>Notes:</b> Sarah participated in the Care Transitions QI project with the hospitals and skilled nursing facilities. They decided to focus on communication with discharges.					
	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] Bir, Julie	[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



### 3.5: Initiatives



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

Objective % Done: **67 %**

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] [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	100% Complete
<b>Notes:</b> Multiple vaccine-related social media posts. News releases and stories regarding COVID-19, flu, RSV vaccines.  Design of beautiful and colorful mobile clinic for future use at vaccine clinics.  Back-to-school immunization posts in August/September 2024.  October 2024 Immunizations campaign - newspaper, radio, social media. Published 'Risk and Rewards: An Argument for Vaccines' in late October.  Hosting four-part film series about public health; November episode about immunizations.  Collaborating with Montana Families for Vaccines for film series promotion. Highlighted the co-directors as 'Champions of Public Health' on social media platforms.					
	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	5 83.3%
<b>Notes:</b> 8/30/23: Shelly met with CDC and DPHHS Immunization Quality Improvement, Dave Harris. Recognized that individual clinic immunization rates were no longer being provided to Local Public Health. Since that meeting we are now being provided local individual clinic IZ rates which will facilitate conversations with individual clinics. 11/18/23-met with Leo Pocha nurse/providers 4/10/24-Met with Premise Health/Care Here (staff meeting) 4/19/24-meeting with Home Visiting/WIC supervisor to plan Pediatric provider meeting in June to review HV/WIC and IZ rates. 7/31/24-Helena School District Nurse meeting-discussed CD, Immunes (especially MMR); Planned Outreach event at Middle school 8/9/24-Back-to-school Bash (East Helena) outreach event offering back-to-school shots 8/26/24-met with Helena pediatric team (including providers), discussed immunizations, rates, etc. 8/26/24-Bryant school Back-to-school resource Fair 9/5/24- Back-to-school vaccine outreach event at CRA Middle School. Offered to middle schoolers and siblings of all ages 9/8/24-Helena Education Fund Classic outreach event offering back-to-school vaccines Immunization Outreach --offering off-site immunization services through mobile clinic. Vaccines offered vary based on population the outreach is serving. Oct-June-offer Flu vaccine at clinics. COVID, Tdap, MMR, HPV, childhood vaccines, Hep A and Hep B, mpox (as able based on population and transport ability for frozen vaccine). Off-site clinics completed this past 6 months: 9/22/24 NAMI walk 9/28/24 The Climb Walk 10/11/24 Montana Nursing Association Meeting 10/10/24 Son Heaven Assisted Living Facility Flu/COVID 10/1/24 VAMC Flu/COVID 10/3/24 Lincoln community Flu/COVID 10/4/24 Aspen Village Flu/COVID 10/15/24 County Employee Flu/COVID 10/16/24 Head Start Family Dance 10/18/24 Neighborhood Center/Senior Center Flu/COVID 10/21/24 Eagle Manor Flu/COVID 10/22/24 Helena College Flu/COVID 10/29/24 Spring Meadow Flu/COVID for people with disabilities 11/8/24 Augusta Community Flu/COVID 11/13/24 East Helena Community Flu/COVID 1/14/25 Camp for the unhoused population 1/28/25 Tuesday Showers for the unhoused population 3/5/25 Capitol for legislators, public, staff 3/17/25 LGBTQ+ support group 1/29/25 Meeting with Associated Dermatology--Communicable Disease, Vaccines, etc 2/19/25 Meeting with Partners In Pediatrics --Communicable Disease, Vaccines, etc 2/19/25 Meeting with Planned Parenthood--Communicable Disease, Vaccines, etc 5/2025-Disappointing legislation--School aged Child care no longer have to have childcare vaccines--only school vaccines;					

School aged childcare facilities do not need to have immune record kept on file, just a note from the parent that 'immune record is on file at the school'; Childcare centers and SACC required to allow religious exemptions (un-notarized); Other childcare facilities can allow religious exemptions; No childcare facility needs to have record of staff Tdap and MMR's.





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

Objective % Done: 0 %

Activities Sum: 29

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 year one. Provide at least 50 free HIV tests for year 2. Provide at least 75 free HIV tests for year 3.	25 HIV Tests between 4/27/2023 and 6/30/2024	29 116%
	<b>Notes:</b> 8/15/23 -HIV test Rep came to train new staff on rapid HIV testing. Online training was completed by staff. Purchased 60 HIV/Syphilis Combo rapid tests. 18 tests performed 5/1/23-2/12/24 MOA with PVHC Ryan White Case manager; he will now also do Rapid testing for high-risk PVHC patients and coordinate Outreach for testing events. 29 tests performed 8/1/23-6/30/24 2 community outreach events offering rapid HIV/Syphilis/Hep C Rapid testing (Tuesday showers-focus on people experiencing homelessness, and Helena College) 3 more community outreach events (through 6/20/24) offering rapid HIV/Syphilis/Hep C rapid testing (IHS Mother's Day Health Fair, Mental Health Block party, IHS Men's Health Fair) Increase of 1800% congenital syphilis in Montana, new recommendations for syphilis screening for pregnant women. Lewis & Clark Public Health Communicable Disease Nurse collaboration with WIC and Home visiting to provide Rapid Syphilis testing to pregnant clients who come for appt in WIC. WIC will provide a warm hand off to LCPH nurses after their appt and testing will be done. For Home Visiting, LCPH nurse can go to the home or the HV nurse can learn to do the testing for pregnant clients. 7/1/2024-Outreach events-Community Health Fair, Pride celebration (3 nights),				
	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
	<b>Notes:</b> Observed increased cases of syphilis in Lewis and Clark County and applied for syphilis prevention funds from Montana Public Health Institute. Received Syphilis funds and purchased 60 HIV/Syphilis rapid tests, received 50 \$10 Town Pump cards incentives to encourage testing. 8/21/23: Chembio rep provided online training on the use of the tests. See HIV test activity for number of HIV/Syphilis tests provided.				
	3.5.2.3	[L] Maag, Shelly	[QM] At least quarterly, engage stakeholders in HIV program development, implementation, and evaluation	12 Community events between 4/27/2023 and 4/27/2026	15 125%
	<b>Notes:</b> On hold until PHN team is fully trained. 9/25/23-9/26/23-Attended the HIV Prevention Group meeting with other Montana HIV Prevention contractors and DPHHS HIV Prevention Team. 11/1/2023: MOU with PureView Health Center to work with our HIV prevention program to help reach high risk individuals, perform testing, and coordinate Outreach events for testing and IZ's. 1/31/24- Final Evaluation of PVHC Case manager for clearance to perform Rapid HIV/HepC/Syphilis testing independently. 2/9/24-Email to YWCA to schedule an Outreach event for testing (HIV, Syphilis, Hep C), and Immunizations. 3/26/24-3/27/24-Attended the HIV Prevention Group Spring meeting with other Montana HIV Prevention contractors, DPHHS HIV Prevention Team, and Ryan White Coordinator/case manager at PVHC. DPHHS HIV program wants to gather this information to share with other HIV/Syphilis testing providers throughout the state. 10/7/24-10/8/24-HIV planning group meeting with HIV prevention teams around the state, DPHHS HIV prevention program including our Ryan White case manager from PVHC. 10 Collaborative Outreach events with PVHC and other event sponsors offering rapid HIV, Syphilis and Hep C testing. Tuesday showers, Helena College Fair, IHS Women's Health Fair, IHS Men's Health Fair, Mental Health Block Party, Community Health Fair, Pride Celebration testing x 3 nights, Nami Walk 8/1/23-4/12/24-22 Rapid HIV tests performed 4/13/24-9/30/24-56 Rapid HIV tests performed 19 from LCPH; 37 from PVHC 8/1/23-4/12/24: 20 Rapid Syphilis Tests performed 4/13/24-9/30/24:64 Rapid Syphilis tests performed 27 from LCPH; 37 PVHC Summer/Fall 2024: Collaboration with WIC/Home Visiting to offer Rapid Syphilis Testing to pregnant moms. Focus was on those with no or inconsistent prenatal care, but process is to offer test to every pregnant mom. DPHHS gave us free Rapid Syphilis tests to support this. 4/4/25-Procedure in place to test pregnant moms for Syphilis right after their WIC appointment. Presented to other contractor and state partners during an ECHO webinar. Explained how we decided to start this process, the challenges, and the benefits. Currently, we offer HIV, Syphilis, Hep C testing to individuals who walk into our clinic, during case investigation interviews, WIC participants. Still training one nurse to be independent in testing, all other nurses are trained. Summer 2024-collaboration with PureView Health Center Case Manager. Trained 2 PVHC employees to do Rapid testing. Rapid testing is now provided at more outreach events. Rapid testing Outreach events--off-site mobile events to reach at risk populations: 1/15/25-Homeless Encampment 2/5/25-Homeless Camp 3/12/25 Tuesday Showers for the unhoused population 3/18/25 LGBTQ+ Support group 4/1/25 Tuesday Showers 10/1/24-3/30/25-27 people had Rapid testing done. 26 Rapid Syphilis tests, 22 HIV Tests, 18 Hepatitis C tests				
	3.5.2.4	[L] Johnson, Amber	[Project] Develop, implement, and evaluate education campaign regarding STD services	[4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	10% Complete
	<b>Notes:</b> Design of beautiful and colorful mobile clinic for use in future outreach testing events. A few social media posts regarding STD testing and services. Ongoing social media posts about STIs.				

