



# HEALTHY BUTTE

Protecting and improving the health of Butte-Silver Bow residents

## Butte-Silver Bow Health Department Fiscal Year 2017 Annual Report



# Butte-Silver Bow Health Department

## Our core values

Respect  
Quality  
Service  
Stewardship  
Vision  
Integrity  
Leadership  
Innovation  
Science



## About us

The mission of the Butte-Silver Bow Health Department is to protect and improve the health of Butte-Silver Bow residents. Our vision is for Butte-Silver Bow to be Montana's healthiest county.

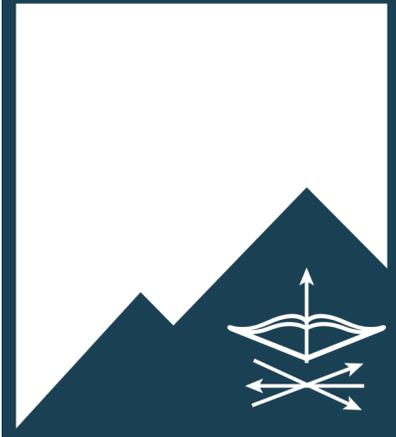
## Where to find us

The Butte-Silver Bow Health Department is located at 25 W. Front St. in Butte, Mont., 59701. Our telephone number is (406) 497-5020 — you can reach any department division or program through that number. Our Web site is located at <http://co.silverbow.mt.us/135/Health>. Please use the main entrance on the north side of our building. Our capable, friendly staff will guide you to the program from which you are seeking services.

**21,642**

That's the number of activities — clients served, establishments inspected, communicable diseases reported — by the Butte-Silver Bow Health Department in FY17.

The City-County of  
**BUTTE**  
**SILVER BOW**



## Health Department Programs

- Air Quality
- Environmental Land Management
- Food/Consumer Safety
- Asthma Home Visiting
- Breastfeeding/Lactation Support
- Cancer Screening/Control
- Chronic Disease Program
- Family Planning
- HIV Prevention/Early Intervention/Case Management
- Immunization Program
- Maternal/Child Health
- Nurse-Family Partnership
- Parents as Teachers
- Personal Responsibility Education Program
- Tobacco Use Prevention
- WIC
- Worksite Wellness
- Communicable Disease Program
- Public Health Emergency Preparedness
- Public Health Nursing



Children's garden, Whittier Elementary School

### **To the residents of Butte-Silver Bow:**

I am pleased to present the Butte-Silver Bow Health Department's Annual Report for Fiscal Year 2017. This report compiles information about the tireless work undertaken each day by Health Department staff to carry out our mission, to protect and improve our community's health. Our department had many achievements in FY17, and details are included in this report. It is important to note that the Health Department does not accomplish its work alone — we collaborate with many agencies and organizations to keep our community safe and healthy. I want to thank the Health Department's incredible staff for their hard work and a very successful year. Sincere thanks as well to the organizations, agencies and individuals with whom we collaborate.

— *Karen Sullivan*, Health Officer, Butte-Silver Bow

# Butte-Silver Bow Board of Health



**Danette Melvin, RN, MN,** is chair of the Butte-Silver Bow Board of Health. Ms. Melvin works as a clinical nurse leader at St. James Healthcare in Butte.



**Ivy Fredrickson, JD,** is vice chair of the Board of Health. Ms. Fredrickson is an attorney for a non-profit organization.

**Cindi Shaw,** a retired legal investigator, is a Butte-Silver Bow county commissioner, and is the Council of Commissioners' liaison to the Board of Health.



**Julie Hart, PhD,** is a professor in Montana Tech's Safety, Health & Industrial Hygiene Program. Dr. Hart is also the program's department chair.



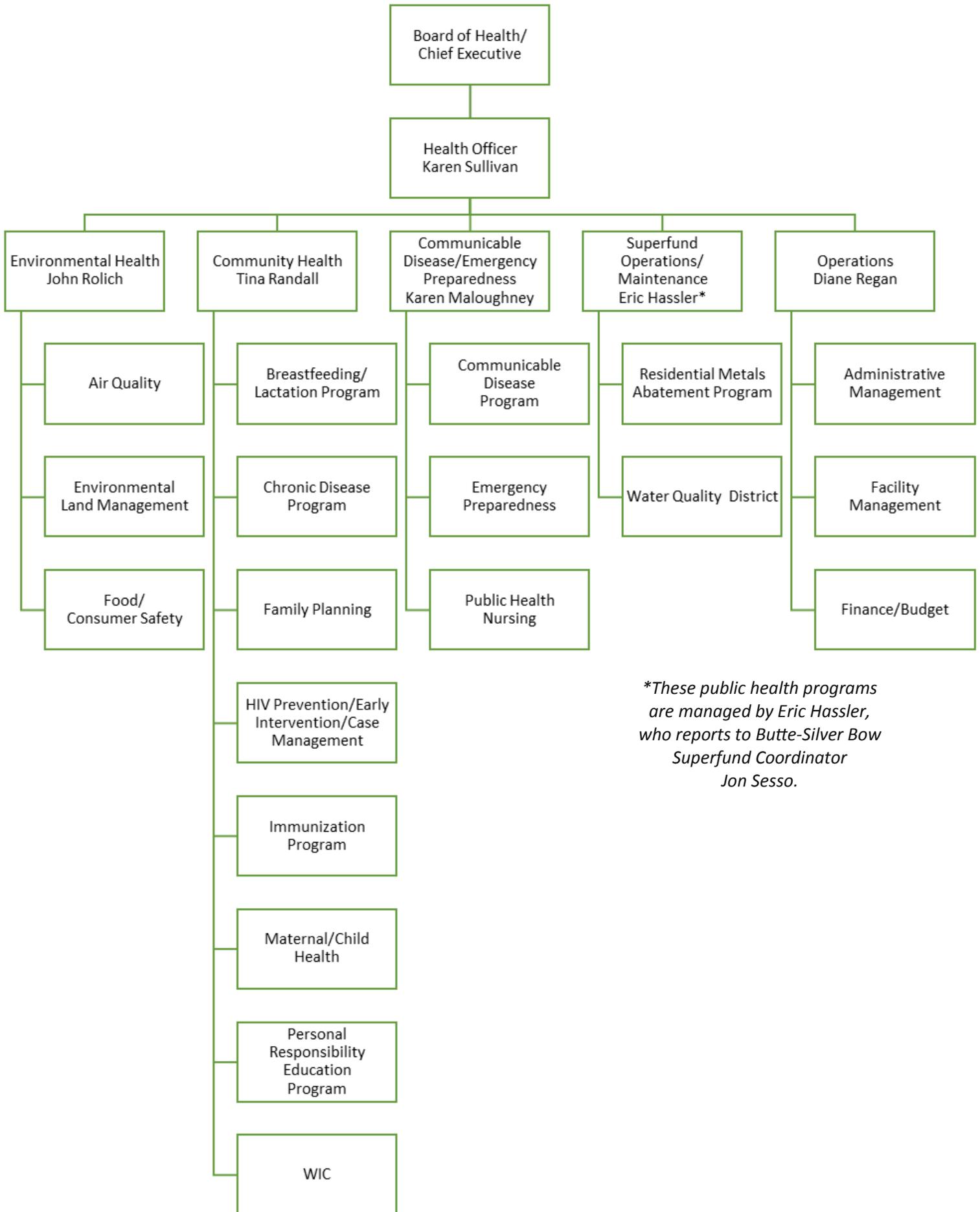
**Pat Dudley** is the president of the National Center for Health Care Informatics in Butte and an adjunct professor at Montana Tech.

