**Lewis and Clark Community Health Improvement Plan**

**Meeting 3-May 10th, 2022**

*In attendance*

Sydney Blair, Center for Mental Health

Bruce Tyler. St. Peter's Health

Laurel Riek, Lewis & Clark Public Health

A.C. Rothenbuecher, Community Health Promotion Division Administrator, LCPH

Emily Burton, RN Account Manager - Mountain-Pacific Quality Health

Andy Hunthausen Lewis and Clark County Commission

Mary Sparks Home Visiting Supervisor LCPH

Sarah Sandau, Prevention Programs Supervisor at Lewis and Clark Public Health

Kayla Morris, St. Peter's Health

Jess Hegstrom, Suicide Prevention, LCPH

Melissa Baker, Lewis and Clark Public Health, Cancer Screening

Lois Fitzpatrick, ACS CAN

Jennifer Whitfield, LCPC, Chief Clinical Officer, Center for Mental Health

Chloe Lundquist. SNAP-Ed Instructor. MSU Extension.

Jolene Jennings, LCPH Behavioral Health Systems

Jackie Girard, HUD

Ron Wiens - Shodair

Julie Bir, CONNECT Coordinator, Lewis and Clark Public Health

Jeff Buscher - Community Impact Coordinator, United Way of Lewis & Clark Area.

Kara Snyder, City of Helena, Housing Coordinator

Lisa Lee, Montana No Kid Hungry & Kids Nutrition Coalition

Jennifer McBroom Water Quality Protection District

Kim Dale, Program Operations Director, Helena Food Share

Heather Hundtoft, Clinical Director of Addiction Services, Boyd Andrew Community Services

Bray Holmes, Zero to Five Community Coordinator with St. Peters Health

Nik Griffith, Strategy Manager, PureView Health Center

Kathy Moore, Environmental Division Administrator, LCPH

Cassie Drynan, Rocky Head Start and Senior Nutrition and Kids Nutrition Coalition

Haylie Wisemiller, Population Health & Community Education Specialist with St. Peter's Health

Kellie McBride, Lewis and Clark County Department of Criminal Justice Services

**Priority Area | Chronic Disease**

**Metrics**

1. Asthma hospital admissions and emergency room visits, age adjusted rates
2. Cancer incidence and mortality for female breast and colorectal cancers, age adjusted rates
3. Cardiovascular disease mortality by race, age adjusted rates

**Overall goal:** Design culturally responsive policies, systems and environments in Lewis and Clark County for making the healthy choice accessible and affordable choice so that all community members can thrive in a culture that sustains health and prevents chronic disease.

**Focus area 1 | Support the development of a healthy, accessible, and affordable food system**

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| **Strategy** | **Lead** | **Timeframe** |
| Increase nutrition security for school aged kids and families | District Wellness Committee  Kids Nutrition Coalition  Harvest of the Month | Ongoing |
| Support and expand the partnership for senior meals (for example the commodities program, Meals on Wheels, Congregate Meals, Community Gardens, senior farmers market vouchers, etc.) | Aging Well Workgroup | Ongoing |
| Creating culturally competent campaigns to increase food knowledge (healthy nutrition and food safety) and skills. A focus on working with lived experts, community experts, and gathering feedback in those specific communities. | Healthy Communities Coalition  Kids Nutrition Coalition  Environment Health Specialists | Ongoing |
| Promote the importance of local foods through new partnerships, education, and access. | Harvest of the Month  Helena Community Gardens  Carroll College  Aero  MSU Extensions  Farmers Market Boards  Sleeping Giant Citizens Council  Farmer Groups? | Ongoing |

**Focus area 2 | Ensure that every Lewis and Clark resident can access and engage in physical activity**

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| **Strategy** | **Lead** | **Timeframe** |
| Collaborate and coordinate county wide physical activity initiatives and culturally competent campaigns. Working with lived experts and gathering feedback in those specific communities. | Healthy Communities Coalition | Ongoing |
| Improve active transportation through increasing safe routes and trails | Helena Non-Motorized Travel Advisory Council  County School PTAs?  Law Enforcement?  Augusta/Lincoln/Wolf Creek Schools? School Boards?  Lincoln walkability/downtown group?  District Wellness Committee | Ongoing |
| Support and coordinate locally generated fall prevention efforts | Aging Well Workgroup | Ongoing |

