



# Lewis & Clark Public Health

## Strategic Plan

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**Signature Page:**

Approved By:



April 23, 2026

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Chanan Brown, Chair  
Lewis & Clark City-County Board of Health

Date:



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## 1.0 How This Plan Was Developed

This strategic plan was developed over five months beginning in December 2025. The intention for the planning process was to both expand the scope of strategic planning to ensure full participation from each of the Department's seven programs, and to focus on well defined, measurable objectives that would allow progress to be assessed at regular intervals during the three-year term of the plan.

At the core of the planning process is the collective creation and prioritization of 29 Key Performance Indicators (KPIs) on a balanced scorecard (See Appendix A). The balanced scorecard records organizational health in four quadrants: Financial (Results); Operational (Quality, Efficiency, Safety); Customer Service (Satisfaction); People and Culture (Engagement).

Staff efforts began in November 2025 with the first of 8 S.W.O.T. sessions carried out over the span of 6 weeks. Each department program participated in a facilitated session to identify strengths and weaknesses within their scope of influence, and opportunities and threats outside of that scope. The Prevention program held two sessions, one for behavioral health, and one for chronic disease.

The S.W.O.T. analyses (see Appendix B) provided valuable input into the strategic planning process and identification of Key Performance Indicators (KPIs). The department will also see value as input into quality improvement projects, workforce development planning, and the development of the annual training plan.

Following the S.W.O.T. sessions, each program convened again to brainstorm and identify draft KPIs.

On January 22, 2026, the Board of Health (BOH) held an extended session facilitated by the Department of Public Health and Human Services' (DPHHS) Public Health Systems Improvement Office personnel. During that session, the BOH held robust discussion on the mission, vision, and values of the Department followed by focused conversation to understand, validate, and prioritize the KPIs identified by staff. The result was consensus of 6 KPIs that form the core of the strategic actions identified in this plan. While the plan is focused on these identified priorities, it is the intention of the department to measure and assess progress on all 29 identified by staff.

On February 18, 2026, DPHHS' Public Health Systems Improvement Office facilitated an all-staff meeting of LCPH to build the strategic plan around the priorities identified by the BOH. During this session, staff participated in a facilitated discussion to re-visit our Mission, Vision, and Values. Staff then focused on brainstorming strategies for impacting the 6 KPIs identified as priorities by the board, focusing on what could be accomplished in year one of the three-year plan.

The result is captured in the War-Battle-Plan format that defines the thematic goal, defining objective(s), and performance details and metrics that identify the what, when, who for action as well as the metric to measure, the resources needed, and the collaborators involved in execution.

The War-Battle-Plans (one corresponding to each quadrant of the balanced scorecard) were sent to all LCPH staff for review after they were drafted from the all-staff session discussion.

## 2.0 Mission, Vision, Values

### 2.1 Mission Statement:

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

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

### 2.2 Vision Statement:

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

*Healthy People, Community, and Environment*

### 2.3 Thematic Goals:

The following Thematic Goals were established by the Board of Health:

1	Strengthen the financial health and sustainability of Lewis and Clark Public Health (Financial)
2	Deliver exceptional customer service across all public health services (Customer Service)
3	Strengthen operational excellence to support high-quality public health services. (Operations)
4	Foster an engaged, supported, and high-performing public health workforce. (People and Culture)

### 2.4 Values:

For this plan, LCPH wanted to dive deeper into understanding the values that guide our actions. Discussions were held with both the BOH and LCPH staff to identify how those values are recognized in the actions we take.

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

**Collaboration:** Working together for health improvement.

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

**Effectiveness:** Using best practices effectively to achieve health improvement.

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

**What our ‘values in action’ look like:**

A Cross-Analysis of perspectives from the Board of Health and Department Staff.

The Board of Health (BOH) provides strategic direction, policy guidance, and structural oversight, while department staff operationalizes that mission through daily, community-focused public health work. Although this natural division between governance and operations shaped how each group articulated our values in action, there was remarkable thematic alignment between the two.

**Leadership**

BOH describes leadership as organizational accountability, such as setting clear obtainable goals for the Department and taking charge of processes and procedures. Staff primarily viewed leadership as an enabling environment that creates conditions for success, autonomy, and forward momentum. There was clear alignment that bridges these views through a shared commitment to proactive responsiveness and shared governance, empowering staff to act independently while remaining deeply involved in strategic planning.

**Collaboration**

BOH emphasizes high-level partnerships for collective impact, such as leading community health improvement processes (CHIP) and engaging with leadership on complex issues like the East Helena superfund site. Staff ground this value in daily operational integration, highlighting cross-program teamwork and pitching in to help each other. Together, they align on maintaining a culture of trust and respecting diverse viewpoints, both internally among staff and in partnership with other organizations and stakeholders.

**Inclusiveness**

BOH frames this value within the Department’s overall structure, ensuring programs are directed toward everyone and proactively building equitable access into standard processes. Staff highlight structural equity through more specific examples, such as running mobile clinics and intentionally including individuals with lived experience on advisory councils. BOH and staff are unified in their deep commitment to meeting people where they are without judgment, whether through broad policy design or targeted outreach, and proactively design programs and services to serve everyone, especially those most vulnerable in our community.

**Effectiveness**

BOH leans into data-driven evaluation, measuring success through long-term data, professional standards, and quality KPIs. Staff approach effectiveness through continuous quality improvement, focusing on the Quality Improvement (QI) Council, technology, and efficient resource use to safely do more with less. Both groups align strongly adaptive management—having the agility to pivot, understand when practices are not working, and continuously improve based on objective evidence.

**Integrity**

BOH focuses on structural accountability and transparency, highlighting legally compliant policies and relying on comprehensive epidemiological data rather than just “positive” numbers. Staff describe integrity as interpersonal trust and psychological safety, emphasizing a culture where honesty is the norm, where mistakes are easily admitted and honored without fear of punishment. The shared alignment centers on providing reliable, respectful, and evidence-based services that ultimately helps build a foundation of trust in the community.

