2019 - 2022

Lewis and Clark County

Community Health Improvement Plan

Produced by Healthy Together, a community partnership dedicated to improving the health of all residents of Lewis and Clark County by working together to focus energy and resources.

Healthy Together

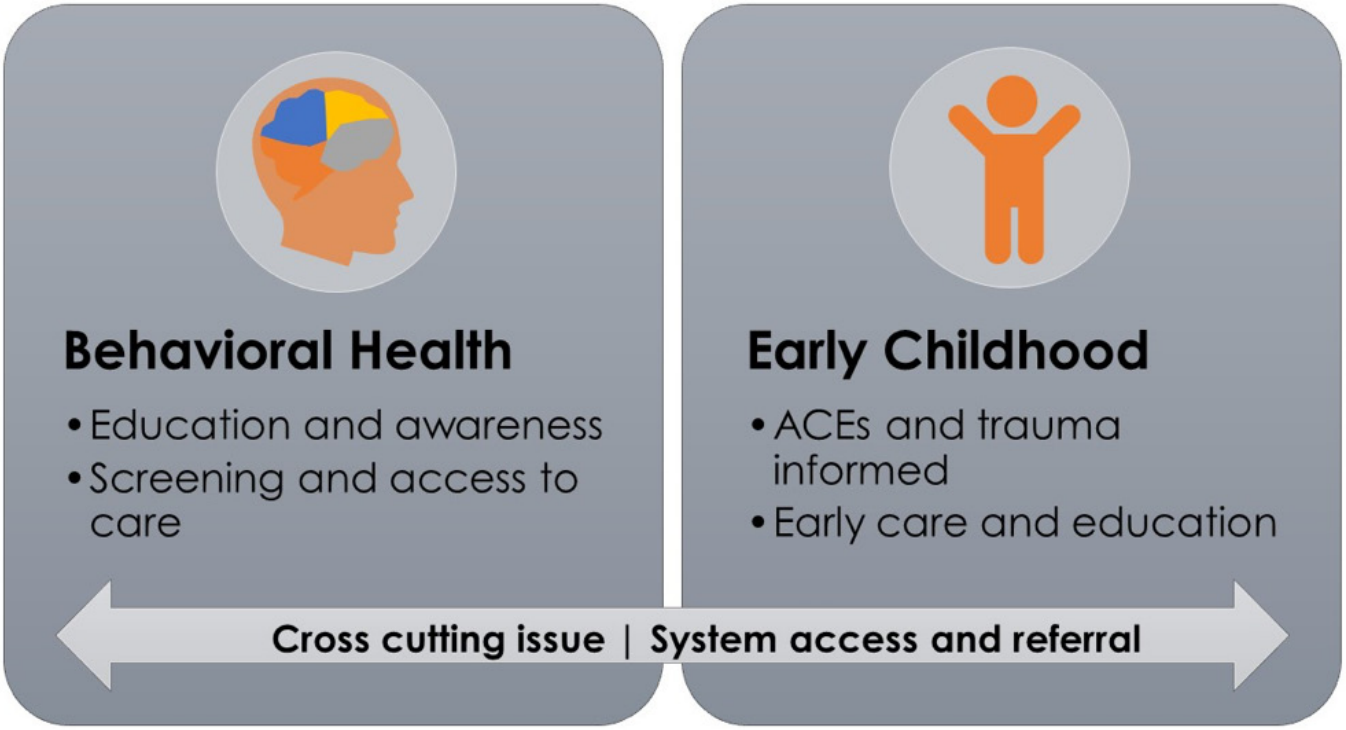
Contents

Sawtooth Mountain near Augusta. Photo by Sarah Howe-Cobb

Published in Helena, Montana, May 2019. Front cover photo provided by the Montana Office of Tourism and Business Development. For more information about Healthy Together, visit www.lccountymt.gov/health/healthy-together or email publichealth@lccountymt.gov.

