

LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH MEETING
LEWIS AND CLARK PUBLIC HEALTH
CONFERENCE ROOM at 1930 9th Ave or ZOOM
January 25, 2024
1:00-3:00pm

REGULAR BOARD MEETING AGENDA

1:00	CALL TO ORDER	
1:00	REVIEW OF AGENDA	
	1. Review and revision of agenda	Pg. 1
1:05	MINUTES	
	2. December 7, 2023.....	Pg. 2
1:10	INTRODUCTIONS	
	3. New Staff and Employee Recognition.....	Pg. 5
1:20	ACTION ITEMS	
	4. Onsite Wastewater Variance Ratification of Hearing Officer Recommendation Wilson Rental Properties LLC, Ralene Wilson at 1022 Trails End Road., Helena, MT.....	Pg. 6
	5. Annual Board of Health Conflict of Interest.....	Pg. 27
1:45	BOARD DISCUSSION	
	6. - Licensed Establishment Cooperative Agreement (Laurel) - East Helena Superfund Update (Beth) - FY24 2 nd Quarter Finance Report	Pg. 28
2:30	BOARD TRAINING	
	7. Foundations of Public Health Service / 10 Essential Public Health Services	Pg. 44
2:45	PUBLIC COMMENT	
	8. Public comments on matters not mentioned above	Pg. 64

Adjourn

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

ADA NOTICE

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

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

BOARD AGENDA ITEM

Meeting Date

January 25, 2024

Agenda Item No.

1

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

AGENDA ITEMS: Review of Agenda

PERSONNEL INVOLVED: Board Members

BACKGROUND: Time is allowed for board members to review the agenda and to add any new agenda items.

HEALTH DIRECTOR’S RECOMMENDATION: Approval

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

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

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

BOARD AGENDA ITEM

Meeting Date

January 25, 2024

Agenda Item No.

2

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

AGENDA ITEMS December 7, 2023 Minutes

PERSONNEL INVOLVED: Board Members

BACKGROUND: Upon approval, the minutes represent official actions of the Board of Health. Every effort is made to have these recommended minutes accurately portray the proceedings and procedures of the board.

HEALTH DIRECTOR’S RECOMMENDATION: Approval

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

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

**LEWIS AND CLARK CITY-COUNTY
BOARD OF HEALTH – MINUTES
1930 9th AVE, HELENA, MONTANA 59601
In-Person/Zoom Meeting, 1:00 p.m.
December 7, 2023**

Members Present

Brie MacLaurin, chair
Dr. Mikael Bedell, vice chair
Commissioner Tom Rolfe
Mayor Wilmot Collins
Mayor Kelly Harris
Justin Murgel
Rex Weltz

Staff Present

Drenda Niemann
Jolene Helgerson
Mary Sparks
Jolene Jennings
Jennifer McBroom
Kathy Moore

Members Absent

Katherine Weber
Lisa Kaufman

Guests Present

Brie MacLaurin, chair, called the meeting to order at 1:00 p.m. A quorum was established.

REVIEW OF AGENDA

Drenda Niemann, Health Officer, announced that the Suicide Prevention update will need to be rescheduled for another time. No public comment was given.

MINUTES

Ms. MacLaurin asked if there were any corrections or additions to the October 26, 2023, minutes. There being no changes, the Board approved the minutes as written. No public comment was given.

BOARD MEMBER DISCUSSION

WIC update: Mary Sparks, Healthy Families Program Supervisor, gave a WIC update (see attached “A”) in which she highlighted WIC services such as, nutrition education, food benefits, breastfeeding support, outreach, and referrals.

Behavioral Health Systems Improvement update: Jolene Jennings, Behavioral Health Systems Improvement Specialist, presented a program update (on pages 6-9 of the board packet) in which she highlighted the programs key coalitions and strategies, accomplishments, current programs and initiatives, and future program goals. Board members discussed Crisis Center funding and sustainability.

Water Quality Protection District (WQPD) update: Jennifer McBroom, WQPD Program Supervisor, provided a brief program update in which she highlighted newly hired vacant positions to continue the development of work plans, monitoring and sampling, upcoming water conservation events and watershed festivals, water quality studies, the development of the WQPD story map, and ongoing media outreach.

Ms. McBroom announced that the WQPD board still needs a BOH representative. Ms. MacLaurin announced that she would like to represent the BOH. Justin Murgel made a motion to approve Ms. MacLaurin as the BOH representative on the WQPD board. Commissioner Tom Rolfe seconded the motion, no public comment was given. Motion carried 6-0.

No public comment was given.

HEALTH OFFICERS REPORT

Ms. Niemann announced that ongoing discussions and work continues to develop a balanced budget for FY25. Restructuring of the 3 divisions into 2 is one of the decisions that has been made along with moving the Environmental Services staff from the City-County building to the Murray building. Ms. Niemann also announced that the State Public Health Association, Confluence, is working diligently to prepare for the 2025 legislative session where we can ask the legislators to consider a licensed establishment fee increase. The Montana Association of Counties voted to support this advocacy effort and will stand with the Confluence Public Health Alliance as they go before the legislature.

Ms. Niemann announced that after 30 years of service to the county, Environmental Services Division Administrator Kathy Moore will be retiring.

No public comment was given.

PUBLIC COMMENT

No public comment was given.

The meeting adjourned at 2:55 p.m.

Brie MacLaurin, Chair

Drenda Niemann, Secretary

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

BOARD AGENDA ITEM

Meeting Date

January 25, 2024

Agenda Item No.

3

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

AGENDA ITEMS: New Staff Introduction & Employee Recognition

PERSONNEL INVOLVED: Division Supervisor

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

HEALTH DIRECTOR'S RECOMMENDATION:

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

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

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

BOARD AGENDA ITEM

Meeting Date

January 25, 2024

Agenda Item No.

4

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

AGENDA ITEMS Onsite Wastewater Variance Ratification, Wilson Rental Properties LLC, Ralene Wilson at 1022 Trails End Road., Helena, MT

PERSONNEL INVOLVED: Lisa Kaufman, Hearing Officer

BACKGROUND The Board will consider ratification of the hearings officer recommendation for the variance to the Onsite Wastewater Regulation.

HEALTH DIRECTOR’S RECOMMENDATION: N/A

ADDITIONAL INFORMATION

BOARD ACTION:

NOTES:

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



Lewis & Clark
**Public
Health**

Environmental Services Division

316 North Park Ave., Room 230
Helena, MT 59623
406-447-8351
Fax: 406-447-8398
publichealth@lccountymt.gov
www.LewisAndClarkHealth.org

Wilson Variance Exhibits

- A. Variance Application
- B. Staff Report
- C. Certificate of Survey and DEQ Approval
- D. Vicinity Map
- E. Site Evaluation and existing septic permit
- F. Lot Detail
- G. Section 4.3, Table 4A: Lewis and Clark County Onsite Wastewater Treatment Regulations



RECEIVED
DEC 15 2023
ENVIRONMENTAL HEALTH

Environmental Health Department
316 N Park Ave, Rm 230
Helena, MT 59623
406-447-8351

VARIANCE APPLICATION

2 Pages

Name on Site Evaluation Application Form: Wilson Rental Properties, LLC

Property Owner's Name: Wilson Rental Properties, LLC

Property Address: 1022 Trails End Rd.

Legal Description of Property: Olson Minor Sub. Sec. 6, T10N, R03W, lot 1
COS # 446210

1. What type of on-site wastewater system, if any, currently exists on the property?
Standard Gravity-fed Drainfield with concrete Septic tank

2. When was the existing system installed? 7/7/1989

3. Is there a permit for this system, and if so, what is the permit number? # 102491

4. Which section of the Lewis and Clark County On-Site Wastewater regulations are you requesting a variance to?
Section 4.3 Site Requirements Table 1 -> Drainfields must be located at least 100' from the 100-yr. Floodplain Boundary

5. Explain why you cannot meet the Lewis and Clark On-Site Wastewater regulations. (For example: You cannot meet the setback to property line).
The Septic system needs to be replaced and there is not a location on the property that can meet the 100' setback to the 100 yr. Floodplain Boundary.

6. Can you meet the minimum requirement with any type of system?

NO - There is nowhere on the property that can accommodate a drainfield of any type or design + maintain a 100 foot setback to the floodplain

7. What other options have been looked at? (For example: An easement onto adjoining property).

Have explored an easement for the property to the west. That lot is a licensed trailer court and because of DEQ requirements, cannot accommodate the replacement drainfield.

8. Explain how the granting of this variance will not adversely affect public health, safety, and welfare.

Replacing the system will remove an old, failing gravity-fed system in highly permeable soils with a pressure-closed + sand-lined system that will increase treatment and is a much better option. The drainfield will also be

Information to be submitted with the variance application: Located outside the floodplain +

1. A filed certificate of survey from the Clerk and Records office, Room 113 in the City-County building.

2. A lot layout drawn to scale, that clearly shows the following:

- Placement of the home, driveway and other buildings
- Proposed and existing wells
- All neighboring wells within 100 feet of the property
- Proposed and existing septic systems
- Other pertinent features

be greater than 100' from all wells. The existing system is less than 100' from the neighbor's well.

Additional information that may be required – please meet with the sanitarian to see if you need any of the following:

- 1. Performance information for the type of system you are proposing.
- 2. Any engineering reports which may pertain to the site or which the department staff requests.
- 3. Water quality sampling for:

- Nitrate
- Bacteria
- Other samples or monitoring

4. Other information: _____

Applicants Name: Rakene Wilson

Applicants Email Address: RLW@WRPLLC.BIZ

Applicants Mailing Address: 675 Corral Rd. Helena Mt 59602

Contact Person's Name: Rakene Wilson Phone Number: 4064655324

September 2021

Applicant's Signature: Balene Wilson 12-14-23



Lewis & Clark
**Public
Health**

316 North Park Ave.
Room 230
Helena MT 59623
Phone: 406-447-8351
Fax: 406-447-8398
publichealth@lccountymt.gov
www.LewisAndClarkHealth.org

**Environmental Division Staff Report
Wilson Rental Properties, LLC
Ralene Wilson**

Hearing Date: January 22, 2024

Sanitarian: Beth Norberg, R.S.
447-8385

PROPERTY OWNER: Wilson Rental Properties, LLC
Ralene Wilson

PROPERTY ADDRESS: 1022 Trails End Road
Helena, MT 59602

LEGAL DESCRIPTION: Olson Minor Subdivision, S06, T10 N, R03 W, Lot 1

CURRENT PERMIT: #102491, July 7, 1989

SYSTEM FAILURE: YES

APPLICATION DATE: December 15, 2023

VARIANCE REQUEST: Section 4.3(1) Table 4A Setback Distances in Feet. The applicant is requesting a reduction in the required 100 foot set back distance between an absorption system and the designated 100-year flood plain and the required 10 foot setback from an absorption system to the property line.

DISCUSSION:

1022 Trails End Road is identified as lot 1 of the Olson Minor Subdivision. The subdivision was platted in July, 1989. The lot is 1.02 acres in size and is currently developed with a three-bedroom home. The residence is served by an individual well and septic system. The existing septic system was permitted in July 1989 under permit #102491.

The Olson Minor Subdivision is located off Trails End Road, west of North Montana Avenue in the Central Helena Valley between Silver Creek and Ten Mile Creek. It should be noted that Silver Creek and Tenmile Creek are over ½ mile away from this parcel. When the subdivision was created, there was not a mapped or designated floodplain in the area, so there was no requirement for floodplain setbacks.

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

The Environmental Division was notified on December 4, 2023 that the septic system had failed. The drainfield is no longer able to receive sewage effluent.

Environmental Division staff conducted a site evaluation on December 7, 2023 to determine a suitable location for a replacement drainfield. A soil profile test hole was dug and staff also reviewed other site conditions such as adjacent wells, setbacks to property lines and the location of any floodplain or floodway. The soils at the site are very gravelly, coarse loamy sands, which is a typical soil profile for the Helena Valley. These soils have a very fast percolation rate and require more advanced treatment other than standard gravity-feed.

There was no groundwater or signs of groundwater in the test hole and no indication of shallow bedrock. All wells are located more than 100 feet away.

While staff was researching the area, it was determined that the 100 year floodplain runs southwest to northeast through the property. There is not a location on the parcel that a replacement drainfield can maintain a 100 foot setback to the 100 year floodplain as required in Section 4.3(1) Table 4A of the Lewis and Clark County Onsite Wastewater Treatment Regulations. By definition, the 100-year flood plain is an area that the Federal Emergency Management Agency (FEMA) has determined has a 1% chance of flooding every year.

In looking for alternatives, there is an area adjacent to the Wilson parcel where the 100 foot setback to the floodplain can be met, but the Montana Department of Environmental Quality's Certificate of Subdivision Approval (COSA) does not allow for the system to be located on another parcel without going through a full rewrite. This is not feasible because it would affect the approval of the Trails End Trailer Court and their DEQ approval. There are not any public sewer connections or immediate plans for any public wastewater treatment systems to be installed and available. Staff has not identified any other alternatives that can meet the minimum requirements.

The proposed replacement system will consist of a 1000 gallon septic tank with 500 gallon dose tank and a pressure-dosed, sand lined subsurface drainfield. This is a common type of system for the area and soil type. The drainfield would be located approximately 20 feet outside of the 100 year floodplain. A floodplain development permit will not be required for this project because all work can be completed outside of the 100 year floodplain and floodway.

The proposed replacement system will comply with all other requirements of the current regulations. Because the existing wastewater treatment system was installed prior to 1993, the replacement system is not subject to the non-degradation requirements of the Montana Water Quality Act.

CONCLUSION:

The septic system located at 1022 Trails End Road has failed and the drainfield is no longer able to accept or treat sewage effluent. The applicant is requesting to replace the failed septic system with a pressure-dosed drainfield that is less than 100 feet from the 100 year floodplain. The drainfield can meet all design standards described in Montana DEQ Circular DEQ-4. All other requirements can be met in accordance with the Lewis and Clark County Onsite Wastewater Treatment Regulations and State minimum standards.

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

There are currently no other available options such as connection to an off- site wastewater treatment facility or easement to another property.

RECOMMENDATION:

Staff recommends that if the variance is granted, it shall be granted with the following condition:

1. That all tank openings be equipped with watertight lids and risers.

OLSON MINOR SUBDIVISION

I, Robert A. Olson, Helena, Montana, do hereby acknowledge and certify that I procured and caused to be surveyed, subdivided, and platted into Lots and Easements as shown by the plat the following tract of land, to-wit:

A subdivision of land located in the Southeast 1/4 of Section 6, Township 10 North, Range 3 West, P.M.H., Lewis and Clark County, Montana and more particularly described as follows:

Commencing at the Southeast corner of Section 6, run N 37° 03' 00" W a distance of 844.34 feet to a point, said point being the Point of Beginning; thence S 89° 08' 45" W a distance of 197.12 feet to a point; thence N 00° 05' 50" W a distance of 220.14 feet to a point; thence S 89° 33' 55" W a distance of 233.68 feet to a point; thence S 00° 06' 13" W a distance of 504.86 feet to a point; thence N 89° 27' 00" E a distance of 431.72 feet to a point; thence N 00° 04' 21" E a distance of 285.28 feet to the Point of Beginning.

Described subdivision of land to be known and designated as "OLSON MINOR SUBDIVISION" and containing 4.00 Acres. All access easements within and adjoining said subdivision are hereby dedicated to the use of the public forever.

Dated this 20 day of July, 1989.

Robert A. Olson

 Robert A. Olson

State of Montana
 County of Lewis and Clark

Be it known that on this 20th day of July, 1989, Robert A. Olson personally known to be the same person who signed and sealed the foregoing certificate came before me, a Notary Public in and for the State of Montana and acknowledged the same to be his free act and deed and for the purposes herein expressed.

In witness whereof, I have set my hand and affixed my Notarial Seal this 20th day of July, 1989.

Randi Helms

 Notary Public for the State of Montana

Residing at Helena

My Commission Expires 10-1-99

The undersigned hereby grants unto all public utility companies, as such are defined and established by Montana law, an easement for the construction, maintenance, repair and removal of their lines over, under and across the areas designated as "Utility Easement" to have and hold forever.

Robert A. Olson

CERTIFICATE OF EXAMINING LAND SURVEYOR

Wm. John Wilson, acting as an Examining Land Surveyor for Lewis and Clark County, Montana, do hereby certify that I have examined the final plat of OLSON MINOR SUBDIVISION and find that the survey data shown thereon meet the conditions set forth by or pursuant to Title 76, Chapter 3, Part 4, MCA.

Dated this 21st day of July, 1989.