## 3.0 Battle Plans

### 3.1 Strategic Objectives

#### Thematic Goal #1 - Financial

Strengthen the financial health and sustainability of Lewis and Clark Public Health

#### Defining Objectives

Objective #1

Reduce the average insurance payment posting to two business days or less by April 2027

#### Performance Details & Metrics

Plan #1

What	When	Who	Metric	Resources	Collaborators
1 Complete a process map to identify current gaps and determine improvements to process	1 May 30, 2026	1 A-Team	1 One (1) updated process map with needed improvements identified	1 DOG (Desk Operating Guide), Cheat sheets	1 Public Health Nursing team
2 Develop master coding procedures and conduct training for staff	2 June 30, 2026	2 A-Team	2 100% of CPTs from the Superbill successfully coded	2 DOG, Cheat Sheets	2

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3 Determine where to obtain missing or incomplete remittance information and document in DOG	3 May 30, 2026	3 A-Team	3 100% insurance portals successfully accessed	3 DOG, Insurance portals, Patagonia	3
4 Develop and implement quality assurance checks to monitor number of days from service to posting for insurance payment	4 July 31, 2026	4 A-Team	4 One (1) documented QA process to monitor number of days from service to posting for insurance payment	4 DOG, Insurance portals, Patagonia	4

**Thematic Goal #2 – Customer Service**

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**Deliver exceptional customer service across all public health services**

**Defining Objectives**

Objective #1

**Increase the percentage of customers that agree or strongly agree with the statement "Overall, I am satisfied with the services I received" on the satisfaction survey to above 90% by April 2027.**

**Performance Details & Metrics**

Plan #1

What	When	Who	Metric	Resources	Collaborators
1 Pilot new customer satisfaction plan with Child and Family Health Programs (CFH): evaluation plan finalized	1 April - May 2026	1 CFH supervisor and staff, Mission Support, Community Reps (Assessment Design Team/ADT)	1 (1) CFH Customer Satisfaction Evaluation Plan	1 Customer Satisfaction Plan, brainstorming exercise, Montana Public Health Institute grant	1 Program staff, Mission Support Team, Community members with lived experience, Community Partners
2 Implement plan: conduct interviews and administer surveys	2 May - July 2026	2 ADT	2 Percent (%) of survey and interview target response rates	2 Customer Satisfaction Plan, data from various systems, Montana Public Health Institute grant	2 Program staff, Mission Support Team, Community members with lived experience, Community Partners

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3 Analyze results and identify key themes, areas for improvement: final report	3 July - August 2026	3 ADT	3 (1) Final analysis report of survey and interview data, identifying key themes	3 Customer Satisfaction Plan, Epidemiologist tools (Community Health Assessment, Health Action Network), Montana Public Health Institute grant	3 Program staff, Mission Support Team, Community members with lived experience, Community Partners
4 Identify and implement quick QI informed from results: QI plan	4 August - Sept 2026	4 ADT	4 (1) Quick QI plan and project implemented	4 Customer Satisfaction Plan, Quality Improvement tools (PDSA, etc), Montana Public Health Institute grant	4 Program staff, Mission Support Team, Community members with lived experience, Community Partners
5 Document lessons learned, success and challenges, update department Customer Satisfaction Plan	5 November - December 2026	5 ADT	5 (1) Report documenting lessons learned	5 Customer Satisfaction Plan, Montana Public Health Institute grant	5 Program staff, Mission Support Team, Community members with lived experience, Community Partners

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**Thematic Goal #3 - Operations**

**Strengthen operational excellence to support high-quality public health services**

**Defining Objectives**

Objective 1

**Increase the number of WIC participants to above 802 by April 2027.**

**Performance Details & Metrics**

Plan 1

<b>What</b>	<b>When</b>	<b>Who</b>	<b>Metric</b>	<b>Resources</b>	<b>Collaborators</b>
1 Identify barriers, both personal and structural, that adversely impact family participation.	1 May-June 2026	1 Family Child Health Supervisor, WIC team	1 List of barriers to participation	1 Customer Satisfaction Survey data, one-on one-conversations, anecdotal staff experience, QI tools	1 Communications, Epidemiology, Community partners, WIC participants, Mission Support Team
2 Develop action plan to address identified barriers	2 June-July 2026	2 Family Child Health Supervisor, WIC team	2 Action plan	2 Action plan template	2 Communications, Epidemiology, Community partners, WIC participants, Mission Support Team

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3 Implement action plan	3 July 2026 - April 2027	3 Family Child Health Supervisor, WIC team	3 Report of strategies implemented	3 Monitoring tool	3 Communications, Epidemiology, Community partners, WIC participants, Mission Support Team
4 Build targeted strategy for recruitment through outreach and referrals.	4 April-June 2026	4 Family Child Health Supervisor, WIC team	4 # of referrals	4 Variety of media/outreach channels	4 Communications, Beyond Mom support group, other community partners, Mission Support Team
5 Ensure program capacity to manage increased participation.	5 May 2026	5 Family Child Health Supervisor, WIC team	3 Program staffing plan	5 Budget numbers	5 Mission Support Team, State WIC

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**Thematic Goal #3**

**Strengthen operational excellence to support high-quality public health services**

**Defining Objectives**

Objective #2

**Increase the number of children receiving a first-time capillary blood lead level test by LCPH to more than 50 by April 2027.**

**Performance Details & Metrics**

Plan #2

<b>What</b>	<b>When</b>	<b>Who</b>	<b>Metric</b>	<b>Resources</b>	<b>Collaborators</b>
1 Create outreach and marketing strategy	1 April - May 2026	1 Environmental Health Team	1 Outreach Plan complete	1 LCPH Events calendar, variety of media channels	1 Licensed Establishment staff, Public Health Nursing, LCPH-run coalitions, Communications, Prevention Team
2 Implement strategy	2 June 2026 - April 2027	2 Environmental Health Team	2 Report of strategies implemented	2 LCPH Events calendar, variety of media channels	2 Licensed Establishment staff, Public Health Nursing, LCPH-run coalitions, Communications, Prevention Team
3 Develop and implement collaboration strategy with medical providers to quantify and increase testing in the county	3 April - August 2026	3 Environmental Health Team	3 Testing numbers across county	3 List of medical providers who test, data systems/electronic health records	3 Pre-schools, elementary schools, pediatricians, LCPH Nursing, Daycares, St. Peter's Health

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**Thematic Goal #3**

**Strengthen operational excellence to support high-quality public health services**

**Defining Objectives**

**Objective #3**

**Increase the number of rural outreach events to more than 9 by April 2027.**

**Performance Details & Metrics**

**Plan #3**

<b>What</b>	<b>When</b>	<b>Who</b>	<b>Metric</b>	<b>Resources</b>	<b>Collaborators</b>
1 Identify, by program, where additional rural outreach and service delivery would benefit residents	1 April - June 2026	1 LCPH Operations Manager, Program Supervisors	1 List of 9 or more rural events	1 Brainstorming exercise	1 All LCPH Teams
2 Build outreach calendar, for internal and community use, that allows focus on rural events	2 April-May 2026	2 LCPH Operations Manager, Program Supervisors	2 Calendar is complete and available on MS Teams	2 MS Teams Calendar	2 All LCPH Teams
3 Hold After-Action session to assess outreach efforts and determine what should change in subsequent years.	3 February 2027	3 Communications, LCPH Supervisors, LCPH team members	3 After Action report completed.	3 Variety of media channels	3 Community partners, coalition partners, local rural organizations, volunteers

