

LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH MEETING AGENDA

1930 9th Ave – LCPH Conference Room or Zoom

June 26, 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 revise agenda		1
1:05	Minutes	2. May 22, 2025		2
1:00	Action Item	3. Appointments for Board of Health Officer Positions: Chair, Vice Chair, Hearings Officer, and Water Quality Protection District Representative		6
1:15	Alignment with LCPH 5 Strategic Initiatives * denotes alignment with the 2022 Community Health Improvement Plan		Consider health equity and social determinants of health in all aspects of public health work.	
			Expand the role of public health in improving behavioral health , with a focus on wellness and resilience, mental health, and unhealthy substance use.	
		4. Chronic Disease Prevention Programs Update	Improve health across the lifespan , with a focus on early childhood, youth, and older adults.	7
			Promote a safe and healthy environment , with a focus on environmental health, built environment, and public health preparedness.	
		5. 21C survey results and next steps	Improve public health infrastructure .	8
		6. Public Health Accreditation Board (PHAB) annual report and action plan		36
2:15	Board Training * select 1 function per offering *	7. Oversight	Governance Functions: - Policy Development - Resource Stewardship - Legal Authority - Partner Engagement - Continuous Improvement - Oversight	37
2:25	Announcements	Measles Update		40
2:30	Public Comment			41
2:40	Adjourn	ACTION ITEM: Move to Adjourn to Closed Session for Annual Staff Evaluation		42
2:40	CLOSED SESSION	Annual Staff Evaluation		

ADA NOTICE

Lewis and Clark County is committed to providing access to persons with disabilities for its meetings, in compliance with Title II of the Americans with Disabilities Act and the Montana Human Rights Act. The County will not exclude persons with disabilities from participation at its meetings or otherwise deny them County's services, programs, or activities. Persons with disabilities requiring accommodations to participate in the County's meetings, services, programs, or activities should contact Kari DesRosier, as soon as possible to allow sufficient time to arrange for the requested accommodation, at any of the following: (406) 447- 8316 TTY Relay Service 1-800-253-4091 or 711 kgrose@lccountymt.gov 316 N Park, Room 303

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

BOARD AGENDA ITEM

Meeting Date

June 26, 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

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

June 26, 2025

Agenda Item No.

2

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

AGENDA ITEMS May 22, 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

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
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Rolfe						
Weltz						

LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH

Board of Health Meeting Minutes for May 22, 2025

Board Members Present

Dr. Mikael Bedell, Vice Chair <i>Representing practicing physician</i>	Chanan Brown <i>Representing a resident living in the City of Helena</i>	Mayor Kelly Harris <i>Representing East Helena City Council</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>			

Staff Present

Drenda Niemann	Sandy Whittington	Heather Baker-Parmer	Mary Sparks	Beth Norberg
Sarah Sandau	Janet Janus	Julie Bir		

Guests

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Members Absent

Melinda Reed <i>Representing the City Commission</i>	Chair, Brie MacLaurin <i>Representing a consumer of health services</i>			
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Category	Agenda Item
Call to order	Vice Chair, Dr. Bidell 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 April 24, 2025 meeting.
Employee of the Quarter	Agenda 3- Director Drenda Niemann proudly announced Janet Janus as the Employee of the Quarter. Drenda highlighted Janet's outstanding work and unwavering dedication to Lewis and Clark Public Health (LCPH). As the administrative assistant for Environmental

Category	Agenda Item
	<p>Health Services, Janet plays a vital role in the department’s success. Beth Norberg, Environmental Health Services Supervisor, expressed how fortunate her team is to have Janet, while Janet’s direct supervisor, Sandy Whittington, praised her as an exceptional employee who is always ready to lend a hand.</p>
<p>Action Item</p>	<p>Agenda 4 - Drenda Niemann presented the updated FY26 budget, highlighting its complexity and structure, which is divided into three main sections: Mill, Grants, and the Water Quality Protection District (WQPD). She reported that the overall public health revenue for FY26 is projected at \$6.4 million, with expenses estimated at \$7.2 million.</p> <p>Within the Mill portion of the budget, expenses exceed revenue by \$333,000. However, in collaboration with County Finance and LCPH Finance Coordinator, Heather Parmer, the budget includes a strategic allocation of \$500,000 from the cash balance to support the ongoing operations after anticipated federal funding loss..</p> <p>Drenda also drew attention to a significant change in the Licensed Establishment fee update . A recently passed bill will take effect in January 2026, allowing for an increase in licensing fees. This change is expected to double revenue from approximately \$50,000–\$60,000 to \$100,000–\$120,000. This new revenue will be represented in FY27 budget.</p> <p>In response to a question from Chanan Brown at the previous meeting, Drenda clarified the breakdown of revenue that supports public health operations: 37% from federal grants, 8% from state special revenue, 55% from local county taxes and fees for service.</p> <p>The Board then reviewed the proposed WQPD FY26 budget, which is funded through property assessments within the district boundaries. Revenue is projected at \$416,226, with expenses at \$485,252, resulting in a \$69,000 deficit. This shortfall will be covered by the district’s healthy end-of-year cash balance, which has been intentionally reduced over time to eventually reach a 90-day reserve, in line with financial guidelines.</p> <p>A question from Sheri Ohs-Mosely prompted a discussion on potentially expanding WQPD boundaries to address water quality concerns in other areas. Drenda advised that such an expansion would require voter approval and a thorough evaluation of capacity and community need, acknowledging the complexity of the process.</p> <p>Following the discussion, the Vice Chair called for a motion to recommend approval of the FY26 budget to the Board of County Commissioners. Lisa Kaufman moved to approve, seconded by Mayor Harris. The motion passed unanimously, with Tom Rolfe abstaining due to his role on the Board of County Commissioners as a final approver.</p> <p>The budget review concluded with Chanan Brown expressing appreciation to Drenda and her team for their thoughtful and strategic approach to budget planning. He noted that the diligent purposeful work made it easy for him to approve the budget to move forward.</p>
<p>Board Training & Alignment with LCPH Strategic Initiatives- Improve public health infrastructure</p>	<p>Agenda 5 & 6- The presentation of the 2023–2026 Strategic Plan update began with an overview and slideshow from Director Drenda Niemann, who outlined the plan’s five key initiatives: Health Equity and Social Determinants of Health, Behavioral Health, Health Across the Lifespan, Environmental Health and Emergency Preparedness, Internal Infrastructure</p>

Category	Agenda Item
	<p>Staff then shared highlights from the past year, showcasing progress and future plans such as:</p> <ul style="list-style-type: none"> ▫ Continued advancement of initiatives aimed at reducing disparities in health outcomes. ▫ Invisible Shield series ▫ Published articles regarding sexually transmitted diseases, alcohol misuse, and immunizations. ▫ Staff received training on mental health topics. ▫ PureView & LCPH are launching a wellness van to reach the rural parts of the county. ▫ The Journey Home Crisis facility is on track to open this summer. ▫ Successfully hosted an alcohol misuse concert featuring Supaman. ▫ Distributed Narcan boxes to help address opioid overdoses and started development of a Spike plan to track when there is a spike in overdoses and outline a community response. ▫ Plans are underway to develop a plan to support individuals with special needs during emergencies. ▫ Continued lead testing and remediation efforts in East Helena and scheduled 5 homebuyer classes to educate the community on septic health. ▫ Resumed WIC satellite clinics in Meager and Broadwater counties and the Home Visitors are now certified Child Passenger Safety Technicians. ▫ Continued development of the data portal and implementation of targeted communication campaigns.
Announcements	<p>Agenda 7- The recently concluded legislative session was reviewed, highlighting several key victories for public health. Notably, the passage of the licensed establishment fee increase bill and the permanent expansion of Medicaid were major achievements.</p> <p>The conversation then shifted to internal updates, including a review of the new organizational chart for LCPH. This included the recent hires of an Operations Manager and a Grants Specialist, as well as a reminder that Drenda's performance review is scheduled for June.</p> <p>Finally, the Board acknowledged a leadership transition, as both Chair Brie MacLaurin and Vice Chair Dr. Bedell are concluding their final terms on the Board of Health. The open positions have been advertised, and selections for new board members will be made by the Board of County Commissioners next month. Elections for new Chair and Vice Chair will also take place during our June board meeting.</p>
Public Comment	No public comment was received.
Adjourn	The meeting was adjourned at 2:59 pm.

Chair or Board Member

Drenda Niemann, Secretary

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

BOARD AGENDA ITEM

Meeting Date

June 26, 2025

Agenda Item No.

3

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

AGENDA ITEMS: Appointments for Board of Health Officer Positions

PERSONNEL INVOLVED: Drenda Niemann

BACKGROUND: New terms for Chair, Vice Chair, Hearings Officer, and Water Quality Protection District Representative

HEALTH DIRECTOR'S RECOMMENDATION: N/A

ADDITIONAL INFORMATION

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Brown						
Reed						
Harris						
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Rolfe						
Weltz						

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

BOARD AGENDA ITEM

Meeting Date

June 26, 2025

Agenda Item No.

4

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

AGENDA ITEMS: Chronic Disease Prevention Programs Update

PERSONNEL INVOLVED: Drenda Niemann

BACKGROUND: Alignment with LCPH 5 Strategic Initiatives- Health Across
The Lifespans

HEALTH DIRECTOR'S RECOMMENDATION:

☒ ADDITIONAL INFORMATION

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Brown						
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Rolfe						
Weltz						

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

BOARD AGENDA ITEM

Meeting Date

June 26, 2025

Agenda Item No.

5

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

AGENDA ITEMS: 21C survey results and next steps

PERSONNEL INVOLVED: Drenda Niemann

BACKGROUND: Alignment with LCPH 5 Strategic Initiatives- Infrastructure

HEALTH DIRECTOR'S RECOMMENDATION: N/A

ADDITIONAL INFORMATION

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Brown						
Reed						
Harris						
Kaufman						
MacLaurin						
Ohs-Mosley						
Rolfe						
Weltz						

2025



LEWIS AND CLARK
COUNTY

Foundational Public Health Services Assessment Report

Prepared By :

The Public Health System Improvement Office



dphhs.mt.gov/publichealth/buildinghealthysystems/index



HHSPHSDBuildingHealthySystems@mt.gov



Table of Contents

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02	—	Foundational Public Health Services (FPHS)
03	—	Montana's FPHS assessment
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05	—	Response Distributions
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09	—	Opportunities of Growth
10	—	Opportunities of Growth Questions
11	—	Next Steps
12	—	Appendix - all responses
25	—	Citations and Terminology

Message from Montana 21C: Strengthening Public Health Together



Montana 21C works to strengthen the public health system through the delivery of foundational public health services.

The foundation of Montana's public health system is the local and tribal health departments and resourceful public servants who are committed to the health and well-being of their fellow Montanans.