Community Health Priorities

This 2019-2022 Lewis and Clark County Community Health Improvement Plan (CHIP) outlines ways to improve the health of all county residents over the next three years. The plan describes three priority areas selected by the Healthy Together Task Force, a cross-section of about 80 community representatives: **Behavioral Health, Early Childhood,** and **Access and Referral to Services.** Within each priority area, this plan outlines focus areas and targeted strategies designed to improve the health of all county residents. Healthy Together believes that implementing these strategies will help us achieve our vision for a healthy community.



We envision a healthy community where every person is safe, connected, and engaged and has the resources they need to reach their full potential.

Partnering for the Public's Health

The Public Health System

Individuals in Lewis and Clark County engage in many activities to support their own health and the health of their families. We have plenty of opportunities to be physically active in our beautiful Montana surroundings. We try to cook healthy meals and support our neighbors in need.

Community partners also work together to improve the health of our population. Health-care providers at St. Peter's Health, PureView Health Center, and other health-care providers seek to provide quality care to our 68,000 county residents. Our many health and human-service organizations provide tangible support and assistance to thousands of families each year.

But the responsibility for public health extends far beyond the walls of any one agency. Employers, the justice system, schools, nonprofit and civic organizations, and faith-based institutions are just some of the sectors that play a role in creating a healthy community.

Planning to Improve Health

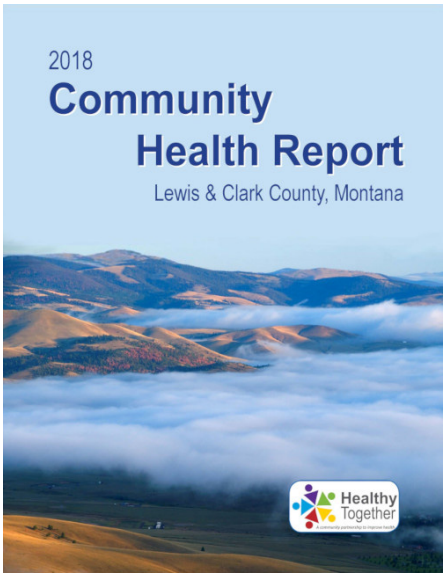
The process used to develop this Community Health Improvement Plan (CHIP) brought together partners from multiple sectors of the community that impact health in some way. (See page 16 for a full list of those involved.) The process was spearheaded by Healthy Together, which was founded in October 2017 by leaders from Lewis and Clark Public Health, PureView Health Center, Rocky Mountain Development Council, St. Peter's Health, and United Way of the Lewis and Clark Area. These individuals serve as the Healthy Together Steering Committee.

Healthy Together Steering Committee

Healthy Together
A community partnership to improve health

- Amy Emmert, Director of Population Health, St. Peter's Health
- Lori Ladas, Director, Rocky Mountain Development Council
- Jaime Larese, Wellness Manager, St. Peter's Health
- Alison Munson, Director, United Way of the Lewis and Clark Area
- Drenda Niemann, Health Officer, Lewis and Clark Public Health
- Gayle Shirley, Systems Improvement Manager, Lewis and Clark Public Health
- Jill-Marie Steeley, Director, PureView Health Center

Assessing the Health of the Community



Before identifying health priorities, Healthy Together compiled and published a Community Health Report. Through both qualitative and quantitative data, the report provides a snapshot of the health of our county with regard to chronic disease, communicable disease, environmental health, and mental health, among many other indicators. The report includes data from both primary and secondary sources in order to provide a detailed overview. It compares the most current county health data to historical local data, as well as to state and national data.

The Community Health Report is published every three years. The most recent edition was published in December 2018. It includes the results of a random community telephone survey of about 400 residents to gauge their health conditions and behaviors. It also includes results of an online survey of about 300 "key stakeholders" who shared their perceptions about the pressing health issues we face. The report is available at **www.lccountymt.gov/health/healthy-together** or by calling 406-457-8908.

How We Went About It

Our Process

This Community Health Improvement Plan (CHIP) was developed through a series of meetings with a task force made up of close to 80 people from a multitude of organizations across the county. These included representatives of health care, nonprofits, business, public health, and human-service providers, among others. A complete list of participants is on page 16.