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**Thematic Goal #4 – People and Culture**

**Foster an engaged, supported, and high-performing public health workforce**

**Defining Objectives**

Objective #1

**Increase the percentage of Employee Satisfaction Survey questions with 80% or more reporting satisfaction by April 2028.**

**Performance Details & Metrics**

Plan #1

What	When	Who	Metric	Resources	Collaborators
1 Review LCPH results from the 2025 Workforce Development Survey conducted by Montana Department of Public Health and Human Services (DPHHS)	1 May 2026	1 Labor Management Committee	1 Top 3 issues identified	1 2025 Workforce Development Plan (State and Local results)	1
2 Develop a plan to address lowest 3 metrics from the survey	2 May 2026	2 Labor Management Committee	2 Plan complete	2 Quality improvement tools, Action plan template	2 Quality Improvement Council

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3 Implement improvement plan	3 May 2026 - April 2027	3 Labor Management Committee	3 Report of activities implemented	3	3
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## 4.0 Public Health Strengths & Challenges

### 4.1 SWOT Analysis

To prepare for strategic planning, LCPH chose to gather initial data by holding S.W.O.T. session with each individual program within the department.

S.W.O.T. stands for Strengths, Weaknesses, Opportunities, and Threats, and is a high-level strategic planning tool to identify what an organization excels at and where there is room for improvement internally. The analysis also looks externally to identify where there is opportunity the organization can develop for growth or improvement, and what may represent a threat to continued success.

The S.W.O.T.'s are provided in their entirety in Appendix B. These will be valuable in building individual program plans, but there are common themes that provide valuable insight for the department as a whole. Some examples:

#### **Strengths:**

Every program recognized the strength of their team. Various, they drew attention to their passion for excellence, their experience, creativity, communication, commitment, their culture of cooperation, and being recognized as leaders and experts.

Other common themes include: the relationships with partners (coalition members, partner agencies, local businesses, non-profits serving similar populations, operators we regulate); access to training; culture at work (flexibility, permission to be creative); strong processes, and meeting the community where they are (outreach, mobile services).

#### **Weaknesses:**

Multiple programs recognized a lack of resource capacity, reliability of funding, potential for burnout, a need for additional training, and the lack of technology options expected by the public (online forms, online payments).

#### **Opportunities:**

The teams saw opportunities in some technical implementations happening in FY26 that can add efficiencies and better customer service, expansion of mobile van services, business process improvements identified during this process, more rural outreach, and more community outreach and education.

#### **Threats:**

The same technology implementations identified above were also considered a potential threat if they don't go well. Uncertainty about funding, population growth and sprawl, and economic issues adding pressure to services were recognized as potential challenges. Several programs also identified a threat in the proliferation of changes and recommendations at the federal level that are a departure from scientific and medical consensus causing confusion and potentially restricting access to services.

#### **Conclusion:**

The S.W.O.T. sessions were an invaluable tool and gave the department insights and context used to drive the rest of the strategic planning process. Additional qualitative analysis will be completed in the coming weeks and used for input into short- and long-term planning as well, including quality improvement projects, workforce development planning, and development of the annual training plan.

## 5.0 Implementing This Plan

### 5.1 Implementation Responsibilities

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

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

### 5.2 Review & Revision

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

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

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

The strategic plan covers LCPH's goals for the next 3 years. However, because of the unstable and challenging terrain we traverse, this strategic plan sets goals for Key Performance Indicators for the first 12 months. During the semi-annual review described above, the LCPH team will assess the KPI targets and adjust as necessary for subsequent years of the plan.

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

### 5.3 Balanced Scorecard and KPIs

While 6 KPI's from the Balanced Scorecard were prioritized by the Board of Health for inclusion in this strategic plan, 29 KPIs in total were identified by staff as key measurements of success for the Department. In the first 6 months following the adoption of the strategic plan, LCPH teams will develop a strategy to measure the value of these KPI's and will work, as resources and funding allow, to positively maintain or improve values through process and Quality Improvement efforts.

### 5.4 Maintenance and Availability

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

## 6.0 Participants in the Process

### 6.1 Board of Health

Chanan Brown, Chair, Representing a resident in the City of Helena

Mike McGuire, Vice Chair, Representing a consumer of health services

Sherri Ann Ohs-Mosley, a county resident living outside the city limits

Dr. Anastasia Nast, representing a practicing physician

Kelly Harris, East Helena Mayor

Tom Rolfe, County Commissioner

Rex Weltz, Helena School Superintendent

Lisa Kaufman, Representing resident with an environmental health/science background

Ben Rigby, Representing the City Commission

### 6.2 Facilitator

Neva Loney, Local and Tribal Support Specialist, Public Health Safety Division – System Improvement Office, MT Department of Public Health and Human Services

### 6.3 Public Health Staff

Melissa	Baker	Health Educator
Heather	Baker-Parmer	Finance Coordinator
Julie	Bir	Behavioral Health Program Supervisor
Joni	Brooks	Public Health Nurse
Hailey	Brotcke	Universal Home Visitor
Rae (Venus)	Brown	Public Health Nurse
Villette	Burk	Health Educator - Substance Use Prevention Coord.
Gary	Burton	Outreach Coordinator
Taylor	Dinsdale	Env Health Specialist
Kierstin	Laroche	Water Quality Specialist
Nina	Heinzinger	Program Supervisor-Lic Establishment
Laura	Hendley	Env Health Specialist
Jenni	Hoff	Admin Asst II Public Health
Rachel	Jefferies	Health Educator-Suicide Prev
Jessica	Dorrington	Behavioral Health Systems Improvement Specialist
Amber	Johnson	Communications Specialist
Marisa	Johnson	Case Manager-RN Home Visting
Katelyn	Kimball	Admin Asst II Public Health
Charity	Krebs-Middlemas	Case Manager-SW Home Visiting
Shelly	Maag	Public Health Nurse Supervisor
Adam	Maes	Env Health Specialist
Katie	Maslowski	Case Manager-SW Home Visiting
Jennifer	McBroom	Water Quality Dist. Supervisor