Montana 21C: Strengthening Public Health Together seeks to build a stronger and more agile public health system. We will do this by listening to local and tribal public health staff and the people they serve to create a shared vision of the system and to identify the resources needed to realize that vision.

We are starting by assessing our current system to understand the strengths and needs of local health departments. From that assessment, we will build consensus across Montana about what is needed to build a strong and agile public health system, and to align expectations with the resources needed for success. <https://montanapublichealth21c.org/>

How to join efforts or more information?
Contact info@montanapublichealth21c.org

Montana 21C Benefits

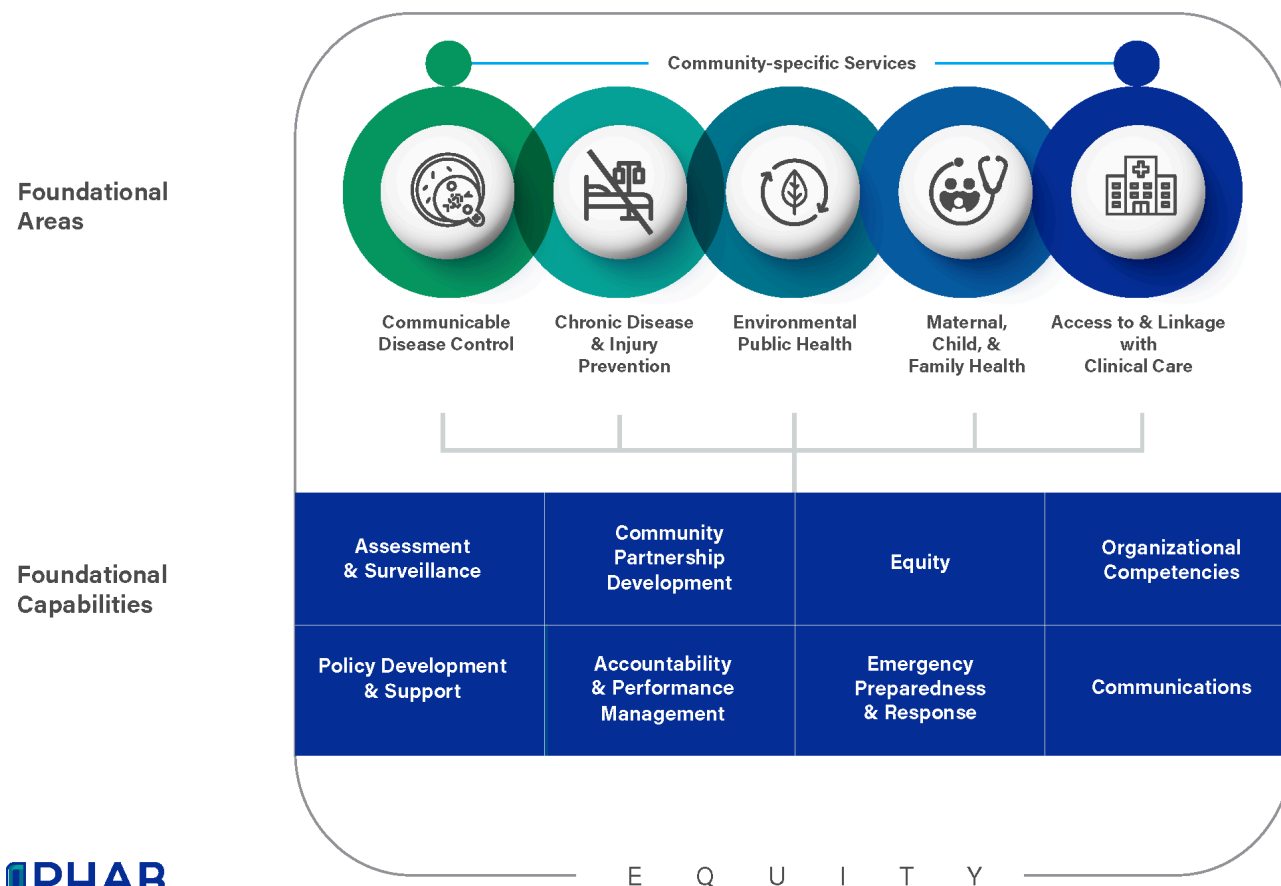
- Increased Access to Resources
- Strengthening Capacity
- Workforce Development
- Better Coordination and Collaboration
- Advocacy and Policy Influence
- Improved Health Outcomes
- Elevate Health Across Montana

What are the Foundational Public Health Services?

The Public Health Accreditation Board (PHAB) contributes to the advancement of public health practice and system improvement to support people living their healthiest lives. PHAB defines the Foundational Public Health Services (FPHS) as the minimum package of public health capabilities and programs that no jurisdiction can be without. The FPHS framework was updated in 2022 to assure it reflects the evolving nature and modernization of governmental public health.

The FPHS framework outlines the unique responsibilities of governmental public health and can be used to explain the vital role of governmental public health in a thriving community; identify capacity and resource gaps; determine the cost for assuring foundational activities; and justify funding needs. However, to best serve their communities, health departments will provide additional services and may require additional capacity in different areas.

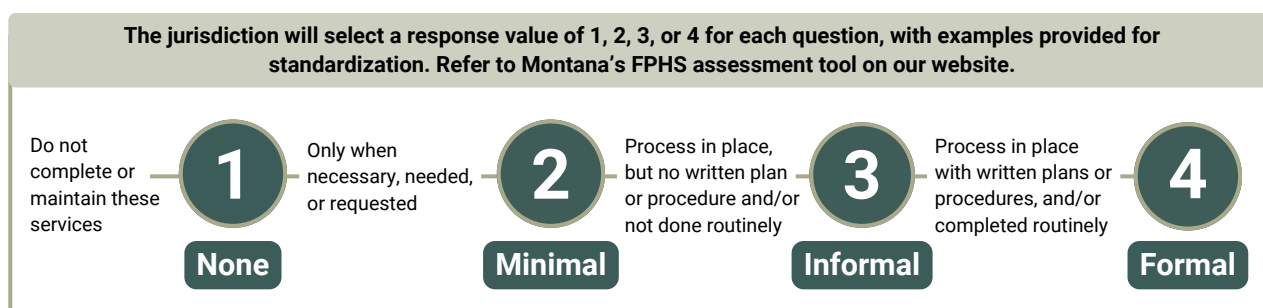
Foundational Public Health Services



Montana's Foundational Public Health Services Assessment

The Montana Department of Public Health and Human Services Public Health System Improvement Office, in partnership with the Montana Public Health Institute and Confluence Public Health Alliance, conducted an assessment from June to November 2024 of all 60 local and tribal jurisdictions regarding the delivery of Foundational Public Health Services (FPHS).

This assessment comprised two key components: preliminary work focused on full-time equivalents (FTEs) and budgetary information, along with the FPHS assessment tool. This tool was developed by analyzing FPHS assessments from other states and PHAB's cost and capacity tool. The questions were then rephrased to align with Montana's public health system. In total, the assessment consisted of 134 questions, and at the conclusion, each health jurisdiction was asked to identify their top three strengths and areas for improvement.



Why was the survey completed?



01. Understand the delivery of Foundational Public Health Services across Montana.



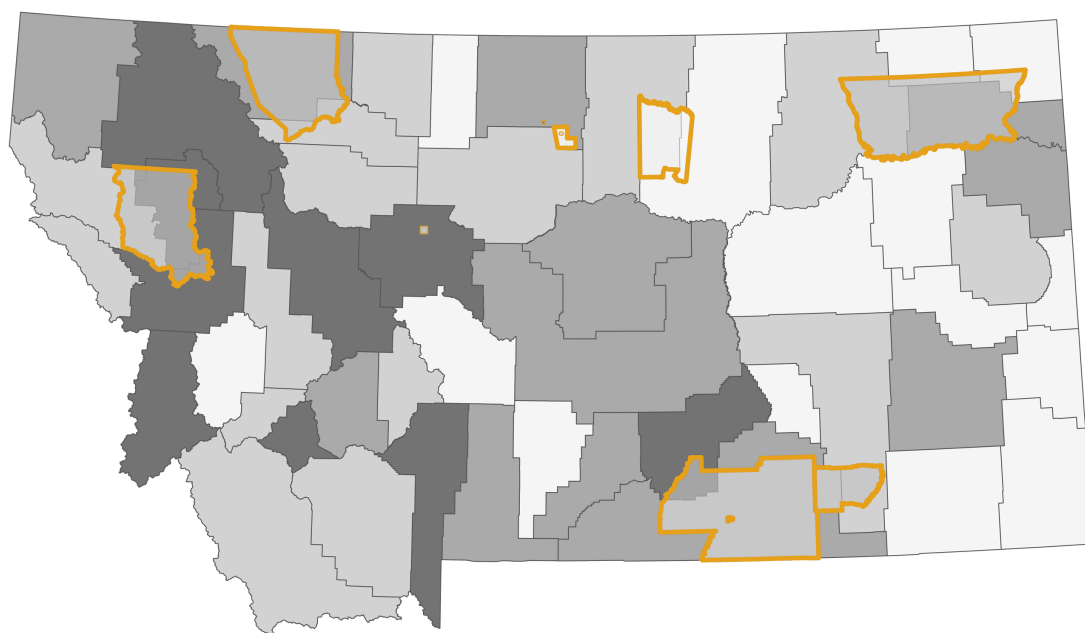
02. Utilize the data to capitalize on strengths and address areas of need by collaborating with local and tribal jurisdictions and Montana 21C.



03. Effectively combine, allocate, or utilize our collective resources—such as talent, intelligence, funding, and more—to ensure that all health jurisdictions can deliver the Foundational Public Health Services they aspire to provide.

Statewide Patterns

Size Classification	Population of Residents	Full-time Equivalents (FTEs) Range
Frontier	Fewer than 5,000 (18 jurisdictions)	1 – 9 FTE
Small	Between 5,000 and 9,999 (20 jurisdictions)	1.75 – 25 FTE
Medium	Between 10,000 and 29,999 (13 jurisdictions)	1.2 – 14.3 FTE
Large	30,000 or more (9 jurisdictions)	9 – 90.62 FTE



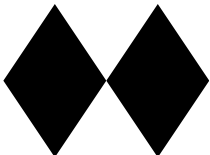


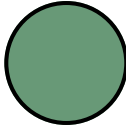
Jurisdiction size Frontier Small Medium Large Reservation

FTE information was self-reported by jurisdictions in the FPHS assessment prework. Size classification based on the Association of Montana Public Health Officials (AMPHO) classifications using 2020 census data.