Task force members met four times from January through April 2019. A skilled and unbiased facilitator led them through a process to develop the content for this plan. This CHIP builds on former county CHIPs published in 2013 and 2016, as well as on the 2018 Montana State Health Improvement Plan and national planning efforts such as Healthy People 2020.

Task force members used results from the 2018 Community Health Report to identify key areas of focus for collective action, based on the best available data. The group also was instructed to consider social determinants of health and collective impact while developing strategies for action.

Social Determinants of Health

Because health is affected by more than our individual behaviors or the medical care we seek, this plan includes a focus on the social determinants of health. As defined by the Centers for Disease Control and Prevention, these are "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

For the purposes of this plan, the task force considered the following social determinants of health:

- Economic stability
- Physical and "built" environment
- Health and health care
- Social and community context
- Education

Setting a Common Agenda

Collective Impact

Collective impact is defined as "the commitment of a group of important actors from different sectors to use a common agenda for solving a specific social problem...." This definition also describes the work of Healthy Together.

Because health is affected by social determinants, improving the health of our population is a complex undertaking that requires the coordination of multiple partners across many sectors. To address that complexity, the Healthy Together Task Force chose to use a collective-impact lens to focus on community-level conditions and processes that must be in place to effectively tackle complex health problems.

In each area of focus, the Task Force considered the five conditions of collective impact that must be in place to effectively achieve community change. It designed strategies to move the community forward in developing these areas. The five conditions include:

- **A common agenda:** Coming together to collectively define the problem and create a shared vision to solve it
- **A strong backbone:** Having a team dedicated to orchestrating the work of the group
- **Shared measurement:** Agreeing to track progress consistently
- **Continuous communication:** Building trust and relationships among all participants
- **Mutually reinforcing activities:** Coordinating collective efforts to maximize the end result

Many of the strategies included in this plan are related to developing the processes and systems needed to create a collective-impact model to improve health in the county.

The community health improvement planning process is an opportunity to develop a common agenda for the entire community. Strategies identified in this report help all partners engage in a collective process to focus energy and resources and support policies, projects, and programs that will be most effective in improving the health of the people we serve.

This list of partners in this process (on page 16) shows a broad commitment in the community to improve the health of our population. Over the next few years, the Healthy Together Steering Committee will work with coalition partners to develop a dashboard to track each of the strategies and metrics in this document.

Plan Overview

During development of the 2016 Community Health Improvement Plan, participants developed a definition of "health" and "healthy community." These continued to guide development of this latest plan.

How We Define Health

Health is an all-encompassing state of well-being in mind, body, and spirit that characterizes thriving individuals, families, and communities.

Vision for a Healthy Community

We envision a healthy community where every person is safe, connected, and engaged and has the resources they need to reach their full potential.

Priority Areas of Focus to Improve Health

1. **Behavioral Health**
   - Prevention and Education
   - Screening and Access to Care
2. **Early Childhood**
   - Trauma-Informed Practices and ACEs
   - Early Child Care and Education
3. **Access and Referral to Services**

Priority 1: Behavioral Health

Focus: Education and Awareness

Goal Increase awareness of behavioral health and suicide, and normalize the conversation around these topics.

Objective 1

Support multi-sector partnerships to increase knowledge of and reduce stigma tied to behavioral health challenges. Lead: Lewis and Clark Suicide Prevention Coalition (Coalition)

Strategies

- Hold 11 Coalition meetings a year (ongoing).
- Consider formalizing membership and governance structure of Coalition (Plan Year 1).
- Increase Coalition membership by 4 to include additional cross-sector representation of the community (ongoing).
- Expand use of technology to allow remote participation in Coalition meetings (by end of Plan Year 1).
- Expand staffing level for Coalition, using VISTA volunteer if possible (Plan Year 2-3).
- Identify needs to expand education and awareness work and secure funding to meet these needs (Plan Year 1-3).
- Develop a Coalition communication plan for external and internal partners (by Fall 2019).
- Expand public information campaigns focused on reducing stigma and increasing awareness (Plan Years 1-3).