**Lyn Ankelman, EdD, LCPC, CMHP,** has been a licensed counselor and supervisor for more than two decades. Dr. Ankelman currently works for Western Montana Mental Health Center as regional clinical director.



**Mike Welker, DC,** is a chiropractor in Butte.

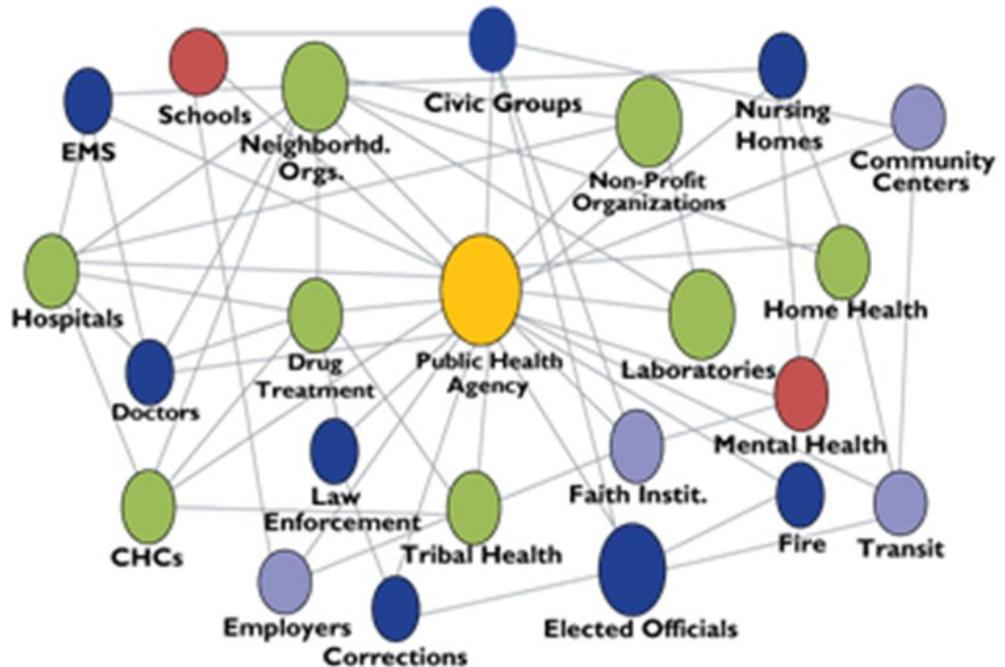
# Butte-Silver Bow Health Department



*\*These public health programs are managed by Eric Hassler, who reports to Butte-Silver Bow Superfund Coordinator Jon Sesso.*

# Butte-Silver Bow Health Department

Health is a dynamic state of complete physical, mental, spiritual and social well-being, and not merely the absence of disease or infirmity. That's the World Health Organization's definition of health. The American medical system is designed to save lives — one at a time. What does



public health do? Public health saves lives many at a time. The Institutes of Medicine describes public health this way — what we as a society do collectively to assure the conditions in which people can be healthy. The Butte-Silver Bow Health Department collaborates with a variety of agencies and individuals to protect the health of our community, and to enhance health. We cannot and do not perform our work in a vacuum.

Public health systems are commonly defined as “all public, private and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ contributions to the health and well-being of the community

are recognized in assessing the provision of public health services. The public health system includes public health agencies at state and local levels; healthcare providers; public safety agencies; human service and charity organizations; education and youth development organizations; recreation and arts-related organizations; economic and philanthropic organizations; and environmental agencies and organizations.



Health Department staff eating a fiber-heavy lunch, sponsored by the Department's Wellness Committee.

# Some Of Those With Whom We Work

Action, Inc.	Mental Health Local Advisory Council
ADA Advisory Committee	Montana Public Health Association
Association of Montana Public Health Officials	Montana Resources
Atlantic Richfield, Inc.	Montana Tech
AWARE, Inc.	Montana State University
Building Active Communities Initiative	Multi-County Public Health and Emergency Preparedness Coalition
Butte 4-C's	National Association of City and County Health Officials
Butte Cares	National Center for Health Care Informatics
Butte Community Council	Northwestern Energy
Butte Ministerial Association	Public Housing Authority of Butte
Butte School District No. 1	Silver Bow Providers
Butte-Silver Bow County Departments	Southwest Montana Community Health Center
Butte Transportation Coordinating Council	Southwest Montana Continuum of Care Coalition
Community Action Team	Superfund Advisory and Redevelopment Trust Authority
CCCS and its SMART program	St. James Healthcare
CTEC	State of Montana
DUI Task Force	University of Montana
Elected Officials	Western Montana Mental Health Center
Environmental Protection Agency	
Juvenile Probation Montana Second Judicial District	
Montana Independent Living Project	

# The 3 Core Functions of Public Health and the 10 Essential Public Health Services

The 3 Core Functions of Public Health are Assessment, Policy Development and Assurance. The 10 Essential Public Health Services describe the public health activities that all communities should undertake, and are categorized under the 3 Core Functions:

- Assessment -- 1) Monitor health status to identify and solve community health problems; 2) Diagnose and investigate health problems and health hazards in the community
- Policy Development — 3) Inform, educate and empower people about health issues; 4) Mobilize community partnerships and actions to identify and solve health problems; 5) Develop policies and plans that support individual and community health efforts
- Assurance — 6) Enforce laws and regulations that protect health and ensure safety; 7) Link people to needed health services and assure the provision of health care when otherwise unavailable; 8) Assure a competent public and health care workforce; 9) Evaluate effectiveness, accessibility and quality of personal and population-based health services



- All 3 Core Functions — Assessment, Policy Development and Assurance — relate to the final Essential Public Health Service — 10) Research for new insights and innovative solutions to health problems.

The Butte-Silver Bow Health Department has endeavored to carry out the core functions and essential public health services. Under Assessment — in collaboration with St. James Healthcare, we conducted the 2017 Community Health Needs Assessment to assess the community’s health. We use a variety of data sets — including the assessment — to monitor the community’s health. We collaborate to improve community health. The department employs public health nurses who daily diagnose and investigate health problems and hazards — influenza, norovirus and rabies to name a few.

In regard to Policy Development, the department has worked to inform, educate and empower people about health issues. The department’s leadership on the Community Action Team has resulted in the community being more informed about suicide and community trauma, and in partnership with Butte School District No. 1, we have empowered people to be more empathic and compassionate in their response to these traumas. The health officer’s weekly column in The Montana Standard works to educate people about public health issues important to the community. The department has developed policies supporting health efforts — for example, the department is home to a tobacco-free policy and a policy that makes breastfeeding easier in the workplace. Our Worksite Wellness efforts are



**Our Gratitude Tree**

endeavoring to make worksites — including our own — healthier. Workdays at the Health Department begin with stretching, in an effort to prevent “death by chair,” with our staff knowing that “sitting is the new smoking.” Employees are encouraged to use break time to walk, and a half-hour yoga session is conducted weekly. Our Wellness Committee sponsors healthy potlucks and recently created a Gratitude Tree, with leaves signifying why colleagues care for one another. Regarding Assurance, Montana laws and rules back the Health Department and its Board of Health in enforcing regulations that protect health. We link people to health services by referring to a variety of services — including referrals to health navigators who work with clients to garner health insurance. The Health Department recently completed a Workforce Development Plan, and we continuously evaluate our services. In regard to researching for new insights and innovative solutions to problems, our work on the Community Action Team has resulted in implementation of evidence-based programs to prevent suicide and lessen community trauma.



