

Cascade City-County Health Department

*2012
Annual Report*



Letter from the Health Officer – April 25, 2013

Dear Citizens of Cascade County,

It is with great pride that I present Cascade City-County Health Department's 2012 Annual Report. This report provides details on the efforts of your Health Department to prevent disease and illness, promote healthy choices, and deliver quality health care.

The Cascade City-County Health Department (CCHD) had many successes in 2012. Much of our day-to-day work is reflected on the following pages which include summaries of what each program has accomplished. I am proud of the CCHD employees. They continuously work to promote the health of the public, and their dedication now, and in the future, is greatly appreciated. CCHD worked closely with our community and partners on many projects and feels fortunate to have their support and collaboration.

CCHD sets its priorities based on the priority health threats to Cascade County. Access to care, obesity, and substance abuse have all been identified as priorities by CCHD, and the community. There is still a lot of work to be done in all of these areas. In 2012, the county and city made little progress at the policy level to combat the overweight and obesity epidemic. Access to health care continues to be very difficult for some members of our community, and Cascade County continues to be a designated Health Professional Shortage Area. However, forward movement is already underway, and in 2013, the community will agree on the 2nd Community Health Improvement Plan for Cascade County and the City of Great Falls. My expectation is that CCHD and our community partners will continue to work together to make an impact on overweight/obesity, access to health care and reducing substance abuse.

We have a beautiful county with a delightful city that serves as an economic hub for our region. As the demographic of our State and County changes we need to change with it. Today's young professionals want to live in communities that are vibrant and alive: communities that have multiple opportunities for recreational and physical activity. Attracting young professionals to our community to live, work, and play along with keeping them here to raise their families is critical to our future. I encourage our elected officials to make this one of their top priorities.

Agency Successes:

- CCHD made excellent progress in its preparation for Accreditation and plans to apply in 2013.
- The Prevention Services program received an award for having one of the highest immunization rates in the State.
- CCHD continued to work diligently on improving the quality of service to our community, and the Arbinger Institute provided training for the Leadership Team; 2013 will see all staff receive the same training.

Community Successes:

- The ACHIEVE Grant allowed CCHD to help support Get Fit Great Falls and create a Community Health Action Response Team that continues to remain active.
- The 2012 Neighborhood Survey was completed and the results were made widely available to our community partners to use when developing work site wellness policies.
- The North Central Montana Community Health Collaborative was formed to develop a stronger public health system throughout our region through a shared vision for community health improvement.
- Through funding from the Maternal, Infant, Child, Early Home Visiting Infrastructure Development Grant the Early Child-hood Coalition made available multiple best practice trainings to many community members and professionals.

Thank you for the honor of serving as your Health Officer,



Our Mission

The mission of the Cascade City-County Health Department and Community Health Care Center, Inc. is to prevent disease and illness, promote healthy choices, and deliver quality health care

Our Vision

Healthy people in a healthy community

Cascade City-County Board of Health

Jane Weber, Chair – Cascade County Commission
Sue Ann Warren, Vice-Chair – City of Great Falls Representative
Cheryl Crawley, PhD – School District #1
Bill Bronson – City of Great Falls Commission
Ryan Burke – Cascade County Representative
Don Jelinek, DDS – 4th District Dental Society
Ray Geyer, DO – Cascade County Medical Society
Alicia M. Thompson, MSW – Health Officer

This report contributes documentation for the following Public Health Standards: 4.2.2 A, 12.1.1 A, 12.2.1 A, 12.2.2 A, and 12.3.1 A.

CCHD Leadership

Alicia M. Thompson, MSW – Health Officer
Trixie Smith, RN, BSN – Prevention Services Division Manager
Jo-Viviane Jones – Family Health Services Division Manager
Sandy Johnson, RS – Environmental Health Services Division Manager
Brad Robinson – Administrative Services Manager

Prevention Services Division

Prevention Services works to prevent disease and illness in our community, promote healthier choices and behaviors, prepare for and respond to public health emergencies, investigate disease outbreaks, and provide quality health information.