Objective 2

Implement stigma reduction and evidence-based mental wellness promotion and substance-abuse prevention activities. Lead: Lewis and Clark Suicide Prevention Coalition (Coalition)

Strategies

- Improve access to identified, evidence-based, mental health training and education by increasing the number of active, certified trainers in the county (ongoing).
- Provide monthly trainings in mental-health promotion and suicide prevention for community residents (ongoing through Fall 2021).
- Maintain and promote a Coalition calendar as the central location for all mental health, substance abuse, and suicide prevention training occurring in the county (ongoing).

- Develop a multi-level model that facilitates partner-agency participation in and communication about evidence-based training annually (starting in Fall 2019).
- Identify a lead organization for substance-abuse prevention training in the county, and develop a goal for the number of trainings offered annually (by May 2020).
- Identify evidence-based, substance-abuse education and training and appropriate audiences (by April 2021).
- Expand use of evidence-based, substance-abuse prevention strategies and trainings in the county (by April 2022).
- Develop listings on CONNECT referral system for mental health and suicide-prevention trainings so agencies can send referrals (ongoing).

How We Measure Success

Percentage of activities that are "complete" or "in progress"

Focus: Screening and Access to Care

Goal

Provide access to behavioral health screening and adequate, effective, and integrated mental health and substance-abuse treatment for every resident of Lewis and Clark County.

Objective

Foster community-level leadership and partnerships to develop and implement a universal behavioral health screening and referral protocol for the county. Lead: Lewis and Clark Mental Health Advisory Council (LAC)

Strategies

- Identify a project lead (Plan Year 1).
- Develop an action plan (Plan Year 1).
- Map a process for universal screenings (Plan Year 2).
- Identify a physician champion to support universal access to screenings (Plan Year 2).
- Convene providers to discuss increasing screenings and select screening tools (Plan Year 2).
- Develop a screening and referral protocol and toolkit that health-care and human-service organizations can use.
- Distribute toolkit to all pediatric, primary care, and specialty providers and offer training on implementation (end of Plan Year 2).
- Expand and track listings on CONNECT referral system for behavioral health screening and treatment providers (Plan Year 2).

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- Identify other service providers (such as child care, human services, and education) who could provide screening and referrals and provide them with the toolkit (Plan Year 3).

How We Measure Success

- Percentage of behavioral-health providers using the CONNECT referral system
- Percentage of primary-care providers and pediatricians in the county who use CONNECT to make referrals to behavioral-health services
- Percentage of specialty-care providers in the county who use CONNECT to make referrals to behavioral-health services
- Percentage of primary-care and pediatric providers who have a behavioral-health screening and referral process
- Percentage of health-care providers screening for depression and anxiety for all patients 10 years of age or older
- Percentage of activities that are "complete" or "in progress"

Priority 2: Early Childhood

Focus: ACEs and Trauma-Informed Practices

Goal Create a safe and compassionate community where we strengthen relationships, share our stories, and support each other.

Objective 1

Expand the work of the Elevate Montana Helena Affiliate to drive collective action related to addressing Adverse Childhood Experiences (ACEs) in the county. Lead: Elevate Montana Helena Affiliate (Affiliate)

Strategies

- Increase collaboration and engagement of current Affiliate members and recruit new organizations to participate (ongoing).
- Ask key Affiliate members to identify and attend executive-level meetings in order to educate about ACEs and advocate for trauma-informed practices (ongoing).
- Establish a work group to develop communication strategies and subcommittees within different sectors of the community (by end of 2019).
- Enhance the communications strategy around ACEs and trauma-informed practices in the county (by end of 2020).
- Create an inventory of current community initiatives related to ACEs and trauma-informed practices (by end of 2020)
- Create and deliver surveys based on communication plan to assess knowledge and need for ACE awareness (by end of 2020).
- Compile survey data to establish baseline of knowledge and need (by end of 2020).
- Develop strategic plan for implementation of ACE awareness and trauma-informed trainings (by end of 2020).