# Community Health Division

**Butte Family Planning Clinic** — Our Family Planning Clinic provides reproductive and sexual health services for men and women. Services also focus on preventing or achieving pregnancy. Services include those that can influence a person’s ability to conceive or to have a

a healthy birth outcome, including contraceptive services to prevent or space pregnancies, pregnancy testing and counseling, services to assist in achieving pregnancy, basic infertility services, preconception health services, and screening and treatment services for sexually transmitted infections, including HIV/AIDS. All services are provided on a sliding fee schedule and are confidential.

**20,353**

*In Fiscal Year 2017, the Health Department’s Community Health Division served 20,353 clients*

**1,042**

**1,042** clients were served in our Family Planning Clinic in FY17, with **3,576** prescriptions filled and **1,190** tests completed for sexually transmitted infections.

## **Child Passenger Safety/Car Seat Clinics** —

In collaboration with the Butte-Silver Bow Fire Department, child passenger safety car seat clinics are conducted on a monthly basis. Certified Child Passenger Safety Technicians on staff at the Health and Fire departments assess car seats, checking for correct installation, and whether the seat is proper for the child’s weight and age. Technicians also check for recall information, expiration dates and more. Car seats are also provided at no cost for those in need. Clinics are funded through grants, donations and fund-raisers. In FY17, **133** car seats were inspected, and **72** seats were donated to those in need.



# Community Health Division

## Chronic Disease Prevention



**Asthma Home Visiting** — The Montana Asthma Home Visiting Program is a multi-component intervention for asthma. Services are available to Butte-Silver Bow children diagnosed with asthma ages 0 to 17. Our public health nurse works one-on-one



with families to improve asthma control, increase knowledge to manage symptoms and medication, and complete an environmental assessment to reduce and/or eliminate identified asthma triggers. In FY17, **36** families were served, with **135** home visits conducted. The program saw **9** program graduates.

**Cancer Screening Services** — This program supports comprehensive cancer control by providing ongoing quality screening services to women and education in a manner that is appropriate, accessible, cost-effective and sensitive to the client's needs. Our free cancer screening services include mammograms, Pap tests, and some diagnostic tests. Eligibility is open to women who are uninsured or under-insured and meet age and income guidelines. In FY17, **175** clients were served, with **46** women screened, **43** referrals made to Medicaid, **63** referrals made to other services, **10** assisted through the Local Treatment Fund, **320** Flu/FIT kits distributed, and **13** referrals made to the Montana Cancer Screening Program.

**Living Life Well** — An evidence-based self-management education program developed at Stanford University for people with chronic health problems. These workshops empower participants to take an active role in managing their health by providing to them key skills needed to manage any chronic condition, such as arthritis, diabetes or congestive heart failure. Workshops are facilitated by two trained instructors meeting once per week for six weeks. Family members and others who support people with a chronic health condition are also encouraged to attend. In FY17, **2** classes were held for **9** participants.



### **Tobacco Use Prevention Program** —

The mission of the program is to address the public health crisis caused by the use of all forms of tobacco products. The program works to eliminate tobacco use, especially among young people, through education, programs and policies.



# Community Health Division

## Chronic Disease Program

**Walk With Ease** — A community-based group walking program specifically designed to help individuals start and maintain a safe walking routine. Certified instructors cover how to warm up and cool down, stretch and set personal exercise goals. Each class includes health education topics related to exercise. After their initial sessions, participants are encouraged to maintain their walking routine by forming independent walking groups. In FY17, **6** Walk With Ease Sessions were held, with **76** participants.

**Worksite Wellness** — This program is about health promotion activity and organizational policy designed to support healthy behavior in the workplace and improve health outcomes. A positive wellness culture in the workplace contributes to the physical, mental and emotional well-being of workers. The workplace becomes more productive and constructive and helps establish clear and reasonable roles and responsibilities. It provides the organization with a better opportunity to reduce the number of sick days and health-associated costs. The Health Department has established this program within the department, and is reaching out to other worksites to grow the program.



### Other Community Health Division Programs

**Infectious Disease Investigation** — This program oversees investigation, case management and treatment of Hepatitis B, Perinatal Hepatitis B, Tuberculosis, Rabies and other infectious diseases to minimize the harm caused by potential outbreak, epidemic or pandemic situations. In FY17, **190** cases were investigated — **1** Hepatitis A, **19** Hepatitis B, and **132** Rabies (**127** people being exposed to dogs or cats, **3** exposed to bats, **1** exposed to a rat, and **1** exposed to a raccoon — **2** clients were vaccinated due to their exposure). Additionally, **21** Tuberculosis cases were investigated, with **10** clients treated and **13** latent TB clients identified. In FY17, case management and testing were provided to **15** people after they were exposed to a threat other than Rabies, **1** Varicella case was investigated through **6** contacts, and **1** measles case was investigated.

# Community Health Division

## HIV Services

**HIV Early Intervention Services** —This program provides no-cost non-clinical rapid HIV testing, education, healthcare navigation and mentoring to reduce the transmission of HIV, improve the health of people living with HIV, and expand our network of care while avoiding duplication of services and efforts.

**HIV/Hepatitis C Prevention** — This program provides anonymous testing, counseling and referral services for high-risk clients at no charge. Rapid tests are performed on clients to increase the number of people who know what their status is, so that they do not transmit the viruses to others. Outreach and education events are conducted in the community to normalize the idea of getting tested and individuals knowing their status.

In FY17, our HIV Early Intervention Services program conducted **6** non-healthcare testing events, with **37** HIV tests and **21** Hepatitis C tests administered. **8** clients were referred to insurance navigators and **17** were referred for Pre-Exposure Prophylaxis, which lowers the opportunity for infection. Our HIV Prevention Program administered **51** HIV and **48** Hepatitis C tests, and conducted **4** outreach events.

### HIV Ryan White Case Management

Case management is a multi-step process that ensures coordination of medical and specialty care, along with access to a range of appropriate medical, psychosocial and social services for the client and family. The program also promotes and supports the independent functioning of the client and family. Our case management program links HIV-positive clients with special HIV health providers for medical care. Our case manager helps to provide medication, housing, transportation, medical bills and other assistance.

***Our Ryan White program currently serves 14 clients.***

# Community Health Division



## Flu Clinics

In FY17, the Health Department administered **1,361** influenza vaccines. **3** walk-in clinics were conducted at the Health Department, while **39** off-site clinics were held at various businesses and organizations.

**Health Education** — Health Education outreach events are conducted throughout the community to raise awareness on a variety of health topics, such as Sexual Health Awareness Month in February, Get Yourself Tested Month in April, and Teen Pregnancy Prevention Month in

May. In FY17, **1,200** people were reached through **8** outreach events held at the Original Festival, the Montana Tech Wellness Fair, a Pre-Release life skills class, a World AIDS Day radio event, a Highlands College Wellness Fair, a sexual health awareness and condom distribution event at various taverns, a Get Yourself Tested event at Montana Tech, and Men's Health Week events at various taverns.