Wm. John Wilson

 Registration No. 2105-S
 Helena, Montana

CERTIFICATE OF COUNTY TREASURER

I hereby certify, pursuant to Section 76-3-611(1)(b), MCA, that no real property taxes assessed and levied on the land described on this plat and encompassed by the proposed OLSON MINOR SUBDIVISION are delinquent except 1988 tax year.
 Property Identification Number (PIN) 12041

Dated this 25th day of July, 1989.

Martha B. Melton

 Treasurer, Lewis and Clark County, Montana

CERTIFICATE OF FINAL PLAT APPROVAL

The County Commission of Lewis and Clark County, Montana does hereby certify that it has examined this subdivision plat and having found the same to conform to law, approves it, and hereby accepts the dedication to public use of any lands shown on this plat as being dedicated to such use, this the day of _____, 19____.

Donald S. Keller

 Commissioner

Ed Stiles

 County Attorney

Wm. John Wilson

 Commissioner

Robert A. Olson

 County Surveyor

Robert A. Olson

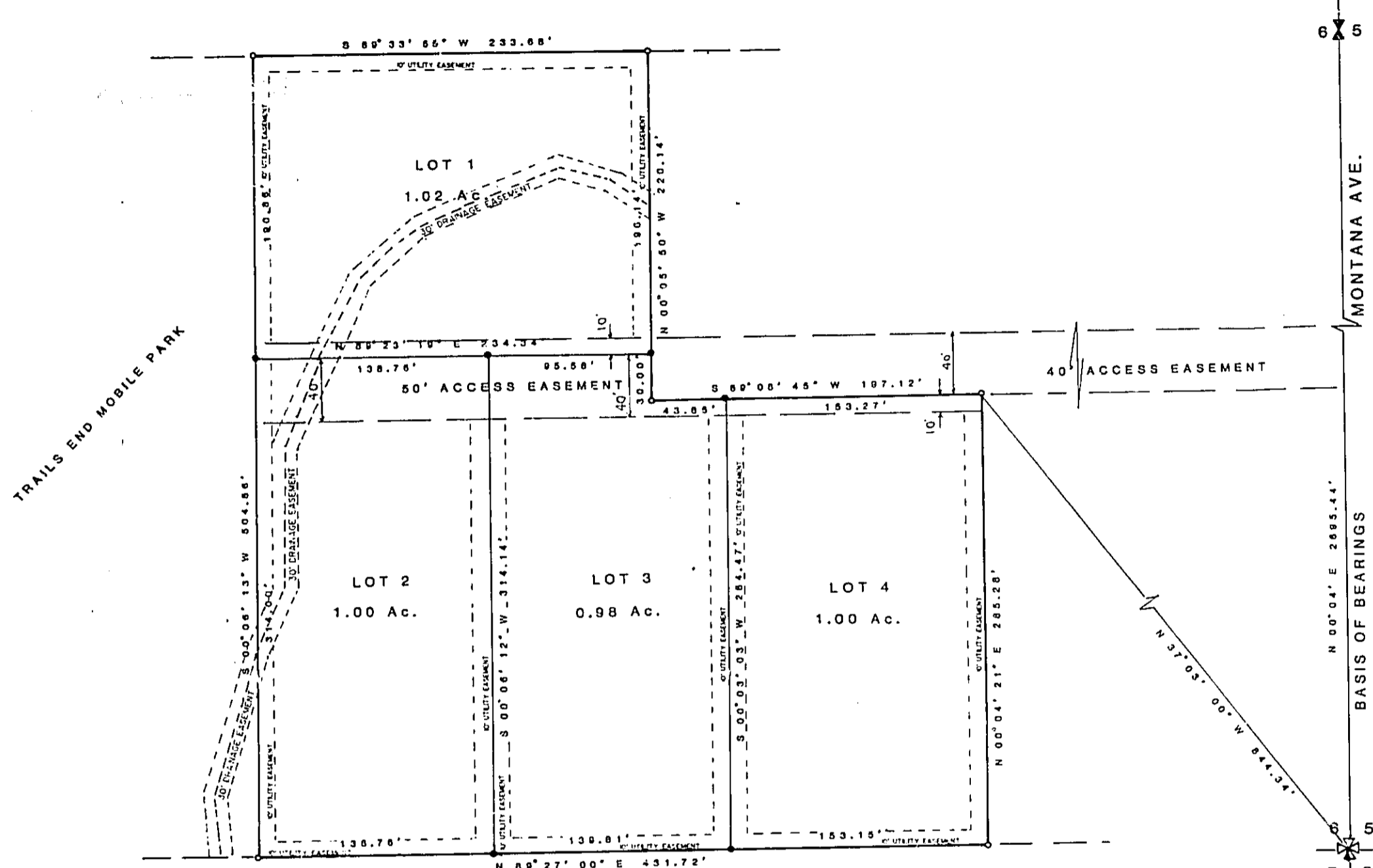
 Commissioner

Robert A. Olson

 County Planning Director

ATTEST:

 Clerk and Recorder



CERTIFICATE OF WAIVER OF PARK LAND DEDICATION AND ACCEPTANCE OF CASH IN LIEU THEREOF

I, Sue Bartlett of Lewis and Clark County, Montana, do certify that the following order was made by the Board of County Commissioners of Lewis and Clark County at a meeting thereof held on the 25th day of October, 1988, and entered into the proceedings of said body to-wit: "Inasmuch as the dedication of park land within the platted area of OLSON MINOR SUBDIVISION is undesirable for the reasons set forth in the minutes of this meeting, it is hereby ordered by the Board of County Commissioners that land dedication for park purposes be waived and that cash in lieu of park land, in the amount of FOUR HUNDRED AND 00/100 dollars (\$ 400.00), be accepted in accordance with the provisions of TITLE 76, Chapter 3, MCA.

In witness whereof, I have hereunto affixed the seal of Lewis and Clark County, Montana this 27th day of July, 1989.

Sue Bartlett

The Restrictive Covenants for OLSON MINOR SUBDIVISION are filed in Book 1180, on Page 132.

DRAINAGE EASEMENT CENTERLINE DESCRIPTION

A perpetual drainage easement 30 feet in width crossing Lots 1 and 2 lying 15 feet on each side of the following described centerline. Commencing at a point S 00° 08' 13" W 105.64 feet from the northwest corner of Lot 2, said point being the Point of Beginning of said description; thence N 22° 40' 24" E a distance of 48.6 feet; thence N 02° 14' 17" W a distance of 79.7 feet; thence N 21° 07' 43" E a distance of 113.7 feet; thence N 42° 44' 30" E a distance of 49.7 feet; thence N 65° 55' 32" E a distance of 97.3 feet; thence S 74° 07' 48" E a distance of 23.8 feet; thence S 69° 27' 14" E a distance of 34.7 feet to a point on the east side of Lot 1 lying S 00° 05' 50" E 90.1 feet from the northeast corner of Lot 1.

CERTIFICATE OF SURVEY

I, William H. Tange, Helena, Montana, do solemnly swear that I have made the survey of "OLSON MINOR SUBDIVISION", a subdivision of land located in the SE 1/4 of Section 6, T 10 N, R 3 W, P.M.H., Lewis and Clark County, Montana; that such survey was made in accordance with the provisions of TITLE 76-3-104 M.C.A., effective this date; that the date of survey was May, 1989, and the annexed subdivision plat is in accordance with that survey.

William H. Tange

 Registration No. 33665
 Helena, Montana

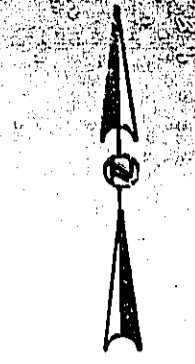


CERTIFICATE OF FILING BY CLERK AND RECORDER

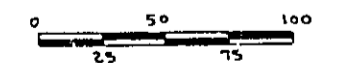
STATE OF MONTANA
 County of Lewis and Clark
 Filed for record this _____ day of _____, 19____, at _____.

William H. Tange

 Clerk and Recorder
 Lewis and Clark County, Montana



Scale: 1"=50'



LEGEND:

- Set 5/8" Rebar marked TANGEN 33665
- Found Iron Pin set Previous Surveys

P.M.M.
 LEWIS & CLARK CO.

1/4	Sec	T	R
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<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

TANGEN ENGINEERING
 4320 North Montana
 HELENA, MONTANA 59601
 (406) 442-1021

446 210

1989 JUL 27 PM 2:39

William H. Tange

 7.00

3638

STATE OF MONTANA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
CERTIFICATE OF SUBDIVISION PLAT APPROVAL
(Section 76-4-101 through 76-4-131, MCA 1979)

TO: County Clerk and Recorder
Lewis & Clark County
Helena, Montana

No. 25-89-S35-613
0196R

THIS IS TO CERTIFY THAT the plans and supplemental information relating to the subdivision known as ROBERT OLSON MINOR SUBDIVISION

consisting of 4 parcels have been reviewed by personnel of the Water Quality Bureau, and,

THAT the documents and data required by Section 76-4-101 through 76-4-131, MCA 1979 and the rules of the Department of Health and Environmental Sciences made and promulgated pursuant thereto have been submitted and found to be in compliance therewith, and,

THAT the approval of the Plat is made with the understanding that the following conditions shall be met:

THAT the parcel sizes as indicated on the Plat to be filed with the county clerk and recorder will not be further altered without approval, and,

THAT lots 1, 2, and 3 shall be used for one single-family dwelling, and,

THAT lot 4 shall be used for a single family dwelling and commercial purposes, and,

THAT each individual water system will consist of a well drilled to a minimum depth of 25 feet constructed in accordance with the criteria established in Title 16, Chapter 16, Sub-Chapters 1, 3, and 6 ARM and the most current standards of the Department of Health and Environmental Sciences, and,

THAT data provided indicates an acceptable water source at a depth of 66 feet, and,

THAT each individual sewage treatment system will consist of a septic tank and subsurface drainfield of such size and description as will comply with Lewis & Clark County Septic System Regulations and Title 16, Chapter 16, Sub-Chapters 1, 3, and 6 ARM, and,

THAT each subsurface drainfield shall have an absorption area of sufficient size to provide 130 square feet per bedroom, and,

THAT when the existing water supply system on lot 1 is in need of extensive repairs or replacement it shall be replaced by a well drilled to a minimum depth of 25 feet constructed in accordance with the criteria established in Title 16, Chapter 16, Sub-Chapters 1, 3, and 6 ARM and the most current standards of the Department of Health and Environmental Sciences, and,

THAT the bottom of the drainfield shall be at least four feet above the water table, and,

Page 2
Olson Minor Subdivision
Lewis & Clark County
25-89-S35-613

THAT no sewage treatment system shall be constructed within 100 feet of the maximum highwater level of a 100 year flood of any stream, lake, watercourse, or irrigation ditch, nor within 100 feet of any domestic water supply source, and,

THAT water supply and sewage treatment systems will be located as shown on the approved plans, and,

THAT plans for the proposed water and individual sewage treatment systems will be reviewed and approved by the Lewis & Clark County Health Department before construction is started, and,

THAT the developer shall provide each purchaser of property with a copy of the Plat, approved location of water supply and sewage treatment system and a copy of this document, and,

THAT instruments of transfer for this property shall contain reference to these conditions, and,

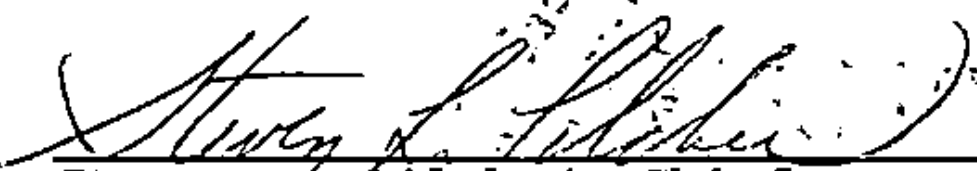
THAT departure from any criteria set forth in the approved plans and specifications and Title 16, Chapter 16, Sub-Chapters 1, 3, and 6 ARM when erecting a structure and appurtenant facilities in said subdivision without Department approval, is grounds for injunction by the Department of Health and Environmental Sciences.

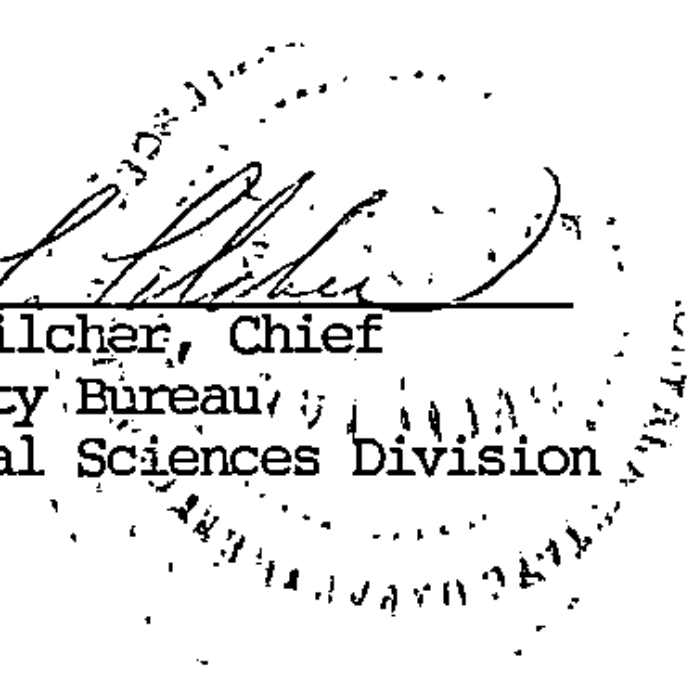
YOU ARE REQUESTED to record this certificate by attaching it to the Plat filed in your office as required by law.

DATED this 18th day of July, 1989.

Donald E. Pizzini
DIRECTOR

By:


Steven L. Pilcher, Chief
Water Quality Bureau
Environmental Sciences Division



Owner's Name: Robert Olson

SITE EVALUATION INSPECTION RESULTS

This is NOT a permit

PARCEL/PROJECT INFORMATION

PROJECT STATUS: PENDING VARIANCE

OWNER:	WILSON RENTAL PROPERTIES LLC		
SITE ADDRESS:	1022 TRAILS END RD		
LEGAL DESC:	OLSON MINOR SUB, S06, T10 N, R03 W, Lot 1, COS #446210		
GEOCODE:	05188806405280000		
PROPOSED SUB:	PROPOSED LOT NO.:		
INSPECTION DATE:	12/7/2023	INSPECTOR:	BETH NORBERG
INSPECTION RESULT:	FAIL		
CONTACT:			

PROJECT INFORMATION

PROJECT TYPE:	SITE EVALUATION	PROPOSED STRUCTURE TYPE:	
PROJECT SUBTYPE:	REPLACEMENT	PROPOSED SYSTEM TYPE:	
PROJECT DESCRIPTION:			
NOTES:	Replacement system. Site needs a variance to be less than 100 feet to the 100 year floodplain. System to be pressure-dosed and sand lined trenches sized on a 0.6 application rate for a very coarse and gravelly loamy sand. Greater than 3 min/inch perc rate.		

INSPECTION RESULTS

1. ALL FEES SUBMITTED, COMPLETED APPLICATION	Pass	
2. TEST HOLE IS WITHIN 25 FEET OF PRIMARY AND REPLACEMENT DRAINFIELD LOCATION	Pass	
3. SETBACK TO WELLS AND SURFACE WATER MET	Pass	All wells and neighboring wells can meet the 100 foot setback.
4. SETBACK TO ALL PROPERTY LINES MET	Pass	Property line setbacks can be met.
5. SETBACK TO ALL FOUNDATIONS MET	Pass	All existing foundations can maintain a 10 foot setback.
6. SETBACK TO 100 YEAR FLOODPLAIN AND/OR FLOODWAY MET	Fail	Site cannot maintain 100 foot setback to 100 year floodplain. Floodplain runs throughout property. There is a location on the west side of the property that is outside the floodplain, but not 100 feet.
7. SLOPE REQUIREMENTS MET	Pass	Slope at the site is flat and no more than 3%.
8. DEPTH TO BEDROCK >4'	Pass	No bedrock in the test hole.
9. DEPTH TO GROUNDWATER >4'	Pass	No groundwater or signs of groundwater in the test holes
10. MOTTLING OR SIGNS OF GROUNDWATER IN TEST HOLE	Pass	No mottling in the test holes.
11. TEST HOLE LOCATION AND OTHER DATA LOGGED IN GPS UNIT	Pass	
12. PREVIOUS GROUNDWATER MONITORING COMPLETED AT THE SITE	N/A	
13. GROUNDWATER MONITORING ON SURROUNDING PROPERTY	N/A	
14. NON-DEGRADATION REVIEW COMPLETED AND APPROVED	N/A	Replacement systems and no increase to require a new non-degradation review.
15. SITE MEETS REQUIREMENTS OF MOST CURRENT WASTEWATER TREATMENT REGULATIONS	Fail	Site needs variance approval to be less than 100 feet to the 100 year floodplain.