Family Health Services Division

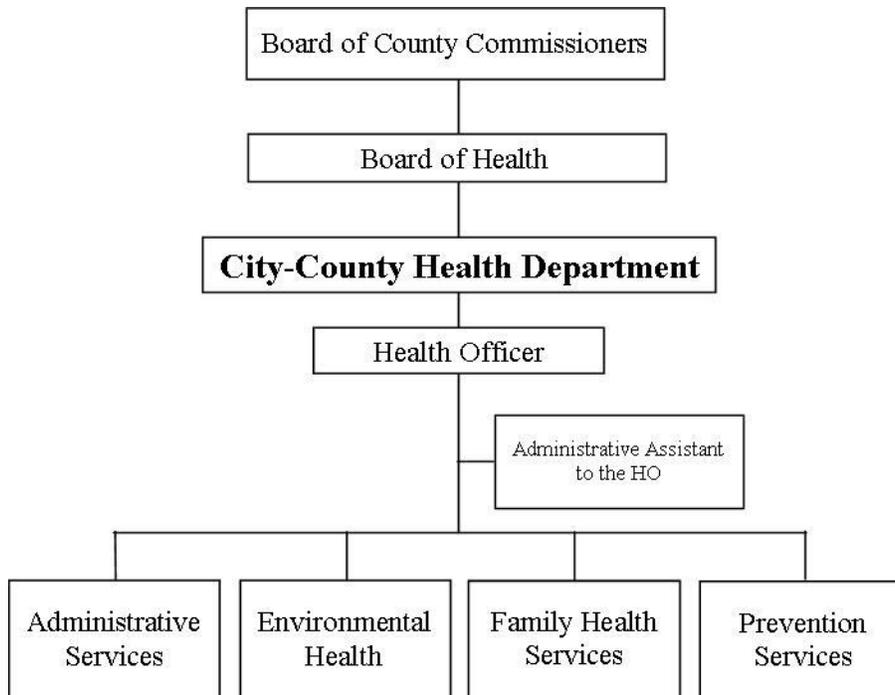
Family Services works to enhance the health and safety of the families in our community. They work toward this goal with education efforts, screenings, the services provided and referrals to community partners.

Environmental Health Services Division

Environmental Health Services focuses on providing a healthy environment for the residents of our community. We promote a healthy environment through education, monitoring, and enforcement of state law and regulations in several programs.

Administrative Services

Administrative Services is responsible for fiscal oversight of all CCHD programs including program budgets, accounts, and billing for clinical services, as well as CCHD reception and data entry duties.



Ten Essential Services of Public Health & MCA 50-1-105

Ten Essential Services of Public Health

Public Health Core Functions and 10 Essential Services

The following core functions of public health and ten essential services provide the framework for all activities of the Department:

Core Function 1—Assessment

Assessment, monitoring, and surveillance of local health problems and needs, and of resources for dealing with them

Essential Service #1: Monitor health status and understand health issues facing the community

Essential Service #2: Protect people from health problems and health hazards

Core Function 2—Policy Development

Policy development and leadership that fosters local involvement and a sense of ownership that emphasizes local needs and that advocates equitable distribution of public resources and complementary private activities commensurate with community needs

Essential Service #3: Give people the information they need to make healthy choices

Essential Service #4: Engage the community to identify and solve health problems

Essential Service #5: Develop public health policies and plans

Core Function 3—Assurance

Assurance that high-quality services, including personal health services, needed for protection of public health in the community are available and accessible to all persons; that the community receives proper consideration in the allocation of federal, state and local resources for public health; and that the community is informed about how to obtain public health, including personal health services, or how to comply with public health requirements

Essential Service #6: Enforce public health law and regulations

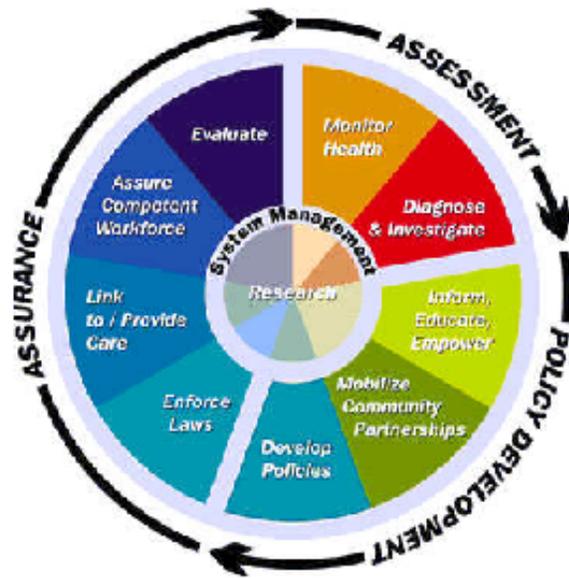
Essential Service #7: Help people receive health services

Essential Service #8: Maintain a competent public health workforce

Essential Service #9: Evaluate and improve programs

Core Function 4—System Management

Essential Service #10: Contribute to and apply the evidence base of public health



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.