**Immunization Program** — The Health Department's Immunization Program reduces the burden of vaccine-preventable disease in our community, to all residents through their life span, through education and guidance, along with distribution of publicly funded vaccine to those most at risk. Our program is a recent recipient of the Certificate of Achievement Healthy People 2020 and 2017 Improvement Award, in recognition of outstanding achievement in increasing childhood immunization coverage

rates. In FY17, **1,568** clients were served, with **1,623** non-travel, non-flu vaccines administered. **259** travel vaccines were

administered, while **104** Tuberculosis tests were administered. We work hard to ensure that we meet the goal of having **90** percent of those ages 24 to 35 months fully vaccinated.

**1,568**

immunization  
clients served  
in FY17

# Community Health Division

## Women,, Infants, and Children (WIC)

— WIC is the Special Supplemental Nutrition Program designed to improve health outcomes and influence lifetime nutrition and health behaviors in a targeted, at-risk population. Nutrition education is the cornerstone of the WIC program. WIC serves pregnant women, breastfeeding and postpartum women, single fathers, foster care parents, and children up to age 5. Families who use WIC are provided support,

education and referrals to helpful community resources. Certified lactation counselors and a peer breastfeeding counselor are available to provide education and support. In FY17, our WIC program served **8,215** clients, with **19,722** benefits issued and **15,087** benefits redeemed. Additionally, **470** screens for blood-lead levels were conducted, and **23** referrals were made due to high blood-lead levels. In a collaboration between our WIC and Immunization programs, the immunization records of **2,110** WIC children were reviewed, and **1,437** records were updated.

**Personal Responsibility Education Program** — PREP is an evidence-based program that provides youth with medically accurate and age-appropriate information regarding the prevention of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections. The program emphasizes abstinence and gives accurate information on contraception. The Draw the Line/Respect the Line curriculum is designed into five lessons for sixth-graders — the sixth-grade curriculum does not contain sexual content, but rather focuses on limit setting, refusal skills and communicating with peers and parents. The Draw the Line/Respect the Line curriculum is segmented into seven lessons for seventh-graders, and seven lessons for eighth-graders. The Making Proud Choices curriculum is taught in ninth grade and is comprised of eight modules. The Butte-Silver Bow Health Department teaches PREP at Butte High School, East Middle School, Ramsay School and Jefferson High School in Boulder, and administers the program in Beaverhead County. In Butte, **1,171** students were enrolled — **289** sixth-graders, **286** seventh-graders, **305** eighth-graders and **291** ninth-graders. At Ramsay, **59** students were enrolled. At Jefferson High School, **42** students were enrolled, and in Beaverhead County, **306** students were enrolled.

**8,215 CLIENTS**

In FY17, our  
WIC program served  
**8,215** clients, issuing  
**19,722** benefits.



# Community Health Division

## Maternal Child Health

**Breastfeeding/Lactation Support** — Successful breastfeeding provides lifelong health benefits for women and

children. Breastfeeding is a public health concern — as breastfeeding rates improve, so does the overall health of a community. Butte-Silver Bow has lower breastfeeding rates than similarly sized communities in Montana, and the Lactation Program aims to change that. The Health Department’s Internationally Board Certified Lactation Consultant (IBCLC) provides a level of support to babies and parents not available at any other location in the region. Local physicians refer patients to the IBCLC for full clinical evaluations and breastfeeding management. The IBCLC also works with the community to promote and protect breastfeeding through high profile outreach projects and consultations with organizations and businesses that support breastfeeding families. In FY17, **7** healthcare providers referred to the program, with **80** families supported, **64** families with an infant 0 to 3 months, **10** families with an infant 4 to 6 months, and **6** families with an infant more than six months. In all, **21** pregnant women were supported through the program.



Four breastfeeding moms modeled to create “standees” that are traveling to locations throughout Butte to tout the benefits of breastfeeding to baby, mom and community.

### **Fetal, Infant, Child, Maternal, Mortality Review Team** —

Under Montana law, the Health Department annually reviews every fetal, infant, child and maternal death (if the mother dies within one year of delivery.) The state FICMMR mission statement is to identify, address and potentially decrease the numbers of preventable fetal, infant, child and maternal deaths in Montana. In FY17, the Health Department reviewed **8** deaths — **4** fetal, **3** child and **1** maternal death.

# Community Health Division

## Maternal Child Health

**Nurse-Family Partnership** — This program pairs first-time pregnant mothers with their own nurse home visitor who works alongside the family until the baby is 2 years old. The nurse offers mom the support



she needs to help her have a healthy pregnancy, by offering advice, answering questions and easing the anxieties associated with becoming a first-time parent. The nurse builds a supportive relationship with mom, becoming a trusted and dependable source of information as mom learns about the healthiest and safest ways to care for her growing baby. During this time, the nurse also works with mom finding useful resources and offering encouragement as mom takes steps toward achieving her goals and providing a stable life and future for her and her child. In FY17, **21** families were enrolled in the program, with **158** home visits provided. **100%** of the participating families were identified as high risk for child abuse and neglect.



### Parents as Teachers

**Parents as Teachers** — PAT is an evidence-based, comprehensive home visiting program. The program is dedicated to providing children with the skills they need to be

ready for school, and building resources families need to help their children be successful. Parents can enroll in PAT from pregnancy until the child starts kindergarten. Families that complete the PAT program show an increase in parental knowledge of child development and an increase in children's school readiness and success. PAT also aids in early detection of developmental delays and prevention of child abuse and neglect. The program philosophy: Parents are children's first and most influential teachers. In FY17, **18** families were enrolled in our PAT program, with **308** home visits conducted. **94.44%** of the participating families were identified as high risk for child abuse and neglect.

#### Community Health Division Staff

**Tina Randall;**

Ashley Boyle, RN; Ezeræ Coates;

Stephanie Garcia;

Danielle Giacomino;

Dawn Gordon-Wilcox, IBCLC;

Kendra Hoar; Helen McCloskey, RN;

Theresa O'Neill-Dennehy, LPN;

Rebecca Romine, RN; Frank Rozan;

Lori Rozan; Katie Smith;

Lori Stenson; Mary Jo Stosich;

Josette Ueland, FNP;