Response Value Distribution Categories

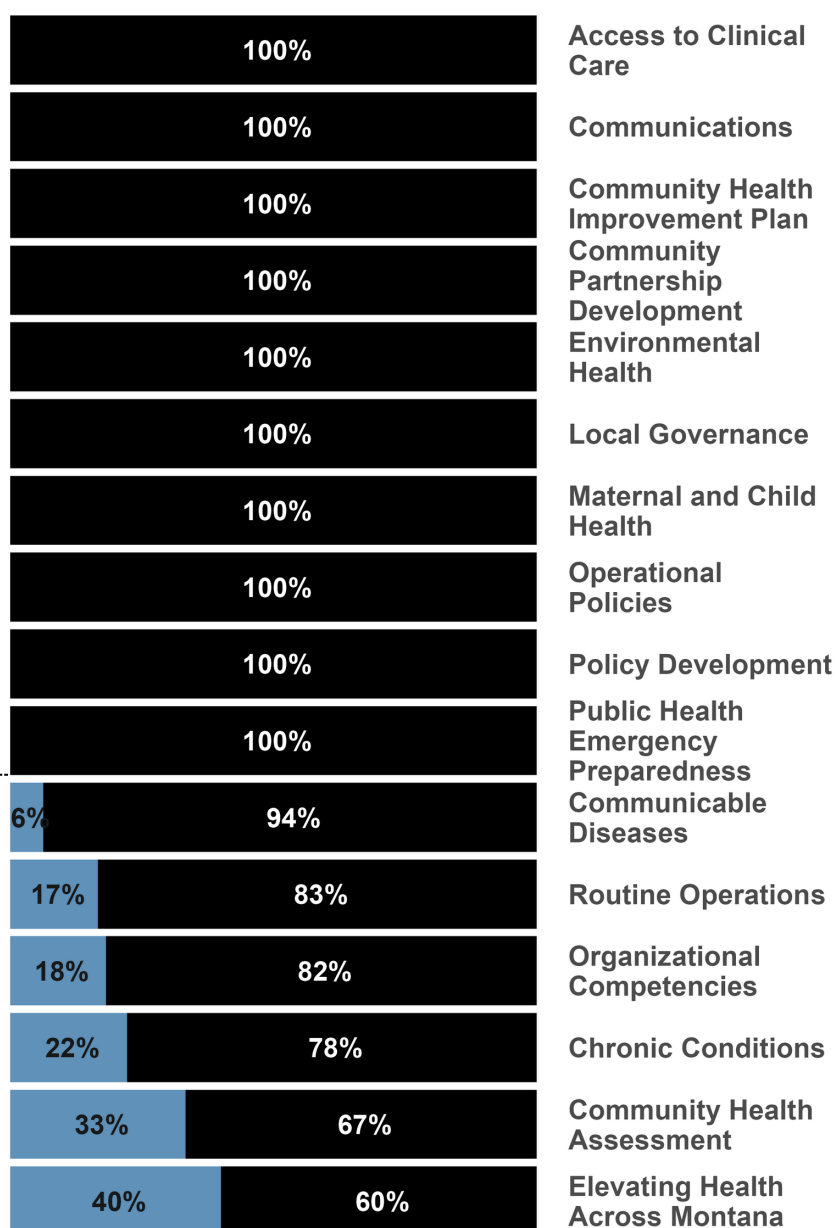
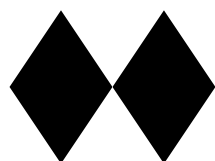
Foundational Public Health Services (FPHS) framework was used to categorize the assessment questions into the domains below. Each domain score was calculated using the results from the FPHS assessment 1–4-point scale and shown as a percentage. The percentages were grouped to demonstrate level of delivery. In the spirit of Montana, the level of delivery is shown as ski slope symbols.

Here's the ski slope levels with the percentage breakdown of response values:

	Formally and routinely delivered	100% of response values were 4s
	Informally or not routinely delivered	100% of response values were 3s and 4s
	Ad hoc delivery	50-99% of response values were 3s and 4s
	Getting started with delivery	any response with a value of 1, or where <50% were 3s and 4s

Summary of Delivery Status for each FPHS Domain

Percent (%) of Response Values by Domain



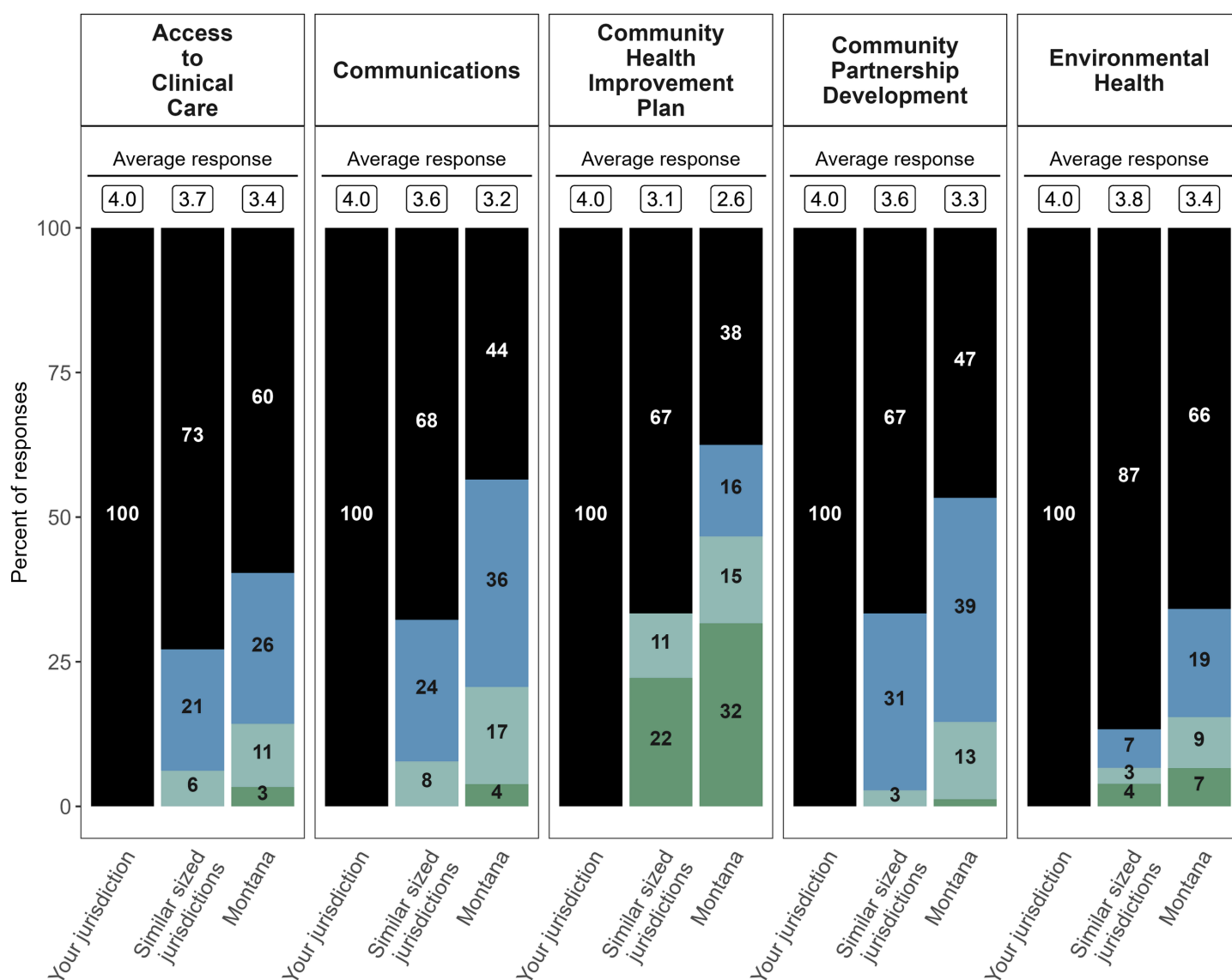
Areas of Strength

Opportunities for Growth

Areas of Strength

Your jurisdiction demonstrated strong delivery in the domains listed below and your jurisdiction's performance on these domains is compared with the scores for jurisdictions of a similar size and statewide.

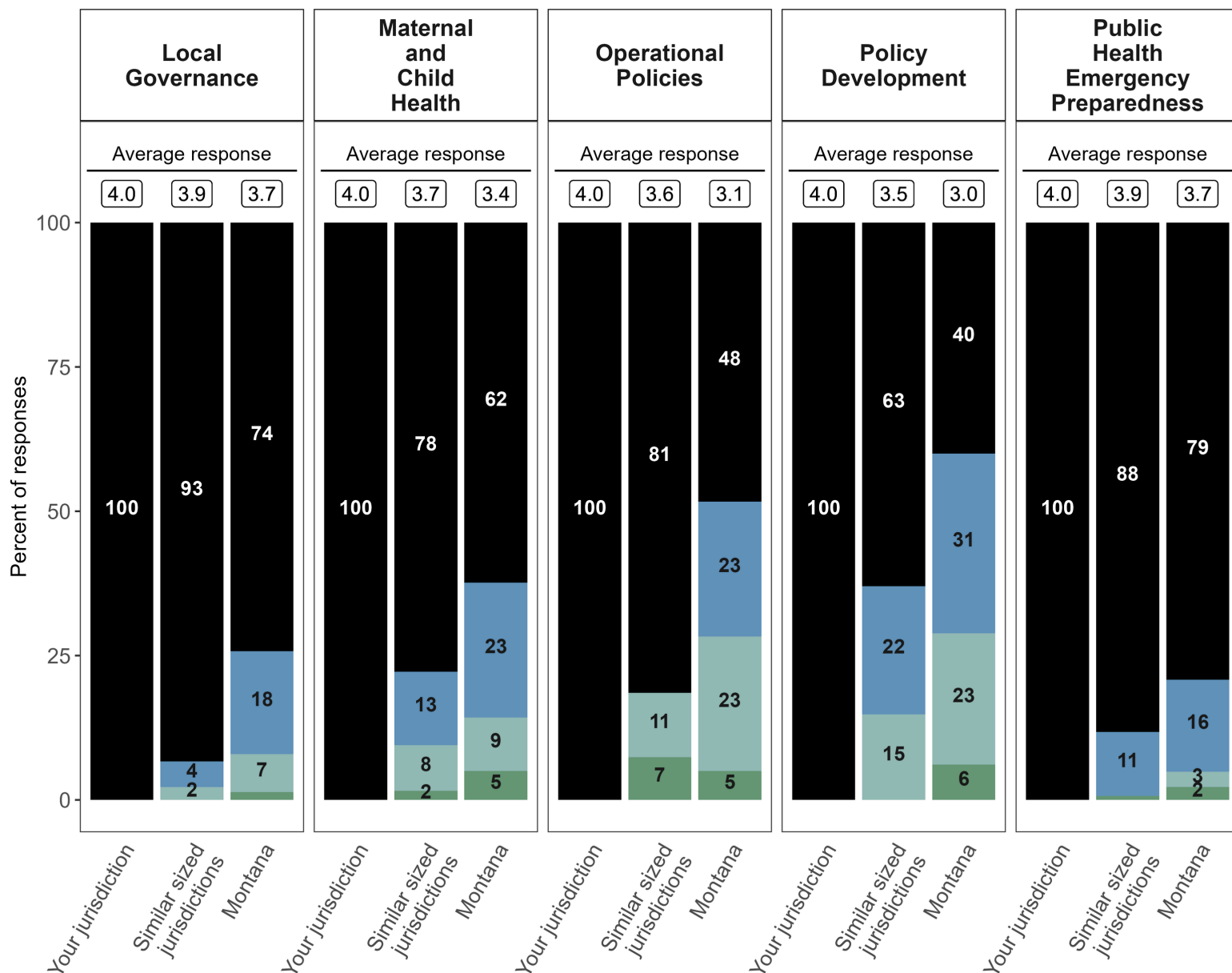
Areas of strength:



Response value 1 2 3 4

17 of 43

Areas of Strength (continued)



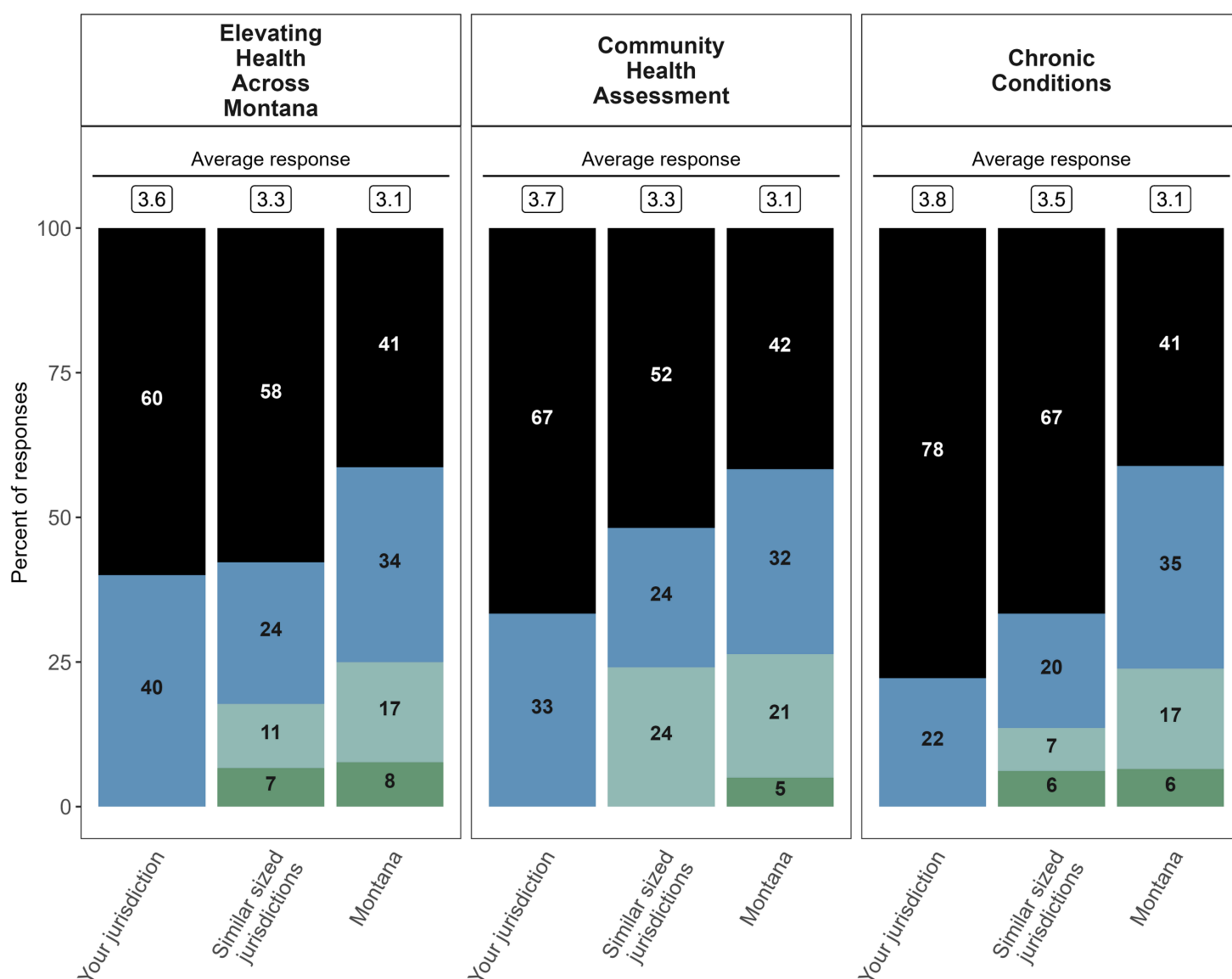
Response value 1 2 3 4

18 of 43

Opportunities for Growth

Your jurisdiction demonstrated opportunities for growth in the domains listed below and your jurisdiction's performance on these domains is compared with the scores for jurisdictions of a similar size and statewide.

Opportunities for growth:



Response value 1 2 3 4



If Environmental Health is listed: This score includes jurisdictions that have environmental health integrated and might limit comparison

Next Steps

Now that you have finished the Foundational Public Health Services (FPHS) assessment and received your results, what are the next steps? First, we want to acknowledge your hard work and thank you for taking the time to complete this assessment.

Your jurisdiction's FPHS report will serve as a valuable tool for your organization to track its impact and improvements over time. This section outlines your strategy for maintaining the positive progress achieved so far. By utilizing the FPHS assessment as a roadmap, we can strengthen Montana's public health system—making it more proactive, data-driven, and focused on enhancing outcomes for all. Together, we can bolster public health in Montana.

☐**01. Review the results with your team**

- What stands out?
- What areas do we want to focus on?
- What resources or assistance do we need?

☐**02. Meet with your neighboring jurisdictions**

- Which areas would we like to focus on collaboratively?
- What resources or support do we require?

☐**03. Meet with your local stakeholders**

- Review with local stakeholders to see where work could be done collaboratively.
- What resources or support are required?

☐**04. Meet with your state system partners**

- Review the identified quality improvement initiatives and priorities i.e. State Health Assessment, State Health Improvement Plan, and Behavioral Health Prioritization
- What resources or support are required?

☐**05. Complete workplan template**

- Review workplan with board of health
- Consider creating a organizational strategic plan
- Send completed workplan to kpride@mt.gov and Meagan.Gillespie@mt.gov



Follow-up Questions

If unable to attend the in-person regional meetings, please complete the following questions and send responses to kpride@mt.gov and Meagan.Gillespie@mt.gov.

Which domains or components of domains does your department want to work on for the next 1-3 years?

What resources, TA, or anything else do you need to assist with the identified domains or components of domains?

Is there a specific domain or component of a domain you'd like to tackle, but recognize there are larger challenges, such as staffing, time, or funding?

Are there opportunities to utilize resources across the state to support you in reaching your goals?



Appendix

All Survey Responses

This section is organized by domain, and all questions within each domain. The order follows that of the assessment.

For each domain, an initial comparison of the average question response value in your jurisdiction is compared with the average value among similar sized jurisdictions and the Montana state average.

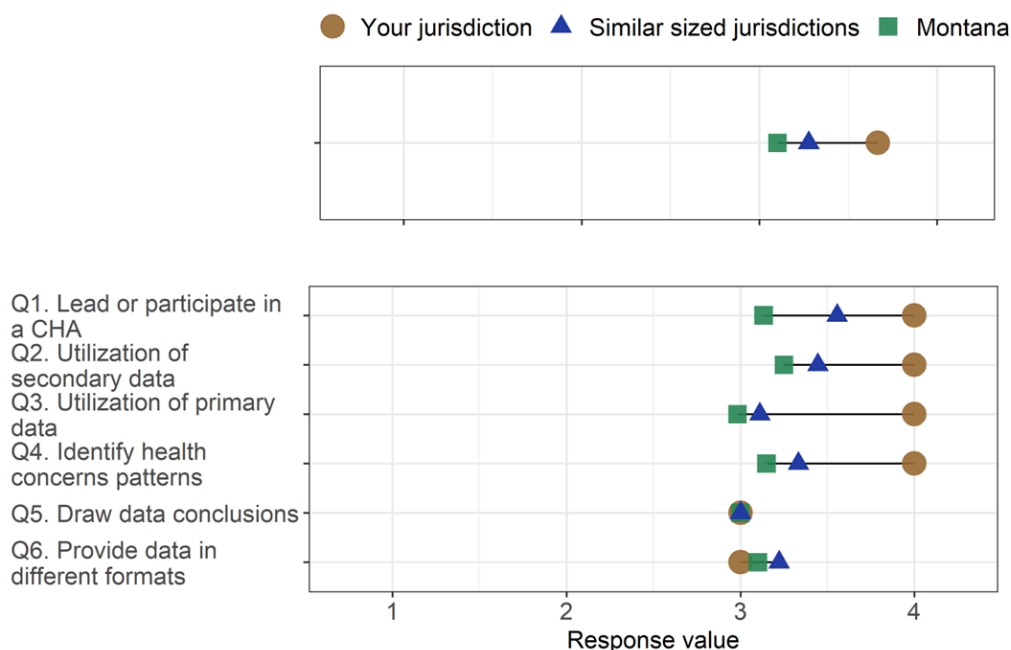
Below, each question appears on the vertical axis and the reported response value for your jurisdiction is compared with similar sized jurisdictions and the Montana state average. A brief description of each question is summarized on the vertical axis.