		June 2024 campaign regarding STIs: newspaper, radio, Let's Talk social media campaign.		
		PRIDE 2024 Outreach		
		Ongoing mobile clinic outreach.		
	3.5.2.5	[L] Maag, Shelly	[QM] Provide 50 free HIV Tests to at-risk individuals between July 1, 2024 and June 30, 2025.	50 HIV Tests between 7/1/2024 and 6/30/2025
		<b>Notes:</b> 7/1/24-9/30/24-42 Rapid HIV tests performed. At outreach events with PVHC case manager and in the Public Health STI clinic. 7/1/24-9/30/24-50 Rapid Syphilis tests performed. At outreach events with PVHC case manager and in the Public Health STI clinic (including collaboration with WIC to provide Syphilis screening tests to pregnant moms). 7/1/24-9/30/24-41 Rapid Hep C tests performed. At outreach events with PVHC case manager and in Public Health STI clinic. 10/1/24-3/31/25-22 Rapid HIV tests performed. At outreach events with PVHC case manager and in Public Health STI clinic. 10/1/24-3/31/25-26 Rapid Syphilis tests performed at outreach events with PVHC case manager and in Public Health STI clinic. 10/1/24-3/31/25-18 Rapid Hep C tests performed at outreach events with PVHC case manager and in Public Health STI clinic.		
	3.5.2.6	[L] Maag, Shelly	[QM] Provide 75 free HIV Tests to at-risk individuals between July 1, 2025 and June 30, 2026.	75 HIV tests between 7/1/2025 and 6/30/2026
				64 128%
				0%



## Goal Rebuild community and individual level social connections/cohesion to support 3.6: health 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
		<b>Notes:</b> - One staff has expressed interest in participating on a community cohesion team. Will continue to recruit and hold first meeting in June 2024.			
	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 levels.


**Lead:** Norberg, Beth

Objective % Done: **67 %**

Activities Sum:

**Notes:**

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.7.1.1	[L] Norberg, Beth	[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]	67% Complete
		<b>Notes:</b> Lead Coalition meetings held June 4 and September 5			
	3.7.1.2	[L] Norberg, Beth	[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 -Purchased Leadcare II Capillary Blood Lead testing units to use at the Health Department in WIC and the LEAP program -Established Blood Lead Testing days in East Helena -Attended the Head Start fall picnic (Fall 2024) to test children onsite -Coordinated with St. Peter's Wellness for direct referral to blood lead testing [between 5/1/2024 and 12/31/2024]	67% Complete
		<b>Notes:</b> Purchased 2 Leadcare Testing machines for CLPPP and LEAP. Purchased one Leadcare Testing machine for WIC Attended Head Start Fall Picnic, tested 4 children Developed testing dates and times for East Helena residents Developed direct referral with St. Peter's Wellness for venous blood draws			

	3.7.1.3	[L] Norberg, Beth Sparks, Mary Stacey, Valerie	[Project] Establish quantitative surveillance metrics	-Use MIDIS data to develop quarterly reports 2024-2026 [between 1/1/2024 and 1/1/2026]	% Complete
<b>Notes:</b> Work with LCPH epi and DPHHS to pull data and look at trends. Trends to include: -Number of children tested, -Percent of children with elevated blood lead, -Lost to follow up, -Number of Environmental Assessments Etc.					





**Objective 3.7.2:** Reduce childhood lead exposure in homes

**Lead:** Norberg, Beth

Objective % Done: **67 %**

Activities Sum:

**Notes:** -Developed MOA with Jefferson County to perform Environmental Assessments.  
 -Conducted 5 in-home environmental assessments to look for and reduce exposure  
 -Provide educational information to every family of a blood lead investigation.

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	12 133.3%
<b>Notes:</b> -East Helena School Board Meeting March 11, 2024 -Homebuyer Education Classes-Monthly, Last Thursday each month -CONNECT Referral Training among staff -Week of the Young Child 'Reading in the Rotunda' April 10, 2024 -Prickly Pear Elementary Parent Meeting May 8, 2024 -Head Start fall picnic (Fall 2024) to test children onsite -PureView Back to School event (Summer 2024) to promote blood lead testing in the community -St. Peter's Baby Expo to promote blood lead testing (Spring 2024) -Developed MOA with Jefferson County to perform Environmental Assessments. -Conducted 5 in-home environmental assessments to look for and reduce exposure -Provide educational information to every family of a blood lead investigation.					
	3.7.2.2	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	2 66.7%
<b>Notes:</b> -Started discussion with Head Start to do a screening/testing event in 2024 -WIC exploring options and funding to do capillary blood lead tests on all enrolled participants -Staff receiving CONNECT Referral training to make referrals to exposed children. -Working with St. Peter's Health to provide data to all providers in their network					

## Initiative Healthy Environments

4:



**Goal** Support local climate change mitigation and adaptation efforts

4.1:

**Notes:** 12.22.23 [V.S.] This goal will be postponed due to staffing changes, shortages, and a lack of human resources / staff time available to commit to this work. Some smaller activities may be able to be accomplished in the coming years, and we will re-visit what those activities could look like in 2025.





**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] Stacey, Valerie Norberg, Beth	[QM] Develop survey to assess current staff competency	1 survey developed and administered between 4/27/2023 and 4/27/2025	0%
<b>Notes:</b> Include Valerie Stacey in this activity.					
	4.1.1.2	[L] Norberg, Beth [L] Stacey, Valerie	[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
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	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: **67 %**

Activities Sum:

**Notes:** Attend & participate in public meetings  
Conduct G & D Studies  
Free programs - ARPA


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 4/27/2026	0%
<b>Notes:</b> Notes: 5-13-2025 There has been no new discussion with USGS on funding a water budget/consumptive use study. Now with the current cuts in funding, the WQPD is not relying on the USGS for this. The WQPD will implement smaller water conservation measures moving forward. Notes: 10-26-2023 WQPD in discussion with USGS to fund a water budget/consumptive use study for the Helena area. 3/20/2024 - Potential Funding will not occur prior to October 2024.					
	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%
<b>Notes:</b> Notes: 5-13-2025 On hold for the water conservation E & O program. The WQPD has continued to build greater awareness of water quality and quantity issues in other ways. 1. Attend and participate in public meetings - Emerald Ridge HOA, Valley Flood Committee, Water Watchers, expanding outreach with Gary 2. Continue to conduct growth and development studies in the Helena area. North Hills Study last year, Unionville. Will conduct a stormwater small sample this month 3. Create and fund free water quality testing for the public - Free Arsenic, Uranium, and Manganese					
	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: **50 %**

Activities Sum:

**Notes:** This program is on hold. Currently applied for funding from DEQ to look at creating a septic system inventory to evaluate the number and type of systems in Lewis and Clark County.

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%



<b>Notes:</b> No model to be selected. Looking to do a full septic system inventory as an initial starting point. September 2024: Secured funding from DEQ to to a full septic system inventory. this will allow future decision making for the program.				
	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 100%
<b>Notes:</b> Open regulations for review in October 2024 Regulations will be open at february 2025 BOH meeting				





**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: **67 %**

Activities Sum:

**Notes:** bi weekly meetings.

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]	67% Complete
<b>Notes:</b> Continued meeting bi-monthly to collaborate on projects and hear updates on programs  Apr-Oct 2024 Team supervisor meetings are conducted every 2 weeks to collaborate across team lines - Licensed Establishment, Environmental Services, Public Health Nurses and Water Quality Protection District. Joint violation letters sent between LE and EHS to unlicensed campground and food facilities. Lead program collaborated with PHN for outreach events.					
	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	1
<b>Notes:</b> Notes: Planned June 17th Well & Septic Workshop Notes: Dec. 3rd at WQPD Board meeting - GW & WW program was presented Continued discussion with a planned Dec. 3rd, 2024 presentation to the WQPD Board on GW and Onsite WW program  Discussed at March 2024 staff meeting options for holding a homeowner awareness class for 2024. -Real Estate community -Presentations to WQPD Board and BOH -Homeowner awareness workshop					



**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:** Sandau, Sarah

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	4.3.1.1	[L] Riek, Laurel [L] Sandau, Sarah	[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]	67% Complete
<b>Notes:</b> As of September 30, 2023, 6 new staff have completed IS 700, IS 100.					
	4.3.1.2	[L] Riek, Laurel [L] Sandau, Sarah	[QA] Provide quarterly opportunities for staff to participate in additional training	Trainings offered measured Quarterly Green >= 1 Yellow >0 and < 1 Red <= 0	2
<b>Notes:</b> Program supervisors participated in the in-person ISC 300 course Communications specialist attended risk communications training					
	4.3.1.3	[L] Riek, Laurel [L] Sandau, Sarah	[QM] Conduct one exercise per year to reinforce understanding of incident response roles	3 Exercises between 4/27/2023 and 4/27/2026	2 66.7%
<b>Notes:</b> 1. Regional Foodborne Illness Exercise is scheduled for May 30, 2024. This was attended by regional partners and local DES partners. 2. Regional highly infectious disease tabletop exercise is scheduled for December 4, 2024.					