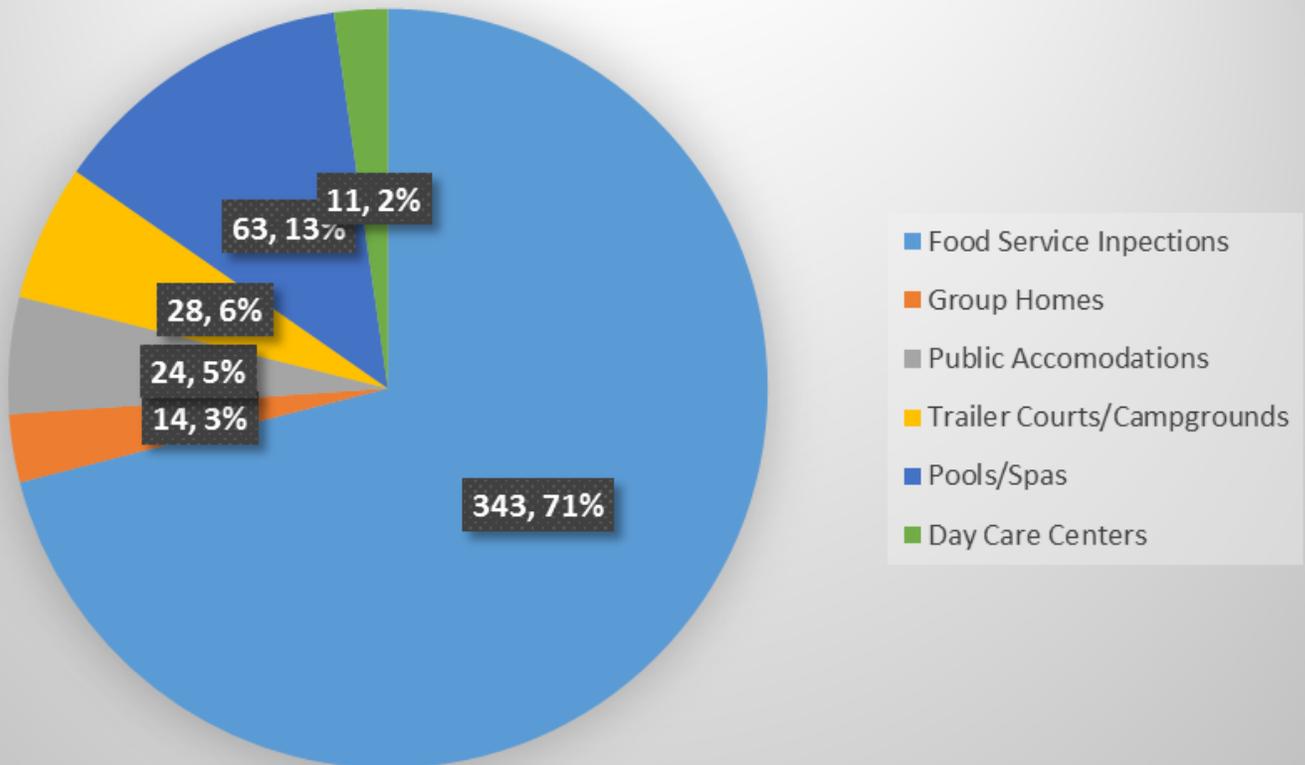
Joan Vanduyhoven, CNM;

Aimee Velk, RD, LN.



# Environmental Health Division Food/Consumer Safety

## 2017 Licensed Establishment Inspections



### Environmental Health Division Staff

John Rolich, RS  
Stephan Burns, RS  
Lexi Salminen, RS  
Jenna Fisher, SIT

## Food/Consumer Safety Licensed Establishments

The Montana Department of Public Health and Human Services (DPHHS), through its Food and Consumer Safety Section, issues licenses for retail food establishments, wholesale food establishments, public accommodations, public swimming pools and spas, trailer courts and campgrounds, group homes, and daycare centers. The Butte-Silver Bow Health Department contracts with DPHHS to inspect these facilities. The chart above shows the number of inspections completed by our registered sanitarians for each type of establishment in Fiscal Year 2017. The work includes routine inspections, pre-opening inspections, follow-up inspections, and complaints.

## Licensed Establishments

The establishments are licensed and inspected to protect public health. This is accomplished by assessing the risk factors at the establishment and educating the operators and employees of the establishments. A risk factor is defined as an improper practice or procedure, which has been identified by the Centers for Disease Control and Prevention (CDC), through epidemiological data, as the most prevalent contributing factors of illness of injury.



## Retail/Wholesale Food Program

The main goal of the Retail/Wholesale Food Program is to reduce the risk factor violations in food service establishments. To reduce risk factors, Environmental Health Division staff perform risk-based inspections on establishments and education on food safety. Staff provide on-site education at establishments and hold quarterly certified food safety manager classes.

On-site education during routine inspections and follow-up inspections is provided by staff when risk factor violations are observed. When staff determine that additional education is needed for a specific violation, additional training is provided.

Environmental Health staff are certified through the National Registry of Food Safety

# Environmental Health Division

## Food/Consumer Safety



28

food safety  
managers  
trained

Professionals as certified food safety manager trainers/test administrators. All retail food establishments that prepare food are required to have a food safety manager on staff. Environmental Health Division staff conducts quarterly classes for food safety managers. Twenty-eight food service employees became certified food safety managers in FY17, through classes provided by the Health Department.

The Health Department also tracks the percentages of risk factor violations that occurred during 2017. By tracking the risk factors, the Environmental Health staff can focus on providing additional information to the establishments and implement intervention strategies to reduce the risk factors. The graph on the previous page identifies the most common risk factor violations occurring in FY2017.

### Trailer Courts

In 2016, Butte-Silver Bow adopted a new ordinance related to trailer courts. The ordinance addressed unlicensed and licensed trailer courts. Montana law requires that all trailer courts be licensed; therefore, several county departments are working together to bring all unlicensed trailer courts into compliance. A leader in this effort is the Health Department. Fifteen unlicensed trailer courts were identified. Environmental Health Division staff contacted the trailer court owners and assisted them in coming into compliance — to come into compliance, trailer court owners needed to work with and gain approval from the Montana Department of Environmental Quality, the Montana Department of Public Health and Human Services, and Butte-Silver Bow. In 2017, seven of the unlicensed trailer courts came into compliance. Staff is continuing to work with the remaining trailer court owners to come into compliance.

### Public Pools/Spas

Public pools and spas are inspected semi-annually to ensure they are in compliance with Montana state rules. Six pools/spas were temporarily closed in FY2017 for critical health and safety risk factors. These entities were brought into compliance, re-inspected and reopened.

# Environmental Health Division

## Environmental Land Program

### Subdivision Reviews

The Health Department contracts with the Montana Department of Environmental Quality to review subdivisions of land in Butte Silver Bow, to ensure compliance with the Montana Sanitation in Subdivision Act. Subdivision of land that is 20 acres or larger is exempt from some review; required for review by Environmental Health Division staff are non-degradations — storm water, waste water and on-site water systems. In addition to these reviews, staff reviews and signs off on Certificates of Survey (COS) submitted to the county, to ensure they comply with the Montana Sanitation in Subdivision Act. In FY17, the following reviews were conducted — **9** subdivision reviews, **7** non-degradation reviews and **27** COS reviews.

### On-Site Waste Water Treatment Systems

The Health Department issued on-site waste water treatment system permits for new and replacement systems. Certain areas in Butte-Silver Bow have high concentrations of nitrates and require onsite waste water systems that reduce the amount of total nitrogen in the effluent.