History: En. Sec. 1, Ch. 150, L. 2007.

Prevention Services Division

Prevention Services includes the following programs:

Clinical Services

- Immunizations
- Communicable Disease
- STI Clinic
- HIV Testing and Case Management
- Miscellaneous Services

Health Promotion and Education

- Cancer Control
- Tobacco Use Prevention
- Nutrition and Physical Activity

Public Health Emergency Preparedness and Communication

Thirteen (13) staff members, under the direction of the Prevention Services Division Manager, run the programs listed above. The programs and services of the Prevention Services Division are offered on-site at the Health Department facilities and at other various locations throughout Cascade County.

Clinical Services

Immunizations

The Immunization program provides vaccinations for children and adults of all ages. Vaccinations are offered on a walk-in basis at the Health Department and are also offered at periodic off-site clinics and locations. Vaccinations are available to all children regardless of ability to pay. In addition, the following services are provided by the Immunization staff:

- Vaccination consultation regarding international travel for children and adults is offered by appointment. Public Health Nurses provided 68 travel consultations in 2012.
- Approximately 5500 flu vaccinations have been provided during the 2012-2013 flu season.
- Periodic assessment of immunization records for all licensed daycare centers in Cascade County. A Public Health Nurse assesses immunization records of both enrolled children and adult staff members. Records of 2,198 children and 264 adults from 37 daycares were assessed in 2012.
- Guidance is always available for school personnel and administration regarding immunization records.
- Most immunization information for the entire community is entered into statewide database by CCHD staff.
- The Immunization Public Health Nurse meets quarterly with VFC providers to collaborate on improving immunization rates and implementing best practices.
- The Immunization program also coordinates employee health services to ensure all CCHD staff members have received the vaccinations required for their job position.



2012 Immunizations

Payment Method	Age Group	Number of Immunizations
Private Pay (PP)	0-18	1634
Private Pay (PP)	≥19	1218
Vaccines for Children (VFC)	0-18	542
Total		3394

Communicable Disease

Communicable diseases are those that are spread by touch, direct contact, or even through the air. Montana requires providers to report cases for over 60 specific diseases to local health departments. In order to protect and promote the health of Cascade County's residents, when a report is received, CCHD investigates and provides education to prevent further spread of illness and to contact exposed individuals if treatment and monitoring for symptoms is needed. Routine contact with local clinics, hospitals, schools, daycares, long term care and assisted living facilities helps detect outbreaks and enable prompt response.

2012 Reported Communicable Diseases

Disease	Number of Cases	Disease	Number of Cases
Cryptosporidiosis	16	Giardia	2
Chlamydia	452	Salmonella	4
Gonorrhea	5 conf	e. Coli non-0157	3
Hepatitis C	113 conf, 31 susp	Amebiasis	1
Influenza	163 conf, 62 susp	Pertussis	19 conf
Diarrheal Outbreak	3	Hantavirus	2 conf
Campylobacter	15 conf	Rocky Mountain Spotted Fever	2
Varicella	3	Hepatitis B	2
Total			898

STI Clinic

Sexually transmitted infections (STIs) are among the most commonly reported diseases in Cascade County. CCHD offers screening for STIs (Chlamydia and gonorrhea), treatment, disease investigations, and safer sexual health counseling.

- 267 visits for STI testing
- Contact and disease follow-up was provided for 87 cases of Chlamydia
- STI and HIV prevention education is provided and condoms are offered at each visit
- The positivity rating of STI clinic testing was 33%; a positivity rating of 3% is required for state funding for testing and treatment

HIV

Testing

CCHD offers confidential and anonymous HIV testing on a walk-in basis. HIV testing is available in the form of a rapid test, which provides results in 20-40 minutes and a traditional blood test to confirm positive findings. Offsite testing is also done at local treatment and correctional facilities. In 2012, **509** rapid HIV tests were performed. No positive results were found.