NO CONSTRUCTION shall take place until a numbered septic system permit has been issued by Lewis and Clark public health. If any construction occurs prior to a permit being issued, the permit fee will be doubled and an additional administrative penalty will be charged.

CONSTRUCTION is defined as the building or renovation of any structure intended for human occupancy, including excavation for foundations or footings, that would result in an increase in wastewater flow; the drilling of a well or the provision of water to a site intended for human occupancy; or work on or the installation of any part of an on-site wastewater treatment system.



316 North Park Ave., Room 230
 Helena, MT 59623
 406-447-8351
 Fax: 406-447-8398
publichealth@lccountymt.gov
www.LewisAndClarkHealth.org

SITE EVALUATION SOILS FORM

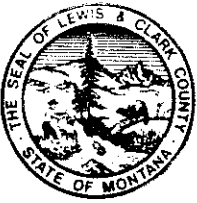
This is NOT a permit

PARCEL/PROJECT INFORMATION

PROJECT STATUS: PENDING VARIANCE

OWNER:	WILSON RENTAL PROPERTIES LLC		
SITE ADDRESS:	1022 TRAILS END RD		
LEGAL DESC:	OLSON MINOR SUB, S06, T10 N, R03 W, Lot 1, COS #446210		
GEOCODE:	05188806405280000		
PROPOSED SUB:	PROPOSED LOT NO.:		
APPLICATION DATE:	12/4/2023	APPLICANT:	RAYLENE WILSON
SITE EVALUATION TYPE:	REPLACEMENT		

TEST HOLE 1		TEST HOLE 2	
Layer 1	0-26", Sandy Clay Loam, 50% gravel, 10YR, 3/2	Layer 1	
Layer 2	26-96", Very Coarse, Gravelly Loamy sand, 75% gravel, 10YR, 4/4	Layer 2	
Layer 3		Layer 3	
Layer 4		Layer 4	
Layer 5		Layer 5	
Layer 6		Layer 6	
Layer 7		Layer 7	
Layer 8		Layer 8	
MOTTLING DEPTH	N/A	MOTTLING DEPTH	
GROUNDWATER DEPTH	N/A	GROUNDWATER DEPTH	
BEDROCK DEPTH	N/A	BEDROCK DEPTH	
NOTES	Size on a 0.6 app rate.	NOTES	
TEST HOLE 3		TEST HOLE 4	
Layer 1		Layer 1	
Layer 2		Layer 2	
Layer 3		Layer 3	
Layer 4		Layer 4	
Layer 5		Layer 5	
Layer 6		Layer 6	
Layer 7		Layer 7	
Layer 8		Layer 8	
MOTTLING DEPTH		MOTTLING DEPTH	
GROUNDWATER DEPTH		GROUNDWATER DEPTH	
BEDROCK DEPTH		BEDROCK DEPTH	
NOTES		NOTES	
TEST HOLE 5		TEST HOLE 6	
Layer 1		Layer 1	
Layer 2		Layer 2	
Layer 3		Layer 3	
Layer 4		Layer 4	
Layer 5		Layer 5	
Layer 6		Layer 6	
Layer 7		Layer 7	
Layer 8		Layer 8	



CERTIFIED INSTALLER INSPECTION FORM

PERMIT NO: 102491

Lewis and Clark City-County Health Department
 Environmental Health Division
 P.O. Box 1723, 316 North Park, Helena, MT 59624

Wiederholt Dr.

MINIMUM CONSTRUCTION REQUIREMENTS:

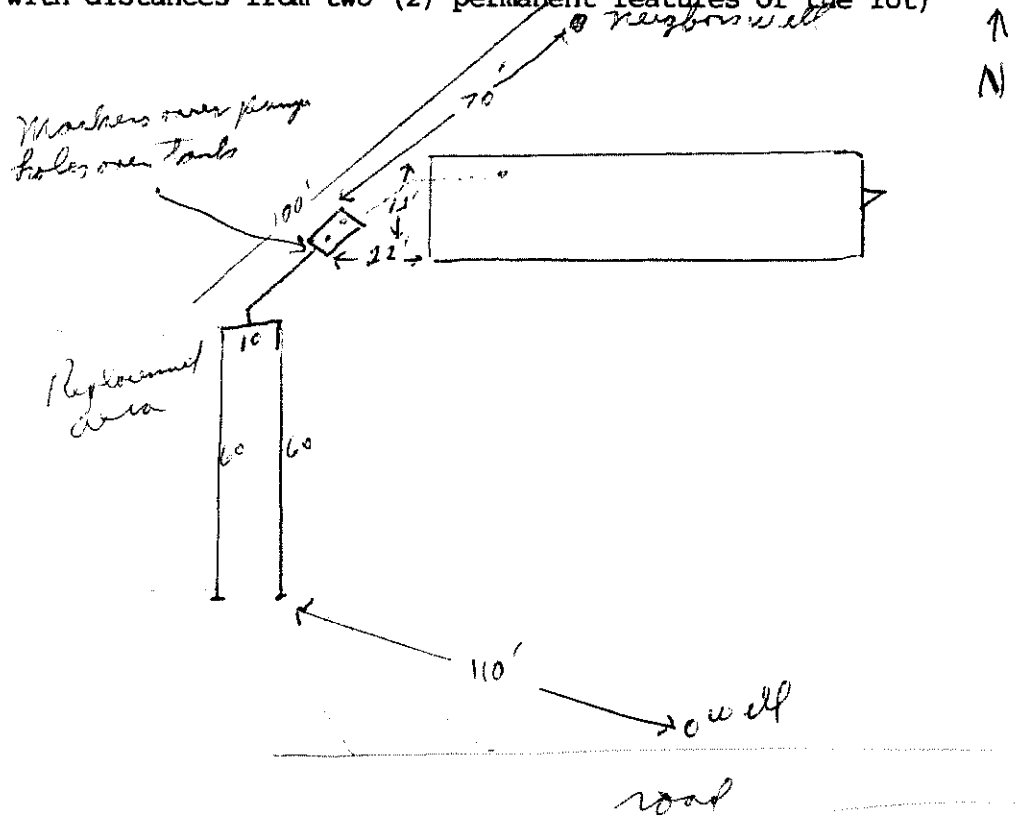
1. Septic Tank: a) Size 1000 gallons
 b) Material Concret
 c) Inlet/Outlet Caulked
2. Treatment Field: a) 130 linear feet of perforated pipe.
 b) Trench depth 24 (24" min to 36" max)
 c) Cover material 10 cover
3. Distribution System: a) D-Box _____ YES _____ NO
 b) Baffle _____ YES _____ NO
 c) Lift Station _____ YES _____ NO
 Size: _____
4. Distance to water source from: a) Septic Tank (50' min)
 b) Treatment Field (100' min)
5. Bedding: 6 Under pipe (6" min) 2 Over pipe (2" min)

INSPECTION RESULTS:

- ok ✓
 ok ✓
 ok yes
 actual 130
 actual 24"
 actual ✓
 ok _____
 ok _____
 ok _____
 actual _____
 actual 70 + 100
 actual 100
 actual 6-8 + 2

DIAGRAM SHOWING LOCATION AND SIZE OF THE SYSTEM AS INSTALLED:

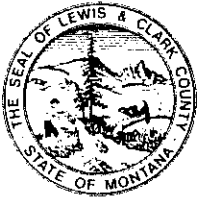
(Locate the Septic Tank with distances from two (2) permanent features of the lot)



I certify that the above system has been installed and meets the construction requirements of the permit issued by the Environmental Health Division, Lewis and Clark City-County Health Department.

BY: *Wiederholt Dr.*
 5-612 Wiederholt Dr.
 CERTIFIED INSTALLER

DATE: 7-7-19



ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Lewis & Clark City-County Health Department
ENVIRONMENTAL HEALTH DIVISION
316 North Park, Helena, MT 59623
443-1010, extension 351

Permission is hereby granted to install an on-site wastewater treatment system on the property owned by: James & Robin Wiederholt, Sr.

Property Owner

and located at: North Montana Avenue 1022 Trails End Rd, NW

Property Address

in the: SE 1/4 SE 1/4 Section 6, T10N, R3W of Lewis and Clark County.

Legal Description

This system shall be installed in accordance with current Lewis and Clark City-County Health Department rules governing the on-site treatment of wastewater, and the minimum construction requirements and special requirements provided for in this permit.

This permit is issued, based on the information provided in the permit application. If any of this information is found to be incorrect, or if the system is not installed as provided for, this permit shall be rendered null and void.

PERMIT ISSUED BY: LARRY L. Fenster, R.S. DATE: June 15, 1989

Type of System: standard

INSTALLER: CI NC Floyd Hoff Phone No. 442-1430

NOTE: THE SYSTEM MAY NOT BE BACKFILLED WITHOUT PRIOR APPROVAL OF THE DEPARTMENT OR AS PROVIDED FOR CERTIFIED INSTALLERS. THE INSPECTION TAG SHALL BE POSTED IN A CONSPICUOUS SPOT AT THE CONSTRUCTION SITE UNTIL PERMISSION IS GIVEN TO BACKFILL THE SYSTEM.

INSPECTION CALLED FOR: Time 8:05 AM, Date ~~6-19-89~~ 6-19-89

READY: Time NOW, Date _____

THIS PERMIT WILL EXPIRE TWO (2) YEARS AFTER THE DATE OF ISSUANCE. IF YOUR SYSTEM HAS NOT BEEN INSTALLED PRIOR TO THE EXPIRATION OF THIS PERMIT, YOU WILL HAVE TO RE-APPLY AND MEET STANDARDS CURRENT AT THAT TIME.

5-612

MINIMUM CONSTRUCTION REQUIREMENTS:

- 1. Septic tank: a) size 1000 gallon
b) material concrete
c) inlet/outlet caulked must provide
- 2. Treatment field: a) 130 linear feet of perforated pipe.
b) trench depth 36" ^(24" max. recommended) (24" min to 36" max)
c) cover material must provide
- 3. Distribution system: a) D-Box YES _____ NO
b) Baffle YES _____ NO
c) Lift Station YES _____ NO
Size _____
- 4. Distance to water source from: a) septic tank (50' min)
b) treatment field (100' min)

Inspection Results:

- ok _____
- ok _____
- ok _____
- ok _____
- actual _____
- actual _____
- ok _____
- ok _____
- ok _____
- actual _____
- actual _____
- actual _____

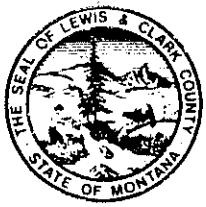
SPECIAL REQUIREMENTS:

DIAGRAM SHOWING LAYOUT AND LOCATION OF SYSTEM AS INSTALLED (BASE LOCATION ON MEASURED DISTANCE OF SEPTIC TANK FROM TWO PERMANENT LANDMARKS - tree, corner of house, etc.):

INSPECTED: Time _____, Date _____ **APPROVED** _____, **NOT APPROVED** _____

PROBLEMS: _____

HEALTH AUTHORITY _____



APPLICATION FOR SITE EVALUATION FOR ON-SITE WASTEWATER TREATMENT SYSTEM

Lewis & Clark City-County Health Department ENVIRONMENTAL HEALTH DIVISION P. O. Box 1723, 316 North Park Helena, MT 59624 * 443-1010 Ext. 351

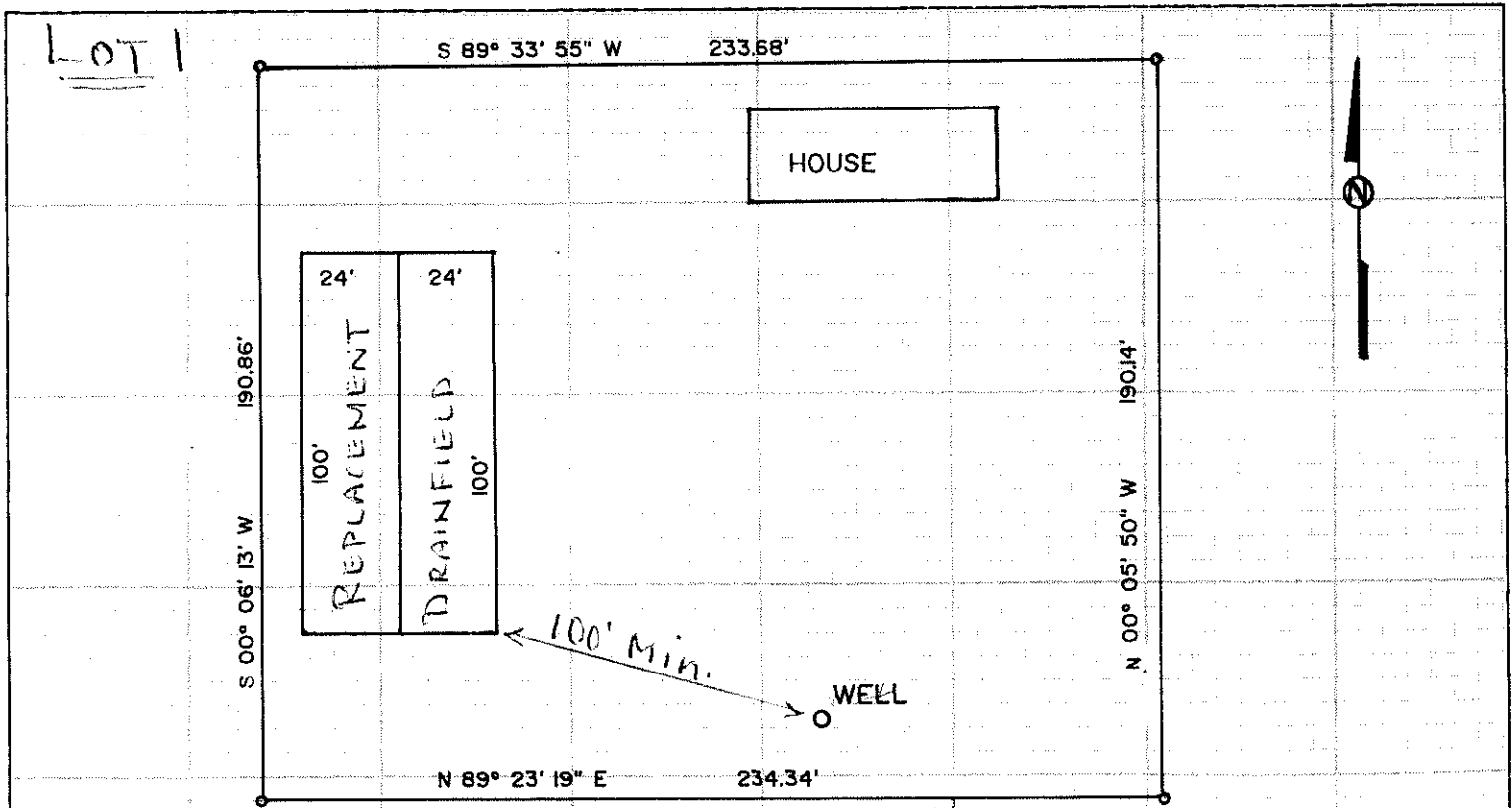
Office Use Only Region LF Date Rec. 6-5-89 Fee Paid \$50 Receipt No. 3123

NO CONSTRUCTION OF DWELLINGS, DOMESTIC WELLS OR SEPTIC SYSTEMS SHALL TAKE PLACE UNTIL THIS SITE EVALUATION IS COMPLETE AND A NUMBERED PERMIT HAS BEEN ISSUED.

TYPE OF SYSTEM: NEW [checked] REPLACEMENT EXPERIMENTAL SUBDIVISION [checked] REVIEW OF EXISTING If replacement for failed system, has failure analysis form been completed? Yes No

PART A: TO BE FILLED OUT BY APPLICANT

- 1. PROPERTY OWNER Robert Olson 2. OWNER'S ADDRESS P.O. Box 4271 3. PROPERTY ADDRESS 1022 2nd St SW 5150 N. Montana 4. PHONE: Work Home 458-9705 5. LEGAL DESCRIPTION 1/4 1/4 SE 1/4 SE 1/4 Sec 6 T10N R3W Lot Size 1.02 Acres 6. INSTALLER Floyd Hoff (CI) NC 7. PHONE 442-1430 8. TREATMENT SYSTEM TO SERVE: RESIDENTIAL [checked] TOTAL LIVING SPACE: 980 SQ. FT. 2 NO. OF BEDROOMS COMMERCIAL DESCRIBE OPERATION 10. TYPE OF WATER SUPPLY Well 11. Is Lot in Existing Subdivision? Pending 12. CERTIFICATE OF SURVEY NUMBER* (For New Construction Only) 13. PROVIDE A DIAGRAM SHOWING: LOCATIONS OF: THE PROPOSED BUILDING [checked] SEPTIC SYSTEM [checked] REPLACEMENT AREA [checked] DISTANCES FROM: WELLS SURFACE WATERS GULLIES ROADS ROCK OUTCROPS EASEMENTS PROPERTY BOUNDARIES (Use as a checklist)



THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT IF ANY OF THE APPLICATION IS FOUND TO BE UNTRUE, MY APPLICATION WILL NOT BE VALID.