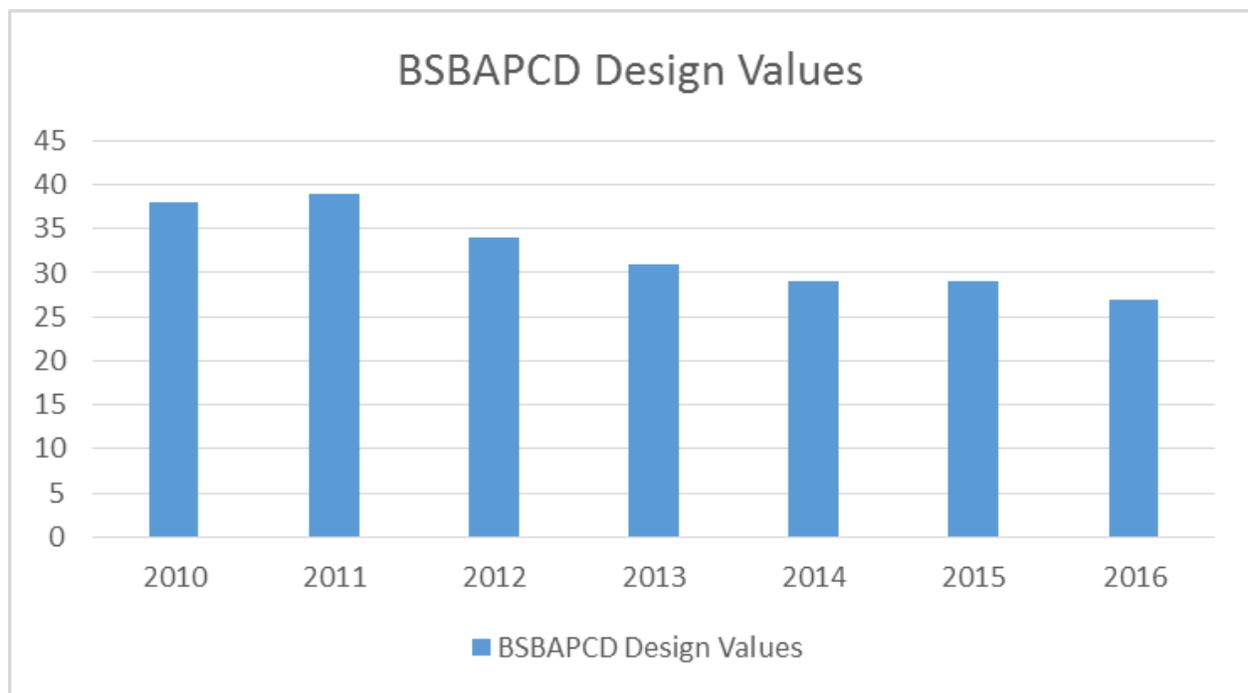


There are three categories of on-site waste water treatment systems — Level I, which is used when background nitrates are below 5mg/L; Level II, which is used when background nitrates are 5mg/L to 7.5mg/L; and Level III, which is used when background nitrates are more than 7.5mg/L. In 2017, onsite-waste water treatment system permits were issued for **50** news systems and four replacement systems.

# Environmental Health Division

## Air Quality Program

Butte-Silver Bow has experienced air pollution problems for many years. As the National Ambient Air Quality Standards (NAAQS) have been refined, Butte-Silver Bow has continued to struggle to keep air pollution levels below the national standard for PM<sub>2.5</sub>. To address the ongoing struggle with particulate matter pollution, the Health Department's Air Quality Program continues to monitor, assess and provide information on county-wide ambient air quality conditions and trends.



### AIR QUALITY

By implementing control measures, the Butte-Silver Bow Air Pollution Control District has seen a drastic improvement in the air quality in the Butte valley.

The NAAQS Standard for PM<sub>2.5</sub> is 35 ug/m<sup>3</sup>. Design values are used to determine if PM<sub>2.5</sub> levels have exceeded the standard in an air quality district. A design value is a statistic that describes the air quality status of a given location relative to NAAQS. The 2011 design value for the Butte Silver Bow Air Pollution Control District (APCD) was 39ug/m<sup>3</sup>, which exceeded the standard and potentially put the APCD into the non-attainment designation. To reduce the design value, the Health Department enrolled in the EPA's PM Advance program, which is designed to proactively reduce emissions of PM<sub>2.5</sub> so that the emissions are well below the standard. This is

# Air Quality Program

accomplished by implementing control measures to reduce PM<sub>2.5</sub> emissions. The control measures that were implemented locally: establishment of an updated air pollution ordinance; implementation of a woodstove change-out program; and provision of education.

In 2012, as a result of the program's analysis of air quality trends, Butte-Silver Bow established the APCD by ordinance to help better address PM<sub>2.5</sub> emissions.

The education control measure that was implemented provides educational information to the public on proper wood-burning device maintenance, and proper storage and use of wood. This has been accomplished through printed materials, and through EPA's Burn Wise public service announcements that are broadcast on radio and television during the winter burning season.

The Health Department's Woodstove Change-out Program was established in the spring of 2015 and ended in the spring of 2017. A public-private partnership with Montana Resources, Inc., the change-out program replaced 41 inefficient woodstoves with EPA-certified heating devices in APCD areas with high levels of PM<sub>2.5</sub> — which in Butte were the neighborhoods located near the Greeley School and Clark Park. The objective of the program was to reduce the amount of emissions coming from the stoves, thereby reducing the amount of PM<sub>2.5</sub> and improving the ambient air quality in the APCD.

By implementing the control measures, the Butte-Silver Bow APCD has seen a drastic improvement in the air quality in the Butte valley. This is demonstrated in the design values trending downward.



## WOODSTOVE PROGRAM

The change-out program replaced 41 inefficient woodstoves with EPA-certified heating devices.



# Public Health Emergency Preparedness

Public Health emergencies can arise anywhere and at any time. Hazards in Butte-Silver Bow may result from communicable disease outbreaks, food and water contaminations, chemical spills, wildland fires and smoke, drought, flooding, earthquakes, tornados, and avalanches.

Collaborating with a broad-based coalition of agencies and organizations, the main purpose of the Health Department's Emergency Preparedness Division is to upgrade and enhance local public health capacity to respond to events impacting the public health, through planning, assessment and development of preparedness and response activities defined by the CDC's Public Health Preparedness Capabilities Planning Guide and to move toward achieving the 15 Public Health Preparedness Capabilities and other activities that promote safer and more resilient communities. The 15 Public Health Capabilities are: Public Health Surveillance and Epidemiological Investigation, Community Preparedness, Public Health Laboratory Testing, Medical Countermeasure Dispensing, Medical Material Management and Distribution, Responder Safety and Health, Emergency Operations Coordination, Emergency Public Information and Warning, Information Sharing, Non-Pharmaceutical Intervention, Medical Surge, Volunteer Management, Community Recovery, Fatality Management, and Mass Care.

The Local Emergency Planning Committee, or LEPC, is a broad-based coalition of agencies and organizations that is involved in emergency preparedness and response. The hospital, emergency medical services, disaster and emergency services personnel, public works, public safety, school districts, policy makers and law enforcement are just a few agencies/organizations that make a well-rounded committee.

The Butte-Silver Bow LEPC meets on average **12** times per year at the Butte Justice Center. There are six sub-committees that meet on an as-needed basis. They are Planning/Pre-Disaster Mitigation; Emergency Response and Preparedness; Training and Exercise; Communication/LEPC Grant; Unified Health Command; and Sheltering.

Emergency Preparedness activities at the Health Department are completed on a daily basis. Following is a synopsis of the work behind the scenes:

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**Establishing a Jurisdictional Access and Functional Needs Partners Group** — The Centers for Medicare & Medicaid Services (CMS) issued the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule to establish consistent emergency preparedness requirements for healthcare providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and human-caused disasters. Through the LEPC, the Unified Health Committee was engaged, and providers from our jurisdiction were invited to attend. This is a relatively new concept and as time goes on, we anticipate that participation will only continue to increase. The intent of this group is to improve Community Resilience, Incident Management, Information Management, and Public Health and Medical Surge Management. A prioritized list of jurisdictional threats and hazards was developed after public meetings were held and a hazard ranking was established using a calculated priority risk index. The top three hazards for Butte-Silver Bow are: hazardous materials incidents, wildfire and earthquake. This information is shared with our community stakeholders with the intent to improve community resilience, incident management and public health surge management.

**Continuity of Operations** — Continuity of Operations (COOP) planning is the practice of ensuring the execution of essential functions through all circumstances. COOP trainings are offered throughout the year.