Case Management

CCHD case management services are available through the Ryan White program, a federally funded program that assists persons with HIV/AIDS. Within this program there are funds available, based on income and other qualifying factors, to assist with AIDS Drug Assistance, medical care, housing assistance, and other outreach referrals. In 2012, HIV program staff supported 30 individuals through case management services.

Miscellaneous Services

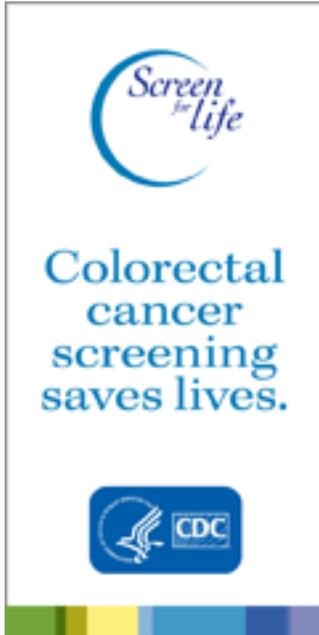
Service	Quantity	Other Comments
Titers (MMR, Varicella, Hepatitis A and B, Rabies)	113	MMR-14, Hepatitis A & B-51, Varicella-46, Rabies-2
Cholesterol Panels	178	
TB Skin Test	1,248	
Blood Pressure Checks	32	
Pregnancy Tests	21	
Lead Level Follow-Up	3	
Rabies PEP Follow-Up	5	Began in August of 2012
Hepatitis C Tests	315	300 of these were rapid tests; 31 cases were unconfirmed by rapid testing
Lice Checks	109	
Biometric Screenings	137	
BBP PEP Follow-Up	5	
Total	2166	



Health Promotion and Education

Cancer Control

The Cancer Control program promotes early detection of breast, cervical, and colorectal cancer by helping cover costs of screenings for eligible men and women and works to reduce the incidence, morbidity and mortality of cancer in our community. It is our goal that 10% of our breast and cervical screenings are Native American women. This goal was met in 2012, as 68 Native American women were screened for breast and cervical cancer.



Total Number of Breast and Cervical Screenings		600
Cancers Identified	Invasive Breast Cancer	3
	Breast Pre-Cancer	1
	Invasive Cervical Cancer	1
	Cervical Pre-Cancer	6
Total Number of Colorectal Screenings		49
Type of Test	Colonoscopy	30
	FOBT	19

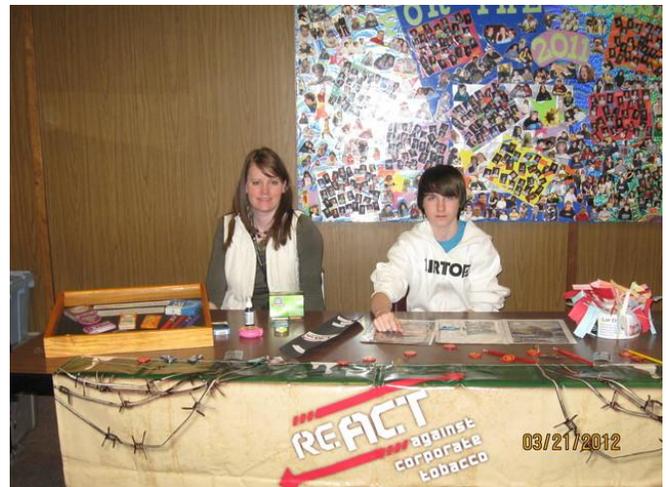
Cancer prevention outreach and events included:

- Holding a Dress in Blue Day event to promote colorectal cancer awareness
- Partnering with local pharmacies to promote screening through the “ASK ME!” campaign
- Partnering with Women Against Breast Cancer for golf tournament
- Partnering with the Great Falls Police Department to promote breast cancer awareness
- Participating in Lee Denim Day to fundraise for breast cancer research
- “Lunch and Learn” presentations providing information on cancer and screening tests
- Digital stories on cancer prevention told by Native Americans provided to the Native American Welcome Center, Benefis Hospital, and the Indian Education Center