Carin	McClain	Health Educator
Kegan	McClanahan	Hydrogeologist
Jakob	Miles	Health Educator - Opioid & Safer Comm Mt Coord.
Jordan	Moore	Env Health Specialist
Bettina	Naylor	Admin Asst II Public Health
Drenda	Niemann	Public Health Officer
Beth	Norberg	Env Health Supervisor
Jay	Plant	Env Health Specialist
Sarah	Sandau	Grants Specialist-PHEP Coordinator
Fred	Sargeson	Public Health Operations Manager
Mary	Sparks	Home Visiting Program Supervisor
Maria	Stolle	Registered Dietitian
Dawn	Sullivan	WIC Clinic Coordinator
Vianka	Torres Tyler	Connect Referral & Sys Improvement Coord.
Angelique	Turner	Public Health Nurse
Steve	Thennis	Registered Sanitarian, EH Lead Education
Heidi	Watson	Public Health Nurse
Sherry	Winchell	Registered Dietitian
Sandy	Whittington	Administrative Supervisor

# Appendix A

## Lewis and Clark Public Health - Key Performance Indicators (January 2026)

KPI's	Financial (Results)			Green
	Current	Change	Red	
90 day reserve (FY26, Q2)	174		<80, >100	90
% Grant spend down	56%		<70%	>90%
Fully funded Capital Improvement Plan (CIP)	Y		N	Y
Electronic Service Bill turnaround time (in hours)	72		72	48
Insurance payment posting (in days)	8		5	4
Daily deposits reported correctly	82%		< 90%	91-99%

KPI's	Customer Service (Satisfaction)			Yellow
	Current	Change	Red	
% of customers that agree or strongly agree with the statement "Overall, I am satisfied with the services I received" on the satisfaction survey.			<80%	80-90%
# of programs that survey customers annually	2		<4	4
# of volunteer hours in last 6 months	600		< 500	501-599
Response time for Release of Information requests (in days)	4		4	3
# of voicemails per 8 hour workday			3	2

KPI's	Operational (Quality, Efficiency, Safety)			Green
	Current	Change	Red	
% of Community Health Improvement Plan (CHIP) activities assigned to LCPH implemented			<80%	80-90%
# of elements (6) in the Culture of Quality assessment in phases 4-6	3		<3	3-4
% of Foundational Public Health Services (5) with an overall score of 4	80%		<60%	60-80%
% of Foundational Public Health Capab overall score of 4	75%		<60%	60-80%
% of facilities w/ > 3 priority violations if follow-up inspection	56%		< 60%	60-89%
# of 317 (State) vaccines administered are uninsured/underinsured. (Current F	175		<160	160-191
WIC Participation per month	764		< 726	727-801
% of women in home visiting services who screen positive for post-partum depression that are connected to a mental health provider.			< 79%	80-94%
Average number of calendar days that environmental health enforcement cases remain open from initial complaint to resolution or closure	43		> 60	31-60
Percent of Environmental Health applications that are completed within required timeframes (Site Evaluation, Sub Review, Permit Requests)	100%		< 80%	80-99%
Number of children receiving a first-time capillary blood lead level test by LCPH	13		< 25	25 - 49
Number of adult venous blood tests in East Helena completed by St. Peter's Wellness.	10		< 25	25 - 49
# of well tests distributed	20		<9	10-19
Rural (Lewis and Clark, Broadwater, Je Meagher counties, communities outside of Helena) outreach by LCPH (all programs)	9		<5	6-8

KPI's	People & Culture (Engagement)			Yellow
	Current	Change	Red	
% of Employee Satisfaction Survey questions with staff reporting satisfaction.	60%		<60%	60-80%
% of frontline staff and supervisors who strategic skills that are most important for their roles	84%		<80%	80-90%
% of staff retained in the year (2025)			<83%	90-93%
# of program team meetings attended by at least one A-team member per month	1		1	2

**\*\* highlighted KPIs were selected by the BOH in Jan 2026 as priorities for the strategic plan \*\***

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### LCPH S.W.O.T. Analyses

To prepare for strategic planning, LCPH chose to gather initial data by holding S.W.O.T. session with each individual program within the department.

S.W.O.T. stands for Strengths, Weaknesses, Opportunities, and Threats, and is a high-level strategic planning tool to identify what an organization excels at and where there is room for improvement internally. The analysis also looks externally to identify where there is opportunity the organization can develop for growth or improvement, and what may represent a threat to continued success.

The S.W.O.T.'s are provided in their entirety below. These will be valuable in building individual program plans, but there are common themes that provide valuable insight for the department as a whole. Some examples:

#### **Strengths:**

Every program recognized the strength of their team. Variously, they drew attention to their passion for excellence, their experience, creativity, communication, commitment, their culture of cooperation, and being recognized as leaders and experts.

Other common themes include: the relationships with partners (coalition members, partner agencies, local businesses, non-profits serving similar populations, operators we regulate); Access to training; Culture at work (flexibility, permission to be creative); strong processes, and meeting the community where they are (outreach, mobile services).

#### **Weaknesses:**

Multiple programs recognized a lack of resource capacity, reliability of funding, potential for burnout, a need for additional training, and the lack of technology options expected by the public (online forms, online payments).

#### **Opportunities:**

The teams saw opportunities in some technical implementations happening in FY26 that can add efficiencies and better customer service, expansion of mobile van services, business process improvements identified during this process, more rural outreach, and more community outreach and education.

**Threats:**

The same technology implementations identified above were also considered a potential threat if they don't go well. Uncertainty about funding, population growth and sprawl, and economic issues adding pressure to services were recognized as potential challenges. Several programs also identified a threat in the proliferation of changes and recommendations at the federal level that are a departure from scientific and medical consensus causing confusion and potentially restricting access to services.