Community Health Assessment and Community Health Improvement Plan	13
Policy Development and Community Partnership Development	14
Communications	15
Organizational Competencies	16
Operational Policies and Routine Operations	17
Local governance and Elevating Health Across Montana	18
Chronic Conditions	19
Public Health Emergency Preparedness	20
Communicable Diseases	21
Environmental Health	22
Maternal and Child Health	23
Access to Clinical Care	24

Community Health Assessment

Domain

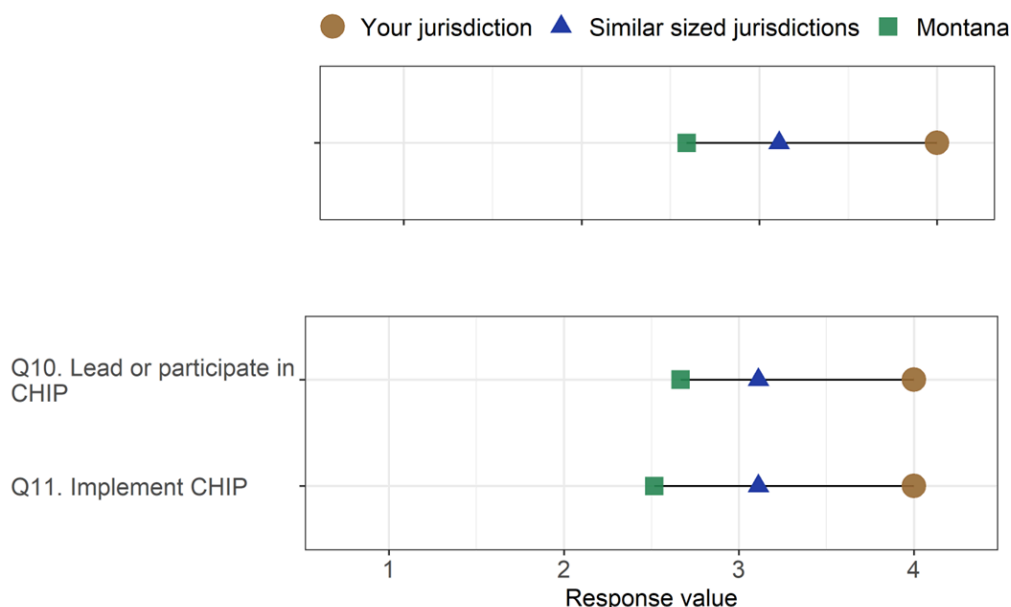
Questions



Community Health Improvement Plan

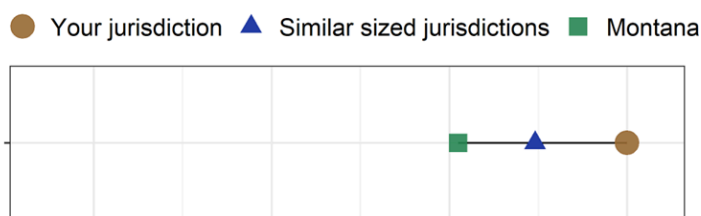
Domain

Questions



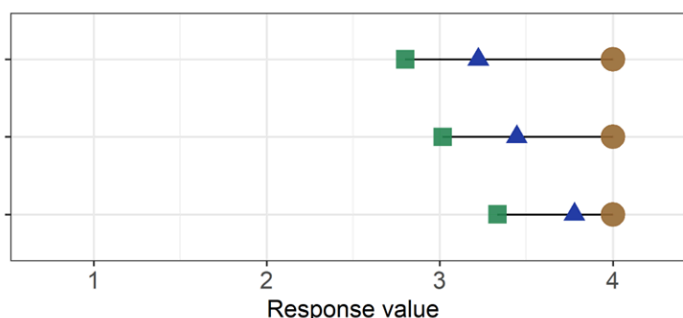
Policy Development

Domain



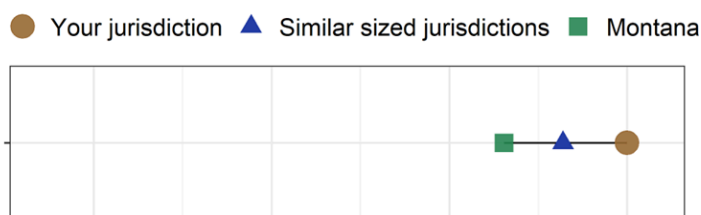
Questions

- Q12. Identify policy recommendations
- Q13. Implement regulation, ordinance, or policy recommendations
- Q14. Enforce regulations and ordinances



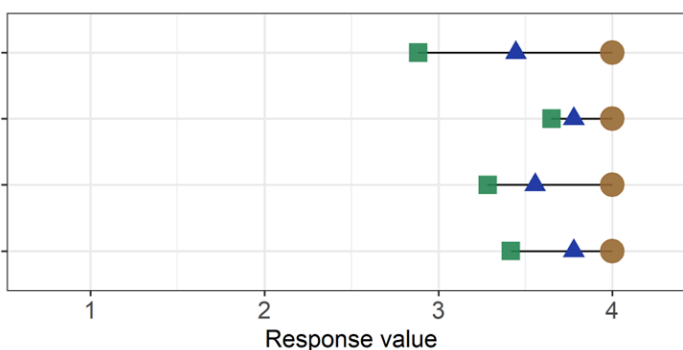
Community Partnership Development

Domain



Questions

- Q7. Respond to data requests
- Q15. Convene community stakeholders
- Q16. Articulate role of governmental public health
- Q17. Create community resource list

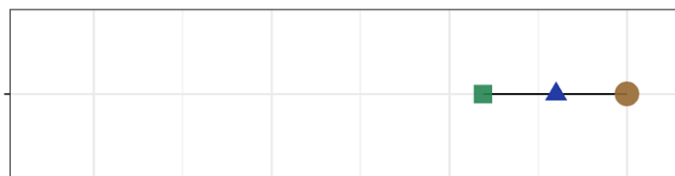


Communications

Domain

Questions

● Your jurisdiction ▲ Similar sized jurisdictions ■ Montana



Q18. Implement a branding strategy

Q19. Establish a communication strategy

Q20. Articulate mission, vision, values in communication strategy

Q21. Implement a proactive health education

Q22. Use variety of methods to communicate

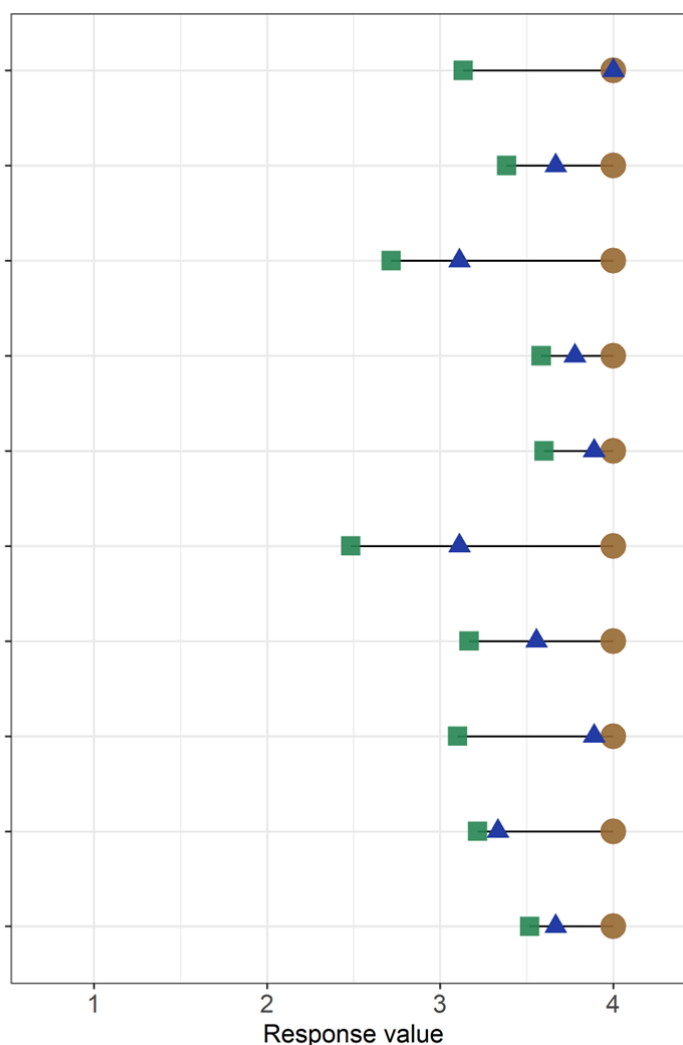
Q23. Evaluate communication strategies

Q24. Communicate in appropriate formats

Q25. Provide or support services in appropriate formats

Q26. Communicate role of public health

Q27. Maintain relationships with media outlets

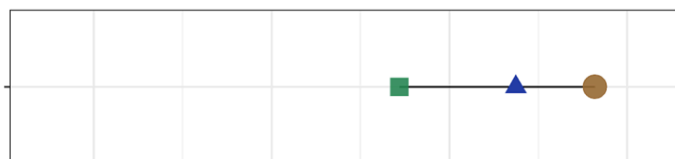


Organizational Competencies

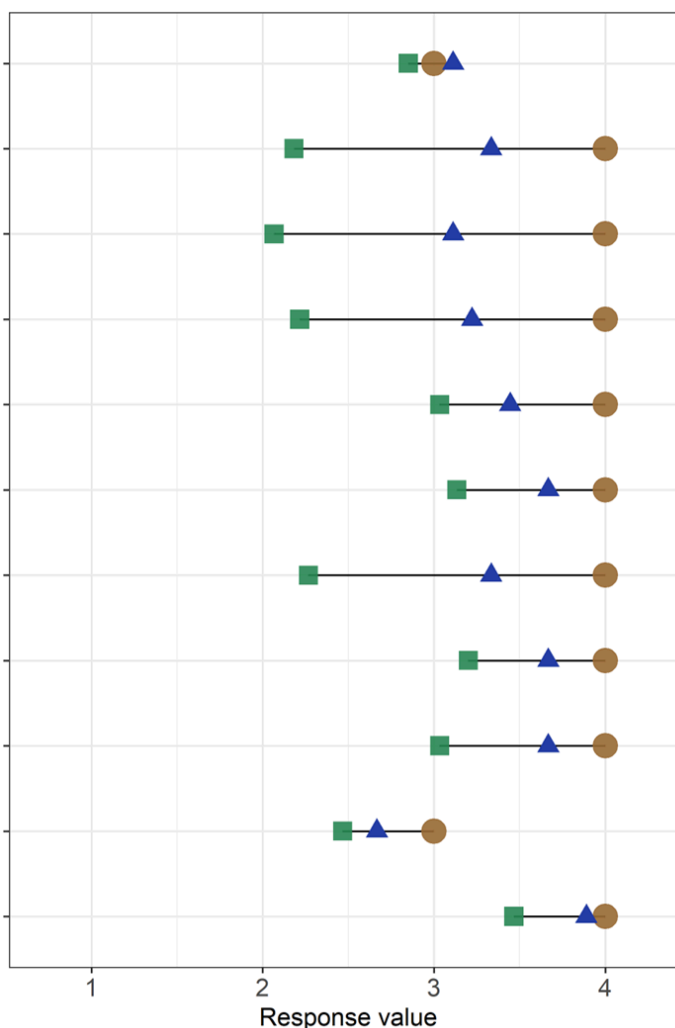
Domain

Questions

● Your jurisdiction ▲ Similar sized jurisdictions ■ Montana



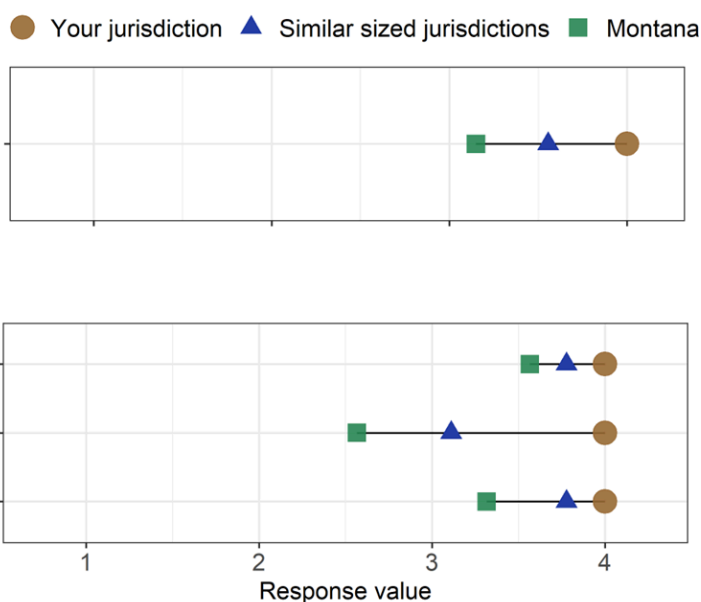
- Q9. Evaluate program effectiveness
- Q28. Implement a strategic plan
- Q29. Implement a performance management system
- Q30. Implement a quality improvement plan
- Q31. Recruit and retain a diverse workforce
- Q32. Develop and maintain a competent workforce
- Q33. Implement a workforce development plan
- Q34. Provide professional development opportunities
- Q35. Build relationships with educational programs
- Q36. Implement a succession plan
- Q37. Maintain human resource functions



