



**Special Work Session Meeting Agenda
Board of Health Candidate Interviews
2 Park Drive South, Great Falls, MT
Gibson Room, Civic Center
April 16, 2019
4:00 PM**

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

(Public comment on any matter and that is within the jurisdiction of the City Commission. Please keep your remarks to a maximum of five (5) minutes. Speak into the microphone, and state your name and address for the record.)

WORK SESSION ITEMS

1. City County Board of Health Candidate Interviews.

ADJOURNMENT

City Commission Work Sessions are televised on cable channel 190. If a recording is made, the work session video will be posted on the City's website at <https://greatfallsmt.net/meetings>. Work Session meetings are re-aired on cable channel 190 the following Thursday morning at 10 a.m. and the following Tuesday evening at 5:30 p.m.



**City County Board of Health Member Vacancy
Candidate Interview Schedule
Tuesday, April 16, 2019
Gibson Room**


| Time | Candidate |
|-------------|-----------------|
| 4:00 – 4:20 | Amanda Ball |
| 4:20 – 4:40 | Russell Herring |
| 4:40 – 5:00 | Ty Hedalen |



**BOARDS AND COMMISSIONS
CITIZEN INTEREST FORM
(PLEASE PRINT OR TYPE)**

Thank you for your interest. Citizen volunteers are regularly appointed to the various boards and commissions. This application subject to Montana Right to Know laws.

| | | |
|---|--------------------------------------|---|
| Board/Commission Applying For: City County Health Board | | Date of Application: 3/11/2019 |
| Name: Amanda Ball | | |
| Home Address: 715 2nd Ave N. | | Email address: mah.amanda@gmail.com |
| Home Phone: | Work Phone: (406) 268-3749 | Cell Phone: (406) 241-1999 |
| Occupation: Child Protection Specialist Supervisor | | Employer: State of Montana |
| Would your work schedule conflict with meeting dates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, please explain) | | |
| Related experiences or background: Current Employment is @ DFS for the past 7 years. In this position I have utilized many community resources and have been a | | |
| Educational Background: High school Grad - 2004 | | |
| UGF Grad 2010 - BS - Criminal Justice, BS forensic science | | |
| Masters Business Management / Leadership Jan. 2020 | | |
| IF NECESSARY, ATTACH A SEPARATE SHEET FOR YOUR ANSWERS TO THE FOLLOWING: | | |
| Previous and current service activities: Currently serve on Youth Placement Committee. In the past (college) I was highly involved w/ community services (Blue & Gold Runsk), Spook-a-Roo, food drive etc. | | |
| Previous and current public experience (elective or appointive): In my current position I am a Public Servant. I am responsible for training public for mandatory Reporter training. | | |
| Membership in other community organizations: None currently. | | |

| | |
|--|------------------|
| Have you ever worked for or are you currently working for the City of Great Falls? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, where and when? | |
| Do you have any relatives working or serving in any official capacity for the City of Great Falls? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, who, which department, and relationship? | |
| Have you ever served on a City or County board? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what board and when did you serve? | |
| Are you currently serving on a Board? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which board? Youth Placement Committee | |
| Please describe your interest in serving on this board/commission? I am interested in being more involved in my community and believe that being a part of the City County Health board would be a great way to be more involved w/ my community + help more people. | |
| Please describe your experience and/or background which you believe qualifies you for service on this board/commission? I have a educational / professional background that supports my qualifications to serve on this board. I have worked @ Dfs for 7 years and have worked w/ many families who utilize city county health services. | |
| Additional comments: I believe that being able to serve on this board is a significant and meaningful way to participate in my civic life. | |
| Signature  | Date: 3/12/19 |

If you are not selected for the current opening, your application may be kept active for up to one year by contacting the City Manager's office. Should a board/commission vacancy occur within 30 days from the last City Commission appointment, a replacement member may be selected from citizen interest forms submitted from the last advertisement. For more information, contact the City Manager's office at 455-8450.