**Conclusion:**

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**A-Team S.W.O.T. Analysis –  
 December 2025**

<b>Strengths</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• The team is strong with a desire and passion for excellence.</li> <li>• Process is a strength, a desire to refine and build efficiency.</li> <li>• “We are bulls in a China closet’ – looking at everything fresh to build a high performing team.</li> <li>• Experience. Sandy and Bettina have deep and varied experience to apply to problem solving.</li> <li>• Team mentality, attitude</li> </ul>	<ul style="list-style-type: none"> <li>• Can serve the community better with more training across the team:             <ul style="list-style-type: none"> <li>○ Deeper understanding to help WIC, WQPD, etc. when needed.</li> </ul> </li> <li>• Training: Billing, for example – complex and ever changing; technology use; quality improvement; etc.</li> <li>• Professional Development – people can grow in job without leaving A-Team.</li> <li>• GovTech, Trackit changes may create efficiency</li> </ul>
<b>Weaknesses</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Only 2 of 4 - for now!</li> <li>• In the past: Not having a team mentality, siloed expertise and training. Need to make sure the team does not fall into the same rut.</li> <li>• Other teams have not always recognized the value of the A-Team. The team has felt they are perceived as ‘less than’</li> <li>• Lack of training opportunities: for office tools; shadowing programs; integrations with teams; ride a-longs, etc.</li> <li>• Burnout – job can be overwhelming without more variability.</li> <li>• Time and capacity. Hoping new structure allows for team members to be away from the desk for more meetings, trainings, integration.</li> </ul>	<ul style="list-style-type: none"> <li>• Feeling under-valued is a barrier to realizing their vision.</li> <li>• GovTech implementation – If it doesn’t go well, it’s a threat to time, efficiency, dissatisfied customers.</li> <li>• Same with Trackit – could be an opportunity, if it goes well, a threat if it doesn’t</li> </ul>

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## What does Perfect look like?

- IZ clients would complete all check-in/out processes on the tablets. Nurse would be notified they are ready, come out, client hands tablet to the nurse who could complete the process – no paper!
- Patients could schedule online
- We'd have a 'patient portal' for keeping info, delivering results, scheduling, etc.
- Different office layout and building. Lobby space for programs to meet with citizens.
- We'd have SO MUCH STORAGE!
- Office furniture that isn't leftovers or hand-me-downs
- Better phone system with an intercom
- More meeting space
- Employee lounge

**Behavioral Health S.W.O.T. Analysis –December 2025**

<b>Strengths</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• Dedicated and knowledgeable staff</li> <li>• Unique in our capacity for behavioral health</li> <li>• Regional hub for Opioid Prevention</li> <li>• *Built-in culture of collaboration</li> <li>• Data-Driven approach (Val &amp; Vivi!)</li> <li>• Jakob’s fund that can buy food for events</li> <li>• Creative use of funds across teams</li> <li>• Seen as SMEs for Safer Communities Montana and Crisis response statewide</li> <li>• Partnerships with coalition members</li> <li>• Resources: Trainings, people, services, swag.</li> <li>• Successful in seeking competitive grants (Fed)</li> <li>• Dedicated Grants Specialist!</li> <li>• Flexibility and adaptability of staff</li> <li>• Work flexibility – for retention and productivity</li> <li>• Great county EAP program!</li> <li>• Overlap with programs and cross-training – staff can step in for one another.</li> <li>• Outside program help and expertise</li> <li>• Gun cases are popular with the community and effective.</li> </ul>	<ul style="list-style-type: none"> <li>• New trainings, new topics</li> <li>• Continue to pursue rural services</li> <li>• Swing of funding toward behavioral</li> <li>• A lot of interest in B.H. by local leaders (BoCC, St. Pete’s, PureView, legislators, law enforcement)</li> <li>• Statewide leadership (SCM)</li> <li>• Telehealth for rural communities, local crisis response</li> <li>• Community leadership for programs</li> <li>• Expansion of mobile services for the van (Dental, footcare)</li> <li>• CareVan</li> <li>• Growth of public spaces (HIZ, Heritage Center)</li> <li>• WF Development opportunities to develop pipeline (CHW Program in High Schools)</li> </ul>

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Weaknesses	Threats
<ul style="list-style-type: none"> <li>• *Built-in culture of cooperation (can lead to some duplication of effort)</li> <li>• Can't spend on food for community events</li> <li>• Partnership and coalition members that aren't fully engaged</li> <li>• Still building some relationships and training</li> <li>• Capacity: We take on a LOT of the work of coalitions</li> <li>• Work topics can be difficult subject matter</li> <li>• Territorial conflicts within coalition membership</li> <li>• Need more storage!</li> </ul>	<ul style="list-style-type: none"> <li>• Federal Administration language and program restrictions adverse impact on services</li> <li>• LCPH not a non-profit (Can't apply for certain grants)</li> <li>• Helena community not 'Rural' any longer according to HRSA</li> <li>• Uncertainty in Federal program funding</li> <li>• Economic issues put pressure on entire service community</li> <li>• Medicaid reimbursement and loss of coverage</li> <li>• Workforce shortages in public health</li> </ul>

## What does Perfect look like?

- Sober living facility here in town (Helena)
- No wait lists for services
- No drugs in the community
- A dozen more staff!
- People have knowledge and resources to know what services are available
- Community connections so NO ONE is isolated
- ALL THE STORAGE!
- All of the community spaces available for events at no charge
- Super cool swag
- Nap room, puppy room, gelato machine, cool water machine, wellness room, etc.
- Easy to find behavioral health practitioners to connect with, and are a good fit
- Building HVAC system that works right
- Support from the community for the work we do
- Elected officials that understand and support public health work
- Less meetings
- All services available for free for people that need them
- Narcan consistently available from the state
- Housing and transportation for everyone
- Clarified role of CONNECT Referral System
- Better knowledge of how to find effective tools and programs
- Medications have no side effects!
- Universal minimum income, living wage

**Child and Family Health S.W.O.T. Analysis –December 2025**

<b>Strengths</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• The Team is strong, communicates and collaborates well. (Ex. WIC is #1 referral source for Home Visiting)</li> <li>• Employees access to training opportunities</li> <li>• Programs are known in the community</li> <li>• Programs have strong relationships with the community (Includes other organizations that work with the populations and local businesses who contribute to our mission)</li> <li>• Flexibility for how we serve people and flexibility for how we work.</li> <li>• Our success rate – for instance 97% retention of Home Visiting participants.</li> </ul>	<ul style="list-style-type: none"> <li>• Admin changes, incorporating the A-Team into the WIC Process</li> <li>• Process Improvements for WIC and HV               <ul style="list-style-type: none"> <li>○ Slots to accept paperwork that is delivered by participants or applicants (instead of having them call a number when staff out)</li> <li>○ Outbox for delivery to participants that stop to pick something up (big enough for formula!)</li> <li>○ One-page for people explaining how to access online forms, services.</li> <li>○ Drive people to self-service in an intuitive and easy to access way.</li> </ul> </li> </ul>
<b>Weaknesses</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Funding reliability</li> <li>• Sustainability of grant-funded programs*</li> <li>• A-Team doesn't always have the time and/or training to help people if WIC team is not there. Talking prompts to help.</li> </ul>	<ul style="list-style-type: none"> <li>• National funding and policy uncertainty</li> <li>• Government Shutdown issues</li> <li>• Turnover at the state</li> <li>• Relationships with state partners               <ul style="list-style-type: none"> <li>○ A lot of turnover – making relationships more challenging</li> <li>○ Lack of communication in general, but also slow to respond</li> <li>○ New interpretations of rules with new people</li> <li>○ Us vs them attitude</li> </ul> </li> </ul>

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## What does Perfect look like?