**Focus area 3 | Support and sustain chronic disease efforts with effective partnerships, evidence based training, and robust data collection and evaluation**

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| **Strategy** | **Lead** | **Timeframe** |
| Create a dashboard to track chronic disease measurables. Look at common metrics amongst programs and surveys. | LCPH | Year One, then updated annually |
| Analyze, educate, and train healthcare providers for needs of specific populations (LGBTQI+, American Indian, People living with disabilities, Low income, seniors, etc.) | Healthy Communities Coalition | Ongoing |
| Assist in chronic disease asset mapping efforts and looking at the SDOH factors that go into the different sections. Help search for fund development that assists with these efforts. | Healthy Communities Coalition | Ongoing |
| Develop and implement a Clean Room Campaign | Healthy Communities Coalition | Year One developed,  Year two implemented and evaluated |

**Priority Area | Behavioral Health**

**Metrics**

1. Suicide mortality, age adjusted rate
2. Binge drinking among adults aged 18 years and older, percent
3. Tobacco use among adults aged 18 years and older, age adjusted rate
4. Depressive disorders among adolescents and adults aged 18 and older, percent
5. Marijuana, alcohol, vapor products, or any illegal drug use among adolescents and adults aged 18 and older, percent

**Overall goal**

Create an environment inLewis and Clark County in which the mental wellness of every resident is supported and all are empowered to live free from substance misuse or abuse.

**Focus area 1** | Build and sustain a robust and evidence-based mental health promotion and substance use prevention culture

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| **Strategy** | **Lead** | **Timeframe** |
| Prevention-  Suicide Prevention and mental health training  Adult  Youth | LCPH Suicide Prevention Program  NAMI Helena/ NAMI MT  School districts (SOS, QPR, YAM) | Ongoing |
| Intervention/Postvention-LOSS Team | Jess Hegstrom, LCPH | Ongoing |
| Early prevention: Alcohol, Vaping and Drug Abuse Awareness and Education  (13 – 17 years old) | -Taylore Dinsdale – LC Detention Center Education & transition coordinator LCPH  -Schools - Red Ribbon Week  Prevention specialists (Zach Coe & partner)  -HIA – Jason McNees (Naxolone training)  -SPH- youth cessation TBD  Carroll College – Healthy Colleges Montana, Halos and Heart (Kelly Parsley) |  |
| Mental Health and Substance Abuse Assessment: Primary, Behavioral Health and/or Specialty Care Providers | Schools – opt out for mental health screeners at all districts  Screening at all medical facilities |  |
| Digital resources and accurate information easily accessible by youth, with pushes on prevention messaging; use of platforms they access already (tik tok, snap chat) | OPI - Let’s Talk App |  |

**Focus area 2 |** Build and sustain the continuum of behavioral health care across the lifespan

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| **Strategy** | **Lead** | **Timeframe** |
| New Crisis Facility with 24/7 no wrong door access for Mental Health and Substance Abuse services at Journey Home location. | Jolene Jennings  BHSI Leadership Team | FY23 |
| Funding for:   * Awareness * Advocacy – advocating as community for $ for treatment services * Education * addiction treatment services * Mental health services | LAC  Montana Healthcare Foundation  Awareness Network  Behavioral Health Alliance of MT  NAMI MT  Community Corrections Coalition |  |
| Workforce Development through Partnerships and Education  (What specs for Workforce? Existing and New)  Recruit (low funding for rates need to be addressed) – legislative advocacy, DLI?  ---  Retain & educate on trauma informed care/ resiliency; support – bh providers, school counselors, teachers | Helena and Carroll College, BH Provider(s), High Schools and Workforce Development Organization *(Chamber of Commerce, other?) LCPH Suicide Prevention Program*  *MT Hospital Association (MHA), MSU Extension*  *MT school counselor assoc. Renee Schoeing* |  |
| Suicide Safer Care Tools (Zero Suicide – tools to get suicidal patients care they need) | LCPH Suicide prevention  DPHHS/ BHDD  HIA  Sph? Tentatively  Pureview – Tentatively  Benefis - TBD | Ongoing |
| MT211/Bright App/CONNECT REFERRAL 988 Suicide Prevention and Mental Health Crisis Lifeline Awareness, Promotion and Education and Reporting. ? where belongs | LAC wkgrp 2/ LCPH/ United Way  Boyd Andrew |  |
| Early intervention for risky behaviors with youth | Shodair – outpatient for co-occurring substance use disorders  Schools |  |