**Objective 4.3.2:** Identify and close gaps in local emergency preparedness plans and policies

**Lead:** Sandau, Sarah

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	4.3.2.1	[L] Riek, Laurel [L] Sandau, Sarah	[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]	67% Complete
<b>Notes:</b> 9/25/23 - Reviewed and updated the HAN protocol, Truck Wreck Protocol. 6/14/24 - Reviewed CD Response Plan, Pandemic Flu Response Plan					

2025 All Hazards annex updated					
	4.3.2.2	[L] Riek, Laurel [L] Sandau, Sarah	[Project] Update existing or create new plans and policies as needed	All documents are updated as needed, by end of 4th Quarter annually [between 4/27/2023 and 4/27/2026]	67% Complete






**Objective 4.3.3:** Inform and educate the public on personal emergency preparedness

**Lead:** Sandau, Sarah

Objective % Done: **67 %**

Activities Sum: **0**

Status	Number	Activity Team	Activity	Performance Metric	Status
	4.3.3.1	[L] Johnson, Amber	[Project] Develop an outreach plan and/or calendar for seasonal social media or website posts	1 outreach plan that includes emergency preparedness messaging [between 4/27/2023 and 4/27/2025]	100% Complete
	4.3.3.2	[L] Riek, Laurel [L] Sandau, Sarah Johnson, Amber	[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	2 Sum 5/8/2023 to date: 2
<b>Notes:</b> <a href="#">[10/4/2024 1:10:41 PM - Laurel Riek]</a> Emergency preparedness post was made to the threat of power outage from Northwestern Energy due to high winds and severe fire danger.					
	4.3.3.3	[L] Riek, Laurel [L] Sandau, Sarah	[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: **67 %**

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	2 Sum 5/8/2023 to date: 2





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



**Lead:** Niemann, Drenda

Objective % Done: **67 %**

Activities Sum:

**Notes:** Baseline = 83% of staff have worked at LCPH for more than 5 years (2022 WAS)

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 QI project	[4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	100% Complete
<b>Notes:</b> - Administered survey to 3 new employees to evaluate the orientation checklist (100% response rate) - August 2024 - Provide overview of results to supervisors - Oct 2024 - No feedback that would precipitate a QI project. Will continue to evaluate as additional new staff are onboarded. - Updated checklist based on conversation with supervisors in Oct 2024 - Julie will provide onboarding training to supervisors at their Nov 2024 STAR-T session					
	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] [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]	67% Complete
<b>Notes:</b> - EHS Division Administrator completed a desk aid prior to retirement. - Epidemiologist completed a desk aid prior to last day after resignation. - Admin Asst III completed a desk aid prior to last day after resignation. - EH/DP Div Admin completed desk aid prior to Spring 2025 retirement					



	5.1.2.3	[L] Niemann, Drenda Riek, Laurel Sandau, Sarah	[Project] Conduct one quality improvement project on onboarding	[4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	% Complete
<b>Notes:</b> - No QI identified through staff survey - Updated onboarding checklist in Oct 2024 - Onboarding training for supervisors in Nov 2024					
	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] [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	67% Complete
<b>Notes:</b> - Baseline: Employee satisfaction survey 2022/2023 - Labor Management Team developed action plan to address employee satisfaction - May 2023 - Progress on LMC action plan to date (12.19.23): created MS Team e-bulletin board to improve communication between leadership and staff - To address safety concerns, held armed intruder and suspicious package training with HPD on 1/17/24 - To address safety concerns, held de-escalation training on 3/14/24 and provide online de-escalation training resources. - To address safety concerns, performed a security walk-through with HPD in collaboration with PVHC. Action taken: install 2-way fob access on door between LCPH and PVHC to allow each side to be secured when one is open and the other is closed. - Completed Employee Satisfaction Survey September 2024. Results shared. Labor Management responsible for action plan.					



**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: **67 %**

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]	25% Complete
<b>Notes:</b> - drafting (DN 4/16/24)					
	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
<b>Notes:</b> - Baseline collected in 2022 assessment					





**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:

**Notes:** Inclusiveness committee performs these tasks in absence of a dedicated staff person


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: **100 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.1.5.1	[L] Niemann, Drenda	[Project] Train all LCPH supervisors to ensure practice is institutionalized and standardized	[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]	100% Complete
<b>Notes:</b> - Recruitment checklist updated to include standardized DEI language for job descriptions and interview questions on 10/17/23. Email sent to all supervisors with updated checklist. Posted to new Intranet site with other recruitment documents.					



## 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: **75 %**

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
<b>Notes:</b> - EHS staff moving to Murray building allowing for greater collaboration across the dept and reduce facility expense due to budget constraints. - Continue to research optimal facility options within budget constraints					
	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] [4/27/2023 - 4/27/2026] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	67% Complete
<b>Notes:</b> - Organizational structure assessed and updated to reflect 2 divisions rather than 3. New org chart will be shared after new division identifies new name (DN-12.19.23) - New division name: Environmental Health & Disease Prevention. New Org chart distributed to staff and will be posted to new Intranet site when available (DN-2.21.24). - Assessing administrative support team and supervision. Upgraded Admin Asst I to a II based on job audit. Envisioning a more integrated team that can be interchangeable so backup for sick and vacation is streamlined. - Transitioned Admin Lead position to an Admin Support Supervisor to enable greater support for admin staff - Updated organizational structure to replace division administrators with an operations manager and add a grants specialist position					
	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]	67% Complete
<b>Notes:</b> - Each team discussed cross-department communication needs and ideas to address. MS Team Bulletin Board created to enhance internal communication. - Newly combined Environmental Health & Disease Prevention division starting to see opportunities for collaboration between programs w/n the new division. - DPHHS QI training opportunity - staff participating from both divisions on a single project. - Environmental Health and Licensed Establishment team is exploring the use of Trakt for documenting concerns regarding compliance for trailer courts and campgrounds. (3/17/24) - Identified potential for new LPN hire to support blood lead testing in East Helena and outreach events (3/16/24) - 2/14/24 PHN team collaborated with home visiting, WIC, Asthma prevention, County attorney, Health officer and CPS for mandatory reporting related to age of consent. - PHN collaborate with WIC to increase immunization rates for participants. July 2024: PHN collaborated with WIC to provide syphilis testing for pregnant moms. Summer 2024: Community outreach events partnered with WIC, Home Visiting, Environmental Health, PHN, Prevention team					



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

**Lead:** Niemann, Drenda

Objective % Done: **50 %**

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] [4/27/2023 - 4/27/2026] [between 4/27/2023 and 4/27/2026]	67% Complete
<b>Notes:</b> - Program supervisors and administrators provided feedback and ideas to director to improve internal communication from senior leadership to dept staff. E-Bulletin board in development for launch in July 2023 (DN - 7/10/23). - E-Bulletin Board launched in August 2023. - Developing a mini-evaluation to capture feedback for improvement. Survey planned for March 2024. - Survey of e-bulletin board conducted. Results are being analyzed by senior leadership for improvements and future action. - Survey results showed only a small percentage of staff utilize the MS Teams bulletin board to receive internal information. - Administrators continue to use program staff meetings to share important information from senior leadership - Relying on emails more to relay important internal information					



## 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: **67 %**

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] [4/27/2023 - 4/27/2024] [4/27/2023 - 4/27/2024] [between 4/27/2023 and 4/27/2024]	100% Complete
<b>Notes:</b> Communications Bootcamp for all staff presented on September 28, 2023. Program stories and elevator pitches being worked on and created.  Created public relations team in winter 2024. Only met twice. Need to reschedule another meeting for fall 2024.  Restarting public relations team in December 2024, in preparation for 2025 legislative session.					
	5.3.1.2	[L] Johnson, Amber	[Project] Plan and implement a community education campaign about public health	[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]	67% Complete
<b>Notes:</b> LCPH Communications Strategy Complete and Approved. Many sections implemented; some are still ongoing.  Monthly campaigns are going well: newspaper, radio, social media, government days.  Screening of documentary Invisible Shield, 4 episodes with community discussion with a goal to shift public perception.  Helped host a 'Public Health in All Policies' education day for Helena residents/leaders in spring 2024.					
	5.3.1.3	[L] Johnson, Amber	[Project] Plan and implement a community feedback listening campaign	[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]	67% Complete
<b>Notes:</b> Completed two listening sessions with at-risk youth regarding anti-vaping campaign and outreach. More planned for January 2025.  Hosting four-part film series about public health called Invisible Shield - Sept, Oct, Nov 2024 Jan 2025. Hour-long episode followed by an hour of facilitated community listening and discussion.  Planning a couple community listening and communication sessions about alcohol use and misuse in January 2025.					