Return this form to:

City Manager's Office
P.O. Box 5021
Great Falls, MT 59403

Fax:
(406) 727-0005

Email:
kartis@greatfallsmt.net

Russell Herring, DNP, APRN, FNP-C, FNP-BC, CSCS
817 4th Ave N
Great Falls, MT 59401
(406)750-0343
rherring1978@gmail.com

Supplementary answers...

Related experiences or background: Family Nurse Practitioner with Great Falls Clinic. Training and education in clinical, population and public health. Former launch and maintenance officer at Malmstrom Air Force Base with training and experience in hazardous materials accident investigation and incident response.

Educational background:

Doctorate of Nursing Practice, Montana State University, 2018
Bachelor's of Nursing Science, University of Wisconsin-Oshkosh, 2013
Master's of Aeronautical Safety, Embry-Riddle Aeronautical University, 2010
Bachelor's of Science, Zoology and Physiology, University of Wyoming, 2003

Previous and current service activities: United States Air Force, Honorable Discharge

Previous and current public experience (elective or appointive): NA

Membership in other community organizations: NA

Please describe your interest in serving on this board/commission? I believe that we are each obligated to serve society in whatever capacity we're able. I served in the United States Air Force, before separating to finish my graduate studies. Now that I am finally finished with school, I feel it is my obligation to serve the community in a setting for which I feel well prepared, capable, and where I feel I can make a useful contribution. As a member of the Great Falls and Cascade County community, I believe I share in responsibility for the health of those environments – particularly as a healthcare provider.

Please describe your experience and/or background which you believe qualifies you for service on this board/commission? I have been a member of the Great Falls community on both sides of the Malmstrom Air Force Base gates, which I feel is extremely important in a community with such a substantial military presence. As a doctorally-prepared family nurse practitioner with Great Falls Clinic, I feel that I have a unique perspective on the clinical issues impacting the individual members of this community, as well as the population-level public health issues which impact us all. I believe that my position as a clinical provider within the community will benefit my insight with the City-County Health Board, and experience with the Health Board will benefit my clinical practice.

Additional comments: My interest in the Board of Health is genuine. I've been attending meetings as a community member, out of simple personal interest. I've found the meetings to be enlightening, and listening to the discourse in the room, feel that I could provide useful information and interact meaningfully with the current board members. I care about the health


and function of the community and feel that someone with my education, experience, background and interest could contribute to Great Falls and Cascade County as a member of the Board of Health.



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(PLEASE PRINT OR TYPE)**

Thank you for your interest. Citizen volunteers are regularly appointed to the various boards and commissions. This application subject to Montana Right to Know laws.

| | | |
|--|--|---|
| Board/Commission Applying For: City-County Health Board | | Date of Application: March 6, 2019 |
| Name: Russell Herring | | |
| Home Address: 817 4th Ave N Great Falls, MT 59901 | | Email address: rherring1978@gmail.com |
| Home Phone: (406) 750-0343 | Work Phone: (406) 268-1600 | Cell Phone: (406) 750-0343 |
| Occupation: Family Nurse Practitioner | Employer: Great Falls Clinic | |
| Would your work schedule conflict with meeting dates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, please explain) | | |
| Related experiences or background: Please reference typed response. | | |
| Educational Background: Please reference typed response. | | |
| IF NECESSARY, ATTACH A SEPARATE SHEET FOR YOUR ANSWERS TO THE FOLLOWING: | | |
| Previous and current service activities: Please reference typed response. | | |
| Previous and current public experience (elective or appointive): Please reference typed response. | | |
| Membership in other community organizations: Please reference typed response. | | |

| | |
|---|------------------------|
| Have you ever worked for or are you currently working for the City of Great Falls? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, where and when? | |
| Do you have any relatives working or serving in any official capacity for the City of Great Falls? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, who, which department, and relationship? | |
| Have you ever served on a City or County board? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what board and when did you serve? | |
| Are you currently serving on a Board? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which board? | |
| Please describe your interest in serving on this board/commission? Please reference typed response. | |
| Please describe your experience and/or background which you believe qualifies you for service on this board/commission? Please reference typed response. | |
| Additional comments: Please reference typed response. | |
| Signature  | Date: March 6, 2019 |