- Capacity (The need exists and there are more families to serve):
  - More Home Visitors
  - More WIC Staff
  - More Dieticians

One reason additional resources would make a difference is because of the dynamics of the population we serve. It takes time to follow up and track down families that may be struggling with poverty, having their phone shut-off, having to miss appointments. Having sufficient resources would allow us to better serve the population and increase our scope of influence.

- Programs would be SO MUCH EASIER to find and sign up for in a perfect world. Less complicated and maybe technology to ease the process. Something like South Carolina's First 5 program or a fully functioning Connect Referral system with wide adoption.
- There would be no concern for funding
- We'd have more control to be creative and serve our populations better (less restrictions or constraints specific to grant programs (WIC)
- A WIC Grocery store or section where there was no ambiguity or confusion for families shopping with WIC benefits.
- More Universal HV capacity – the open eligibility allows greater flexibility to make sure families that need the service have access.
- Every Mom would be enrolled in Home Visiting!
- Every Mom would breastfeed!
- Every mom would have AT LEAST 12 weeks of paid maternity leave.

**Environmental Health S.W.O.T. Analysis –  
December 2025**

<b>Strengths</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• The team is strong: Good cooperation with other teams, deep institutional knowledge and expertise. Flexible, easy going, fun.</li> <li>• Effective. We do the job.</li> <li>• Great customer service, responsive, quick</li> <li>• Relationships with state and county partners are strong and effective.</li> <li>• Caring and empathetic in our approach</li> <li>• New Admin approach</li> </ul>	<ul style="list-style-type: none"> <li>• New Admin approach and staff is an opportunity to train for greatness</li> <li>• Outreach to the community for education</li> <li>• Citizen engagement</li> <li>• TrackIt improvements could add capacity to the team by allowing self-service</li> </ul>
<b>Weaknesses</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Sometimes enable “less-than” ideal behavior, because we are caring and empathetic (see strengths!)</li> <li>• Capacity: Always juggling multiple complex projects/issues, and focusing on the important work, but only the capacity to do the bare minimum. With more capacity, could focus on emerging issues (wastewater, climate impact) and focus on follow up.</li> <li>• Sanitarians are ‘Jack’s of all trades’ Not specialized in practice to focus on, for instance, Air Quality or wastewater</li> <li>• We are reactive in our services</li> <li>• Losing long-term dedicated Admin and having a new lead, but not dedicated (See Opportunities)</li> <li>• Can feel isolated from the department –</li> </ul>	<ul style="list-style-type: none"> <li>• Admin changes – if it doesn’t work</li> <li>• Legislative changes can impact capacity</li> <li>• Population growth and sprawl without additional investment</li> <li>• Population profile for the people we work with is changing – seems like either very wealthy, or poor, even unhoused.</li> <li>• NIMBYs</li> <li>• Growth seems out of control, moving too fast to plan for and impact. How do we inform the public what they need to know, when to permit, what agency to go to. Requires focus and coordination.</li> <li>• We are often a ‘catch-all’ for complaints, when folks aren’t sure where to go. Takes time and energy to get them to the right place. It’s good that they land</li> </ul>

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<p>things happen that are outside of our control</p> <ul style="list-style-type: none"><li>• Adequate facility is needed</li><li>• EH offices feel isolated</li></ul>	<p>somewhere, but better for them and us if the public knows where to go to get appropriate services more directly.</p>
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## What does Perfect look like?

- More trainings provided for Land Use stakeholders.
  - Installers, Realtors, etc.
  - Better coordination on this with city, county, state partners
- The County would have building permits! The only permits now are septic and driveway approach.
- Team would have additional capacity to focus on an item from beginning to end.
- The team would be under one roof. (I remember this meaning EH, Planning, etc. - is that right?)
- Air Quality – we'd have focus time for QI – could be more proactive.
- Bring back the Reader board!
- The County would have an Enforcement Officer, as some of the larger counties do.
  - Would provide the focus it needs and be more timely, more efficient, more transparent.
- We'd be cleaning up yards right now (waiting on EPA decisions, not sure when it will begin) EPA is choosing contractors and getting organized
- More training – example used was ArcGIS Pro. When the time comes, we'll need training to use it to its full capacity
- A NEW SPACE
  - A mud room;
  - Snack Bar;
  - Quiet office or space for phone calls;
  - More meeting spaces
  - Car wash
- Burn Permit process – would be great to have the process simplified and better understood

**Prevention Team – Chronic Disease S.W.O.T. Analysis – December 2025**

<b>Strengths</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• Passionate and knowledgeable staff</li> <li>• Hub for the multi-county region               <ul style="list-style-type: none"> <li>○ Recognition of excellence</li> <li>○ Have greater capacity than smaller pop. Neighbors</li> </ul> </li> <li>• We have fun doing it!</li> <li>• Community Relationships: St. Pete’s; PureView; Rocky; United Way; etc.</li> <li>• Variety of services – helps with the relationships. People see us as a resource.</li> <li>• Creativity – We do challenging work in challenging times – we need that creativity</li> <li>• Our culture: We are given the space to be creative</li> <li>• Longevity of staff in breast and cervical cancer screening (Melissa)</li> <li>• Carin’s policy knowledge – respected.</li> <li>• Team leads the state in multiple areas (example: Melissa’s leadership in statewide cancer coalition)</li> </ul>	<ul style="list-style-type: none"> <li>• Greater integration and communication between teams (to impact the same variable)</li> <li>• Work more with rural communities               <ul style="list-style-type: none"> <li>○ Expansion of CD activities</li> <li>○ County, but also more regionally</li> </ul> </li> <li>• Being able to communicate the complexities of public health to people who question its value.</li> <li>• Federal leadership at HHS’s focus on Chronic Disease</li> <li>• PureView clinics in schools – can we partner to do education?</li> <li>• Technology training</li> <li>• Cross training</li> <li>• AI training for public health</li> </ul>