**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: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.3.2.1	[L] Niemann, Drenda Riek, Laurel Sandau, Sarah	[Project] Support staff participation in statewide association advocacy of state legislation	[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]	67% Complete
<b>Notes:</b> - Submitted comments to the Dept of Labor & Industry re: sanitarian license requirements oversight (Sept 2023) - Laurel is participating on the state advocacy committee to increase licensed establishment fees during 2025 Leg session. - Submitted comments to DPHHS regarding updated childcare rules (November 2023) - Advocating for public health/prevention approaches to improving the behavioral health system at 872 Commission.  1/19/24 - Laurel met with state committee for advocating fee increases for licensed establishments. Discussed The County Surveys for costs of programs vs. fee allocations. We discussed different license fee systems in neighboring states. We will be having listening sessions across the state with at least 2 virtual sessions. Discussed having discussions with sanitarians at the confluence PH conference.  2/14/24 - Laurel met with state committee for advocating fee increases for licensed establishments. Presented different ideas for computing an equitable fee schedule. We will need to determine what the fair operator/taxpayer ratio will be for program costs before determining what the fee should be. MACO conference is at the end of the month. Discussed that Confluence and Shannon would be meeting with the Health and Human Services Committee prior to the conference. HB 853 updating licensed establishment fees pass and is awaiting Governor's signature.  Marisa and a home visiting client participated in a meeting with HRSA to advocate for continued and increased funding for home visiting services.					
	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]	67% Complete

**Notes:** - Sarah, Valerie, and Jay are participating in the City of Helena Growth policy review and edits. This will pose opportunity for Health-In-All-Policies advocacy over this next year (DN 4/16/24).

## Goal Improve health data system capacity

### 5.4:




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

**Lead:** Stacey, Valerie

Objective % Done: **67 %**

Activities Sum:

**Notes:** work paused until after CHA is published in December 2024

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.4.1.1	[L] Stacey, Valerie	[Project] Develop data inventory table	One Data Inventory Table [between 4/27/2023 and 4/27/2026]	100% Complete
<b>Notes:</b> 8/3/23 [D.C]: The Data Inventory Table is part of the Data Council initiatives. The goal is to have a repository of all data systems and datasets used in LCPH. There's a person assigned to each Division to help program staff complete the DIT by September 31, 2023. Once complete, the goal is to review the DTI annually and update as needed i.e., staff changes, new systems, etc. 10/16/23 [D.C]: The Data Council members finished completing the Data Inventory Table in September 2023. The final review for the DTI will occur at the monthly-October meeting. 12/18/23 [D.C]: The Data Inventory Table (DIT) has been finalized and the discussions have begun of how to incorporate DIT into onboarding and departing employee paperwork. Employee System Access checklist was drafted in JotForm for hiring supervisor and new/departing employee to use to either gain or terminate access to systems or databases. The survey is currently in review process.					
	5.4.1.2	[L] Stacey, Valerie	[Project] Review inventory and assess data management weaknesses and needs	Number of Initiatives Resulting in Change [between 4/27/2023 and 4/27/2026]	100% Complete
<b>Notes:</b> 12/18/23 [D.C]: Assessed the Data inventory Table and identified two systems Constant Contact and Mail Chimp being used by LCPH staff to conduct similar tasks. Program staff are in the process of transferring over to Constant Contact to use one system and eliminate Mail Chimp for cost savings.					
	5.4.1.3	[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
<b>Notes:</b> 8/3/23 [D.C]: The draft Data Management Improvement Plan has been drafted and shared with the Data Council members and is on the August agenda to discuss. 12/18/23 [D.C]: The review of the Data Management Plan is set for the 12/4/23 Data Council Meeting. 1/23/2025 [V.S]: Final draft was sent to Jolene 1/25/24 [D.C]: Final draft of the Data Management Plan is currently being reviewed by the LCPH Admin Team. The next step is to adopt it and distribute to staff. 3/4/2024 [V.S]: Re-worded activity for clarity					


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


**Lead:** Stacey, Valerie

Objective % Done: **0 %**

Activities Sum: **0**

**Notes:** 8/3/23 [D.C]: Mid-July, Draft survey for all LCPH staff about data training needs has been developed and shared with the Data Council for review and discussion at the next monthly meeting in August 2023. The Data Council members agreed that the Data Training will need to some time plan and be ready for all staff to participate in Spring 2024. 10/16/23 [D.C]: At the beginning of September 2023, Data and Analytics All LCPH Staff Training survey was conducted resulting in 49% survey response rate. The survey helped to prioritize list of topics for the Data Council to plan series of training in 2024.  
 12/18/23 [D.C]: Data Council continues to meet monthly to discuss the All LCPH staff Data Analytics Training. In the first week of September, the Council conducted Staff Data Analytics Training survey to help the Council prioritize training topics. The next steps are for the Data Council to set up Data Trainings schedule in 2024 and identify trainers/resources for the sessions.  
 1/25/24 [D.C]: Created a sub-group comprised of the Data Council members to design first Data Visualization training with short introduction on March 14, 2024 and long 2 hr hands-on training will take place later.  
 3/4/24 [V.S]: This activity is duplicated language from the above objective. Everything in the notes is also duplicated for the objective. I am going to keep the higher level objective, and remove this as an activity with more specific activities that fall under it. Changed objective from 'Provide training to internal staff on data reporting, interpretation, and application' to read: 'Improve staff core competencies in data analytics and assessment (Domain 1)'

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.4.2.1	[L] Stacey, Valerie	[Project] Develop staff data training curriculum outline	Data Training Curriculum Outline [between 3/4/2024 and 7/1/2024]	67% Complete
<b>Notes:</b> 3/4/2024 [V.S]: Val and Kegan met and discussed the need to re-think and re-structure how we approach the trainings. We will work together to identify specific learning objectives and create an outline and curriculum that will have a more logical approach to trainings that will build off of each other. We also want to use the Core Competency framework to guide our learning objectives and make sure that staff understand the total outline of the curriculum and the skills they will obtain after completing the training series. Our target date to get this done is by July 1st, 2024.					

	5.4.2.2	[L] Stacey, Valerie	[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]	67% Complete
<b>Notes:</b> 03/04/2024 [V.S]: This feels more like an objective that needs more specific activities associated with it. I am not entirely sure what Dorota had in mind for this.					






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

**Lead:** Stacey, Valerie

Objective % Done: **100 %**

Activities Sum: **0**

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.4.3.1	[L] Stacey, Valerie Niemann, Drenda	[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]	67% Complete
<b>Notes:</b> 8/3/23 [D.C]: Since the start of this new Strategic Plan April 1, 2023. LCPH Epidemiologist participated in meeting held on 6/13/23 and provided updates on CASPER Survey to the Healthy Together Steering Committee in preparation for the 2024 CHA. 12/18/23 [D.C]: Met with Healthy Together Steering Committee on 11/8/23 and decided to increase the cadency of meetings from quarterly to monthly allowing more time for CASPER Survey Planning for 2024. The most recent meeting occurred on 12/13/23. 1/25/24 [D.C]: The HTS Committee met on 1/10/24 and is in the CASPER survey planning stages.					
	5.4.3.2	[L] Stacey, Valerie	[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]	100% Complete
<b>Notes:</b> 7/19/23 [D.C]: LCPH in collaboration with St. Peter's Health, PureView, Helena Indian Alliance, and Healing Mountain Mental Health designed and opened Pride Survey on July 19, 2023. The survey is asking about LGBTQIA2S+ folks' healthcare experiences, specifically regarding times of support and also discrimination. 10/16/23 [D.C]: The survey generated 45 valid responses. Since the survey closed, LCPH has led two workgroup meetings with PureView Health Center, St. Peter's Health, Carroll College, Montana Human Rights Network, a local therapist, a local LGBTQ+ social group, and a local LGBTQ+ business owner to analyze the results and start to plan next steps. One of the action items is going to be a LGBTQ+ community advisory group that should start in January with work being done by this group in the meantime. 12/18/23 [D.C]: On 11/2/23 discussed with LCPH PIO an approach for conducting interviews with broad range of community members including small business owners, single parents, ranchers, educators, LGBTQAI+, racially diverse population and others to be incorporated their stories and pictures into the CHA. The next steps are to draft questions and ask the Healthy Together Steering Committee to review and approve them, identify the members, and conduct the interviews through the first part of 2024.					
	5.4.3.3	[L] Stacey, Valerie	[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]	100% Complete
<b>Notes:</b> 1/25/24 [D.C]: Working with SPH to updated current 2022 metrics on the CHIP dashboard. The development of new measures will not start until 2025.					




**Objective 5.4.4:** Provide data support to our partners

**Lead:** Stacey, Valerie

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.4.4.1	[L] Stacey, Valerie	[Project] Track external partner data requests directed for LCPH	One External Data Request Tracking Sheet [between 4/27/2023 and 4/27/2026]	67% Complete
<b>Notes:</b> 8/3/23 [D.C]: An External Data Request Tracking Sheet has been created and saved in the Epidemiology folder. The sheets records the information with the Requested Date; Requestee's Name; Requestee Entity; Reason for the Request, Request Notes: Name and Date Request fulfilled; Format data shared and if MOU/HIPAA information was shared. 12/18/23 [D.C]: On 11/17/23 assisted Jefferson County Health Officer in setting up data transfer from St. Peter's Health to JotForm.					