SIGNATURE OF APPLICANT: William H. Janger DATE: 6/5/89

APPLICATION COMPLETE: YES NO SPECIFY _____
 ON-SITE VISIT REQUIRED: YES NO COMMENTS _____

LEGAL DESCRIPTION 1/ 1/ SE 1/4 SE 1/4 Section 6 T 10 N R 3 W

USDA SCS SOIL MAPPING: SYMBOL 306A NAME: Nippt-Atterau complex 0-4% slopes
 SYMBOL _____ NAME: _____

LIMITATIONS: Rating severe Limiting factors poor filter

TYPE	DEPTH	TEXTURE	PERMEABILITY	OBSERVATIONS
<u>Nippt</u>	<u>0-3"</u>	<u>gravelly loam</u>	<u>0.6-2.0 in/hr</u>	
	<u>0-3"</u>	<u>very cobbly loam</u>	<u>"</u>	
	<u>3-9"</u>	<u>gravelly clay loam, very gravelly clay loam</u>	<u>"</u>	
	<u>9-15"</u>	<u>very gravelly sandy loam</u>	<u>2.0-6.0 in/hr</u>	
	<u>15-60"</u>	<u>very gravelly sand, very cobbly sand</u>	<u>>20.0 in/hr</u>	
<u>Atterau</u>	<u>0-4"</u>	<u>loam</u>	<u>0.6-2.0 in/hr</u>	
	<u>4-10"</u>	<u>clay loam</u>	<u>"</u>	
	<u>10-15"</u>	<u>loam</u>	<u>"</u>	
	<u>15-23"</u>	<u>very gravelly sandy loam</u>	<u>2.0-6.0 in/hr</u>	
	<u>23-60"</u>	<u>very gravelly sand</u>	<u>>20.0 in/hr</u>	

SOIL TYPE I II III IV V VI

Depth to seasonally High Groundwater 10 feet How Verified U.S.G.S. OFR 80-1102 plate 1

Vegetative Indicators grasses, some alfalfa, peckly pear Groundwater Monitoring YES NO

Depth to Unsuitable Treatment Material >60" How Verified SCS Soil Survey
 Test Holes required YES NO Type: 7 ft. 4 ft.

Is Property in 100 Year Floodplain? YES NO
 Is Property within 100 ft. of 100 Year Floodway? YES NO
 FIRM/Floodway Map No. 1529 (of 300038)

Slope at Treatment Field Sites: A) 0-3% B) 0-3% Aspect NA

Is there room for a 100% Replacement Area? YES NO
 Will the initial and replacement sites meet all separation requirements? YES NO

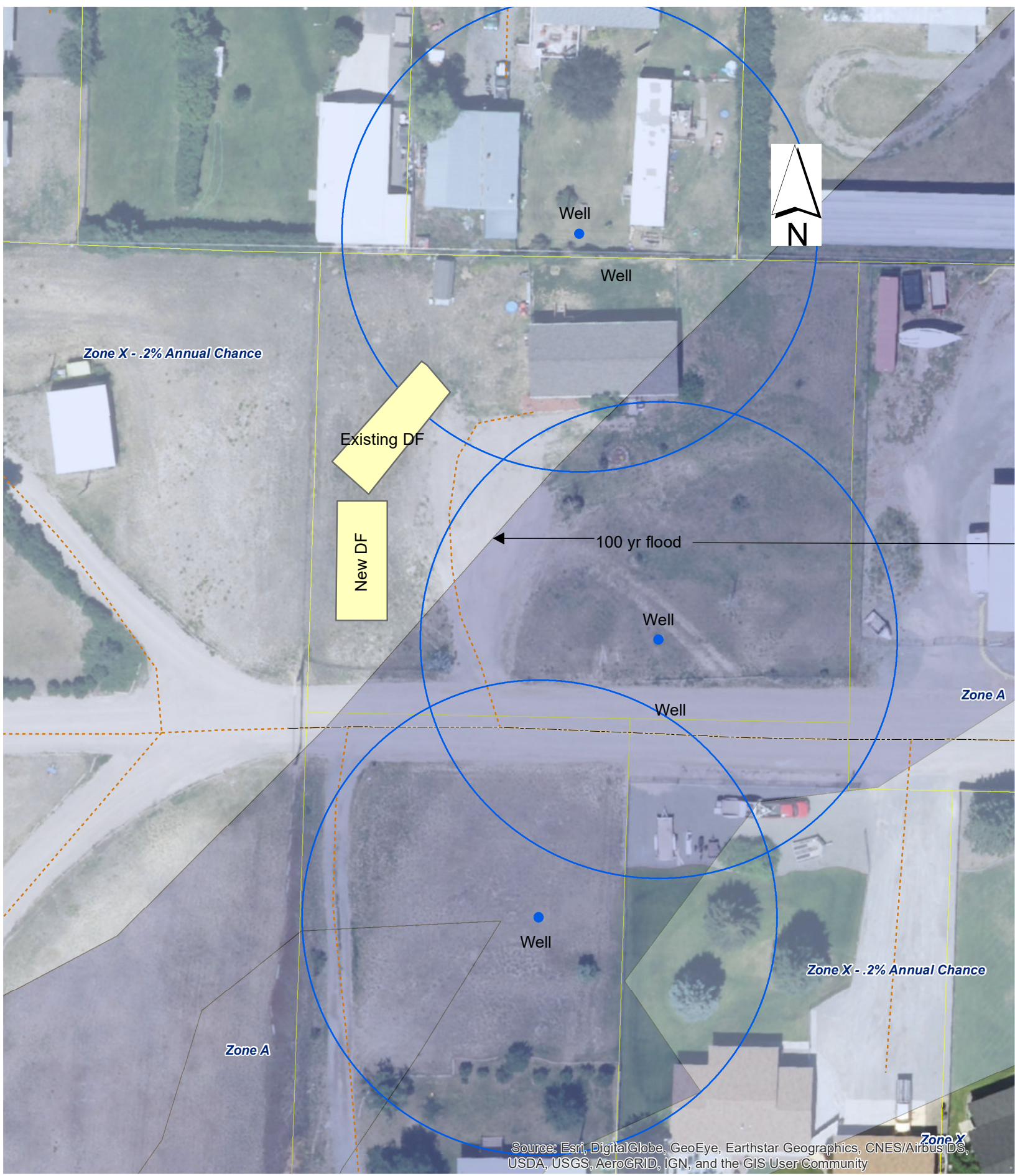
Observations: must not place fill for septic system in street flow channels

APPROVED: YES NO BASIS FOR DENIAL: _____

REEVALUATED: DATE _____ APPROVED: YES NO BASIS _____

SITE REQUIREMENTS: 1000 gallon concrete tank + 130 linear feet of drainfield at 36" max. trench depth (24 inch maximum recommended) - based on 1200 ft² home size

REVIEWED BY: Jacey J. Fenstere, R.S. DATE: 6-14-89



Zone X - .2% Annual Chance

Existing DF

New DF

Well

Well

100 yr flood

Well

Well

Zone A

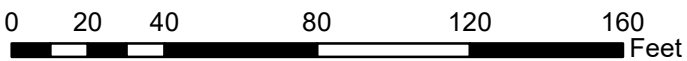
Zone X - .2% Annual Chance

Zone A

Well

Zone X

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community



- (d) The method for tank stabilization if seasonal high groundwater is expected to be within 12 inches of the tank's base.

4.3 SITE REQUIREMENTS

- (1) The minimum safe distances for sitting the various component parts on an on-site system must be measured horizontally and must comply with Table 4A below:

FEATURE	SEALED COMPONENTS (a) AND OTHER COMPONENTS (b)	ABSORPTION SYSTEMS (c)
PUBIC OR MULTI-USER WELL/SPRING	100	100
OTHER WELLS (d)	50	100
SUCTION LINES	580	100
CISTERNS	25	50
ROADCUTS, ESCARPMENTS	10 (d)	25
SLOAPS > 35% (f)	10 (d)	25
PROPERTY BOUNDARIES (g)	10	10
SUBSURFACE DRAINS	10	10
WATER MAINS (h)	10	10
DRAINFIELD/SAND MOUNDS (c)	10	0
FOUNDATION WALLS	10	10
SURFACE WATER, SPRINGS	50	100
FLOOD PLAIN, 100 yr	Sealed component—(a) Other component 100 (b)	100

Definitions of (a) - (e) from the table above:

- (a) Sealed components included sewer lines, sewer mains, septic tanks, grease traps, distribution boxes, dosing tanks, pumping chambers, holding tanks, and sealed pit privies. Holding tanks and sealed pit privies must be located at least ten (10) feet outside the floodplain or any openings must be at least two (2) feet above the floodplain elevation;
- (b) Other components include intermittent and recirculating sand filters, package plants, and evapotranspiration systems;
- (c) Absorption systems include absorption trenches, absorption beds, sand mounds, and other drainfield-type systems that are not lined or sealed. This term also includes seepage pits and unsealed pit privies;



Lewis & Clark
**Public
Health**

Environmental Services Division

316 North Park Ave., Room 230
Helena, MT 59623
406-447-8351
Fax: 406-447-8398
publichealth@lccountymt.gov
www.LewisAndClarkHealth.org

**Hearings Officer Recommendation
Wilson rental Properties
Ralene Wilson**

January 22, 2024

On January 22, 2024, a hearing was held before Lisa Kauffman, the Lewis and Clark City-County Board of Health Hearings Officer to consider granting a variance as outlined in Section 3.4 of the Lewis and Clark County On-Site Wastewater Treatment Regulations.

Ralene Wilson of Wilson Rental Properties, LLC requested a variance to Section 4.3(1) Table 4A, requesting a reduction in the required 100 foot set back distance between an absorption system and the designated 100-year flood plain.

Based on the facts presented to me and the record established at this hearing, I, Lisa Kauffman, now make the following recommendation to the Lewis and Clark City-County Board of Health:

Grant the variances from the regulation requiring 100 feet of separation between wastewater treatment fields and a designated 100 year floodplain with the following conditions:

1. That all tank openings be equipped with watertight lids and risers.

Lisa Kauffman, Hearings Officer

Date



Lewis & Clark
**Public
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Helena, MT 59623
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Findings of Fact
Wilson Rental Properties, LLC Variance Request
Ralene Wilson

On January 22, 2024, a hearing was held before the Lewis and Clark City-County Board of Health Hearing's Officer to consider granting a variance from the current regulations governing on-site wastewater treatment to Wilson Rental Properties, LLC. The property owner has requested to replace the failed septic system on the property with a system that is located less than 100 feet to the 100 year floodplain.

Based on the record established at this hearing, the Lewis and Clark City-County Board of Health now make the following findings of fact:

1. The property is located at 1022 Trails End Road in the central Helena Valley.
2. The parcel is 1.02 acres in size.
3. The parcel is located within the Olson Minor Subdivision.
4. The Olson Minor Subdivision was platted in July 1989.
5. The parcel sits between, and over ½ mile away from Silver Creek to the north and Tenmile Creek to the south.
6. The parcel consists of a three-bedroom home with individual septic tank, gravity-fed drainfield and well.
7. The existing septic system was permitted in July 1989 as permit #102491.
8. The existing septic system has failed.
9. The area did not have any mapped or designated floodplain in the area when it was platted and when the existing septic system was approved.
10. The proposed drainfield site cannot meet the 100 foot setback to the 100 year floodplain.
11. Soils at the site are very gravelly coarse loamy sands.
12. Neighboring lots do not have feasible alternatives for a drainfield easement.
13. The proposed replacement system will consist of a septic tank, dose tank and pressure-dosed, sand-lined drainfield that can meet all other local and state minimum standards.
14. The proposed replacement system is not subject to the non-degradation requirements of the Montana Water Quality Act.

Based on the findings of fact, the Lewis and Clark City-County Board of Health now makes the following conclusions of law:

1. The granting of this variance will not contaminate any actual or potential drinking water supply;

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

2. The granting of this variance will not cause a public health hazard as a result of access to insect, rodents, or other possible carriers of disease to humans;
3. The granting of this variance will not cause a public health hazard by being accessible to persons or animals;
4. The granting of this variance will not violate any law or regulation governing water pollution or wastewater treatment and disposal, including the rules contained in this subchapter except for the rules that the variance is requested from;
5. The granting of this variance will not pollute or contaminate state waters, in violation of 75-5-605, MCA;
6. The granting of this variance will not degrade state waters unless authorized pursuant to 75-5-303, MCA;
7. The granting of these variances will not cause a nuisance due to odor, unsightly appearance or other aesthetic consideration.
8. Not granting this variance will result in undue hardship to the applicant;
9. Granting of this variance addresses extraordinary conditions that the applicant could not reasonably have prevented;
10. There are no reasonably feasible alternatives other than the variance granted;
11. The variance granted is not more than the minimum needed to address the extraordinary conditions.

Based on the facts and conclusions presented above, the Lewis and Clark City-County Board of Health grant the variance subject to the following conditions:

1. That all tank openings be equipped with watertight lids and risers.

Brie MacLaurin, Chairman
Lewis and Clark City-County Board of Health

**VARIANCE TO THE REGULATION GOVERNING ON-SITE WASTEWATER TREATMENT
IN LEWIS AND CLARK COUNTY**

Application having been made by Wilson Rental Properties, LLC and Ralene Wilson to install a non-conforming septic system on the following described real property:

1022 Trails End Road
Helena, MT
S06, T10 N, R03 W
Olson Minor Subdivision, Lot 1

and the matter having been fully reviewed and considered by the Lewis and Clark City-County Board of Health at its regular meeting on January 25, 2024 as is more fully set forth in the minutes of said meeting.

NOW THEREFORE, the Lewis and Clark City-County Board of Health hereby grants Wilson Rental Properties, LLC and Ralene Wilson a variance from The Regulations Governing the On-Site Treatment of Wastewater in Lewis & Clark County, Section 4.2(1) to install a non-conforming septic system on the premises above-described upon the following terms and conditions:

1. That all construction work relating to the installation of any system approved by this variance must be completed on or before the 25th Day of January, 2025.
2. That this variance shall run with the land and shall be binding upon and provide benefit to the applicant's heirs, successors or assigns.
3. That all the provisions of The Regulations Governing the On-Site Treatment of Wastewater in Lewis and Clark County not in conflict with the specific terms of this variance shall remain in full force and effect and shall be binding on both the applicant and the property involved.
4. That all tank openings be equipped with watertight lids and risers.

DATED this 25th Day of January, 2024.

LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH

Brie MacLaurin, Chairman
Lewis and Clark City-County Board of Health

Drenda Niemann, Health Officer
Lewis & Clark County

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

BOARD AGENDA ITEM

Meeting Date

January 25, 2024

Agenda Item No.

5

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

AGENDA ITEMS Annual Board of Health Conflict of Interest

PERSONNEL INVOLVED: Drenda Niemann, Heath Officer

BACKGROUND Ms. Niemann will lead the discussion on a Board of Health conflict of interest.

HEALTH DIRECTOR’S RECOMMENDATION: N/A

ADDITIONAL INFORMATION

BOARD ACTION:

NOTES:

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

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

BOARD AGENDA ITEM

Meeting Date

January 25, 2024

Agenda Item No.

6

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

AGENDA ITEMS: Board Member Discussion

PERSONNEL INVOLVED: Board Members/Staff

BACKGROUND Licensed Establishment Cooperative Agreement; East Helena Superfund Update; FY24 2nd Quarter Finance Report

HEALTH DIRECTOR’S RECOMMENDATION: N/A

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

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

**MASTER CONTRACT NUMBER HHS-PHSD-0000525
TASK ORDER NUMBER 24-07-4-21-123-0**

**TO THE MASTER CONTRACT
EFFECTIVE JULY 1, 2019 TO JUNE 30, 2026
BETWEEN THE STATE OF MONTANA,
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
AND LEWIS & CLARK COUNTY**

ENVIRONMENTAL HEALTH AND FOOD SAFETY LICENSING

SECTION 1. PARTIES

This Task Order is entered into between the Montana Department of Public Health and Human Services, ("Department"), P.O. Box 4210, Helena, Montana, 59620, Phone Number (406) 444-5623, Fax Number (406) 444-1970, and Lewis and Clark County ("Contractor"), 81-6001383, UEI# LV3VYFCZSK88 and 1930 9th Ave Attn: Heather Parmer, Helena, MT, 59601. respectively (collectively the "parties").