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Return this form to:

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P.O. Box 5021
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Fax:
(406) 727-0005

Email:
kartis@greatfallsmt.net

RUSSELL R. HERRING, DNP, APRN, FNP-C, FNP-BC, CSCS
 817 4th Ave N.
 Great Falls, MT 59401
 Cell: (406) 750-0343
 Email: rherring1978@gmail.com

EDUCATION

| DATES | DEGREE | INSTITUTION | MAJOR |
|------------------|--------------------------------|--------------------------------------|--|
| 9/2014 – 5/2018 | Doctor of Nursing Practice | Montana State University | Nursing |
| 4/2012 – 5/2013 | Bachelor of Science | University of Wisconsin - Oshkosh | Nursing |
| 4/2004 – 4/2010 | Master of Aeronautical Science | Embry Riddle Aeronautical University | Aeronautical Safety and Space Studies |
| 9/2000 – 5/2003 | Bachelor of Science | University of Wyoming | Zoology with emphasis in Physiology and Genetics |
| 1/1998 – 5/2000 | NA | Sheridan College | General Education |
| 8/1997 – 12/1997 | NA | University of Northern Colorado | General Education |
| 1/1997 – 5/1997 | NA | Eastern Wyoming College | General Education High School Senior |
| 9/1996 – 12/1996 | NA | Sheridan College | General Education High School Senior |

LICENSES

2018 – Present Advanced Practice Registered Nurse, Family Nurse Practitioner, with prescriptive authority
 NUR-APRN-LIC-131365

2013 – Present Registered Nurse, Montana
 NUR-RN-LIC-69646

CERTIFICATIONS

2018 – Present Family Nurse Practitioner
 American Nurses Credentialing Center

2018 – Present Family Nurse Practitioner

| | |
|----------------|--|
| | American Academy of Nurse Practitioners Certification Board |
| 2016 – Present | Certified Strength and Conditioning Specialist National Strength and Conditioning Association |
| 2016 – Present | Cardiovascular Registered Nurse, Board Certified American Board of Cardiovascular Medicine |
| 2014 – Present | Pediatric Advanced Life Support American Heart Association |
| 2013 – Present | Advanced Cardiac Life Support American Heart Association |
| 2012 – Present | Basic Life Support American Heart Association |

HONORS AND AWARDS

| | |
|---------|---|
| 5/2013 | Student graduation speaker, ACCEL Nursing Program, University of Wisconsin – Oshkosh |
| 5/2013 | Inducted Sigma Theta Tau, Eta Pi Chapter |
| 12/2008 | Company Grade Officer of the Year, 341 st Missile Maintenance Squadron |
| 12/2008 | Company Grade Officer of the Year, 341 st Maintenance Group |
| 4/2007 | Company Grade Officer of the Month, 10 th Missile Squadron |

PROFESSIONAL POSITIONS

| | | |
|------------------|-------------------------------|---|
| 8/2018 - present | Family Nurse Practitioner | Great Falls Clinic |
| 2/2016 – 4/2018 | Radiology Nurse | St. Vincent Healthcare |
| 6/2013 – 2/2016 | Telemetry Nurse | St. Vincent Healthcare |
| 9/2014 – 8/2015 | Emergency Department Nurse | Billings Clinic |
| 4/2011 – 5/2012 | Telemetry Technician | St. Vincent Healthcare |
| 8/2009 – 8/2010 | Flight Test Officer | 576 th Flight Test Squadron |
| 6/2008 – 8/2009 | Flight Commander | 341 st Missile Maintenance Squadron |
| 6/2007 – 6/2008 | Executive Officer | 341 st Operations Group |

| | | |
|-------------------|---|--|
| 1/2007 – 6/2007 | Flight Commander | 10 th Missile Squadron |
| 10/2006 – 12/2007 | Combat Crew Commander | 10 th Missile Squadron |
| 5/2005 – 10/2006 | Deputy Commander, Senior Instructor Combat Crew | 341 st Operations Support Squadron |
| 7/2004 – 4/2005 | Deputy Combat Crew Commander | 10 th Missile Squadron |