Operational Policies

Domain

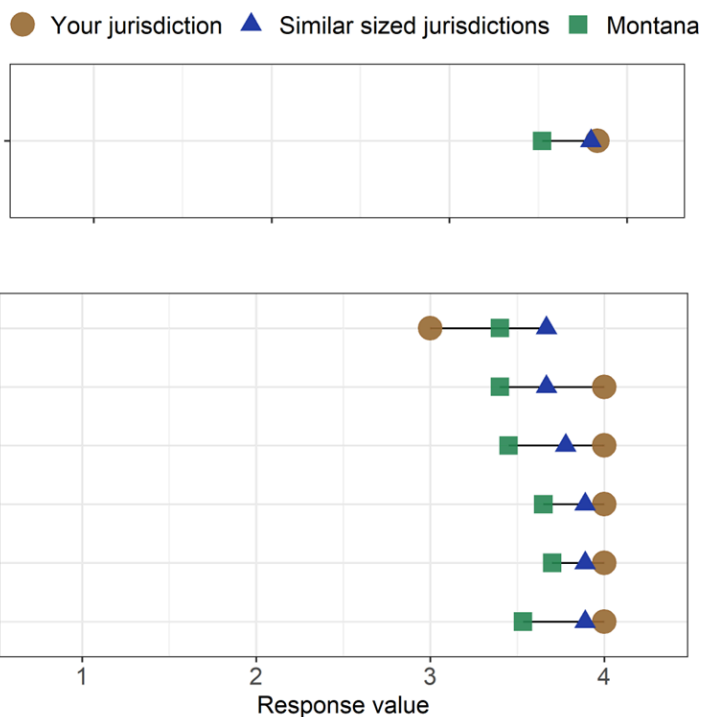
Questions



Routine Operations

Domain

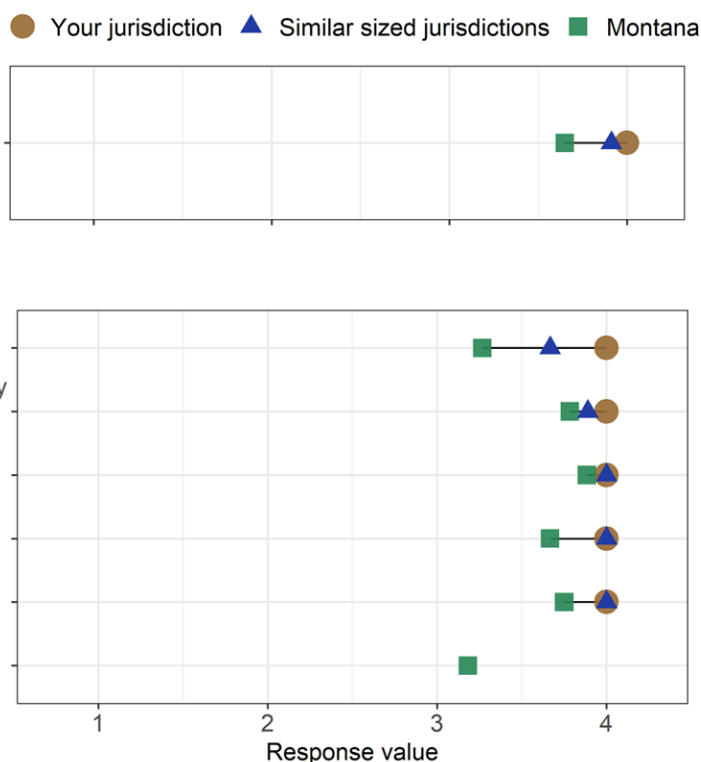
Questions



Local Governance

Domain

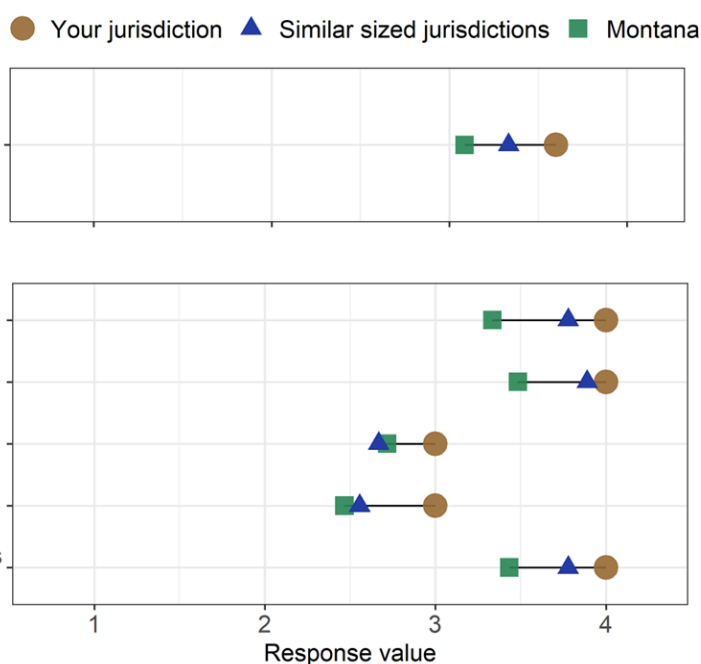
Questions



Elevating Health Across Montana

Domain

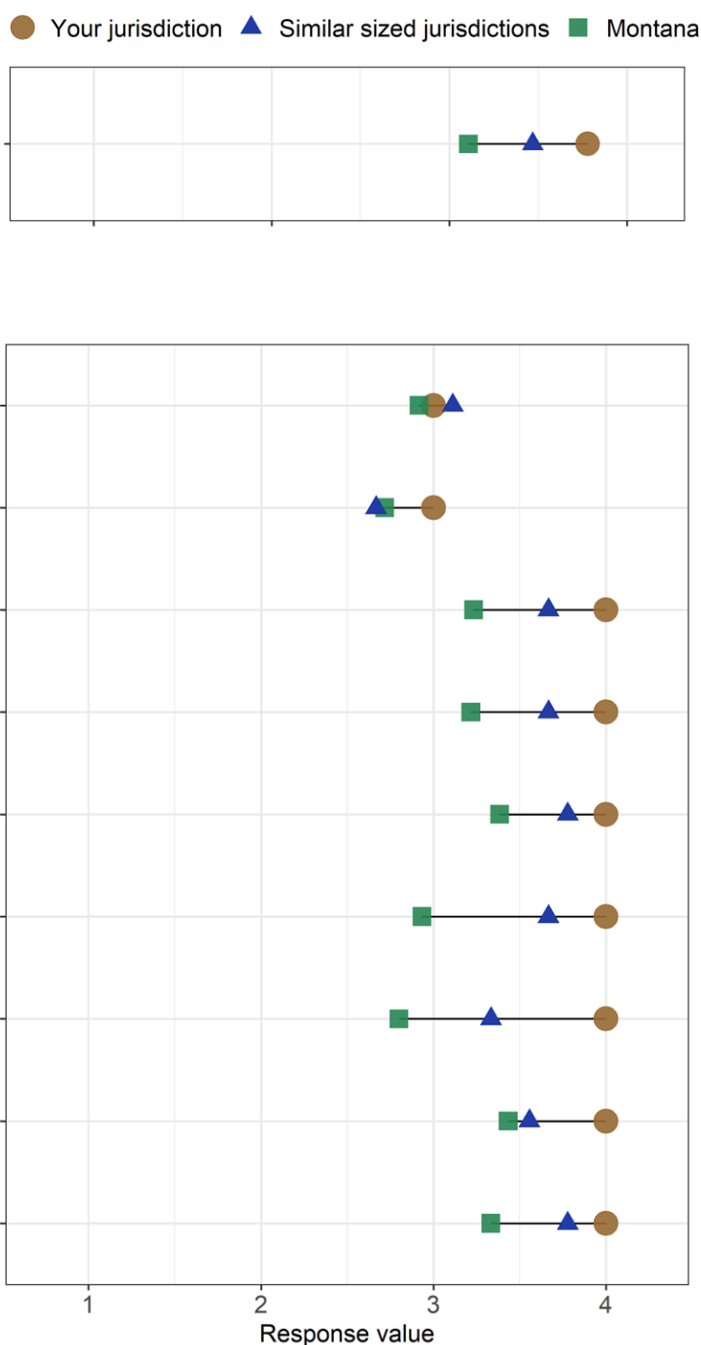
Questions



Chronic Conditions

Domain

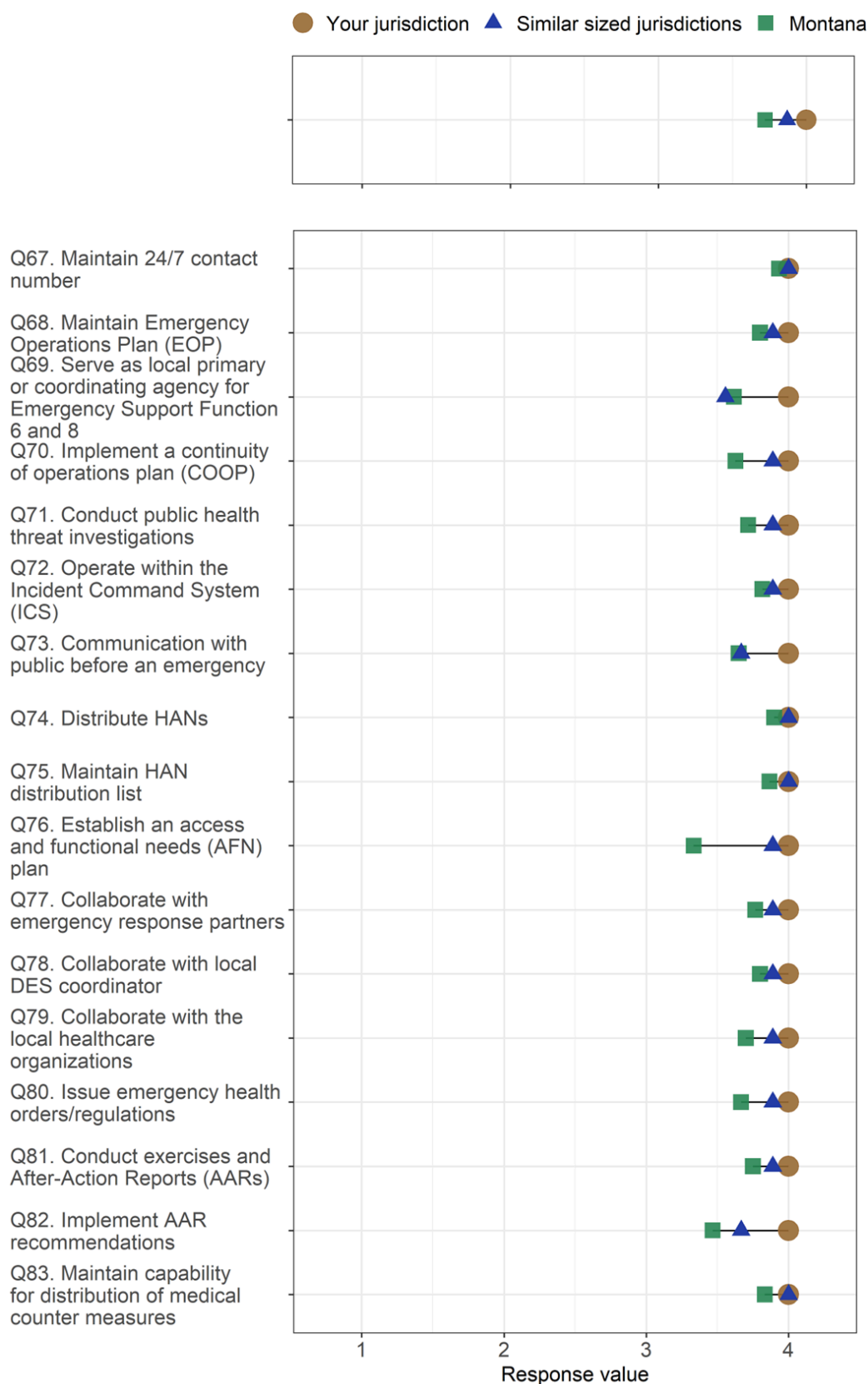
Questions



Public Health Emergency Preparedness

Domain

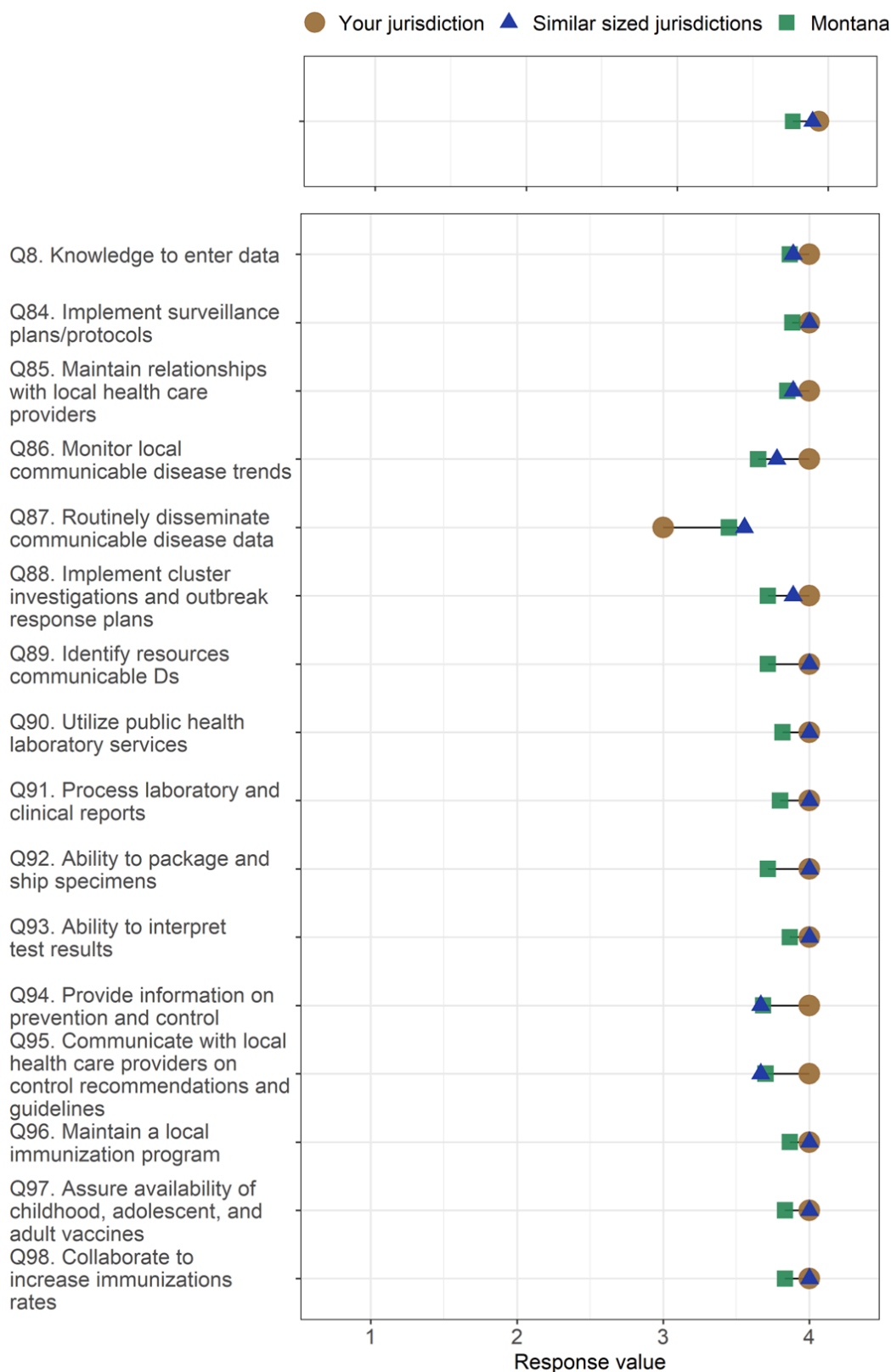
Questions



Communicable Diseases

Domain

Questions



Environmental Health

Domain

Questions

● Your jurisdiction ▲ Similar sized jurisdictions ■ Montana



Q99. Ensure 24/7 access to public health hazards resources

Q100. Provide or support local reportable disease screening/testing