Tobacco Use Prevention

The Tobacco Use Prevention program provides education on tobacco-related health issues and promotes tobacco-free living through the following:

- Celebrates Tobacco Days of Action to raise awareness on tobacco-related issues. Days and events include Through with Chew Week, Kick Butts Day, No Tobacco Day, Red Ribbon Week, and the Great American Smokeout.
- Provided tobacco-related community presentations to 21 various businesses and organizations including, but not limited to, Great Falls Job Service, The TANF Program, Great Falls Clinic, and Benefis Health System.
- Promote smoke-free facilities and events. Projects in 2012 included meeting with the Great Falls Park Board regarding smoke-free parks and playgrounds (Young Lungs at Play), collaborating on a smoke-free Alive @ 5, and implementing smoke-free policies in multi-unit housing. Currently, 25 units are smoke free.
- Responds to Clean Indoor Air Act violations. In 2012, 8 violations were reported in 6 establishments.
- The reACT Youth Program has grown to 25 members. The youth produced a television commercial promoting smoke-free environments, which is currently still on the air in local areas. This commercial is being considered for national recognition.



Nutrition and Physical Activity (NAPA)

The NAPA program works to decrease the prevalence of obesity and improve the health of Montanans through policy and environmental changes and statewide/community interventions. Specific actions taken include:

- Wellness teams established at five sites in Cascade County and one in Chouteau County. Wellness teams

encourage employees to make healthy choices by providing information and incentives.

- Approximately 12 “Lunch and Learns” presenting nutrition and physical activity information to employees of worksite wellness sites.

Public Health Emergency Preparedness (PHEP) and Communication

The PHEP program develops and sustains public health emergency preparedness and response capabilities for terrorism, disease outbreaks, and other public health emergencies. Collaboration with other local response agencies, such as DES, EMS, local health care providers, volunteer agencies, fire and law enforcement, schools, and local military personnel help CCHD accomplish these goals.

- Completed the Continuity of Operations Plan, which provides guidance and direction on how to keep CCHD programs running during an emergency event.
- Continuously update the CCHD Emergency Response Plan in collaboration with community partners.
- Conduct training sessions on emergency preparedness for various local agencies and organizations.
 - 4 hour training for regional child care providers regarding the development and implementation of emergency response plans.
 - More than 8 presentations to various community groups on emergency preparedness, CCHD programs, and/or other specific topics, such as Pertussis.
- Provide annual blood borne pathogens training for all CCHD staff.
- Ensure that all CCHD staff have completed required training on the Incident Command System; in 2012, 10 ICS courses were completed by various staff members.
- Utilize annual community flu shot clinics as emergency preparedness exercises. PHEP staff coordinate with CCHD Immunization staff and other local partner agencies to hold drive through and walk in clinics
- In 2012, the following numbers of individuals received their flu shots at one of the clinics.
 - 772 clients vaccinated at the Drive Through Community Flu Shot Clinic
 - 900 clients vaccinated at the Walk in Community Flu Shot Clinic
- Hold periodic drills and tests of communications systems and equipment including satellite phones, email and fax distribution.
- Provide up-to-date, proactive public information
 - 213 CCHD related news stories - a number of CCHD programs/events received media coverage in 2012 including most Prevention Services Division programs
 - Conduct public information campaigns on current public health threats. Examples in 2012 included Hantavirus and Pertussis. Information was distributed by means of news releases, posters, fact sheets, and letters to parents of school and daycare-age children.
 - Update and maintain website which had 18,329 visits in 2012; 10,691 of these were unique visitors.



Family Health Services Division

Family Health Services includes the following programs:

Maternal & Child Health

- Home Visitation
- Parents as Teachers
- Circle of Security
- Oral Health Program
- Follow the Child

WIC

- Breastfeeding

Safe Kids Cascade County

Fetal Alcohol Research Program (FAS NM)

Special Programs

- Maternal Infant Child Home Visitation
Infrastructure Development (MIECHV ID) Grant

Sixteen (16) staff members, under the direction of the Family Health Services Division Manager, run the programs listed above. The programs and services of the Family Health Services Division are offered on-site at the Health Department facilities and at other various locations throughout Cascade County.