RESEARCH

| | |
|-------------|---|
| 2014 – 2018 | Outpatient management of congestive heart failure patients in partial fulfillment for the requirements of DNP (ongoing) |
| 8/1999 | Field research assistant for Dr. Marion Klaus, Sheridan College Published by Dr. Marion Klaus in <i>Arctic, Antarctic, and Alpine Research</i> 35(1):100-109. 2003 |

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

| | |
|----------------|--|
| 2018 – Present | American Association of Nurse Practitioners |
| 2016 – Present | National Strength and Conditioning Association |
| 2013 – Present | American Nurses Association |



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| | | |
|--|-------------|----------------------|
| Board/Commission Applying For: | | Date of Application: |
| City County Health Board | | 3/4/2019 |
| Name: Ty Hedalen | | |
| Home Address: | | Email address: |
| 706 5th Ave S, Great Falls, MT 59405 | | tjhedalen@gmail.com |
| Home Phone: | Work Phone: | Cell Phone: |
| | | 406-498-6711 |
| Occupation: | Employer: | |
| MBA Student | N/A | |
| Would your work schedule conflict with meeting dates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, please explain) | | |
| Related experiences or background: Bullhook Community Health Center: Board of Directors, Jun 2016-Jan 2017 Bullhook Community Health Center: Chief Operations Officer, Jan 2017-Mar 2018 Community Health Care Center: Chief Financial Officer/Chief Operations Officer, Apr 2018-Dec 2018 | | |
| Educational Background: 2007-2011: The University of Montana, B.S. Business Administration - Finance - 3.21GPA 2018-Current: The University of Montana, MBA - 3.96GPA | | |
| IF NECESSARY, ATTACH A SEPARATE SHEET FOR YOUR ANSWERS TO THE FOLLOWING: | | |
| Previous and current service activities: 2014-Current: Montana Actors' Theatre - Board Member/Financial Manager. 2017: Bullhook Community Health Center - Board Member. 2016-2017: Optimist International. 2016: Hi-Line Documentary Film Festival in conjunction with Humanities Montana and the Big Sky Documentary Film Festival - Developer. 2016: Money Sense Financial Literacy Program - Developer/Presenter. 2013-2016: Teach Children To Save - Presenter. 2013-2014: Hi-Line Economic Summit - Founder. | | |
| Previous and current public experience (elective or appointive): I have not been elected or appointed to any public office. | | |
| Membership in other community organizations: All previously listed. | | |

| | |
|--|---------------------|
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| Have you ever served on a City or County board? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what board and when did you serve? | |
| Are you currently serving on a Board? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which board? Montana Actors' Theatre - Board Member/Financial Manager | |
| Please describe your interest in serving on this board/commission? Since June 2016, I have been involved in community health care. I have chosen to take my career in a different direction, but I am still passionate and committed the health of my community specifically through preventative measures and community education. While I was the CFO/COO of Community Health Care Center I had the opportunity to work closely with the Cascade County Health Department as CHCC was still under the Cascade County umbrella. I came to respect and appreciate the work CCHD does and would like the opportunity to work with City County Health from a new perspective, simply as a community member. | |
| Please describe your experience and/or background which you believe qualifies you for service on this board/commission? Bullhook Community Health Center: Board of Directors, Jun 2016-Jan 2017 Bullhook Community Health Center: Chief Operations Officer, Jan 2017-Mar 2018 Community Health Care Center: Chief Financial Officer/Chief Operations Officer, Apr 2018-Dec 2018 Montana Actors' Theatre: Board of Directors/Financial Manager, Dec 2014-Current Independence Bank: Loan Officer, Jun 2013-October 2016 | |
| Additional comments: My time spent with two of Montana's community health centers also afforded me numerous national and local training opportunities through NACHC, HRSA, DPHHS, NNOHA, and the Montana Primary Care Association. I would very much like to continue my history of community involvement with the City County Health Board. Thank you. | |
| Signature Tyler J Hedalen | Date: 3/4/19 |

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