Q101. Conduct disease investigations

Q102. Identify and respond to outbreaks

Q103. Assure proper diagnosis and treatment for reportable conditions

Q104. Work with partners to enforce health orders

Q105. Implement environmental health plan(s)

Q106. Establish relationships with partners

Q107. Advocate and seek funding

Q108. Participate in land use planning and sustainable development

Q109. Implement a plan to prevent/reduce exposures to health hazards

Q110. Identify and address notifiable environmental conditions and hazards

Q111. Prevent or reduce environmental public health hazards

Q112. Collaborate with environmental public health agencies

Q113. Provide or support health inspections

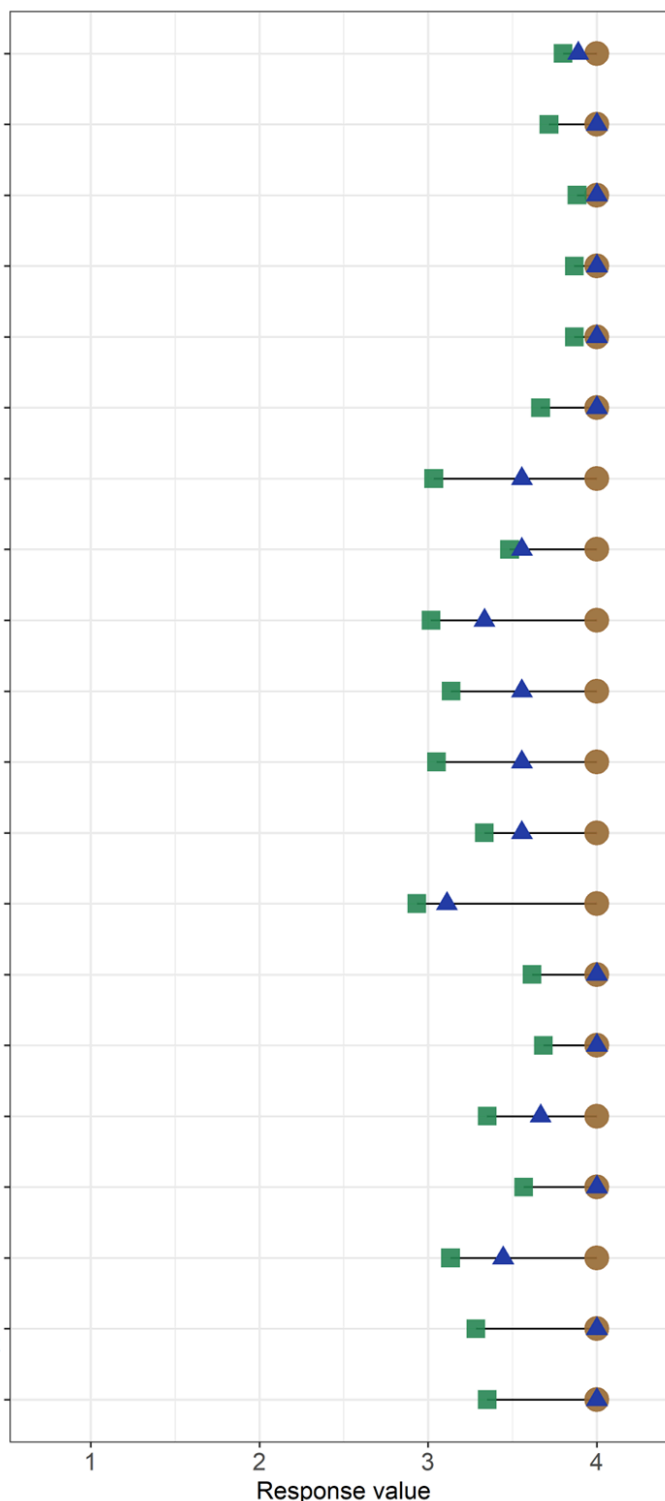
Q114. Provide information on issues and health impacts