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

**Lead:** Stacey, Valerie

Objective % Done: **67 %**

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	5.4.5.1	[L] Stacey, Valerie	[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]	67% Complete
<b>Notes:</b> 8/3/23 [D.C]: Based HRSA grant meeting Julie B. and Dorota C. will work to identify secure platform for the grant Network Members to upload agenda, minutes, data, MOUS, and other documents. 10/16/23 [D.C]: From August 16 through September 29, 2023; attended five meetings to view demo from sale software representatives from Zoho, InsightVision, Coalition Manger, Higher Logic, Wrike, and Connected Communities to find the best platform for LCPH and its partners to share documents related to HRSA grant. The free account for Connected Communities platform offered by MT Public Health Institute and existing access to JotForm were identified as the best option for this project to use at this time. 12/18/23 [D.C]: Met with the Opioid Prevention Program and demonstrated the data reporting process of currently available for LCPH opioid and naloxone data systems to assist with drafting the Opioid Spike Response Plan for Lewis and Clark County. 1/25/24 [D.C]: Assisted the Communities Coalition Health Promotion Division with data analysis for WIC and Community Coalition White Pages Publications.					
	5.4.5.2	[L] Stacey, Valerie	[Project] Advance data exchange pathways to link multiple data streams (e.g., cases, lab reporting)	Number of unique projects [between 4/27/2023 and 4/27/2026]	67% Complete

		between electronic health record reporting and healthcare entities	
	<b>Notes:</b>	<p>10/16/23 [D.C]: October 2, 2023. Set up Flu Season and Active Disease Surveillance automated data collection from in JotForm and scheduled to send reoccurring weekly messages through May 2024, to the medical community via Constant Contact.</p> <p>October 4, 2023. Transferred Pre-Travel Consultation paper form to electronic JotForm information collection allowing residents to fill out and upload records prior to visit. This form is currently in testing stage before being deployed and available to everyone in the county.</p> <p>October 12, 2023. Set up Consumer Complaint from in JotForm allowing complaints filed to go directly to LCPH license establishment staff instead of first going to MT DPHHS then routed to LCPH. This allows for more timely response from LPCH staff and improves the data collection and its anonymity.</p>	

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

**BOARD AGENDA ITEM**

**Meeting Date**

**May 22, 2025**

**Agenda Item No.**

**Announcements**

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

**AGENDA ITEMS:** 2025 Legislative Session Recap, Supaman on the Walking Mall

**PERSONNEL INVOLVED:** Drenda Niemann

**BACKGROUND:** Community updates

**HEALTH DIRECTOR'S RECOMMENDATION:** N/A

☒ **ADDITIONAL INFORMATION**

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**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						
Brown						
Reed						
Harris						
Kaufman						
MacLaurin						
Ohs-Mosley						
Rolfe						
Weltz						



## **2025 Legislative Session Summary Report**

### **Confluence Public Health Alliance**

#### **AMPHO | MEHA | MPHA**

**May 14, 2025**

*Prepared by Lisa Dworak, Shannon Therriault, Brittney Krahn  
and Northbound Public Affairs*

*This summary is an overview of the 69<sup>th</sup> Legislative Session as it relates to public and environmental health priorities and the work of Confluence Public Health Alliance (Confluence). Please note that this report does **not** cover the legislative session in its entirety, nor does it capture all of the impacts to public and environmental health. Additionally, any bill status is subject to change as the Governor has up to 10 days to veto or modify (line-item veto) a bill from the date it arrives on his desk.*

*Confluence is a nonpartisan nonprofit organization that advocates for public and environmental health policies on behalf of its collective membership and the Montana public health system. Confluence's policy work happens year-round during the legislative session and the interim. This summary is not legal guidance or legal analysis. Consult your attorney for guidance.*

## **General Overview**

Montana's 69<sup>th</sup> Legislative Session began on January 6, 2025, and concluded 85 days later on April 30, 2025, five days earlier than required. The legislature was controlled by a GOP majority in both the House and the Senate. The legislative makeup in the House was 58-42 and 32-18 in the Senate. A moderate Republican and Democrat coalition in the Senate played a critical role in advancing key legislation, frustrating hardline Republicans.

Two legislators from Ravalli County left halfway through the legislative session. Representative and Chair of House Public Health and Human Services Committee, Ron Marshall (R), was replaced with Representative Terry Nelson. After long Senate debates regarding ethical violations, Senator Jason Ellsworth (R) was banned from committees and the Senate floor.

There was a total of **1,759** bills and resolutions introduced as compared to the 1,697 bills introduced in 2023. There were **1,036** House bills, **723** Senate bills, **12** Constitutional Amendments, and **78** interim committee study bills introduced. Of the 78, **37** study bills passed through the legislature.

Confluence actively analyzed many bill drafts and language, tracked over 40 bills, and testified/lobbied on over 30 of those bills. Notably, only Confluence staff and Association members testified. Specifically, members of the Montana Environmental Health Association were actively engaged on

key environmental health bills. Confluence's lobbyists never testified but rather performed direct lobbying "in the halls".

Bills passed by the Legislature are sent to the governor, who can sign them into law, issue a veto, or let them become law without his signature. Vetoes can be overridden by two-thirds majority votes in both the House and Senate. To date, **626** bills have been sent to the Governor for his signature and **395** of the 626 await action and **222** have been signed into law. Another **180** bills have been passed by both chambers but have not yet been transmitted to the Governor. To date, at least one bill has been vetoed by the Governor and we expect to see more in the coming weeks. **Nine** bills were sent back to the legislature with recommended amendments.

Lawmakers entered into this session with some difficult issues to address, the top priorities including whether to renew the state's expanded Medicaid program, what to include in the next state budget and how to offer relief from rising residential property taxes. Other dominating issues included how to respond to the Held v. Montana ruling, how to address underfunded school districts, and how to address the GOP's proposals aimed at reshaping the state's judicial branch.

Bipartisan wins included the STARS Act to raise teacher pay and restrictions on insurance companies' control over medication access. Despite progress, divisions remained on LGBTQ+ rights, judicial reforms, and the handling of income tax cuts.

### **Budget Overview**

[HB 2](#) passed with \$16.6B in spending authorized for the two-year period that begins July 2025, up about 15% from the budget bill passed in 2023. About \$5B of the current budget bill is from the state General Fund, which is largely composed of state income taxes. The legislature also passed a major endowment proposal, creating a "Growth and Opportunity" trust that now includes more than \$500M from the General Fund. The new trust will backstop the state pension system and housing lending programs in addition to eventually spinning off interest for property tax relief, local bridge repairs, water project maintenance, and child care programs. The "Growth and Opportunity" trust and other reserve accounts will also protect the state from any potential fallout from federal spending cuts.

The roughly \$60M the state collects annually from taxes levied on recreational marijuana also led to long-winded debates. The legislature endorsed two bills giving Montana Fish, Wildlife and Parks the ability to put habitat restoration dollars toward private land projects. One of the bills reallocates marijuana taxes that currently go into the General Fund to bolster substance use disorder treatment, police department operations, homelessness support, and other initiatives.

*Please visit [www.legmt.gov](http://www.legmt.gov) for additional details regarding the legislature, bill status', interim committees, or to contact your legislator.*

## **Confluence Accomplishments**

This was Confluence's second legislative session as an alliance between the Association of Montana Public Health Officials (AMPHO), the Montana Environmental Health Association (MEHA), and the Montana Public Health Association (MPHA).



**Specific policy achievements include:**

1. Passage of HB 853 *Revise fees for licensed establishments*. Confluence and MEHA worked on HB 853 starting in June 2023. Fees are set in state law and until now had not been changed for 15 years. HB 853 will more adequately fund mandated public health services.
2. Holding off all rollbacks of immunization protections including SB 382, SB 474 and licensed childcare regulatory bills specifically SB 285, SB 269 and SB 467.
3. Strengthened and preserved the Montana Clean Indoor Air Act through the passage of SB 390 and the defeat of SB 150 (cigar bars). SB 390 strengthened our Clean Indoor Air Act by banning the use of e-cigarettes indoors across Montana.
4. Defeated HB 658 *Revise local board of health sanitation powers and rules*, which would have removed local counties of the ability to adopt more stringent onsite wastewater treatment rules than those set by DEQ – posing a significant threat to water quality and environmental health. This victory was the result of persistent, strategic advocacy and the effective elevation of local registered sanitarians as trusted experts.

While the moderation politics in the Senate contributed to Confluence's success this session, **Montana's public and environmental health policy efforts were stronger than ever before as a result of:**

- **Confluence Structure:** Confluence's weekly legislative committee deserves a lot of credit, comprised of 11+ AMPHO, MEHA, and MPHA individual members and member organizations as well as representation from both the Public Health & Safety Division and the Early Childhood and Family Support Division.

Additionally, Confluence's staff has forged strategic connections with influential partners, bridged membership with targeted decisionmakers, and framed public and environmental health positively with a spectrum of policymakers.