THE DEPARTMENT AND CONTRACTOR AGREE AS FOLLOWS:

SECTION 2. PURPOSE

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

SECTION 3. TERM OF TASK ORDER

- A. The term of this Task Order for the purpose of delivery of services is from January 1, 2024, through December 31, 2024.
- B. Each Party, after expiration or termination of this Task Order, remain subject to and obligated to comply with all legal and continuing contractual obligations arising in relation to its duties and responsibilities that may arise under the Task Order including, but not limited to, record retention, audits, indemnification, insurance, the protection of confidential information, and property ownership and use.

SECTION 4. SERVICES TO BE PROVIDED AND SCOPE OF WORK

- A. The Contractor agrees to provide the services outlined in Attachment A: Scope of Work.
- B. The Department agrees to do as outlined in Attachment A: Scope of Work.

SECTION 5. CONSIDERATION, PAYMENTS, AND PROGRESS PAYMENTS

- A. In consideration of the services provided through this Task Order, the Department will pay the Contractor up to a total of \$65,000 based on the terms outlined in Attachment A: Scope of Work.
- B. The Contractor must use the Department's database to enter inspection data for reimbursement for inspections. All inspections must be entered within 30 days of the end of the fourth quarter to receive reimbursement.

SECTION 6. SOURCE OF FUNDS AND FUNDING CONDITIONS

The source of funding for this Task Order is \$65,000 from the Local Board Inspection Fund (LBIF).

SECTION 7. TERMINATION

Either party may terminate this Task Order in accordance with the Master Contract.

SECTION 8. LIAISON AND SERVICE OF NOTICES

- A. Staci Evangeline, or their successor, will be the liaison for the Department. Contact information is as follows:

Staci Evangeline
DPHHS EHFS
PO Box 202951
Helena, MT 59620
Phone Number (406) 444-5309
Fax Number (406) 444-5055
Staci.Evangeline@mt.gov

Laurel Riek, or their successor, will be the liaison for the Contractor. Contact information is as follows:

Laurel Riek
LEWIS & CLARK COUNTY
1930 9th Ave
Helena, MT, 59601
lriek@lccountymt.gov

These above referenced liaisons serve as the primary contacts between the parties regarding the performance of this Task Order. The State's liaison and Contractor's liaison may be changed by written notice to the other party.

- B. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties' addresses set out in this Task Order.

SECTION 9. FEDERAL REQUIREMENTS

The Contractor agrees that they will comply with all federal statutes and regulations in providing services and receiving compensation under this Task Order. The Contractor acknowledges that there are certain federal statutes and reporting requirements that must be followed whenever certain federal funds are used. It is the Contractor's responsibility to comply with all federal laws and reporting requirements.

SECTION 10. DEPARTMENT GUIDANCE

The Contractor may request from the Department guidance in administrative and programmatic matters that are necessary to the Contractor's performance. The Department may provide such guidance as it determines is appropriate. Guidance may include providing copies of regulations, statutes, standards and policies that are to be complied with under this Task Order. The Department may supply essential interpretations of such materials and this Task Order to assist with compliance by the Contractor. The Contractor is not relieved by a request for guidance of any obligation to meet the requirements of this Task Order. Legal services will not be provided by the Department to the Contractor in any matters relating to the Task Order's performance under this Task Order.

SECTION 11. INFORMAL DISPUTE RESOLUTION PROCEDURES

In addition to the Choice of Law and Remedies in the Master Contract, the Contractor may provide written request for resolution about any disagreement about the Task Order to the Deputy Director, David Gerard, Phone Number (406) 444-3654, Fax Number (406) 444-1970, David.Gerard@mt.gov with a copy to Director Charles T. Brereton, Phone Number (406) 444-5623, Fax Number (406) 444-1970, Charles.brereton@mt.gov.

SECTION 12. PUBLIC INFORMATION AND DISCLAIMERS

- A. The Contractor may not access or use personal, confidential, or privileged information obtained through the Department, its agents and contractors, unless the Contractor does so:
1. in conformity with governing legal authorities and policies;
 2. with the permission of the persons or entities from whom the information is to be obtained; and
 3. with the review and approval by the Department prior to use, publication or release.

Privileged information includes information and data the Department, its agents and contractors produce, compile or receive for state and local contractual efforts, including those local and state programs with which the Department contracts to engage in activities related to the purposes of this Task Order.

- B. The Contractor may not use monies under this Task Order to pay for media, publicity or advertising that in any way associates the services or performance of the Contractor or the Department under this Task Order with any specific political agenda, political party, a candidate for public office, or any matter to be voted upon by the public. Media includes but is not limited to commercial and noncommercial print, verbal and electronic media.

- C. The Contractor must inform any people to whom it provides consultation or training services under this Task Order that any opinions expressed do not necessarily represent the position of the Department. When using non-federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the statement:

“This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.”

- D. The Contractor must state the percentage and the monetary amount of the total program or project costs of this Task Order funded with (a) federal monies and (b) non-federal monies in all statements, press releases, and other documents or media pieces made available to the public describing the services provided through this Task Order.

“For contracts funded in whole or part with federally appropriated monies received through programs administered by the U.S. Department of Health & Human Services, Education or Labor. Section 503 of H.R. 3288, “Consolidated Appropriations Act, Division D, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2010”, Pub. L. No. 111-117, and in H.R. 1473, “Department” Of Defense And Full-Year Continuing Appropriations Act, 2011”, Title I – General Provisions, Sec. 1101, Pub. L. 112-10, and as may be provided by congressional continuing resolutions or further budgetary enactments.”

- F. Before the Contractor uses, publishes, releases or distributes them to the public or to local and state programs, the Department must review and approve all products, materials, documents, publications, press releases and media pieces (in any form, including electronic) the Contractor or its agents produce with task order monies to describe and promote services provided through this Task Order.

SECTION 13. SCOPE OF TASK ORDER

This Task Order consists of five (5) numbered pages and the following Attachments:

Attachment A: Scope of Work

All of the provisions of the Master Contract are incorporated into and are controlling as to this Task Order. In the case of a material conflict, a dispute, or confusing language between this Task Order and Master Contract the Master Contract shall control. This Task Order does not stand alone. If Master Contract lapses, so does this Task Order. The original Task Order will be retained by the Department. A copy of the original has the same force and effect for all purposes as the original. This is the entire Task Order between the parties.

SECTION 14. AUTHORITY TO EXECUTE

Each of the parties represents and warrants that this Task Order is entered into and executed by the person so authorized to bind the party to the provisions of this Task Order and the Master Contract.

IN WITNESS THEREOF, the parties through their authorized agents have executed this Task Order on the dates set out below:

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

BY: _____ Date: _____
Todd Harwell, PHSD Administrator

BY: _____ Date: _____
David Gerard, Deputy Director

BY: _____ Date: _____
Charles T. Brereton, Director

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES PUBLIC HEALTH & SAFETY DIVISION

Approved as to Content:

DocuSigned by:
Kim Venetz
BY: _____ Date: 1/17/2024
077A611A165146C
Kim Venetz, PHSD Contracts Officer

LEWIS & CLARK CITY-COUNTY HEALTH DEPARTMENT

By: _____ Date: _____
Andy Hunthausen, Chair
Lewis & Clark County Commission

ATTEST

On this ___ day of _____, 2024, I hereby attest the above-written signature of the Board of Lewis & Clark County Commissioners.

Amy Reeves, Clerk & Recorder

ATTACHMENT A

SCOPE OF WORK

A. Inspections

The Contractor agrees:

1. To inspect the following types of licensed establishments within its jurisdiction, at least once per year, including pre-opening inspections for new establishments. They will investigate complaints and inspect if needed. They will conduct follow up inspections as deemed necessary by the county sanitarian.
 - a. Retail food establishments
 - b. Wholesale food establishments
 - c. Trailer courts and campgrounds
2. To inspect public sleeping accommodations within its jurisdiction as follows:
 - a. Inspect each hotel, motel, rooming house/boarding house/hostel within its jurisdiction, at least once per year, which includes a pre-opening inspection for new establishments.
 - b. Inspect each bed & breakfast and tourist/vacation home/condominium before initial license validation.
 - c. Investigate complaints regarding public sleeping accommodations and inspect if needed and conduct follow up inspections as deemed necessary by the county sanitarian.
3. To conduct pool, spa, and other water feature inspection within its jurisdiction as follows:
 - a. Inspect seasonal establishments once per calendar year, which includes a pre-opening inspection for new establishments. To receive payment for a pre-opening inspection, the Contractor must send the Department a copy of the complete inspection form.
 - b. Inspect year-round establishments twice a year, including one full facility inspection and one critical point inspection, which includes a pre-opening inspection for new establishments.
 - c. Investigate complaints regarding pools, spas or water features, and inspect if needed and conduct follow up inspections as deemed necessary by the county sanitarian.

Yes, the Contractor agrees to conduct pool inspections within its jurisdiction.

No, the Contractor does not agree to conduct pool inspections within its jurisdiction.
4. To conduct body art inspections within its jurisdiction at least once per year, which includes a pre-opening inspection for new establishments. They will investigate complaints regarding body art establishments and inspect if needed. They will conduct follow up inspections as deemed necessary by the county sanitarian.

Yes, the Contractor agrees to conduct body art inspections within its jurisdiction.

No, the Contractor does not agree to conduct body art inspections within its jurisdiction.
5. That all inspections of establishments will be performed in-person, on site, by the local health officer, registered sanitarian, or sanitarian in training.
6. To fill out inspection forms completely, including filling out the header, footer, all lines, and obtaining an operator signature.
 - a. There is an exception for obtaining an operator signature for campground or trailer court inspections when conducted when there is no operator present.

7. To enter inspections into the Department's database within 15 days after the end of each quarter in the quarter the inspection was conducted. Extensions to this deadline must be approved by the Department if extenuating circumstances arise. Inspections entered after the cutoff date may be requested for review by the Department.
8. To provide copies of inspection reports to the Department within two weeks when requested for auditing purposes.

The Department agrees:

9. To pay the percentage required by statute of each licensing fee received by the Department into the Local Board Inspection Fund (LBIF). Fees paid into the fund will be collected from licensees of retail food establishments, wholesale food establishments, public accommodations, trailer courts, campgrounds, youth camps, work camps, and, if applicable, body art establishments, pools, spas, and other water features.
10. To pay the Contractor the license fee or fees associated with an establishment from the LBIF, so long as the following is true:
 - a. The licensed establishment is inspected in-person and an inspection form is completely filled out **OR** the establishment is reported as permanently closed,
 - b. The inspection has been entered into the database within two weeks of quarter end, and
 - c. The license fee or fees have been paid by the establishment.
 - i. Under no circumstance will the Department be obligated to pay an amount larger than has been paid into the LBIF.
11. To pay the Contractor 100% of license fees collected in the LBIF (per program) if at least 90% of the inspections (per program) have been completed by the county sanitarian(s) by December 31, 2024 and have been entered into the database.
12. To pay for mobile food inspections for trucks that are currently licensed in another county as a mobile. Payments will be equal to amount paid for regular mobile food inspections. To qualify for this payment the Contractor must submit a completed two-page inspection form, including signatures.
13. To pay the Contractor the license fees collected in the LBIF for existing bed & breakfast and tourist/vacation home/condominium establishments and to include these establishments in the completion percentage for public sleeping accommodation licenses.
14. To pay the Contractor a clean-up payment at the end of the calendar year. This will pay the Contractor for inspections that were accidentally missed and is not intended to pay for all inspections done throughout the year. These inspection reports are subject for review by the Department.
15. To conduct inspections for pools, spas and other water features if the Contractor has selected the "No" option.
16. To conduct inspections for body art establishments if the Contractor has selected the "No" option.
17. To maintain a record of inspections submitted by the Contractor.

B. Plan Reviews

The Contractor agrees:

1. To review plan reviews for the following types of establishments within its jurisdiction:
 - a. Retail food establishments

- b. Wholesale food establishments, not including label and process review
- c. Public sleeping accommodations
- 2. To review body art plan reviews.
 - Yes, the Contractor agrees to review body art plan reviews within its jurisdiction.**
 - No, the Contractor does not agree to review body art plan reviews within its jurisdiction.**
- 3. To conduct trailer court, campground, work camp, and youth camp plan reviews without the Department.
 - a. The option to review these types of plan reviews without the Department involvement is only available to sanitarians who are contracted with the DEQ per ARM 17.36.116. The Department reserves the right to audit all trailer court, campground, work camp, and youth camp plan review applications and make a final determination prior to issuing a license.

NOTE: If the Contractor selects the “yes” option to review this type of plan review and the sanitarian is not contracted with the DEQ, the Department may terminate this Task Order.

- Yes, the Contractor agrees they have a sanitarian who is contracted with DEQ and agrees to review trailer court, campground, work camp, and youth camp plan reviews within its jurisdiction without the Department.**

Name of sanitarian who will be reviewing: _____

- No, the Contractor does not agree to review trailer court, campground, work camp, and youth camp plan reviews without the Department. They agree to do joint reviews with the Department.**

The Department agrees:

- 4. To conduct wholesale food label and process reviews.
- 5. To conduct trailer court and campground plan reviews in conjunction with the Contractor if the Contractor chooses the “No” option.
- 6. To conduct body art plan reviews if the Contractor chooses the “No” option.
- 7. To conduct plan reviews for pools, spas, and other water features.
 - a. Fees are collected from establishments by the Department for their plan reviews and pre-opening inspections. The pre-opening inspection fee will be released to the Contractor upon completion of the pre-opening inspection, so long as the completed inspection report is received by the Department.
- 8. To provide copies of plan review correspondence to the Contractor, when completed by the Department, for establishments to be inspected by the county sanitarian(s).

C. Other

The Contractor agrees:

- 1. To notify the Department when a sanitarian or the County takes enforcement action that may impact a license.
- 2. To collect license fees and fill out a license application, complete with an owner signature, for new establishments. The Contractor agrees to mail these together to the Department.
 - a. Any illegible license applications received by the Department will be sent back to the Contractor.
- 3. To maintain a functioning board of health as required by 50-2-104 of the Montana Code Annotated to be eligible for payment from the Local Board Inspection Fund (LBIF).

4. To participate in peer-to-peer inspector training to assist in training sanitarians who are employed by or contracted with a Montana county, who are outside of their own jurisdiction. The Contractor will provide training to sanitarians in training, or sanitarians beginning to conduct inspections who have limited training. Only DPHHS-standardized or FDA-standardized inspectors may provide the peer-to-peer inspections of retail food establishments. If selecting “yes,” the Contractor is not obligated to provide training and can participate at their discretion, as time and resources allow. Any training must be pre-approved by the Department.
 Yes, the Contractor agrees to participate in peer-to-peer inspector training
 No, the Contractor does not agree to participate in peer-to-peer inspector training

The Department agrees:

5. To provide training, education, technical assistance, and information to Contractor staff.
6. To provide analytical support through Laboratory Services Bureau to county environmental health program staff regarding food safety. In an outbreak or emergency occurs in which the Department cannot provide laboratory support through the Laboratory Services Bureau, it will work closely with relevant regulatory agencies and their laboratories including the CDC, FDA, and USDA.
7. To reimburse the Contractor for expenses paid toward Certified Pool Operator training taken in 2024.
 - a. This is available to the Contractor if the Contractor has opted into conducting inspections of pools, spas, and other water feature establishments for 2024, or plan to do so in 2025.
 - b. To qualify for reimbursement, the Contractor must provide the Department with a copy of the certificate showing proof of passing.
8. To reimburse both parties involved in peer-to-peer training, if the Contractor has selected the “yes” option, as follows:
 - a. If the Contractor is hosting the trainee, the trainee’s County will be reimbursed for lodging, meals, and mileage at the per diem rate listed on the [GSA website](#).
 - b. If the trainee is hosting the Contractor, the Contractor will be reimbursed for lodging, meals, and mileage at the per diem rate listed on the [GSA website](#).
 - c. The Contractor will be reimbursed \$50 per inspection that the trainee participates in, so long as it has been pre-approved by the Department, the completed inspection report(s) is/are received by the Department and an email from the trainee’s county confirming the training was done is received by the Department.

I confirm that the scope of work has been read in full, and I have made selections where needed.

LEWIS & CLARK CITY-COUNTY HEALTH DEPARTMENT

By: _____ Date: _____

Andy Hunthausen, Chair
Lewis & Clark County Commission

ATTEST

On this ___ day of _____, 2024, I hereby attest the above-written signature of the Board of Lewis & Clark County Commissioners.