Weaknesses	Threats
<ul style="list-style-type: none"> <li>• Sometimes siloed – don't always have the time to share with colleagues</li> <li>• Grant limitations: Lack of flexibility to achieve mission; Restrictions – Teams could be structured differently if there were less.</li> <li>• Grant Funding – lack of and instability of funding</li> <li>• Capacity – There is more work to do to impact Chronic Disease (ex. Physical activity; Nutrition; Built environment)</li> <li>• Hyper-focus on Helena</li> <li>• Not everyone knows where we are or who we are (confused with state, PureView)</li> <li>• Tech training</li> <li>• Lack of community buy-in for what we're offering (such as CONNECT)</li> </ul>	<ul style="list-style-type: none"> <li>• Walk audits are not useful because the city doesn't/won't/can't use them.</li> <li>• Science facts are questioned.</li> <li>• Job turnover in public health (PureView, State – impacts depth of relationships)</li> <li>• Still a lot of stigma around weight in physical fitness discussion</li> <li>• Grant funding and stability</li> </ul>

## What does Perfect look like?

- Cancer Screening and prevention would have all the funding it needs
- Tobacco industry would stop its predatory marketing to kids
- The entire community would buy into and support what we do.
- Population would be more educated on and accepting of science
- The work we do would be less adversarial
- We'd have all the staff capacity we need to achieve our mission!
- We'd have a facility with space we could rent out to the community
- We'd have a building that meets everyone's needs
- Our building would have a recreational space for the youth and elderly in our community
- Childcare available for staff
- Funding for lunch for the community when we do outreach
- Less restrictions for events
- NAP ROOM!
- Better breakroom, lounge, water fountain, ice, windows, and Doug2.0 (building maintenance)
- ALL THE STORAGE – including catalog of what is there and where.
- A Check-in Kiosk for public that come to the office
- Breastfeeding pod in the lobby
- Vape drop-off
- Needle exchange
- More people that know what we do
- Our own IT team
- Knowledge to be culturally tech-savvy. “Wish we were cooler” (focus on communicating effectively to youth)
- All the training we want or need.



**S.W.O.T. Analysis – Licensed Establishment**  
**November 2025**

<b>Strengths</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• Team Expertise (level of education and training)</li> <li>• Staff Experience</li> <li>• Quality of work/ <i>Culture</i> of Quality</li> <li>• Commitment to mission</li> <li>• Relationships with operators</li> <li>• Working relationship with state – strong partnerships (Communicable disease as example)</li> <li>• Ability to complete inspections (not all counties can)</li> <li>• Staff is a TEAM.</li> </ul>	<ul style="list-style-type: none"> <li>• In Person Classes/Contracted trainers</li> <li>• Involvement in MEHA – Policy impact</li> <li>• More development with partners (Realtors for example), FDA, USDA</li> <li>• Increase in License Fees for CY26</li> <li>• Technology               <ul style="list-style-type: none"> <li>○ Online Payments</li> <li>○ HS Govtech</li> <li>○ Online forms</li> </ul> </li> </ul>
<b>Weaknesses</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Capacity/heavy workload (Tapped out)</li> <li>• Admin Support time (more falls on Sanitarians), admin tasks by sanitarians take a lot of time</li> <li>• Time for follow up with operators. (Example of corrected infractions)</li> <li>• Training on being safe in the field</li> <li>• No online payment</li> <li>• Reports on LEs are hard to find.</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of staff (hard to rebuild)</li> <li>• Loss of funding</li> <li>• Loss of vehicles (others borrowing)</li> <li>• Loss of Fed funding (EPI support during outbreak)</li> <li>• Hostility by some operators and community</li> <li>• Loss of professional requirements</li> </ul>

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## What does Perfect look like?

- More Admin hours and services:
  - Plan reviews (Please add detail to this – is this entering them?)
  - Data Entry
  - Keep in contact with and have relationships with Operators – be the ‘face’ of the program
  - Manage the Tech Line
  - Take complaints and direct them
  - Filing of documentation
- Yearly inspections and follow up at 100% (The team sees that as the bare minimum, and we are not there yet)
- Offering in-person classes
  - Operators
  - Daycares
- All applications online, with online payments
- Making sure the community is aware of the work we do.
- Regular updates and communication with partners (ex. Realtors, fire departments, rabies)
- Better enforcements strategies:
  - Letter Grades (Flathead does, Yellowstone is contemplating)
  - Letter grades push the operators to strive for excellence. Initially will cause an increase in LE work, but long-term will decrease that work.
- More Vehicles at LCPH (so LE’s are always available)
- Always have budget for training and conferences, with no out-of-pocket. (World Aquatic Health Conference as example)
- Support membership in NEHA (not covered currently)
- Adoption and implementation of Voluntary National Retail Food Standards
- More data analysis
- Overlap for the supervisor position during transition!



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**Public Health Nursing - S.W.O.T. Analysis – December 2025**

<b>Strengths</b>	<b>Opportunities</b>
<ul style="list-style-type: none"><li>• We genuinely care for our patients and the community</li><li>• We meet the community and patients where they are (i.e. offsite clinics)</li><li>• Our partnerships in the community (CareVan, PureView, DPHHS, etc.)</li><li>• We can offer free or discounted services</li><li>• Experience of nurses, their depth of knowledge</li><li>• Team is solid, well balanced in skills and experience</li><li>• Always trying to improve</li><li>• Vaccines are locked up and organized</li></ul>	<ul style="list-style-type: none"><li>• The discussion over vaccine safety is an opportunity to engage the public</li><li>• Reaching people at the detention center – greater integration with their team</li></ul>

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Weaknesses	Threats
<ul style="list-style-type: none"> <li>• Some partnerships could be better, or don't exist</li> <li>• Staff turnover at Assisted Living facilities</li> <li>• We are open during traditional business hours, but public often can't come during work hours</li> <li>• The clinic is insufficient: Need more space in the clinic room, need an additional clinic room</li> <li>• Need more storage, centralized and orderly</li> <li>• Facility is in disrepair: Floor issues, peeling surfaces, unsightly and tripping hazards.</li> <li>• No extra space for PRN nurse</li> <li>• Transportation: No dedicated vehicle – have to borrow from others, gets cyclically busy and can't always use a county vehicle.</li> </ul>	<ul style="list-style-type: none"> <li>• Federal leadership at HHS, CDC, etc. <ul style="list-style-type: none"> <li>○ There is confusion about recommendations not based on science or medicine.</li> <li>○ Recommendations can take away patient choice, and impact funding</li> </ul> </li> <li>• ACIP recommendations (See above)</li> <li>• Disease spread – new outbreaks</li> <li>• Legislation restricting evidence-based response to public health threats</li> </ul>