Q115. Utilize environmental health laboratory services

Q116. Provide or support access to blood lead screenings

Q117. Provide or support blood lead case management

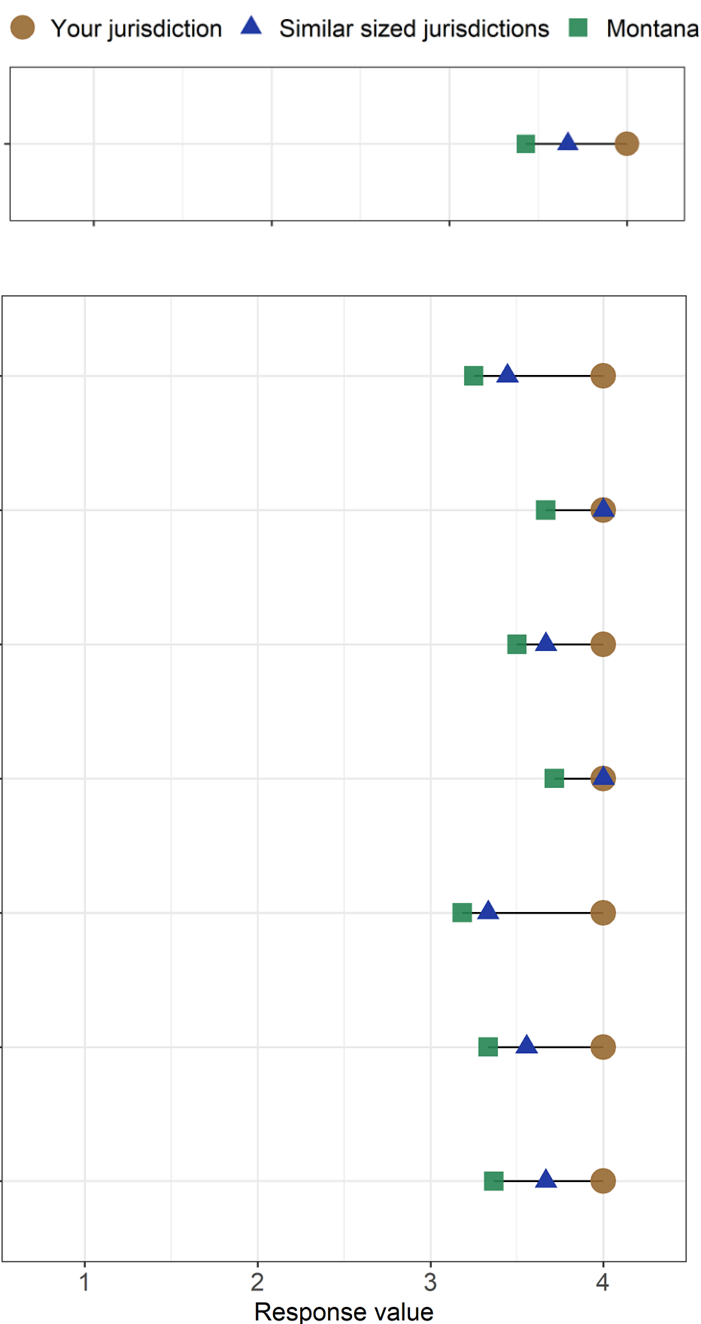
Q118. Provide or support lead case investigation and exposure tracking



Maternal and Child Health

Domain

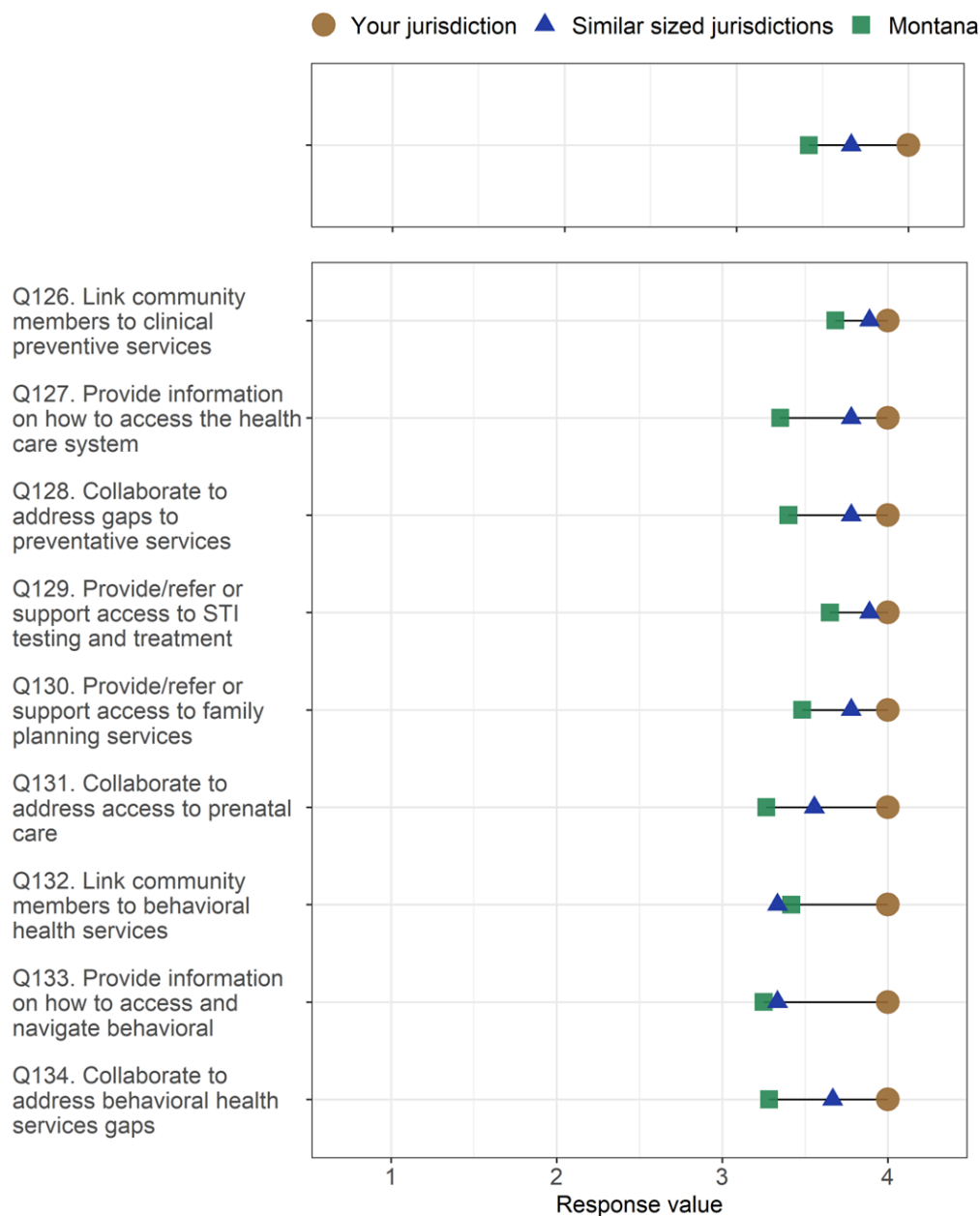
Questions



Access to Clinical Care

Domain

Questions





Citations and Terminology

Citations

- PHAB FPHS: <https://phaboard.org/center-for-innovation/public-health-frameworks/the-foundational-public-health-services/>
- PHAB Workforce calculation: <https://phaboard.org/center-for-innovation/workforce/>

Terminology

- AMPHO - Association of Montana Public Health Officials
- CD - Communicable Disease
- FPHS - Foundational Public Health Services
- FTE - Full-time equivalents
- HIPPA - Health Insurance Portability and Accountability Act
- ICS - Incident Command System
- MCH - Maternal and Child Health
- PHAB - Public Health Accreditation Board
- PHEP - Public Health Emergency Preparedness
- PHSITF - Health System Improvement Task Force
- 21C - Twenty-first century

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

BOARD AGENDA ITEM

Meeting Date

June 26, 2025

Agenda Item No.

6

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

AGENDA ITEMS: Public Health Accreditation Board (PHAB) annual report and action plan

PERSONNEL INVOLVED: Drenda Niemann

BACKGROUND: Alignment with LCPH 5 Strategic Initiatives-Infrastructure

HEALTH DIRECTOR'S RECOMMENDATION: N/A

☐ ADDITIONAL INFORMATION

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Brown						
Reed						
Harris						
Kaufman						
MacLaurin						
Ohs-Mosley						
Rolfe						
Weltz						

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

BOARD AGENDA ITEM

Meeting Date

June 26, 2025

Agenda Item No.

7

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

AGENDA ITEMS: Oversight

PERSONNEL INVOLVED: Board Members

BACKGROUND: Board Training- Governance Functions

HEALTH DIRECTOR'S RECOMMENDATION: N/A

XADDITIONAL INFORMATION

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Brown						
Reed						
Harris						
Kaufman						
MacLaurin						
Ohs-Mosley						
Rolfe						
Weltz						

The Governance Functions

NALBOH is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to inform, guide, and help them fulfill their public health responsibilities in their states and communities. Driven by a mission to strengthen and **improve public health governance**, NALBOH worked with CDC and other national partners to identify, review, and develop the following model of **six functions of public health governance**.

Policy development: Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

Resource stewardship: Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

Legal authority: Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

Partner engagement: Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

Continuous improvement: Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

Oversight: Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit www.nalboh.org.

Approved by the NALBOH Board of Directors – November 2012



National Association of Local Boards of Health

www.nalboh.org

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

BOARD AGENDA ITEM

Meeting Date

June 26, 2025

Agenda Item No.

Announcements

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

AGENDA ITEMS: Measles update

PERSONNEL INVOLVED: Drenda Niemann

BACKGROUND: Community updates

HEALTH DIRECTOR'S RECOMMENDATION: N/A

ADDITIONAL INFORMATION

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Brown						
Reed						
Harris						
Kaufman						
MacLaurin						
Ohs-Mosley						
Rolfe						
Weltz						

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

BOARD AGENDA ITEM

Meeting Date

June 26, 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						

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

BOARD AGENDA ITEM

Meeting Date

June 26, 2025

Agenda Item No.

Closed Session

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

AGENDA ITEMS: Closed session - Annual Staff Evaluation

PERSONNEL INVOLVED: Board Members

BACKGROUND: Annual evaluation for Director, Drenda Niemann

HEALTH DIRECTOR'S RECOMMENDATION: N/A

ADDITIONAL INFORMATION

BOARD ACTION:

NOTES:

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Brown						
Collins						
Reed						
Harris						
Kaufman						
MacLaurin						
Ohs-Mosley						
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	X	
Brown	*	X	X	X	X	X	X	O	X	X	
Collins	*	X	X	X	X						
Reed	*					X	X	X	X	O	
Harris	*	X	X	X	X	O	X	O	X	X	
Kaufman	*	X	O	X	X	O	X	O	X	X	
MacLaurin	*	O	X	X	X	X	O	X	X	O	
Ohs-Mosley	*	X	X	X	X	X	X	X	X	X	
Payne	*	X	X	X	O						
Rolfe						X	X	X	X	X	
Weltz	*	O	O	O	O	O	O	O	X	X	

Legend:

X = Present

X_p = Present by phone

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

O = Absent

* = No meeting held

P = Strategic Planning Session

T = Training