Amy Reeves, Clerk & Recorder

East Helena Superfund Update

Lead Education and Assistance Program

Beth Norberg

January 25, 2023

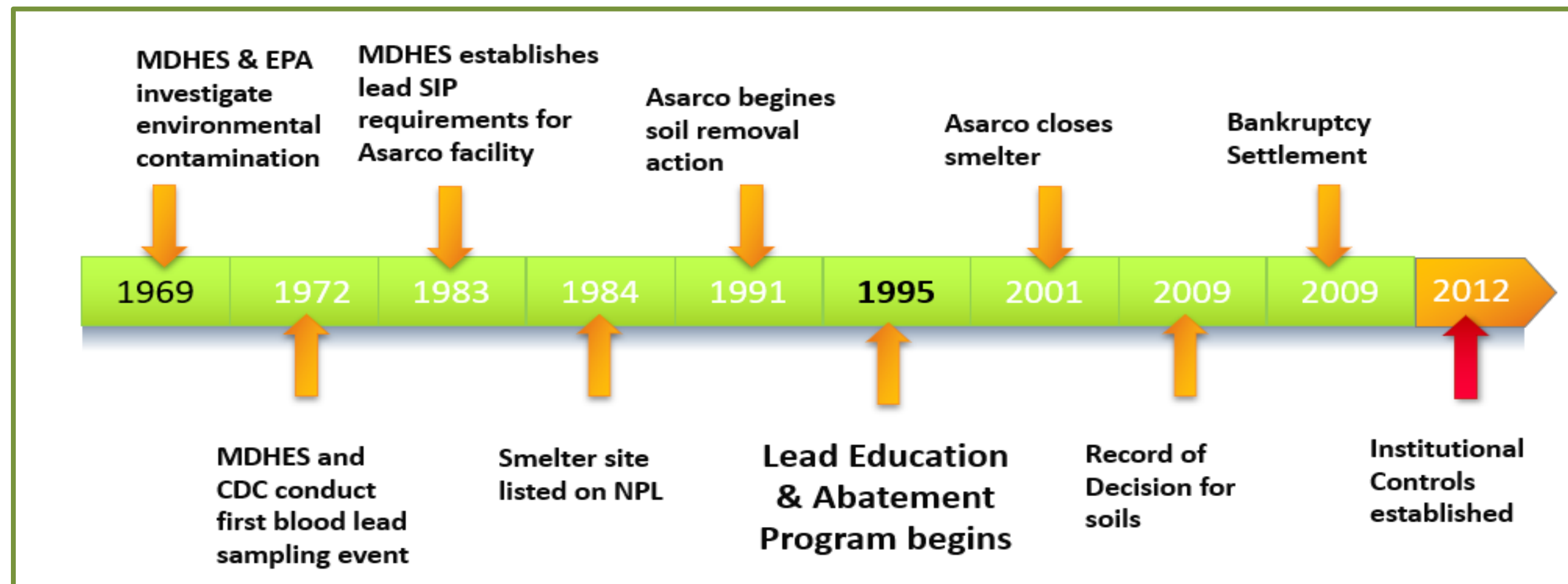


Lead Education and Assistance Program
LEWIS AND CLARK PUBLIC HEALTH



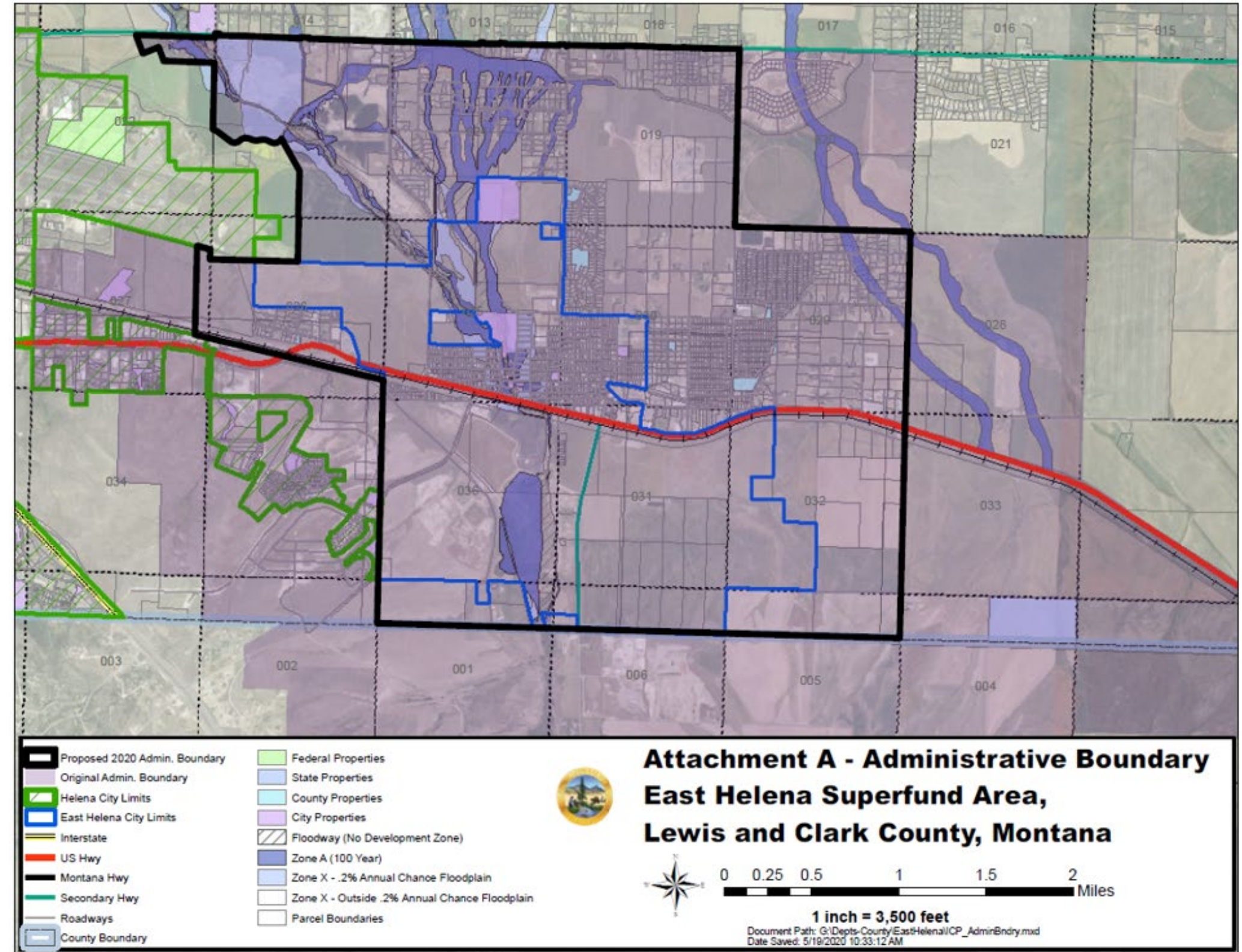
Background of Site

- In operation for over 100 years
- Areal deposition of lead and arsenic
- Smelter site shut down in 2001
- Residential yard cleanup in the 1990's and early 2000's
- Institutional Controls in place to prevent further contamination-2012.
- Soils ordinance for displacement of soils in the IC Boundary



LEAP Services

- Residential environmental assessments to identify lead sources
- Provide blood lead testing for families
- HEPA vacuum lending
- Education and Outreach
- Institutional Controls: Regulations on moving and disturbing soil in the area; required permits and certifications for contractors



Lead Education and Assistance Program
LEWIS AND CLARK PUBLIC HEALTH

Activities Last Year

- Investigated 14 Elevated Blood Levels within the IC Boundary
- Conducted 3 Environmental Assessments
- First Time Homebuyer Classes, Christmas Stroll, Lead Coalition
- Permitting and Certification:
 - 7 soil displacement permits, 1 enforcement action
 - 45 soil displacement certifications
- Supported EPA activities:
 - Lowering cleanup levels to 400 ppm
- Supporting METG activities
 - East Helena redevelopment
 - Repository move
- New Cooperative Agreement

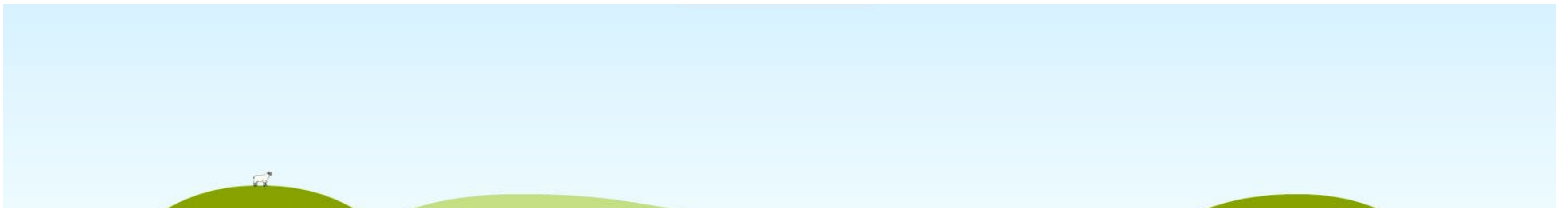


Upcoming Activities

- Continue to investigate EBLL's
- Permitting, certification and enforcement
- Increase O and E Activities:
 - Community lead testing events
 - Presentations to stakeholders
 - Other outreach events
 - Lead Coalition
- Lead Inspector/Risk Assessor Training/refresher
- Continue to support EPA and METG activities
- Update Soils Regulation



Lead Education and Assistance Program
LEWIS AND CLARK PUBLIC HEALTH



Questions?



HEALTH DEPARTMENT MILL DOLLARS Thru December 2023

REVENUE	FY 2024 BUDGET	REVENUE RECEIVED YTD				TOTAL RECEIVED YTD	50% of the year elapsed 50% % of payroll		
		Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention		Budget Remaining	% of Budget Collected	Prior Year to Date
Taxes	\$ 1,562,568	\$ 861,550	\$ -	\$ -	\$ -	\$ 861,550	\$ 701,018	55.14%	\$ 811,532.93
Cost Allocation Recovery	\$ 197,344	\$ 64,544	\$ -	\$ -	\$ -	\$ 64,544	\$ 132,800	32.71%	\$ 73,317
Health Insurance Credits	\$ 210,310	\$ 93,910	\$ -	\$ -	\$ -	\$ 93,910	\$ 116,400	44.65%	\$ 94,410
Environmental Health Charges	\$ 162,080	\$ -	\$ -	\$ 77,048	\$ -	\$ 77,048	\$ 85,032	47.54%	\$ 68,414.00
Community Health Charges	\$ 325,934	\$ -	\$ -	\$ -	\$ 137,722	\$ 137,722	\$ 188,212	42.25%	\$ 97,204.03
Contracts/Grants	\$ 398,630	\$ 120,752	\$ 109,248	\$ -	\$ 14,691	\$ 244,691	\$ 153,939	61.38%	\$ 152,817.01
Miscellaneous	\$ 229,100	\$ 201,712	\$ 183	\$ 18,639	\$ 3,008	\$ 223,542	\$ 5,558	97.57%	\$ 270,882.89
TOTAL REVENUE	\$ 3,085,966	\$ 1,342,468	\$ 109,431	\$ 95,687	\$ 155,421	\$ 1,703,008	\$1,382,958	55.19%	\$ 1,568,578
	FTE	4.870	2.750	3.250	6.985	17.855			
		27.28%	15.40%	18.20%	39.12%				
YEAR TO DATE ACTUAL EXPENDITURES	FY 2024 BUDGET	Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention	TOTAL YTD SPENT	Budget Remaining	% of Budget Spent	Prior Year to Date
PERSONNEL									
Regular Salary	\$ 1,148,063	\$ 180,129	\$ 96,982	\$ 86,131	\$ 232,413	\$ 595,654	\$ 552,409	51.88%	\$ 580,998
Temporary /Seasonal Salary	\$ 1,200	\$ -	\$ 10,324	\$ -	\$ 910	\$ 11,235	\$ (10,035)	936.22%	\$ 751
Overtime	\$ -	\$ 179	\$ -	\$ -	\$ -	\$ 179	\$ (179)	--	\$ 179
Term Pay/ Uncomp Absences	\$ -	\$ -	\$ 2,180	\$ 11,439	\$ 2,188	\$ 15,806	\$ (15,806)	--	\$ 5,620
Benefits	\$ 392,894	\$ 59,078	\$ 33,457	\$ 32,365	\$ 71,851	\$ 196,752	\$ 196,142	50.08%	\$ 196,530
Extra Pay period Savings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
TOTAL PERSONNEL	\$ 1,542,157	\$ 239,386	\$ 142,944	\$ 129,934	\$ 307,363	\$ 819,626	\$ 722,531	53.15%	\$ 784,079

YEAR TO DATE						TOTAL YTD SPENT	Budget Remaining	% of Budget Spent	Prior Year to Date
ACTUAL EXPENDITURES	FY 2024 BUDGET	Administration	Community Health Promo	Environmental Health	Disease Ctrl & Prevention				
OPERATIONS									
21.10 Office Supplies	\$ 3,300	\$ 451	\$ 581	\$ 290	\$ 1,151	\$ 2,473	\$ 827	74.94%	\$ 2,728
21.20 Minor Equipment	\$ 1,250	\$ -	\$ -	\$ -	\$ 613	\$ 613	\$ 637	49.02%	\$ 1,005
21.50 Computer Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
22.10 Operating Supplies	\$ 11,100	\$ 1,670	\$ 35,045	\$ 39	\$ 2,410	\$ 39,164	\$ (28,064)	352.83%	\$ 29,302
22.21 Hep B Vaccine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
22.23 Non Travel Vaccinations	\$ 130,000	\$ -	\$ -	\$ -	\$ 131,734	\$ 131,734	\$ (1,734)	101.33%	\$ 70,728
22.24 Flu Vaccine	\$ 58,576	\$ -	\$ -	\$ -	\$ 15,614	\$ 15,614	\$ 42,962	26.66%	\$ 58,593
22.26 Travel Vaccines	\$ 33,152	\$ -	\$ -	\$ -	\$ 24,084	\$ 24,084	\$ 9,068	72.65%	\$ 11,856
22.27 Lab Expenses	\$ 3,850	\$ -	\$ -	\$ 50	\$ 1,694	\$ 1,744	\$ 2,106	45.29%	\$ 658
22.61 Titers/tests	\$ 2,390	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,390	0.00%	\$ 668
23.10 Repair & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
23.20 Gas & Oil	\$ 3,000	\$ -	\$ 506	\$ 1,062	\$ 139	\$ 1,707	\$ 1,293	56.90%	\$ 1,632
31.20 Postage	\$ 2,855	\$ 69	\$ 370	\$ 322	\$ 651	\$ 1,412	\$ 1,443	49.45%	\$ 1,995
31.40 Vehicle Parking	\$ 1,632	\$ -	\$ -	\$ 840	\$ -	\$ 840	\$ 792	51.47%	\$ 840
31.45 Vehicle Registration	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
31.60 Credit Card Fees	\$ 3,500	\$ -	\$ -	\$ 1,345	\$ 2,102	\$ 3,447	\$ 53	98.49%	\$ 2,983
31.65 Credit Card Fees	\$ 2,100	\$ -	\$ -	\$ 1,347	\$ -	\$ 1,347	\$ 753	64.16%	\$ 1,052
32.10 Printing	\$ 550	\$ 577	\$ 181	\$ 14	\$ 490	\$ 1,262	\$ (712)	229.48%	\$ 5,195
33.10 Subscriptions	\$ -	\$ 153	\$ -	\$ -	\$ -	\$ 153	\$ (153)	--	\$ 150
33.20 Advertising	\$ -	\$ 180	\$ 14,893	\$ 24	\$ -	\$ 15,097	\$ (15,097)	--	\$ 18,920
33.50 Membership	\$ 5,300	\$ 5,600	\$ -	\$ -	\$ -	\$ 5,600	\$ (300)	105.66%	\$ 4,100
33.60 Licenses	\$ 1,000	\$ -	\$ -	\$ 540	\$ 270	\$ 810	\$ 190	81.00%	\$ 810
33.70 Education Awareness	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
33.80 Health Club Dues	\$ -	\$ 50	\$ -	\$ -	\$ -	\$ 50	\$ (50)	--	\$ 150
34.10 Utilities (Augusta)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
34.50 Telephone	\$ 18,839	\$ 3,301	\$ 794	\$ 2,551	\$ 3,358	\$ 10,005	\$ 8,834	53.11%	\$ 9,755
35.10 Professional Services	\$ 2,000	\$ 3,506	\$ 550	\$ 3,400	\$ 1,491	\$ 8,946	\$ (6,946)	447.32%	\$ 4,149
35.65 Patient Services (BCH)	\$ -	\$ -	\$ 1,454	\$ -	\$ -	\$ 1,454	\$ (1,454)	--	\$ 1,084
35.70 Community Projects	\$ -	\$ -	\$ 2,698	\$ -	\$ -	\$ 2,698	\$ (2,698)	--	\$ -
36.10 Repair & Maintenance	\$ -	\$ -	\$ 86	\$ -	\$ -	\$ 86	\$ (86)	--	\$ 305
36.20 Office Repair/Maint	\$ 5,400	\$ 3,685	\$ -	\$ 462	\$ -	\$ 4,147	\$ 1,253	76.80%	\$ 3,844
36.30 Vehicle Repair	\$ 100	\$ -	\$ -	\$ 195	\$ -	\$ 195	\$ (95)	194.94%	\$ -
37.10 Travel	\$ 1,250	\$ 57	\$ 11,683	\$ -	\$ 29	\$ 11,769	\$ (10,519)	941.55%	\$ 2,614
37.50 Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ 450
38.10 Training	\$ 2,000	\$ 750	\$ 4,370	\$ -	\$ 22	\$ 5,142	\$ (3,142)	257.10%	\$ 12,331
39.10 Contracted Services	\$ 16,564	\$ -	\$ 16,466	\$ 12,555	\$ 5,026	\$ 34,047	\$ (17,483)	205.55%	\$ 71,244
39.20 Recruitment Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ 200
39.61 Software Maint	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
50.10 Admin	\$ 69,014	\$ 34,507	\$ -	\$ -	\$ -	\$ 34,507	\$ 34,507	50.00%	\$ 32,942
50.11 HD Admin (applied to grants)	\$ 750	\$ -	\$ 12,513	\$ -	\$ 370	\$ 12,883	\$ (12,133)	1717.69%	\$ 9,601
50.20 Insurance	\$ 35,341	\$ 16,746	\$ -	\$ -	\$ 1,848	\$ 18,594	\$ 16,747	52.61%	\$ 19,158
50.25 Deductibles	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
50.30 Rent	\$ 234,341	\$ 80,578	\$ 6,844	\$ 16,107	\$ 10,156	\$ 113,685	\$ 120,656	48.51%	\$ 95,723
50.40 Technology	\$ 143,519	\$ 67,538	\$ -	\$ -	\$ -	\$ 67,538	\$ 75,981	47.06%	\$ 66,578
50.41 Tech Agreements	\$ 28,610	\$ -	\$ 5,959	\$ 13,356	\$ 5,959	\$ 25,274	\$ 3,336	88.34%	\$ 2,142
80.10 Transfers Out match	\$ 357,452	\$ -	\$ 22,801	\$ 11,796	\$ 155,693	\$ 190,289	\$ 167,163	53.23%	\$ 154,107
80.10 Transfers Out septic	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ 2,227
80.10 Transfer out to Consent Refer	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000	0.00%	\$ -
80.20 Transfer to Outside Source	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	--	\$ -
TOTAL OPERATIONS	\$ 1,183,735	\$ 219,415	\$ 137,794	\$ 66,296	\$ 364,903	\$ 788,409	\$ 395,326	66.60%	\$ 701,820