## What does Perfect look like?

- The ceiling in the vaccine room would be higher (too close to sprinkler system)
- We'd have an expanded testing capability (test for more things)
- We'd have a Family Planning Clinic and pregnancy care co-located or integrated (Butte has a partnership like this)
- Harm reduction
- Windows! Natural light!
- HVAC that works correctly
- Check-in area would be closer, better, more inviting, and have an intercom for letting nurses know that someone's arrived
- A check-in Kiosk with prompts (aside from efficiencies, the self-check in provides better privacy and confidentiality – instead of asking for an STD test in a public space, can choose from prompted questions.)
- A separate entrance for programs (Nursing, Environmental Health, etc.)
- One level for the Department – no more 'death stairs'.
- A dedicated receiving area for Nursing shipments
- Having vehicles ready to go! (fuel full, snow brushed, ice scraped)
- Entrance to the van safer! Easier and more solid steps to get people in.
- More meeting spaces! So more simultaneous meetings could be had, easier to schedule
- A breakroom or lounge to get away.
- Having the ability to provide more help/services for those living unhoused
- Autonomy – less restrictions on distribution
- Books for kids that come in. Let them choose a book to take home
- Have snacks available for kids.
- Inviting clinic room for kids to put them at ease.



**S.W.O.T. Analysis – Water Quality Protection District (WQPD)**  
**December 2025**

<b>Strengths</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• WQPD Team               <ul style="list-style-type: none"> <li>○ High level of expertise and experience</li> <li>○ Camaraderie – the Team is solid</li> <li>○ Team speaks freely, can have discussion and express opinions</li> </ul> </li> <li>• Outreach and communication               <ul style="list-style-type: none"> <li>○ Story maps – to make complex projects understandable, let the community know what we do.</li> </ul> </li> <li>• Data collection – Well monitoring network is large, great data for property owners.</li> <li>• Strong relationships where they matter               <ul style="list-style-type: none"> <li>○ County Planning</li> <li>○ Sanitarians</li> <li>○ City</li> </ul> </li> <li>• Water Watchers (which could grow if the boundaries of the WQPD changed)</li> <li>• WQPD is not regulatory, helps with perception in community.</li> <li>• Water and reclamation work</li> <li>• WQPD Board: For the outreach, direction, accountability to the public, level of engagement. They show up and bring their constituencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand Water Watchers to Lincoln, Augusta, Outside WQPD. Make available to Home School groups.</li> <li>• MS4 (stormwater) permitting</li> <li>• Increase completion rate for free water test kits with follow up strategy. Spring event – sent out 30 kits, got results for 4. Look at business process.</li> <li>• Building Relationships with Agricultural community in the valley. To gather data, and also to influence behavior (nitrates, etc.)</li> <li>• Carroll College lab class for testing samples</li> <li>• The state lab expansion, perhaps more capacity and types of testing</li> </ul>

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Weaknesses	Threats
<ul style="list-style-type: none"> <li>• Don't have ALL the tools they need</li> <li>• Busses – Costly (1/5 of budget), we split with the school district. It is an administrative burden to schedule around other events</li> <li>• Modeling software – we have the software, but likely need real training, which is expensive and offsite. Not an immediate need, but will be when we determine its place in the future</li> <li>• Testing – the State Lab takes a long time</li> <li>• A lot of people don't know what we do still.</li> <li>• Website could improve: Better quality, quickly accessible content. Should be easy to search and navigate – strategy to drive users there.</li> <li>• The truck is ok, but has no oomph.</li> <li>• WQPD Board – is changing, has new direction, is unknown for now, but will settle into new norms</li> </ul>	<ul style="list-style-type: none"> <li>• MS4 permitting requirements</li> <li>• Some with anti-government sentiment.</li> </ul>

## What does Perfect look like?

- Easy transportation, access to busses
- Additional water monitoring wells. There are roughly 160 wells in the network and 40 owned by WQPD.
- Adding water monitoring wells to undeveloped areas, wells across the whole county.
- It was brought up that adding more is not a great option, as we do not have the personnel to get regular results from each (which would be monthly in a perfect world). A solution in a perfect world would be:
  - Data loggers for each well. (or strategically located subset?)
- PERFECT WEATHER ALL THE TIME
- Tool boxes and organization for the truck – to speed efficiency and look professional.
- Unlimited pass at Woody's! - Really getting at the need to be able to hose down the truck after being in the field.
- Testing all wells monthly to gather data to spot trends.
- Weather station – we have one, and the data plan is costly. In a perfect world we would have a network of those stations across the county and a data plan for the network.
- An adequate facility.
- A field lab, and our own lab for testing (bacteria and nitrates)
- Real Time gauges for stream flows (like USGS has)



LCPH  
LEWIS & CLARK PUBLIC HEALTH

## Leadership

**Empower Everyone:** We create conditions for individual growth, autonomy, and shared leadership.

**Include Every Voice:** We plan strategically together as a unified team. **Take Ownership:** We set clear and realistic goals and hold ourselves accountable to them. Our approach balances proactive innovation and measured responsiveness.

## Collaboration

**Forge Partnerships:** We engage partners and community in all our work. **Bridge Silos:** Everyone

itches in where needed and looks for ways to integrate across programs to maximize our resources.

**Build Trust:** We assume positive intentions of each other, our partners, and the community. Diverse perspectives are respected and sincerely heard.

## Inclusiveness

**Ensure Access:** We provide everyone the opportunity to receive services and care and equitable access is integrated in all programs and processes.

**Meet People Where They Are:** We provide empathetic, culturally competent, and non-judgmental services. **Amplify community voices:** We elevate the lived experiences and wisdom of our community, and proactively bring services to vulnerable populations

## Effectiveness

**Rely on Data:** We base our public health practices on solid evidence, formal evaluation, and quality metrics. **Embrace Continuous Quality Improvement:** We utilize best available

practices, technologies, and continuously evaluate our impact to look for ways to improve.

**Adapt Efficiently:** We pivot when needed and optimize our resources to do more with less

## Integrity

**Uphold Evidence:** We maintain reliability and trust by communicating evidence-based information and data sources.

**Foster Safety and Reward Honesty:** Honesty is modelled from the top down. Mistakes are admitted readily with honor and encouragement, and without any fear of punishment. **Act Accountably:** We adhere to consistent policies and professional accreditation standards.

# CORE VALUES








# 2026-2029 Strategic Plan + appendices

Final Audit Report

2026-05-04

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