- **Membership Engagement:** Ongoing membership engagement was fostered through AMPHO/ MPHA's weekly public health policy call, MEHA's weekly environmental health policy call, select call-to-actions, bi-weekly written updates, and strategic asks to members for **local outreach** to legislative targets. Confluence's virtual legislative kick-off was attended by 78 members and the virtual legislative recap was attended by 95 members.
- **Government Relations:** A contract with two lobbyists allowed for Confluence to be active on the majority of its priorities and get the Legislature to pass HB 853 *Revise fees for licensed establishments*. Notably, Confluence's lobbyists never testified on the record on behalf of Confluence or the Associations but rather strategically lobbied legislators.
- **Legislative Partnerships and Coalitions:** Confluence's priority work was bolstered by its formal and informal relationships with numerous entities including the Montana Restaurant Association, the Alliance for a Healthy Montana, Healthy Montana Coalition (Medicaid Expansion), Montana Families for Vaccines Steering Committee, the MT Chapter of the

Association of American Pediatricians, American Heart Association, American Cancer Society – Cancer Action Network, MT Medical Association and others including childcare.

- **Interim Relationship Building:** AMPHO members hosted 14 pre-session public health forums for legislators in their local health departments through Confluence’s partnership with the Alliance for a Healthy Montana Coalition. Additionally, Confluence and MEHA worked with the Montana Restaurant Association in order to secure their support on HB 853. Confluence also worked closely with the Montana Association of Counties Health & Human Service Committee to inform the local government perspective on HB 853.

**Thank you for being engaged, connected, and speaking for health.**

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## Confluence Legislative Priorities

Throughout the 2025 Legislative Session, Confluence Public Health Alliance focused its policy and advocacy efforts on the following six priority areas:

1. Maintain Funding for Mandated and Foundational Public Health Services
2. Protect Montanans from Preventable Diseases (Immunizations)
3. Support the Continuation of Medicaid
4. Health Promotion, Environmental Health, and Food Safety
5. Preserve Public Health Authority
6. Advocate for Behavioral Health Prevention

The following report highlights the key bills Confluence engaged with during the session, organized by these priority areas.

● = Confluence Supported | ● = Confluence Monitored | ● = Confluence Opposed

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### 1. Maintain Funding for Mandated and Foundational Public Health Services

#### ● **HB 853: Revise fees for licensed establishments**

**Status:** Transmitted to the Governor on 5/7/25.

**Sponsor:** Thank you to Representative George Nikolakakos (R) HD 22

HB 853 will bring an additional \$1 million annually to support county licensed establishment inspection programs across Montana. These inspection programs—mandated by state law—have long been underfunded, with fee levels unchanged for over 15 years. Counties (local taxpayers) have been covering approximately 75% of the cost, with only 25% funded by business license fees.

Confluence and the Montana Environmental Health Association (MEHA) began working proactively on this legislation in the summer of 2023. Using data collected from 35 counties, we built the case for rebalancing the cost burden between counties and businesses. Working closely with the Montana Association of Counties (MACo) Health & Human Services Committee, we landed on a goal of a 50-50 funding split.

A MEHA-led workgroup convened throughout the interim to develop fair, tiered fee categories and recommend adjustments. In Fall 2024, MEHA worked with the Montana Restaurant Association to build support and address concerns. This early and consistent collaboration paid off: HB 853 was sponsored by a strategic legislator, supported by the Restaurant Association, and backed by multiple businesses that signed on and testified in favor of the bill.

While HB 853 passed smoothly through the House, it encountered significant challenges in the Senate including quickly running out of time before *sine die*. The bill ultimately passed the legislature.

HB 853 is a notable accomplishment in sustainably funding mandated local public health functions—especially at a time when local budgets are tight and broader public health funding remains uncertain. **We are deeply grateful to everyone who contributed to the success of this effort – thank you!**

## **Section B – DPHHS Budget Appropriations**

### **HB 2: General Appropriations Act (State Budget)**

#### **Funding for Tobacco Prevention:**

Funding for the Montana tobacco use prevention program was addressed in two separate line items amended into the Public Health & Safety Division budget in the Senate Finance and Claims Committee. Both amendments authorize funding from the Master Settlement Agreement - state special revenue account (no general fund impact):

1. A \$1 million annual increase to base funding for both FY 2026 and FY 2027.
  - a. [MTUPP funding](#) predominately comes from the MSA with additional funding from the CDC Cooperative Agreement and the JUUL Settlement.
  - b. **This increase would take prevention funding from 40% of the CDC recommended level to 55% (barring a veto).**
2. A \$1.3 million annual appropriation contingency to replace MTUPP’s federal funding from the CDC Cooperative Agreement should it be removed or reduced.

- a. **Note:** CDC's Office on Smoking and Health was eliminated entirely in early April. Montana begins its annual grant at the end of April each year. To date, Montana has not received its notice of award for this year's \$1.3 million.

Both of these appropriations are one-time only (OTO). OTO funding means this budget line item will not renew after this biennium without legislative action.

### **Behavioral Health**

The Governor's proposed budget included 10 Behavioral Health Service for Future Generations (BHSFG) recommendations: BHSFG #1, 3, 4, 6, 8, 9, 17, 18, 19 and 22. Ultimately, all of the governor's BHSFG items were fully or partially funded. For more detailed information on the behavioral health items, we encourage you to visit the Behavioral Health Alliance of Montana's (BHAM) website.

#### **[HB 574: Authorizing implementation of the certified community behavioral health clinic model](#)**

**Status: Signed by the Governor.**

**Sponsor:** Jane Gillette (R) HD 77

HB 574 funds BHSFG #22 ([fiscal note](#)), which directs DPHHS to implement CCBHCs and build a more integrated mental health and substance use treatment system with sustainable funding. HB 574 draws \$31.9 million in federal funding down from SAMHSA with a \$8.4 investment from state special revenue.

#### **[● SB 95: Provide funding for suicide prevention](#)**

**Status: Signed by the Governor.**

**Sponsor:** Mike Yakawich (R) SD 24

SB 95 appropriates \$300k to DPHHS to prevent suicide among service members, veterans, and their families. Many local health departments house the state's suicide prevention grants and lead suicide prevention coalitions. SB 95 will bolster existing these efforts and support communities in their strategies specifically for individuals with military service.

### **Medicaid Rate Reimbursement**

A 3% Medicaid provider increase was approved. Provider rate increases continued to be a source of focus for Section B since there currently is not an adequate mechanism for DPHHS and the Legislature to adjust in a timelier manner.

While the 2023 Legislature approved \$339M to bring Medicaid rates up to the Guidehouse rate study guidelines, those guidelines were based on 2020 costs for Medicaid providers. Inflation

and personnel costs continue to increase, and providers are once again well-below the cost of delivering the care (Source: BHAM). HB 419 is one mechanism to keep pace with rate needs.

**HB 419: Implementing cost reporting for certain Medicaid service provider types**

**Status:** Transmitted to Governor

**Sponsor:** David Bedey (R) HD 86

HB 419 allows DPHHS to review cost reports for Medicaid providers in senior and long-term care, mental health, substance use disorder and intellectual developmentally disabled programs every other year. Medicaid providers are already five years behind costs in reimbursement. The cost report information will be used to inform the department and the legislature about the adequacy of Medicaid rates.

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## **2. Protect Montanans from Preventable Diseases (Immunizations)**

● **HB 364: Generally revise laws related immunizations**

**Status:** Tabled. Blast motion failed.

**Sponsor:** Melody Cunningham (D) HD 97

HB 364 would have restored DPHHS' authority to collect aggregate data on school immunization rates. Montana is the only state in the nation for which aggregate school vaccination information rates and exemption information are not available. The removal of reporting was an unintended consequence of a 2021 bill (HB 334). HB 364 had bipartisan support in the House which viewed it as an appropriate data bill, but in the Senate HB 364 was turned into a vaccine bill with privacy concerns.

## **Licensed Child Care Regulatory Legislation**

● **HB 747: Authorize certain day-care centers to adopt policy regarding certain immunization exemptions**

**Status:** Tabled in House Business and Labor.

**Sponsor:** Mary Caferro (D) HD 81

HB 747 was the "legislative fix" for New Rule LXV (2) (p. 1341) in [MAR 37-1044](#), the newly active childcare rules, ARM 37.96. New Rule LXV (2) allows smaller family child care providers the choice of whether or not to accept religious exemption to vaccines but required child care centers (>16 children) to accept them. HB 747 would have 1) allowed child care centers the same choice as smaller providers and 2) required child care centers to provide notice to parents of their policy.

● **SB 285: Generally revise child care administrative rules (i.e. child care center)**

**Status:** Failed 2<sup>nd</sup> Reading - Senate.

**Sponsor:** Dennis Lenz (R) SD 25 (Billings)

Senate Bill 285 would have directed the Department of Public Health and Human Services (DPHHS) to adopt and amend the administrative rules governing child care. Specifically, SB 285 referenced ARM 37.96 which was noticed on 10/20/2023 under [MAR 37-1044](#) with a public hearing on 11/13/23. ARM 37.96 took effect on May 1, 2025.

SB 285 would have:

1. Removed local health authorities' ability to verify vaccination records.
2. Eliminated Montana's deference to ACIP guidelines.
3. Mandated acceptance of religious exemptions for child care businesses.
4. Removed Hepatitis B from required vaccinations.
5. Restricted small child care providers' ability to make enrollment decisions based on immunization status (as allowed by New Rule LXV (2) in MAR 37-1044).