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Objective 2 **Implement education and advocacy strategies to increase awareness of ACEs and use of trauma-informed practices throughout our county. Lead: Elevate Montana Helena Affiliate (Affiliate)**

Strategies

- Implement ACEs trainings with large employers in the county (by end of Plan Year 3).
- Implement peer-to-peer learning opportunities based on compiled data and strategic plan (Plan Year 3).
- Partner with early-childhood initiatives to advocate the importance of trauma-informed systems with key policymakers (by end of Plan Year 3).
- Develop a 5- to 10-year action plan that includes key community partners, strategies, and funding sources to measure the impact of efforts to reduce ACEs in the county (by end of Plan Year 3).
- Re-survey community members to measure the success of our efforts (by end of Plan Year 3).

How We Measure Success Percentage of activities that are "complete" or "in progress"

Focus: Early Child Care and Education

Goal Increase access to and knowledge of high-quality child care and early education options for all families in the county.

Objective 1 **Ensure meaningful partnerships among early-childhood coalitions and stakeholders in the county. Lead: Zero to Five Initiative and the Early Childhood Coalition of the Greater Helena Area (ECC)**

Strategies

- Define goals for the Zero to Five Initiative and the ECC (Plan Year 1).
- Define relationship between Zero to Five Initiative and ECC (Plan Year 1).
- Include caregivers in Zero to Five pathways group (Plan Year 1).
- Commit to gather and share data between Zero to Five and ECC to quantify need (Plan Year 2).
- Commit to meet twice a year to define actions and avoid duplication of efforts (ongoing).
- Support development of a communication system to enhance community knowledge of quality child care and early education in the county (by end of Plan Year 2).

Objective 2 **Implement systems-change activities to increase access to high-quality child care and early education. Lead: Zero to Five Initiative and the Early Childhood Coalition of the Greater Helena Area (ECC)**

Strategies

- Review the "Strengthening Montana's Early Childhood Systems" parent survey, conducted by the Montana Department of Public Health and Human Services in 2019, to assess child-care needs in the county (Plan Year 1).
- Develop community goals to address child-care needs identified in the survey (Plan Year 1).
- Develop toolkit to educate employers on employer-sponsored, child-care models (Plan Year 1).
- Host forum on employer-sponsored, child-care models (Plan Year 2).
- Research child-care cooperative models (Plan Year 3).
- Support emerging and newly funded early-childhood initiatives in the county (ongoing).
- Repeat "Strengthening Montana's Early Childhood System" parent survey to track progress and emerging needs (Plan Year 3).
- Promote CONNECT referral system as a resource to find quality child care and early education (ongoing).

How We Measure Success

- Percentage of activities that are "complete" or "in progress"
- Number of licensed child-care slots in county
- Number of STARS to Quality child-care providers
- Number of employer-sponsored, child-care facilities
- Number of child-care providers who offer benefits to employees

Priority 3: Access and Referrals

Focus: Improving Access and Referrals to Services

Goal Create a seamless system for referrals to all health and human-service programs in the county that support an intentional and strategic culture of collaboration.

Objective 1

Increase adoption of the CONNECT referral system by health and human-service providers in the county. Lead: Community Action Team (CAT) and local CONNECT coordinator

Strategies

- Identify potential CONNECT users by determining which organizations in the county frequently receive referrals (Plan Year 1).
- Partner with 2-1-1 (a free, confidential phone and online service that connects people to local resources) to strengthen the system for agency-to-agency referrals (Plan Year 1).
- Partner with 2-1-1 to develop a joint communication plan that includes success stories, media engagement, agency champions, and information from focus groups (Plan Year 2).
- Assess who is currently using CONNECT and identify champion agencies to recruit new users (Plan Year 1).
- Include a requirement to use CONNECT in grants provided by local funders (ongoing).
- Research the feasibility of expanding CONNECT to include private businesses (Plan Year 3).

Objective 2

Work with CONNECT referral partners to ensure optimal use of the system. Lead: CONNECT Action Team (CAT) and local CONNECT coordinator

Strategies

- Develop a communication plan for current and potential users about confidentiality safeguards, engaging agency champions from various sectors who are using CONNECT (Plan Year 1).
- Identify meaningful outputs to report to CONNECT users, including qualitative and quantitative data and success stories (Plan Years 1-2).
- Develop an orientation module for new staff who will use CONNECT (Plan Year 1).