Maternal and Child Health

Home Visitation

The Home Visitation program provides visits in clients' homes or other convenient locations by a nurse, social worker, and/or dietician for Medicaid eligible pregnant women and babies and children up to age five. Home visitors provide education on parenting, child development, and community services. The program's goals are to:

- Assure mothers and children receive maternal and child health services
- Reduce infant mortality and the number of low birth weight babies

In 2012, Home Visitation staff provided the following:

- Services to:
 - 129 high-risk pregnant mothers
 - 66 infants
 - 67 children up to age one
- Medical home visits of referrals from the Benefis NICU for
 - 156 high-risk infants and mothers
 - A total of 142 high-risk children and infants and mothers who had a pre-existing medical condition or complications during pregnancy or labor.
- Participated in a "Child Find," funded through United Way of Cascade County
 - Screened children ages 0-5 for possible developmental delays or behavioral problems and provided referrals to providers.
 - Early intervention programs such as this can improve school readiness.

Parents as Teachers

The philosophy underlying Parents as Teachers (PAT) is that parents are children's first and most influential teachers. The role of the Parent Educator is to help families in giving their children a solid education foundation during their preschool years. In 2012, the program provided:

- In-home parenting education to 126 parents and 56 of their children
- Twelve (12) Parents as Teachers family group connections
 - Many of the parents/mothers PAT serves are socially isolated due to abuse, socioeconomic factors, and mental health problems. These events strengthen peer relationships and are an integral part of the PAT program.

Circle of Security

The Circle of Security (COS) is an early intervention program focused on how parent/child relationships can be strengthened. This unique approach teaches parents, and those helping



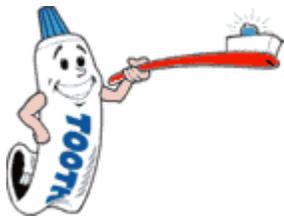
them, new ways to understand children's needs and behavior. It also offers effective ways to respond to these needs and behaviors. Central to the program is the COS map. This map helps parents to follow the children's relationship needs and learn how to become more emotionally available to them.

Five MCH/PHHV staff received the Circle of Security certification to hold parenting groups. CCHD will begin offering these parenting classes in May 2013.

Oral Health Program

Through the Oral Health Program, the children of Cascade County are assured optimum oral health care through preventative dental education, screening, and treatment. All public elementary schools, two parochial schools, and four Hutterite Colonies are included in the program.

2012 Successes of this program included the following:



- Oral Health Program staff screened 1,951 second and fourth grade students
- In a collaborative effort with the Health Department, 19 dentists visited 31 schools and screened an additional 2,706 students.
 - 196 of these children were classified as high-risk, indicating they needed immediate care.
 - Fifteen (15) children received dental care through the "Give Kids a Smile" program.

Follow the Child

The Follow the Child program is a joint effort between CCHD and the Department of Family Services. A Public Health Nurse works with children in foster care 0-18 years old. The nurse provides health care case management; ensuring children receive all scheduled and recommended medical care. In 2012, the program provided medical follow-up for 86 foster children to assure their medical needs were met after being removed from their biological homes.

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) helps lower-income women who are pregnant, breastfeeding, or recently had a baby and infants and children up to age 5 who are at nutritional risk. WIC reaches approximately 1,807 participants each month with nutritional education. Mothers who need additional support for their children are referred to our home visitation program.

Breastfeeding

WIC provides breastfeeding information, support, and counseling to mothers during pregnancy. In 2012, the WIC Breastfeeding Peer Counselor assisted over 200 women with breastfeeding assistance and/or education and held approximately 25 peer breastfeeding groups.



Safe Kids Cascade County

The Safe Kids Car Seat Program provided car seat installation for members of the community. A CCHD certified trainer conducted training for six community partners to become certified car seat installers.

Fetal Alcohol Research Program (FAS NM)

Program staff, in conjunction with the University of New Mexico, Albuquerque Research Team were able to accomplish the following in 2012:

- Conduct 1,854 in-school screenings for 918 first graders in public and parochial schools
- Identify sixty-seven (67) children as having FAS, pre-FAS, or other medical conditions previously not detected. These children were referred as appropriate.
- Enter into the third tier of the research in 2012 and conduct 59 maternal interviews
- Hire one additional half-time and one full-time staff member due to funding increases

Special Programs

Maternal Infant Child Home Visitation Infrastructure Development (MIECHV ID)

Family Health Services was involved in securing a second year of MIECHV ID funding, which brought \$100,000 to our community. These funds provided much needed infrastructure development by enhancing existing collaboration between community partners and providing necessary training (Parents as Teachers, Circle of Security, Certified Lactation, etc.) for professionals who serve our community's children.