● **SB 269: Generally revise laws regarding family and group day care homes**

**Status:** Failed 2<sup>nd</sup> Reading - Senate.

**Sponsor:** Dennis Lenz (R) SD 25 (Billings)

Senate Bill 269 would have revised Montana's child care family and group day-care homes child care licensing rules/regulations. In addition to creating new policy guidelines for health and sanitation and immunizations, the bill added to MCA 52-2-704 a prohibition on the department from implementing stricter guidelines than contained in this bill. SB 269 would have taken the place of the proposed child care rules (ARM 37.96) package for **family and group** settings.

SB 269 would have:

1. Required providers submit proof of an annual sanitation inspection to DPHHS.
2. Required providers to notify parents and DPHHS, of communicable disease cases but not local health departments, potentially delaying public health response.
3. Allowed child cares to determine when a kid returns after illness, without medical guidance.
4. Required family and group providers to align with school vaccination exemption protocols.
5. Mandated that food be handled per local health guidelines but lacks clear compliance standards.

● **SB 467: Generally revise child care laws**

**Status:** Tabled in Committee - Senate.

**Sponsor:** Dennis Lenz (R) SD 25 (Billings)

While SB 285 and 269 were successfully defeated with strong partner support, SB 467 drew minimal partner attention as it primarily focused on the direct contact that local public health has with child cares.



SB 467 would have:

1. Excluded local health departments from verifying or inspecting childcare vaccination records.
2. Excluded local health departments from responding to child care outbreak (or even questions from child cares), instead providers would have to rely solely on state staff.
3. Removed the requirement for annual sanitation inspections from state law. These inspections—conducted by registered sanitarians—are essential to ensuring that facilities have safe water, proper handwashing stations (including hot water), and meet basic health and safety standards, particularly when operating with private water supplies.

### **Additional Legislation Weakening Immunization Protections**

● **SB 474: Require acceptance of religious and personal medical exemptions to required immunizations**

**Status:** Failed. Passed House Judiciary; Tabled in House Appropriations. Blast motion failed.

**Sponsor:** Daniel Emrich (R) SD 11

SB 474 would have created an informed consent exemption for required school immunizations and religious exemptions for child care centers. SB 474 would have amended MCA [49-2-312](#) (HB 702 from 2021) by removing the carve out for school and childcare vaccination requirements. HB 702 prohibits discrimination based on vaccination status but specifically exempts schools and some child care facilities, therefore allowing for vaccination requirements.

● **SB 382: Requiring acceptance of religious or conscience exemptions to immunizations**

**Status:** Tabled in Senate Public Health.

**Sponsor:** Senator Daniel Emrich (R) SD 11

SB 382 would have accomplished similar objectives as SB 474. Once SB 382 was ultimately amended into SB 474, which created a singular bill aimed at weakening immunization protections.

● **HB 371: Ban mRNA vaccinations (for infectious diseases) in Montana for humans**

**Status:** Failed 2<sup>nd</sup> Reading – House

**Sponsor:** Greg Kmetz (R) HD 36

● **SB 475: Ban aluminum in vaccines**

**Status:** Tabled – Senate Public Health, Welfare and Safety

**Sponsor:** Daniel Emrich (R) SD 11

● **HB 807: Prohibit vaccines allowed under emergency use authorization or undergoing safety trials to be required.**

**Status:** Transmitted to the Governor.

**Sponsor:** J. Hinkle (R) HD 67

HB 807 prohibits vaccines allowed under emergency use authorization or undergoing safety trials to be required. HB 807 does not change the way that vaccines are currently implemented in Montana. The most harmful part HB 807 (similar to Representative J. Hinkle's HB 888) was the dangerous anti-medicine rhetoric in committee.

● **SB 478: Require higher education to pay medical costs associated with mandated COVID-19 vaccination**

**Status:** Tabled in Senate Education and Cultural Resources

**Sponsor:** Theresa Manzella (R) SD 44

● **HB 418: Ban mRNA vaccines in Montana for animals**

**Status:** Tabled in House Agriculture

**Sponsor:** Greg Kmetz (R) HD 36

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### **3. Support the Continuation of Medicaid**

● **HB 245: Revise the Montana HELP Act workforce provisions and termination date**

**Status:** Signed by Governor Gianforte on March 27, 2025.

**Sponsor:** Ed Buttrey (R) HD 21

Confluence played a supportive role on HB 245 through partnering with the Healthy Montana Coalition and sharing information with members as HB 245 progressed.

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### **4. Health Promotion, Environmental Health, and Food Safety**

#### **Tobacco Use Prevention and the MT Clean Indoor Air Act**

● **SB 390: Revise definitions in Clean Indoor Air Act**

**Status:** Signed by the Governor.

**Sponsor:** Willis Curdy (D) SD 49

SB 390 added electronic cigarettes to the Montana Clean Indoor Air Act (CIAA). The CIAA was passed in 2005 prior to electronic cigarettes being widely introduced to the market. SB 390 strengthens Montana's CIAA is a significant accomplishment for public health advocates.

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● **HB 494: Revise tobacco settlement allocations**

**Status:** Tabled in House Human Services

**Sponsor:** Ron Marshall (R) HD 87 – Resigned from the Legislature on March 3.

HB 494 would have gutted funding for local Montana Tobacco Use Prevention Program (MTUPP) efforts, directly affecting local health department programs across Montana.

*Thank you to the 31 AMPHO and MPHA members for signing on and opposing HB 494!*

**Note:** HB 494 was tabled but the Sponsor managed to stir up a lot of interest in how the Master Settlement Agreement funds are used. As a compromise, [LC 4385](#) – Interim Study of Tobacco Funds was created. However, LC 4385 failed to get out of draft status likely as a result of Rep. Marshall's resignation.

● **SB 150: Generally revise alcohol and tobacco laws**

**Status:** Failed – 3<sup>rd</sup> Reading in the House

**Sponsor:** Wylie Galt (R) SD 39

SB 150, the Cigar Bar Bill allowed for smoking cigars in establishments with an all-beverage license. A cigar endorsement would permit smoking cigars on the premises, even in spaces considered enclosed public places, with employees, exempting the establishment from general smoking restrictions of the Clean Indoor Air Act.

**Note:** SB 150 was successfully killed after multiple attempts. Ultimately, a combination of bad amendments and lobbying against the bill led to it failing to pass in the House. However, Senator Galt is a holdover Senator and this bill will likely return in 2027.

● **HB 576: Revise funding for Medicaid and health and support services to children and to adults who are aged, blind, and disabled**

**Status:** Signed by the Governor.

**Sponsor:** Jane Gillette (R) HD 77

HB 576 would allow for the Tobacco Master Settlement Account to fund “other health and support services” potentially creating a pathway to reduce allocations to currently funded programs such as MTUPP and redirect that funding to other health programs and services such as home visiting.

● **HB 149: Generally revise alternative nicotine and vapor products laws**

**Status:** Tabled in House Business and Labor

**Sponsor:** Ron Marshall (R) HD 87 – Resigned from the Legislature on March 3.

HB 149 would have created distinct code for the regulation of alternative nicotine and vapor products. These products should be regulated like tobacco because the presence of nicotine, which is highly addictive and contributes to widespread youth use.

● **[HB 177: Revise tobacco, alternative nicotine, and vapor product laws \(e-cigarette tax\)](#)**

**Status:** Tabled in House Business and Labor

**Sponsor:** Frank Smith (D) HD 31

● **[HB 525: Generally revise laws relating to nicotine and vapor products](#)**

**Status:** Tabled in House Appropriations

**Sponsor:** Amy Regier (R) HD 6

**Note:** Rep. Ron Marshall of Ravalli County resigned citing tensions with big tobacco and a bill ([HB 525](#)) that would have barred sale of non-registered electronic smoking products and devices. The bill promptly died after his resignation, but nonetheless future efforts in this space will likely be easier due to his departure.

● **[HB 826: Generally revise tobacco tax laws](#)**

**Status:** Tabled in House Appropriations

**Sponsor:** Melody Cunningham (D) HD 97

HB 826 would have amended cigarette tax by increasing the current rate of \$1.70 per package of 20 cigarettes by \$1.00, bringing it to \$2.70 per package.

**Note:** Cigarette taxing is a tricky issue as it can lower smoking rates by raising costs while also generating additional state revenue. Since youth are particularly price-sensitive, the tax increase could also decrease their usage. However, increasing taxes may drive some consumers to seek cheaper alternatives, such as e-cigarettes, which currently remain untaxed in Montana.

**Note on Tobacco Taxes:** Electronic cigarettes are untaxed in Montana. A tax on vaping products might be within reach in future legislative sessions as consensus seems to be building between Republican legislators that this loophole should not exist. During the pre-session legislative forums, e-cigarette youth by use was consistently cited as one of legislators' top health concerns within their communities.

## **Environmental Health - Licensed Establishments**

● **[SB 363: Revise the definition of a tourist home](#)**

**Status:** Tabled in the House.

**Sponsor:** Daniel Zolnikov (R) SD 22

SB 363 attempted to revise the definition of tourist homes – if an owner ever stayed one night in their tourist home, then the accommodation would no longer need to be regulated. This change is arbitrary because regardless of whether an owner stays one night a year, all accommodations should provide

clean water, hygienic bedding, pest control, solid waste management etc. MEHA members were effective in tabling this bill.