**Focus area 3 |** Support behavioral health efforts through effective partnerships, evidence based training, and robust data collection and evaluation

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| **Strategy** | **Lead** | **Timeframe** |
| Community Champions – who can expand the message to the general community? | Pureview providers (Dr. Turner)  Hometown Helena  Chamber |  |
| Workforce Development through Partnerships and Education | Helena and Carroll College, BH Provider(s), High Schools and Workforce Development Organization *(Chamber of Commerce, other?) Career Training Institute*  *Elevate MT – ACEs/ trauma-informed* |  |
| Data Dashboard including FUSE   * Focus on 18 – 24 y.o. transitional age youth | SPH  United Way of LCC  Shodair  LAC  CJS |  |
| 988 Suicide Prevention and Mental Health Crisis Lifeline Awareness, Promotion and Education and Reporting. | LCPH  988 Call Center (Voices of Hope  United Way of LCC  911 Dispatch  MCRT  Montana Telecommunications Association – Geoff Feiss |  |
| Exploration of Psychological Autopsy – Suicide Mortality Review and Partnerships | Coroner  LCSPC/ LCPH Suicide prevention  LOSS Team  MTVDRS | 1st year |

**Additional questions to consider**

1. Where do we need strategies that build capacity?
   1. Data gathering
   2. Fundraising
   3. Partnerships – increasing access points to care (bright app/211/CONNECT/ 988)
   4. Research on best practices
   5. Workforce Development – recruitment and retention – funding for providers
   6. Transitional housing for people experiencing SMI
   7. Similar access for rural communities – Augusta, Lincoln – etc. Add in drop-boxes, MSU extension to connect people how are we using extension and sheriff’s office.
2. What lifespan issues should be considered and addressed in the CHIP?
   1. Early childhood – promotion of Seven Generations/ Circle of Security/ screening of ACE scores for pediatric offices (explore with partners in pediatrics), evidence-based home visiting
   2. Youth – transitional age youth (18 – 24 years old)
   3. Seniors – more support for senior adults – education for caregivers and seniors, screening, AARP, opportunities for connection
3. Are there any other vulnerable populations that need to be considered?
4. Lgbtq
5. BiPOC
6. Have you incorporated the social determinants of health?
   1. Education access and quality
   2. Healthcare access and quality?
   3. Economic stability
   4. Social and community context
   5. Neighborhood and build environment

**Priority Area | Housing**

**Metrics**

1. Income spent on rent/mortgage, percent - in relation to home values
2. Quality of rental / housing stock – HUD Standards – lead free etc.
3. Number of bed/units available across the housing continuum (emergency shelter, transitional housing, permanent supportive housing, affordable housing etc.)

**Overall goal**

*To provide opportunities for residents of Lewis and Clark County access to safe and affordable housing.*

**Focus area 1 |** Build a robust, sustainable, continuum of care that has the capacity to offer a variety of housing to persons at risk or are experiencing homelessness.

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| **Strategy** | **Lead** | **Timeframe** |
| Create an office/position to lead effort - HF | United Way | Begin work now |
| Maintain an accurate inventory of housing | Helena Housing Network | As group forms |
| Organize teams that deal with diff. issues | UW / HHN | Initial Work 11/22 |

**Focus area 2 |** Ensure that unsheltered or at-risk individuals with behavioral health concerns are provided safe housing and the services needed to move toward permanent housing.

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| **Strategy** | **Lead** | **Timeframe** |
| Secure lodging for FUSE Clients | SPH | Current / Ongoing |
| Increase lodging for Demographic | HHN | 3 years |
| Identify Key Social Determinants of Health | SPH / PV / Benefis / UC | 1st Year |
| Inventory Case Mang. to meet needs | Housing First / HHN | 1st year |

**Focus area 3 |** Support all housing efforts through effective partnerships, evidence-based training, and robust data collection and evaluation.

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| **Strategy** | **Lead** | **Timeframe** |
| Recruit/identify staff to do the work | HHN | 1st Year |
| Determine what data we need to collect | HHN | 1st year |
| On-going training across relevant topics | CoC / HUD | 3 Years |

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