**Emergency Medical Countermeasures** — The Emergency Medical Countermeasure deliverables in our Emergency Preparedness grant will bring the Health Department closer to attaining 100 percent compliance with the CDC's Point of Dispensing (POD) standards for Medical Countermeasures (MCM) dispensing. This will help us be prepared to conduct a dispensing campaign based on a 48-hour mass prophylaxis goal. Under this plan, we will coordinate medical material management, distribution and dispensing when a public health emergency overwhelms the routine community supply chain in events ranging from a terrorist attack to an influenza pandemic or an emerging infectious disease. The CHEMPACK Program is a CDC initiative that provides pre-positioned nerve agent antidotes to quickly and effectively use medical countermeasures in the event of an attack on civilians. The Point of Distribution (POD) security planning is essential to the safety of staff and patients, sustainability of operations and the protection of countermeasures being dispensed. Working with our Law Enforcement Division ensures that our site is safe for use.

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**Epidemiology** — Key surveillance partners are identified and can vary depending on the time of the year. A relationship is built with hospitals, schools, labs, clinics, long-term care facilities, private practices, etc. Communication with key surveillance partners occurs on a regular basis through fax, email, phone calls, face-to-face encounters, etc., to monitor disease activity (or lack thereof) within our community. Yearly, disease reporting information is disseminated to assist key surveillance partners in knowing what is a reportable illness and what is not. The Health Department has a 24/7 phone number that is answered by dispatch and forwarded to a public health professional who is available to answer questions related to communicable diseases to help keep our community safe. We use a database called the Montana Infectious Disease Information System, which is a hub for all lab results that are reportable. An attempt is made to provide complete information before the cases are closed. The information asked is: date of birth, gender, race, ethnicity, physical address, zip code, onset date, hospitalization, diagnosis date, date that control measures were implemented, date of interview (sexually transmitted disease), date of treatment (STD), and completeness of treatment (STD). Every three months, we reconcile all reportable cases with the Montana Department of Public Health and Human Services. Our goal is to meet the timeliness and completeness standards set forth by the Administrative Rules of Montana and DPHHS. Our Communicable Disease Response Plan (CDRP) is reviewed and updated on a yearly basis and signed by the chair of our Board of Health and our health officer. This year, our rabies exposure management plan will be added to our CDRP, which will make it more comprehensive. All jurisdictions also have a Pandemic Influenza Plan, which reflects what would happen in a novel influenza virus outbreak situation.



*Influenza Point of Dispensing Clinic  
at Butte High School*

**Exercises** — Exercises play a vital role in national preparedness by enabling whole community stakeholders to test and validate plans and capabilities, and identify both capability gaps and areas for improvement. A well-designed exercise provides a low-risk environment to test capabilities, familiarize personnel with roles and responsibilities, and foster meaningful interaction and communication across organizations. Exercises bring together and strengthen the whole community in its efforts to prevent,

protect against, mitigate, respond to and recover from all hazards. Overall, exercises are cost-effective and useful tools that help the nation practice and refine our collective capacity to achieve the core capabilities in the National Preparedness Goal. Working with the LEPC, a training and exercise planning workshop (TEPW), is developed. This establishes the strategy and structure for an exercise program. In addition, it sets the foundation for the planning, conduct and evaluation of individual exercises. This year, as one of our practice exercises, we established an Influenza Point of Dispensing (POD) Clinic at Butte High School. This exercise was to determine how many people we would be able to get through a mass-vaccine clinic during a pandemic influenza outbreak. Supplies from our jurisdiction's POD box were used and volunteers were called in to assist.



*Influenza Point of Dispensing Clinic  
at Butte High School*

**Public Health  
Emergency  
Preparedness/  
Communicable  
Disease Staff**

**Karen  
Maloughney,  
RN**

**Michelle  
Riordan, RN**

**Health Alert Network** — Local health jurisdictions are critical to the public health communication infrastructure in Montana. The intent of completing Health Alert Network (HAN) activities is to continue to ensure a robust Health Alert Network is established and maintained in each jurisdiction. Our local HAN plans and protocols are reviewed on an annual basis and should include the following elements: procedures for receiving and responding to the HAN message, procedures for forwarding the HAN message if necessary, list of local HAN contacts with contact information updated as needed, list of communication equipment used in the local HAN system, and after-hours contact information for the Health Department. HAN messages must include essential elements to be efficient. This includes level, date, subject, basic instructions, local contact information, explanation of levels of messages, department logo, hot line number and website information. In FY17, the Health Department issued **13** HAN messages to various community

stakeholders. Topics ranged from the Zika virus and an increased risk of norovirus outbreak to recommendations on preventing syphilis.

**Immunization** — Public Health Emergency Preparedness and immunization programs work together to develop and maintain community partnerships to ensure preparedness for influenza pandemics and other events requiring a vaccination response.

**Public Health Laboratory** — All jurisdictions have what is called a CBAT (Chemical/Biological Agent Transport) Kit. In FY17, new CultureSwab environmental sampling swabs were placed into kits to replace old ones. Every year, partners review and agree on our jurisdiction's All-Hazards Laboratory Transport Plan. In the event of a biological or chemical threat, crisis, emergency or disaster that affects Montana's public health, a transport plan must be written so that all parties are notified and able to respond appropriately.

**Planning** — Planning covers all six domains of the National Public Health Standard Capabilities: Community Resilience; Incident Management; Information Management; Countermeasure & Mitigation; Bio Surveillance; and Surge Management. We participate in our local LEPC meetings and participate in discussions regarding our partners and roles and responsibilities in emergency preparedness plans. Currently, we are working on updating our disaster facility locations in our county. This is being accomplished through the LEPC to update the list and prioritize emergency facilities in our jurisdiction.

**Risk Communications** — The goal of risk communications planning activities is to prepare messages and communication strategies prior to any public health event. Such preparation saves time and effort in an emergency when the media and the public need critical information in a short period of time. This focuses on the CDC National Standard Public Health Preparedness Capabilities, specifically Emergency Public Information & Warning and Information Sharing.

**Training** — The importance of training can't be emphasized enough. Everyone at the Health Department must have a minimum of Incident Command System level 100, 200 and 700 courses.

**Healthcare Coalition** — The Healthcare Coalition (HCC) is a collaborative network of healthcare organizations and agencies and their respective public and private sector response partners that serve as a multi-agency coordinating group whose purpose is to reduce injury and the loss of life in the event of an emergency or disaster through

coordinated emergency preparedness, response, recovery and mitigation efforts within a predetermined geographical area. The priorities are improving systems for medical surge; patient transport and evacuation plans; health surveillance and information sharing; coordination of medical resources; building situation awareness; improvement on alerting and communication; and bed availability and patient tracking.



<b>Reported Communicable Diseases in Butte-Silver Bow 2017</b>	
Campylobacteriosis	11
Chlamydia trachomatis	124
Coccidioidomycosis	2
Colorado tick fever	2
Cryptosporidiosis	1
Giardiasis	0
Gonorrhea	20
Haemophilus influenza, invasive	1
Hantavirus pulmonary syndrome	0
Hepatitis A, acute	0
Hepatitis B virus infection, chronic	2
Hepatitis B, acute	0
Hepatitis C virus infection, chronic	81
Hepatitis C virus infection, acute	0
HIV	0
Influenza	280
Lead poisoning	6
Lyme disease	0
Norovirus	10
Pertussis	0
Salmonellosis	3
Shiga toxin-producing Escherichia coli (STEC)	0
Shigellosis	0
Spotted Fever Rickettsiosis	1
Streptococcus pneumoniae, invasive	2
Tuberculosis	0
Varicella	0
Syphilis, late latent	2
Syphilis, secondary	1
Total	549



# Environmental Health

## Residential Metals Abatement Program

The Residential Metals Abatement Program is designed to mitigate exposure to the potentially harmful effects of lead, arsenic and mercury. The RMAP program samples residential soils, paint, attic and indoor dust and performs blood lead sampling to determine a property's need for abatement. In FY17, RMAP completed **100** attic projects and **27** soil projects. **230** properties were sampled, and **12** were revisited for additional sampling. This public health program is managed by Superfund Operations & Maintenance Manager Eric Hassler, who reports to the county's Superfund director, Jon Sesso.