● **HB 524: Remove boarding and rooming houses from definition of public accommodations**

**Status:** Tabled.

**Sponsor:** Caleb Hinkle (R) HD 68

HB 524 was introduced as a “clean-up” bill aimed at modernizing outdated terms, specifically seeking to remove “boarding and rooming houses” from the definitions of public accommodations. While MEHA agrees these terms are outdated, they remain necessary due to gaps in regulatory coverage. Currently, few facilities are formally licensed as boarding or rooming houses. However, the definitions still serve a purpose. MEHA offered to work on an amendment that would have clarified the law to specify that facilities where someone stays **30 days or more** fall under a different regulatory category, addressing ambiguity in the law.

**Note on SB 363 and HB 524:** A key concern remains with public accommodation definitions and particularly for **tourist homes**, which are only inspected upon initial licensure and then if a complaint arises. Complaints are rare, as the public doesn’t associate tourist home health and sanitation issues with health department oversight. **MEHA has identified public accommodation definitions as an opportunity for interim work.**

● **HB 407: Create the kratom consumer protection act**

**Status:** Tabled

**Sponsor:** Nelly Nicol (R) HD 53

HB 407 aimed to regulate the sale and distribution of kratom, an addictive, herbal product that is being sold in natural and synthetic forms throughout Montana. MEHA opposed HB 407 because the sale of kratom is not allowed in licensed food establishments by the Montana Food Code since the FDA determined kratom is an unsafe food additive. Without clear regulations, registered sanitarians face difficulty in inspecting kratom within licensed establishments. From a public health standpoint, kratom needs to be regulated in ways that consider the health and safety of Montanans, not just industry interests.

## **Environmental Health – Air Quality**

● → ● **HB 291: Revise laws related to air quality standards**

**Status:** Signed by the Governor.

**Sponsor:** Greg Oblander (R) HD 38

HB 291 was introduced in response to the *Held v. Montana* ruling and prohibits Montana from implementing air quality regulations that are more stringent than federal standards.

HB 291 originally eliminated local control, which is critical because the federal Clean Air Act sets broad guidelines intended for states and localities to tailor more detailed and protective regulations based on local pollution conditions.

MEHA successfully advocated for an amendment preserving some local control. Under the amendment, local air pollution control programs may adopt stricter regulations than state or federal standards if the area is currently in non-attainment, maintenance status, or the regulation is necessary to prevent the area from falling into non-attainment. This amendment is essential for maintaining proactive local responses to air pollution challenges.

### **Environmental Health – Land Use**

● **SB 532: Revise county zoning to allow accessory dwelling units**

**Status:** Transmitted to the Governor.

**Sponsor:** Forrest Mandeville (R) SD 28

● **HB 180: Revise sanitation in subdivision laws related to mixing zones**

**Status:** Signed by the Governor.

**Sponsor:** Courtenay Sprunger (R) HD 7

● **HB 534: Allow county water and/or sewer districts to connect to a system beyond capacity**

**Status:** Signed by the Governor.

**Sponsor:** Courtenay Sprunger (R) HD 7

● **HB 742: Revise nuisance compliance laws**

**Status:** Signed by the Governor.

**Sponsor:** Steve Gist (R) HD 25

## **5. Preserve Public Health Authority**

● **HB 658: Revise local board of health sanitation powers and rules**

**Status:** Tabled in Senate Local Government.

**Sponsor:** J. Hinkle (R) HD 67

The intent of HB 658 was to prohibit local health departments from having septic regulations more stringent than the state. DEQ creates minimum standards, but in some areas, for example Seeley Lake where systems are contaminating the groundwater with nitrate, those minimum requirements are not protective of groundwater or public health.

HB 658 also would have made it impossible to require upgrades to septic systems for new or increased use. An overused septic system can back up into homes, onto lawns or create preferential saturated flows that are more likely to contaminate groundwater. HB 658 would have required health departments to send all the regulations and any updates to all landowners with existing septic systems, which would be a poor use of resources particularly in counties where many homes utilize onsite wastewater treatment (e.g. Flathead County).

MEHA worked incredibly hard to table HB 658.

● → ● **HB 318: Require appeal process for certain local government health requirements**

**Status: Signed by the Governor.**

**Sponsor:** Larry Brewster (R) HD 43

As amended by Confluence, HB 318 provides for an appeal to challenge instances when septic permit requirements are more stringent than state or local standards. Until an appeals process is included in local regulations, the property owner can appeal to the local governing body. This provides counties discretion in their appeal process as long as it is included in their local onsite wastewater treatment regulations. Originally, HB 318 provided for an appeal in a narrow circumstance directly to the local governing body, undermining board of health authority.

Confluence and MEHA members worked with the bill sponsor and multiple committee members. Senator Hertz ultimately suggested a revision that improved our proposed amendment.

**Note on HB 318 and HB 658:** These bills shared some similar themes – that local registered sanitarians are subjectively applying regulations and over regulating. MEHA members provided expert testimony explaining the nuances of a myriad of situations and where in rule and law their authority is prescribed. These bills were a direct response to a few constituents personal situations.

● **HB 888: Revise local board of health rules for isolation and quarantine**

**Status: Transmitted to the Governor.** Confluence submitted a veto request with 18 AMPHO members signed on.

**Sponsor:** J. Hinkle (R) HD 67

HB 888 amends MCA 50-2-116 Powers and duties of local boards of health to include:

*A local board of health may not require a person currently under an isolation or quarantine order to receive any type of vaccination, medication, supplement, or other type of drug treatment.*

Under current Montana law, local boards of health only have the legal authority to require medical treatment as allowed under MCA 50-17.

- Public health professionals do **not** diagnose or treat patients. Our role is to ensure that individuals are no longer infectious to others in the community.
- Decisions about treatment are made between an individual and their healthcare provider.

- Local boards of health may require that a sick individual is no longer contagious before being released from isolation for certain infectious diseases like pertussis or measles.
- MCA 50-17 addresses tuberculosis control, which is the rare circumstance in which treatment is the only way to ensure someone is no longer infectious. MCA 50-17 includes legal due process that protects individual rights.

HB 888 introduces legal clutter and undermines public trust in Montana's public health professionals, who serve all 56 counties in alignment with state law and professional ethics.

## **6. Advocate for Behavioral Health Prevention**

Confluence prioritized behavioral health prevention because of the prevalence of behavioral health within local public health community health assessments and community health improvement plans as well as to continue engaging with the work done by the Behavioral Health System for Future Generations. However, capacity inhibited Confluence's ability to engage.

### **SB 369: strengthen suicide prevention efforts in schools**

**Status:** Signed by the Governor

**Sponsor:** Mike Yakawich (R) SD 24

SB 369 requires the Office of Public Instruction to ensure low-cost, no-cost options for youth suicide awareness and prevention training for schools and requires training for certain OPI employees.

## **Interim Study Bills**

### **SJ 11: Interim study on farmer's markets and food systems**

**Sponsor:** Bruce Gillespie (R) SD 9

### **SJ 48: Interim Study of the Public Health and Safety Impacts of Marijuana Legalization**

**Sponsor:** Mike Yakawich (R) SD 24

### **SJ 49: Interim Study of Youth and Family Behavioral Health Prevention**

**Sponsor:** Mike Yakawich (R) SD 24

### **HJ 28: Interim study to identify and improve access to federal grant opportunities for the state of Montana, tribal governments, and local government entities**

**Sponsor:** Luke Muszkiewicz (D) HD 79

### **SJ 37: Interim survey of behavioral health services in Montana**

**Sponsor:** Denis Lenz (R) SD 25

### **SJ 13: Study resolution for emergency medical services**

**Sponsor:** John Fuller (R) SD 4





# SUPAMAN

AWARD-WINNING HIP HOP ARTIST, FANCY  
DANCER, AND MOTIVATIONAL SPEAKER

**THURSDAY 05.22**

**5:30 - 8 PM**

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

**BOARD AGENDA ITEM**

**Meeting Date**

**May 22, 2025**

**Agenda Item No.**

**Public Comment**

☐ 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						
Brown						
Harris						
Kaufman						
MacLaurin						
Ohs-Mosely						
Reed						
Rolfe						
Weltz						



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

## FY 2025

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

### Legend:

X = Present

X<sub>p</sub> = Present by phone

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

O = Absent

\* = No meeting held

P = Strategic Planning Session

T = Training



# LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH

1930 Ninth Avenue  
Helena, MT 59601  
PH 406.457.8900  
Fax: 406.457.8990

## MEMBERS

Sherri Ann Ohs-Mosley	Term expires - June 30, 2027	First 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, 2027	Second Term
Chanan Brown	Term expires - June 30, 2027	First Term
Rex Weltz	Superintendent of Schools	
Tom Rolfe	Pleasure of Lewis & Clark County Commission	
Melinda Reed	Pleasure of Helena City Commission	
Mayor Kelly Harris	Pleasure of East Helena City Council	

## MEETING DATES FOR FISCAL YEAR 2025

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

July 25, 2024 (No meeting held)

August 22, 2024

September 26, 2024

October 24, 2024

December 5, 2024

January 23, 2025

February 27, 2025

March 27, 2025

April 24, 2025

May 22, 2025

June 26, 2025