CIP TRANSFERS	\$ -	\$ 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GRAND TOTAL EXPENDITURES	\$ 2,725,892	458,801.24	280,737.96	196,230.34	672,265.83	\$ 1,608,035	\$ 1,117,857	58.99%	\$ 1,485,899
Revenue Over (Under) Expenditu	\$360,074	\$883,666	(\$171,307)	\$ (100,543)	\$ (516,844)	\$ 94,972			\$ 82,679

FY 2024 BUDGET		Year to Date Actual	
CASH FLOW		CASH FLOW	
BEGINNING CASH	\$ -	BEGINNING CASH (non res)	\$ 596,988
REVENUES	\$ 3,085,966	REVENUES	\$ 1,703,008
EXPENDITURES	\$ 2,975,542	EXPENDITURES	\$ 1,608,035
Restricted Cash (BCH C)	\$ -	restricted to unrestricted transfer	\$ -
ENDING CASH	\$ 110,424	ENDING CASH (non res)	\$ 691,960

Fund Bal last FY thru March

\$ 599,206

90 Day Reserve= \$ 672,138
Current Cash Reserve (In Days) 85
Restricted Cash (BCH D) \$ 13,185

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

BOARD AGENDA ITEM

Meeting Date

January 25, 2024

Agenda Item No.

7

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

AGENDA ITEMS Foundations of Public Health Services/10 Essential Public Health Services

PERSONNEL INVOLVED: Board of Health members

BACKGROUND The Board will participate in the Foundations of Public Health Services/10 Essential Public Health Services training.

HEALTH DIRECTOR’S RECOMMENDATION: N/A

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

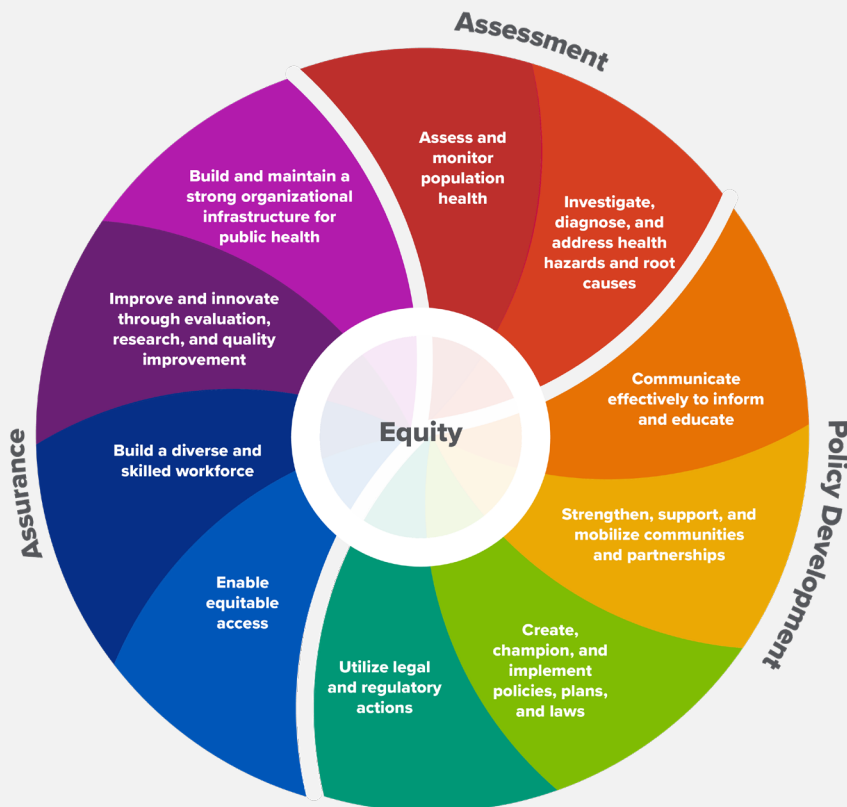
NOTES:

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

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



ESSENTIAL PUBLIC HEALTH SERVICE #1

Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2

Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4

Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5

Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6

Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7

Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8

Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9

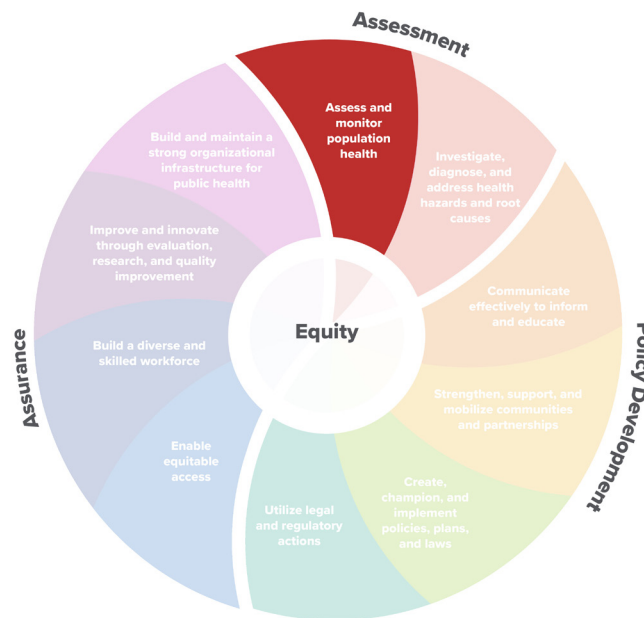
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10

Build and maintain a strong organizational infrastructure for public health

ESSENTIAL PUBLIC HEALTH SERVICE #1

Assess and monitor population health status, factors that influence health, and community needs and assets

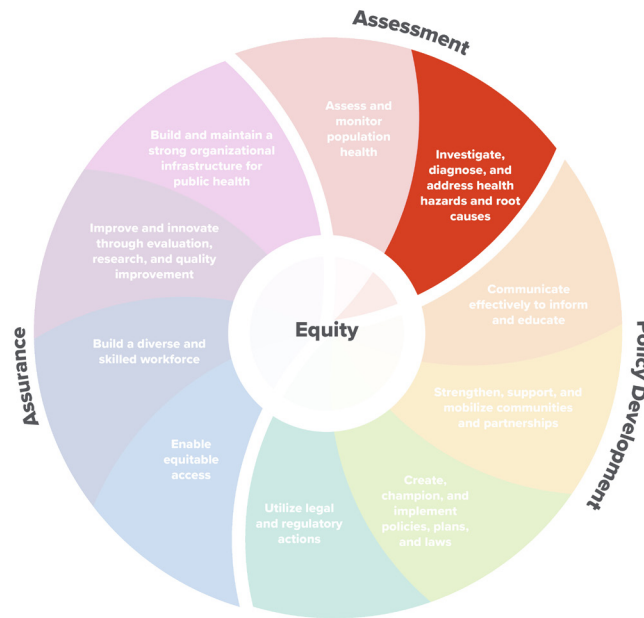


THIS SERVICE INCLUDES:

- **Maintaining an ongoing understanding of health** in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations
- **Using data and information** to determine the root causes of health disparities and inequities
- **Working with the community** to understand health status, needs, assets, key influences, and narrative
- **Collaborating and facilitating data sharing** with partners, including multi-sector partners
- **Using innovative technologies**, data collection methods, and data sets
- **Utilizing various methods and technology** to interpret and communicate data to diverse audiences
- **Analyzing and using disaggregated data** (e.g., by race) to track issues and inform equitable action
- **Engaging community members** as experts and key partners

ESSENTIAL PUBLIC HEALTH SERVICE #2

Investigate, diagnose, and address health problems and hazards affecting the population

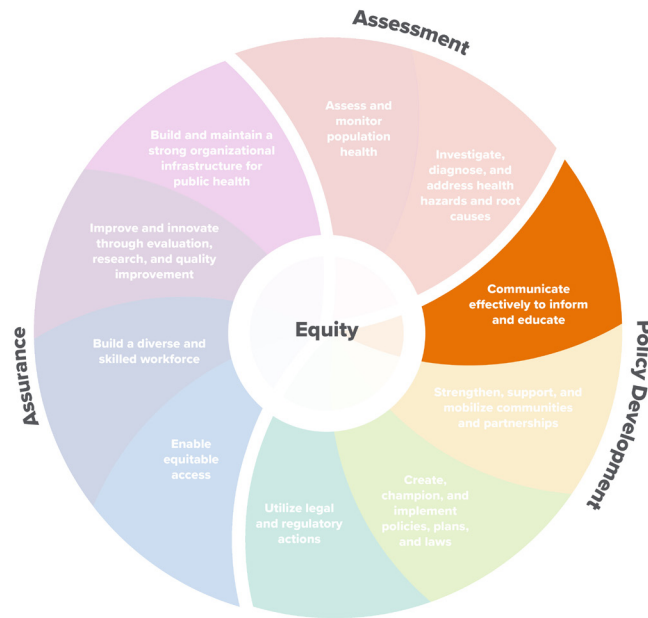


THIS SERVICE INCLUDES:

- **Anticipating, preventing, and mitigating emerging health threats** through epidemiologic identification
- **Monitoring real-time health status and identifying patterns** to develop strategies to address chronic diseases and injuries
- **Using real-time data** to identify and respond to acute outbreaks, emergencies, and other health hazards
- **Using public health laboratory capabilities and modern technology** to conduct rapid screening and high-volume testing
- **Analyzing and utilizing inputs** from multiple sectors and sources to consider social, economic, and environmental root causes of health status
- **Identifying, analyzing, and distributing information** from new, big, and real-time data sources

ESSENTIAL PUBLIC HEALTH SERVICE #3

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

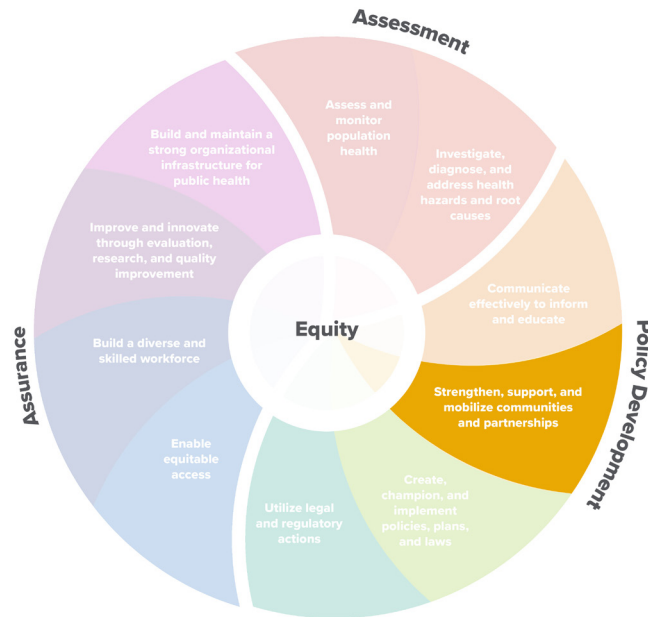


THIS SERVICE INCLUDES:

- **Developing and disseminating accessible health information** and resources, including through collaboration with multi-sector partners
- **Employing the principles of risk communication, health literacy, and health education** to inform the public, when appropriate
- **Communicating with accuracy and necessary speed**
- **Actively engaging in two-way communication** to build trust with populations served and ensure accuracy and effectiveness of prevention and health promotion strategies
- **Using appropriate communications channels** (e.g., social media, peer-to-peer networks, mass media, and other channels) to effectively reach the intended populations
- **Ensuring public health communications and education efforts are asset-based** when appropriate and do not reinforce narratives that are damaging to disproportionately affected populations
- **Developing and deploying culturally and linguistically appropriate and relevant communications** and educational resources, which includes working with stakeholders and influencers in the community to create effective and culturally resonant materials

ESSENTIAL PUBLIC HEALTH SERVICE #4

Strengthen, support, and mobilize communities and partnerships to improve health

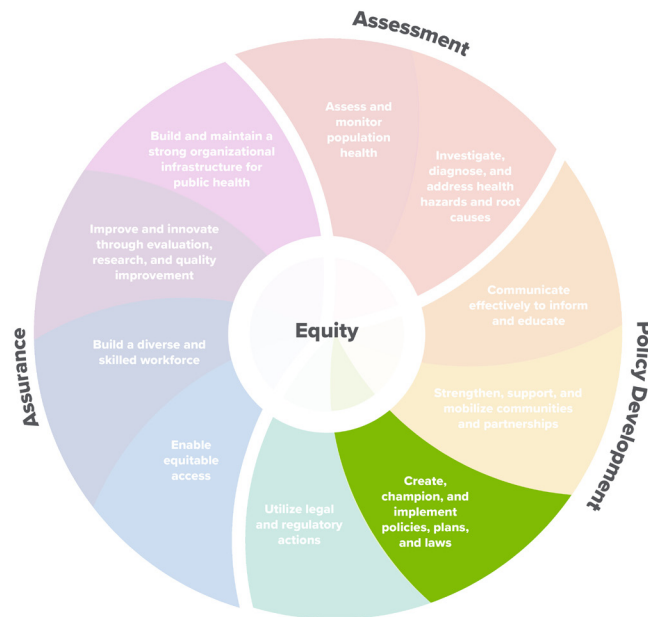


THIS SERVICE INCLUDES:

- **Convening and facilitating multi-sector partnerships** and coalitions that include sectors that influence health (e.g., planning, transportation, housing, education, etc.)
- **Fostering and building genuine, strengths-based relationships** with a diverse group of partners that reflect the community and the population
- **Authentically engaging with community members** and organizations to develop public health solutions
- **Learning from, and supporting, existing community partnerships** and contributing public health expertise