- Assess existing agencies/users and identify who needs additional support to optimize use (ongoing).
- Identify champions and communication leads within each partner agency (ongoing).
- Regularly communicate with and convene key partners, including providing ongoing training on issues like care coordination and sustainability (ongoing).

How We Measure Success

- Percentage of activities that are "complete" or "in progress"
- Number of unduplicated individuals referred through CONNECT
- Number of agencies using CONNECT
- Percentage of agencies on CONNECT that are actively using the system
- Total number of referrals
- Percentage of referrals that lead to contact with a CONNECT provider

Next Steps

The lead coalition partners identified in this plan will work with the Healthy Together Steering Committee to implement strategies and develop a method to track progress toward strategies and metrics.

To coordinate the ongoing work of this Community Health Improvement Plan at the community level, the Healthy Together Steering Committee will facilitate the following activities:

- Develop a method, such as a dashboard, to track progress of all CHIP activities at least annually.
- Host a "coalition of coalitions" meeting annually to keep the Healthy Together Task Force apprised of progress in priority and focus areas. At this meeting, coalition representatives will report progress and share lessons learned. After the meeting, this plan will be updated with current data, and any needed changes to strategies will be made.
- Develop an annual progress report based on the results of the "coalition of coalitions" meeting and distribute to Healthy Together Task Force members.
- Determine a potential lead group to develop a method, such as a community bulletin board, through which coalitions and organizations can keep each other updated on their work.

Beginning in 2021, the Healthy Together Task Force will develop a new Community Health Improvement Plan for Lewis and Clark County and then reconvene to reconsider health priorities.

Healthy Together Task Force

Thank you to the following individuals who contributed valuable time and expertise to this plan by participating in at least one meeting of the Healthy Together Task Force.

Nancy Andersen, Outreach Director, AARP
Rod Applegate, Senior Services Program Director, Rocky Mountain Development Council
Jim Benish, Chair, City-County Board of Health
Julie Bir, CONNECT Referral Coordinator, Lewis and Clark Public Health
Corbin Bruursema, Assistance Coordinator, Good Samaritan Ministries
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Kelli Clark, Nursing Student, Carroll College
Bruce Day, Director, Helena Food Share
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Vickie Donisthorpe, Health and Wellness Director, Montana Special Olympics
Tina Eblen, Director, ChildWise Institute
Jenny Eck, Executive Director, The Friendship Center
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McCall Elverum, Care Manager, St. Peter's Health
Amy Emmert, Director of Population Health, St. Peter's Health
Somer Gauthier, Co-Owner, McDonalds
Rebekah Goltz, Car Seat Technician, Montana AAA
Rebecca Harbage, Air Quality Planner, MT Dept. of Environmental Quality
Rebecca Hargis, Chair, Elevate Montana, Helena Affiliate
Jaymie Hazel, Head Start Manager, Rocky Mountain Development Council
Jess Hegstrom, Suicide Prevention Coordinator, Lewis and Clark Public Health
Sarah Howe-Cobb, Augusta Public Health Nurse, Lewis and Clark Public Health
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Kathy Marks, Operations Director, Rocky Mountain Development Council
Michelle Marshal, Area Director, Center for Mental Health
Kellie McBride, Criminal Justice Director, Lewis and Clark County
Jennifer McBroom, Program Supervisor, Water Quality Protection District
Leanne McMahon, Clinic Manager, Helena OB/GYN
Sue Meardon, Care Management, St. Peter's Health
Eric Merchant, Disease Control Administrator, Lewis and Clark Public Health
Jenna Moore, Maternal Mental Health, Helena OB/GYN
Kathy Moore, Environmental Services Administrator, Lewis and Clark Public Health
Alison Munson, Director, United Way of the Lewis and Clark Area
Drenda Niemann, Health Officer, Lewis and Clark Public Health
Brie Oliver, Director, Healthy Mothers Healthy Babies
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Jill-Marie Steeley, Director, PureView Health Center
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