Family Health Services Division – 2012 Activities	
WIC – Nutrition Education Contacts	21,684
WIC – Breastfeeding Support for Women	200
Maternal & Child Health Block Grant Clients	187
Parents as Teachers Family Connection Events	12
Parents as Teachers Family Connection Attendees	186
Public Health Home Visitation Clients (Adults & Children)	262
NICU High Risk Infant Follow-Up Referrals	156
Follow-the-Child Clients	86
Oral Health Education Screenings	4,657
Fetal Alcohol Research Program Screenings	1,854
Safe Kids Car Seat Installations	78
Outreach Activities Attended	17
Total	29,438

Environmental Health Services Division

Environmental Health Services includes the following programs:

Air Quality	Septic Systems
Daycare Centers and Group Homes	Subdivisions
Drinking Water	Swimming Pools/Spas
Food Establishments and Safety	Tattoo/Piercing Establishments
Public Accommodations	Trailer Courts/Campgrounds
Rabies Prevention	

Four staff members, under the direction of the Environmental Health Division Manager, run the programs listed above. Much of the Environmental Health Sanitarians' work is done off-site, inspecting various establishments.

Air Quality

CCHD continuously monitors the air for carbon monoxide and particulate matter; levels should be at 2.5 microns or less. There is one monitoring site at Overlook Park on 10th Avenue South and two additional monitors at Great Falls High near Memorial Stadium. CCHD also conducts emission inspections for 19 minor point sources in the county. The only elevated levels in 2012 were due to fireworks and Idaho forest fires.

Daycare Centers and Group Homes

Child care facilities with more than 12 children, ages 0-12, must be certified and licensed as a Daycare Center, which are inspected by a CCHD Sanitarian to ensure compliance with Montana Regulations for daycares. In 2012, CCHD Sanitarians inspected 39 licensed Daycare Centers, all within the city of Great Falls.

Sanitarians also inspect state-licensed group homes. Twenty group homes, all within the city of Great Falls, were inspected in 2012.

Drinking Water

Public water supplies are inspected by the Montana Dept. of Environmental Quality. CCHD has water sample bottles available for individuals to use for their private water source. CCHD also provides information to the public on well or cistern disinfection.

Food Establishments

There is a wide variety of food operations that CCHD deals with routinely. These include licensed food service establishments, new restaurant plan reviews, food service re-inspections, teaching food safety classes, and overseeing temporary food events.

2012 Food Service

Type	Inspections	Inspections in Great Falls	Inspections in Cascade County
Licensed Food Establishments	631	-	-
New Restaurant Plan Review	27	25	2
Re-Inspections	119	114	5
Temporary Food Licenses	37	-	-

Public Accommodations

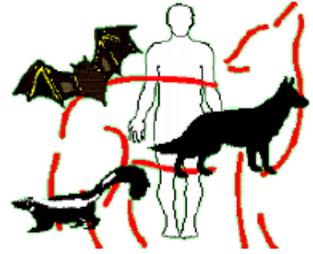
The state of Montana licenses public accommodations and the CCHD Sanitarians are required to conduct routine inspections on them to ensure public safety and adequate sanitation. These include:

- hotels
- motels
- bed & breakfasts
- tourist homes

In 2012, 42 public accommodations were inspected by CCHD Sanitarians; 14 of these were within the city of Great Falls and 4 in Cascade County.

Rabies Prevention

Animal bites are investigated to protect the public from exposure to the rabies virus. Rabies is almost always fatal, therefore it is of great public health concern. CCHD Sanitarians investigated 214 animal bite reports in 2012; 184 of these investigations took place in the city of Great Falls and 30 in Cascade County.



Septic Systems

Safe treatment and disposal of all wastewater is necessary to protect the public health and the environment. The Environmental Health Services Division issued 104 septic permits in 2012. Fifty-three (53) of these permits were for new septic systems and 51 were for replacements.