## Water Quality District

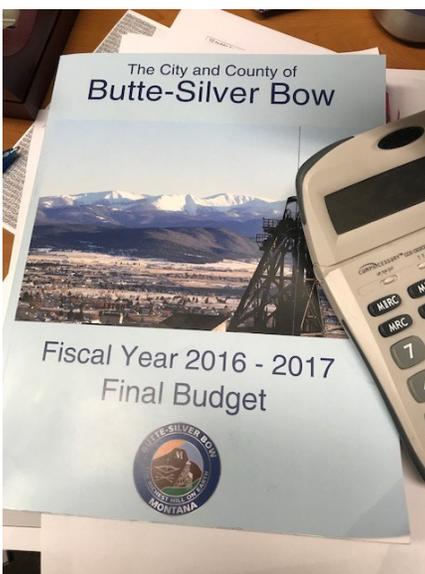
The Water Quality District, also managed by Eric Hassler, spent much of FY17 performing visual surveys of wells for potential expansion of the county's Domestic Well Sampling Program. In all, **60** wells were visually identified or had already been known to exist through previous sampling efforts.

## Health Department FY17 budget

In FY17, the Butte-Silver Bow Health Department employed **27** people, with **25.90** Full-Time Equivalent (FTE) positions. The county's General Fund, supported by Butte-Silver Bow



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taxpayers, accounted for about one-third — **\$813,704** — of the Health Department's **\$2.84** million budget. The bulk of the rest of the department's budget — **\$1,444,869**, or about two-thirds of the department's budget — were grant programs paid for by mostly federal health care dollars administered by the Montana Department of Public Health and Human Services (DPHHS). The department's Air Quality Program was partly paid for by the Montana Department of Environmental Quality. In a public-private partnership, Montana Resources, Inc., paid the salary and benefits of our Woodstove Change-out Program coordinator. And the department received **\$5,000** in Montana Healthcare Foundation monies, administered by DPHHS, as part of a Montana Public Health Improvement grant.



# Operations

The Health Department's Operations staff — who ensure that our department's systems and infrastructure are intact — quite simply make our department work. From opening purchase

orders and paying our bills to greeting patients and clients and making sure the boiler is working, this is the staff that keeps things ticking, making our work in public health possible.

Operations  
Division

Diane Regan  
Suzanne Kingston  
Diane Snyder



Health Department staff members who make everything work, Suzanne Kingston and Diane Regan.

## Other Department Activity

- Health Officer Karen Sullivan writes a weekly public health column for The Montana Standard (occasionally taking a week off!) In FY17, Sullivan wrote **48** columns.
- Extensive hours were spent working with the county's Finance/Budget Office to prepare the FY18 budget.

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The health officer, along with the county's ADA coordinator, Todd Hoar, traveled to the CDC in Atlanta to launch the Reaching People with Disabilities through Healthy Communities project. Subsequent work centered on making Butte more inclusive to people with disabilities.

- With many collaborators, the Health Department responded to the Community Health Needs Assessment by building a Community Health Improvement Plan, focused on issues such as mental health, tobacco use, nutrition and physical activity.
- Participated in the Multi-County Public Health and Emergency Preparedness Committee.
- Participated on the Butte Transportation Coordinating Council.
- Participated in the Building Active Communities Initiative.
- In regard to environmental issues, the health officer represented public health interests in a variety of Superfund venues, focused on the Butte Priority Soils Operable Unit, West Side Soils Operable Unit, Montana Pole, the Berkeley Pit, Silver Bow Creek, the Parrot Tailings, and other sites in Butte-Silver Bow.

# Community Action Team

In early 2014, after a third youth died by suicide over the span of five weeks, the Community Action Team (CAT) was formed to prevent suicide. Through a tremendous partnership with Butte School District No. 1, CAT has evolved into a healthy community coalition. Some accomplishments to date:

- **527** adults have been trained in Youth Mental Health First Aid. YMHFA trainings have resulted in **475** referrals to mental health services. Of the adults trained, 94.9 percent say that they strongly agree in their ability to now identify youth with behavioral, emotional or mental health needs. Additionally, **50** to **75** high school juniors and seniors are annually being trained in YMHFA
- Funding has been secured to have **2** Butte people trained in Adult Mental Health First Aid
- **1,200** students are being trained annually in the Signs of Suicide program
- Over the past three years, youth suicide attempts have been reduced from 17.4 percent to **12.6** percent
- CAT has become an affiliate of Elevate Montana, with **11** people trained to present on Adverse Childhood Experiences
- An electronic consented referral system, CONNECT Butte, is being rolled out so that referrals between agencies can be smoother
- A multi-tiered system of support has been developed within the School District, with students receiving Tier 2 supports increasing from 1.5 percent to **21.3** percent
- A “Let’s Talk” app has been developed for youth
- A six-month radio campaign was conducted to address stigma related to mental illness
- A Mental Health Local Advisory Council was formulated, with **12** of its 23 members having the lived experience of mental illness
- A majority of Butte-Silver Bow Law Enforcement Division officers have been trained by Western Montana Mental Health Center in crisis intervention

# Montana Public Health Law

## Montana Code Annotated

### **50-1-105. Policy-purpose.**

(1) It is the policy of the state of Montana that the health of the public be protected and promoted to the extent practicable through the public health system while respecting individual rights to dignity, privacy, and nondiscrimination.

(2) The purpose of Montana's public health system is to provide leadership and to protect and promote the public's health by:

(a) promoting conditions in which people can be healthy;

(b) providing or promoting the provision of public health services and functions, including: (i) monitoring health status to identify and recommend solutions to community health problems; (ii) investigating and diagnosing health problems and health hazards in the community; (iii) informing and educating individuals about health issues; (iv) coordinating public and private sector collaboration and action to identify and solve health problems; (v) developing policies, plans, and programs that support individual and community health efforts; (vi) implementing and enforcing laws and regulations that protect health and ensure safety; (vii) linking individuals to needed personal health services and assisting with needed health care when otherwise unavailable; (viii) to the extent practicable, providing a competent public health workforce; (ix) evaluating effectiveness, accessibility, and quality of personal and population-based health services; and (x) to the extent that resources are available, conducting research for new insights on and innovative solutions to health problems;

(c) encouraging collaboration among public and private sector partners in the public health system;

(d) seeking adequate funding and other resources to provide public health services and functions or accomplish public health system goals through public or private sources;

(e) striving to ensure that public health services and functions are provided and public health powers are used based upon the best available scientific evidence; and

(f) implementing the role of public health services and functions, health promotion, and preventive health services within the state health care system.

(3) Title 50, chapter 2, and this chapter may not be construed to require an individual or agency within the public health system to provide specific health services or to mandate state public health agencies and local public health agencies to implement unfunded programs.