ESSENTIAL PUBLIC HEALTH SERVICE #5

Create, champion, and implement policies, plans, and laws that impact health

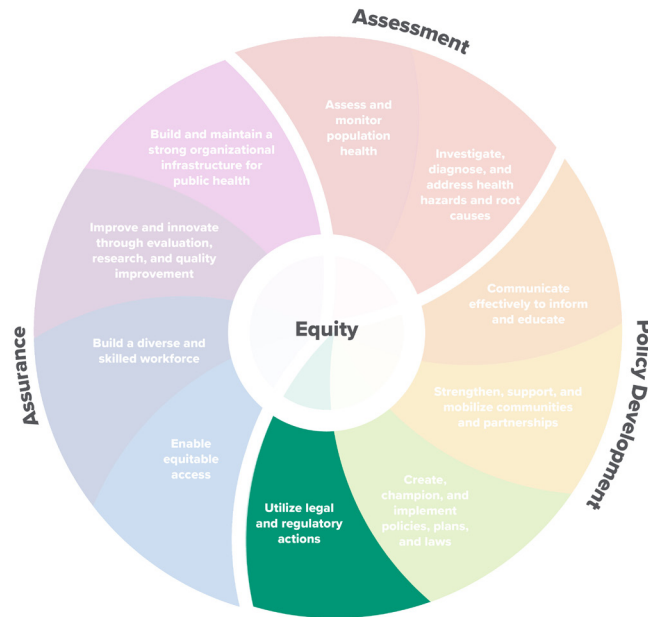


THIS SERVICE INCLUDES:

- **Developing and championing policies, plans, and laws** that guide the practice of public health
- **Examining and improving existing policies, plans, and laws** to correct historical injustices
- **Ensuring that policies, plans, and laws provide a fair and just opportunity for all** to achieve optimal health
- **Providing input into policies, plans, and laws** to ensure that health impact is considered
- **Continuously monitoring and developing policies, plans, and laws** that improve public health and preparedness and strengthen community resilience
- **Collaborating with all partners**, including multi-sector partners, to develop and support policies, plans, and laws
- **Working across partners and with the community** to systematically and continuously develop and implement health improvement strategies and plans, and evaluate and improve those plans

ESSENTIAL PUBLIC HEALTH SERVICE #6

Utilize legal and regulatory actions designed to improve and protect the public's health

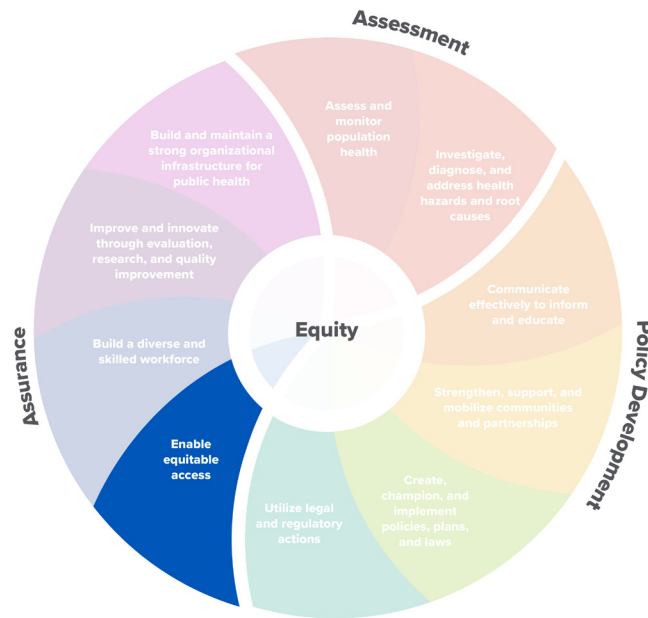


THIS SERVICE INCLUDES:

- **Ensuring that applicable laws are equitably applied** to protect the public's health
- **Conducting enforcement activities** that may include, but are not limited to sanitary codes, especially in the food industry; full protection of drinking water supplies; and timely follow-up on hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings
- **Licensing and monitoring the quality of healthcare services** (e.g., laboratory, nursing homes, and home healthcare)
- **Reviewing new drug, biologic, and medical device applications**
- **Licensing and credentialing the healthcare workforce**
- **Including health considerations in laws from other sectors** (e.g., zoning)

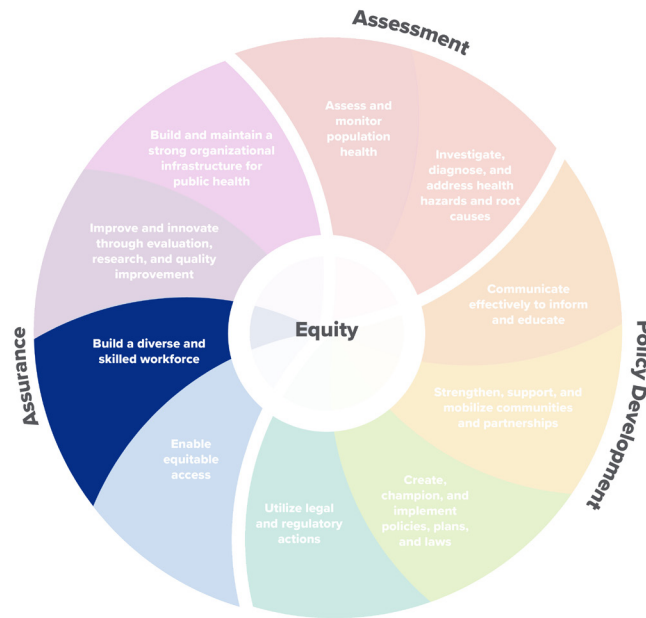
ESSENTIAL PUBLIC HEALTH SERVICE #7

Assure an effective system that enables equitable access to the individual services and care needed to be healthy



THIS SERVICE INCLUDES:

- **Connecting the population to needed health and social services** that support the whole person, including preventive services
- **Ensuring access to high-quality and cost-effective healthcare and social services**, including behavioral and mental health services, that are culturally and linguistically appropriate
- **Engaging health delivery systems** to assess and address gaps and barriers in accessing needed health services, including behavioral and mental health
- **Addressing and removing barriers to care**
- **Building relationships with payers and healthcare providers**, including the sharing of data across partners to foster health and well-being
- **Contributing to the development of a competent healthcare workforce**

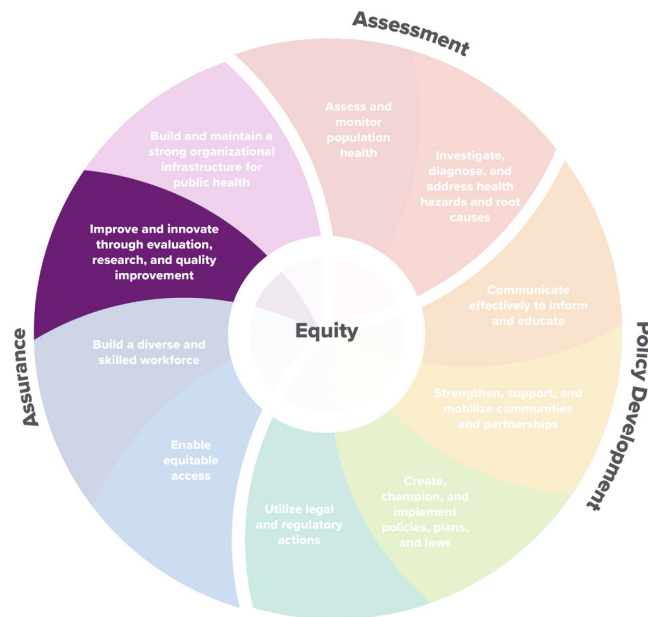


THIS SERVICE INCLUDES:

- **Providing education and training** that encompasses a spectrum of public health competencies, including technical, strategic, and leadership skills
- **Ensuring that the public health workforce is the appropriate size** to meet the public’s needs
- **Building a culturally competent public health workforce and leadership** that reflects the community and practices cultural humility
- **Incorporating public health principles in non-public health curricula**
- **Cultivating and building active partnerships with academia and other professional training programs** and schools to assure community-relevant learning experiences for all learners
- **Promoting a culture of lifelong learning in public health**
- **Building a pipeline of future public health practitioners**
- **Fostering leadership skills at all levels**

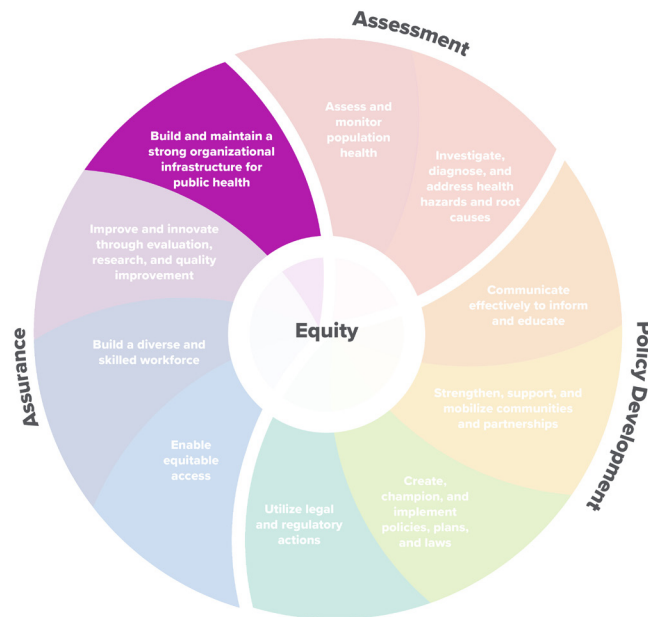
ESSENTIAL PUBLIC HEALTH SERVICE #9

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement



THIS SERVICE INCLUDES:

- **Building and fostering a culture of quality** in public health organizations and activities
- **Linking public health research with public health practice**
- **Using research, evidence, practice-based insights, and other forms of information to inform decision-making**
- **Contributing to the evidence base** of effective public health practice
- **Evaluating services, policies, plans, and laws continuously** to ensure they are contributing to health and not creating undue harm
- **Establishing and using engagement and decision-making structures** to work with the community in all stages of research
- **Valuing and using qualitative, quantitative, and lived experience as data and information** to inform decision-making



THIS SERVICE INCLUDES:

- **Developing an understanding of the broader organizational infrastructures and roles** that support the entire public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations)
- **Ensuring that appropriate, needed resources are allocated equitably** for the public's health
- **Exhibiting effective and ethical leadership, decision-making, and governance**
- **Managing financial and human resources effectively**
- **Employing communications and strategic planning capacities and skills**
- **Having robust information technology services** that are current and meet privacy and security standards
- **Being accountable, transparent, and inclusive** with all partners and the community in all aspects of practice

The 10 Essential Public Health Services

Glossary

Community is a group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action. (Turnock, BJ. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009)

Equity is defined as a fair and just opportunity for all to achieve good health and well-being. This requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. It also requires attention to health inequities, which are differences in population health status and mortality rates that are systemic, patterned, unjust, and actionable, as opposed to random or caused by those who become ill.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The bibliographic citation for this definition is: Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948. The definition has not been amended since 1948.

Healthcare sector is defined as entities that provide clinical services, mental health services, oral health services, provide or pay for services for individuals, or facilitate the provision of services to individuals. Entities in this sector may include hospitals, health systems, health plans, health centers, behavioral health providers, oral health providers, etc. **Law(s)** refer to the aggregate of statutes, ordinances, regulations, rules, judicial decisions, and accepted legal principles that the courts of a particular jurisdiction apply in deciding controversies brought before them. The law consists of all legal rights, duties, and obligations that can be enforced by the government (or one of its agencies) and the means and procedures for enforcing them. (Garner, B.A. editor. *Black's Law Dictionary*. 8th ed. West Group; 2004)

Law(s) refer to the aggregate of statutes, ordinances, regulations, rules, judicial decisions, and accepted legal principles that the courts of a particular jurisdiction apply in deciding controversies brought before them. The law consists of all legal rights, duties, and obligations that can be enforced by the government (or one of its agencies) and the means and procedures for enforcing them. (Garner, B.A. editor. *Black's Law Dictionary*. 8th ed. West Group; 2004)

Population health is the health outcomes of a group of individuals, including the distribution of such outcomes within the group. The field of population health includes health outcomes, patterns of health determinants, and policies and interventions that link these two. Population health approaches are community or policy non-clinical approaches that aim to improve health and wellbeing of a group of individuals. This differs from population health management which refers to improving clinical health outcomes of individuals through improved care coordination and patient engagement supported by appropriate financial and care models. (Adapted from Kindig and Stoddart).

The 10 Essential Public Health Services

Glossary

Public health is defined as the science of protecting the safety and improving the health of communities through education, policy making and research for disease and injury prevention. (CDC Foundation).

Research is a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalized knowledge. (United States Department of Health and Human Services. *Healthy People 2020*. Washington, DC)

- Community-based Participatory Research (CBPR) is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities. (W. K. Kellogg Foundation, Community Health Scholars Program, 2001 quotes from Minkler M, and Wallerstein N, editors. *Community-Based Participatory Research for Health*. San Francisco, CA: Jossey-Bass Inc.; 2003)

To view the complete 10 Essential Public Health Services, visit <https://phnci.org/uploads/resource-files/EPHS-English.pdf>.

Foundational Public Health Services



Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.

Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections.

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community.



Community-specific Services are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

Foundational Areas

Public health programs, or Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

Foundational Capabilities

There are eight Foundational Capabilities that are needed in Public Health Infrastructure.

Assessment & Surveillance

- Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.
- Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.
- Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes.
- Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.
- Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.
- Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes.

Community Partnership Development

- Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant

federal, Tribal, state, and local government agencies; elected and non-elected officials.

- Ability to leverage and engage partnerships and community in equity solutions.
- Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches.
- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect community members of the health department's jurisdiction.
- Ability to engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for coordination of effort and resources across partners.

Equity

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.
- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.
- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.
- Ability to develop and support staff to address equity.
- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.

Organizational Competencies

- **Leadership & Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity. Ability to prioritize and implement diversity, equity, and inclusion within the organization. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed. Ability to ensure diverse representation on public health boards and councils.
- **Information Technology Services, including Privacy & Security:** Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies and systems needed to interact with community members. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.
- **Workforce Development & Human Resources:** Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.
- **Financial Management, Contract, & Procurement Services, including Facilities and Operations:** Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.

- **Legal Services & Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process

Policy Development and Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.
- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.
- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

Accountability & Performance Management

- Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and assure compliance with national and Public Health Accreditation Board Standards.
- Ability to maintain a performance management system to monitor achievement of organizational objectives.
- Ability to identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions.
- Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.
- Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.

Emergency Preparedness and Response

- Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.
- Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.
- Ability to lead the Emergency Support Function 8 — Public Health & Medical for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders, and private sector and non-profit partners; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster, emergency, or public health event.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.

Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- Ability to effectively use social media to communicate directly with community members.
- Ability to appropriately tailor communications and communications mechanisms for various audiences.
- Ability to write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels.
- Ability to develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to assure information is accessible to and appropriate for all audiences.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats for the various communities served, including using electronic communication tools.

Foundational Areas

There are five Foundational Areas, also known as Public Health Programs. Social determinants of health and actions to address health inequities should be integrated throughout all activities.

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives.
- Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.
- Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.
- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual.
- Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease & Injury Prevention

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.

- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).
- Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child and Family Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to & Linkage with Care

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.

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

BOARD AGENDA ITEM

Meeting Date

January 25, 2024

Agenda Item No.

8

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

AGENDA ITEMS: Public Comment

PERSONNEL INVOLVED: Public and Board Members

BACKGROUND: Time is allowed for public comment on matters not mentioned in the agenda within the Board of Health’s jurisdiction.

HEALTH DIRECTOR’S RECOMMENDATION: n/a

ADDITIONAL INFORMATION ATTACHED

BOARD ACTION:

NOTES:

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

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

FY 2024

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



Lewis & Clark Public Health

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

Candace Payne
County Commissioner
316 N. Park
Helena, Montana 59623
447-8304 (W) 447-8370 (Fax)
E-mail: cpayne@lccountymt.gov

(1)
Pleasure of L & C County Commission

Mayor Wilmot Collins
City Commissioner
316 N. Park
Helena, Montana 59623
447-8410 (W)
E-mail: wcollins@helenamt.gov

(2)
Pleasure of City of Helena Commission

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

(3,a)
Superintendent of Schools

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

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

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

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

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

(3,d)
Pleasure of East Helena City Council

Brie MacLaurin-chair
710 N. Davis St.
Helena, MT 59601
461-0784 (C)
E-mail: briemaclaurin@gmail.com

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

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

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

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

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

Updated May 2023

"To Improve and Protect the Health of all Lewis and Clark County Residents."



LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH

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MEMBERS

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

MEETING DATES FOR FISCAL YEAR 2024

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

July 27, 2023

August 24, 2023

September 28, 2023

October 26, 2023

December 7, 2023

January 25, 2024

February 22, 2024

March 28, 2024

April 25, 2024

May 23, 2024

June 27, 2024

July 2023