Subdivisions

CCHD performs the following in regards to Cascade County subdivisions:

- Contracts with the Montana Department of Environmental Quality to review subdivisions of land in Cascade County less than 20 acres in size to assure compliance with the Montana Sanitation in Subdivisions Act.
- Reviews parcels of land being created that are between 20-160 acres in accordance with Cascade County Subdivision Regulations.
- Sanitarians conducted 11 subdivision reviews, for 38 total lots, in 2012; all of these were located outside of Great Falls city limits.



Swimming Pools/Spas

CCHD inspects licensed public swimming pools and spas in Cascade County annually for safety and sanitation compliance with state regulations. In 2012, 52 pools and spas were inspected – 45 within the city of Great Falls and 7 in Cascade County.

Tattoo/Body Piercing Establishments

Environmental Health Sanitarians inspect and license all tattoo and body piercing establishments in Great Falls and Cascade County. Twenty-five (25) establishments were inspected in 2012, all within the city of Great Falls.

Trailer Courts/Campgrounds

CCHD annually inspects all state licensed trailer courts and campgrounds in Cascade County to ensure an adequate level of sanitation in sewage disposal, water supply, and refuse disposal. Fifty (50) trailer courts and campgrounds were inspected in 2012.

	Total Establishments	Establishments in Great Falls	Establishments in County	Total Investigations	Investigations in Great Falls	Investigations in County
Animal Bites				214	184	30
Licensed Food Establishments	644	483	161	631	-	-
New Restaurant Plan Review	27	25	2	27	25	2
Food Service Re-Inspections	119	114	5	119	114	5
Temporary Food Licenses	53	49	4	37	-	-
Group Homes	21	20	0	21	20	0
Licensed Daycares	39	39	0	39	39	0
Pools and Spas	52	45	7	52	45	7
Public Accommodations	63	37	26	42	14	4
Tattoo/Piercing Establishments	30	30	0	25	25	0
Trailer Courts/Campgrounds	51	31	19	50	31	18
Septic Permits	104	2	104	>100	2	>100
Subdivision Reviews				11 reviews (38 lots)	0	11
Total Establishments	956					
Total Inspections/Investigations				1043		

Administrative Services Division

Though most people do not realize it, as the third arm of public safety, the Cascade City-County Health Department programs and services touch the lives of every citizen in Cascade County just like the Fire and Police/Sheriff.

The funding for the four core divisions of the City-County Health Department is complex. In 2012, there were 17 active contracts with Montana DPHHS, Environmental Protection Agency and the University of New Mexico. These funding streams contributed \$1,012,705 to the overall budget. The Health Department also has a primary or core budget that was \$1,154,906 in the 2011-2012 budget year. The combined budget for all four of the City-County Health Department programs and services in 2012 was approximately 2.2 million dollars.

The funding for the primary or core budget for the Health Department comes from taxes paid to the county, a flat contribution from the City of Great Falls, as well as fees for services.

The table below provides a breakout of the various contracted funding streams that contribute to CCHD's ability to provide the ten essential services of public health to our community.

Contract Name	2011-2012 Contract Amount
Maternal, Infant, Early Childhood Home Visiting - Infrastructure Development (99% pass thru to sub-contractor)	\$ 1,064.00
Women, Infants, and Children - Farmer's Market	\$ 1,300.00
Healthy School Assessment	\$ 3,000.00
Neihart Superfund Cooperative Agreement	\$ 4,774.39
Air Quality	\$ 13,734.00
Nutrition and Physical Activity	\$ 15,000.00
Ryan White B & C	\$ 19,500.00
Women, Infants and Children - Breast Feeding Support	\$ 21,000.00
HIV Testing and Counseling	\$ 25,000.00
Immunization Project	\$ 28,842.00
Tobacco Use Prevention	\$ 73,542.00
Montana Cancer Control Program	\$ 79,580.00
Fetal Alcohol Syndrome - University of New Mexico	\$ 80,210.00
Public Health Home Visiting	\$ 81,952.00
Maternal and Child Health (Requires a 75% match)	\$ 99,107.00
Public Health Emergency Preparedness	\$ 125,486.00
Women, Infants and Children	\$ 339,614.00
	<u>\$ 1,012,705.39</u>



CITY-COUNTY HEALTH DEPARTMENT
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