

# IMPLEMENTATION PLAN

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*Addressing Community Health Needs*

***Barrett Hospital & HealthCare ~ Dillon, Montana***

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### The Implementation Planning Process

The implementation planning committee – comprised of Barrett Hospital & HealthCare’s leadership team– participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the

Community Health Services Development (CHSD) needs assessment process. The facility conducted the CHSD process in conjunction with the Montana Office of Rural Health (MORH).

The CHSD community health needs assessment was performed in the Winter of 2017 to determine the most important health needs and opportunities for Beaverhead County, Montana. “Needs” were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups (see page 10 for a list of “Needs Identified and Prioritized”). For more information regarding the needs identified, as well as the assessment process/approach/methodology, please refer to the facility’s assessment report, which is posted on the facility’s website (<https://www.barrethospital.org/>)

Barrett Hospital & HealthCare’s Community Steering Committee identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise (see page 9) for additional information regarding input received from community representatives).

The implementation planning committee determined which needs or opportunities could be addressed considering Barrett Hospital & HealthCare’s parameters of resources and limitations. The committee then prioritized the needs/opportunities using the additional parameters of the organizational vision, mission, and values, as well as existing and potential community partners. Participants then created a goal to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e. staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures).

The prioritized health needs as determined through the assessment process and which the facility will be addressing relates to the following healthcare issues:

1. Awareness, outreach and education
2. Health, wellness and promoting healthy lifestyles
3. Drug and alcohol abuse
4. Mental health and suicide

In addressing the aforementioned issues, Barrett Hospital & HealthCare seeks to:

- a) Improve access to healthcare and wellness services;
- b) Enhance the health of the community;

- c) Advance medical or health knowledge

**Barrett Hospital & HealthCare's Mission:**

Barrett Hospital & HealthCare provides compassionate care, healing, and health-improving service to all community members throughout life's journey.

**Barrett Hospital & HealthCare's Vision:**

To be the model in rural healthcare delivery for the United States in all facets of primary health services.

**Barrett Hospital & HealthCare's Values:**

We value and make a personal commitment to "I CARE"

by demonstrating...

"I" = Integrity: honesty and commitment to agreements made and/or with standards required.

"C" = Compassion: empathy and understanding of the problems of others, with a desire to show mercy and give assistance.

"A" = Adaptability: the ability to positively adjust actions and positions held in response to changing conditions.

"R" = Respect: appreciation and consideration of others.

"E" = Excellence: commitment to working and acting exceptionally well, individually and with other

**Implementation Planning Committee Members:**

- Ken Westman – CEO, Barrett Hospital & HealthCare (BHH)
- Carol Kennedy – CCO, BHH
- Ben Power – Quality Coordinator, BHH
- Tina Giem – Controller, BHH
- Danna Harrison – Perioperative Manager, BHH
- Geoff Roach/ Kit Davis – Human Resources Director, BHH
- Mo Greenberg – PT, DPT, OCS, CSCS, Rehab Services Manager, BHH
- Maria Koslosky – Quality/Risk/Compliance Officer, BHH
- Matt Bowman, Pharmacy Director, BHH
- Sue Hansen - Director, Beaverhead Co. Public Health Department
- Cynthia White – Director of Provider Services, BHH
- Dick Achter – CFO, BHH

## Prioritizing the Community Health Needs

The implementation planning committee completed the following to prioritize the community health needs:

- Reviewed the facility's presence in the community (i.e. activities already being done to address community need)
- Considered organizations outside of the facility which may serve as collaborators in executing the facility's implementation plan
- Assessed the health indicators of the community through available secondary data
- Evaluated the feedback received from consultations with those representing the community's interests, including public health

## Barrett Hospital & HealthCare's Existing Presence in the Community

- Supports the new "Trails Rx Program" that includes distance markers on paths so physicians can write prescriptions for walking and maintains a walking trail year-round on the hospital campus as well as a connecting trail on the clinic campus.
- Partners with the biannual health fair held in the spring and provides lab screenings once a year in Dillon and surrounding communities.
- Supports the annual American Cancer Society's "Relay for Life" event in Dillon.
- Provides physical therapy presence at the YMCA.
- Performs health screenings for Barrett Minerals and Vigilante Electric, large local employers.
- Hosts booth at annual Expo in Dillon.
- Sponsors local cancer support community, hospice volunteer training, and provides several medical/nursing scholarships.
- Partners with local high school to provide athletic training services
- Provides emergency services to the MT Youth Challenge program
- Provides prenatal classes for soon-to-be parents.
- Provides smoking cessation for any interested community member.
- Free annual sports physicals for BCHS with donations collected for Beaver Booster Club.

## List of Available Community Partnerships and Facility Resources to Address Needs

- Assisted Living facilities
  - o Renaissance
  - o Legacy
- Long Term Care Facilities
  - o Parkview Acres
  - o Tobacco Root Mountain Care Center

- Mental Health/ Disability Services
  - o BSW, Inc. Dillon Division
  - o Mental Health Local Advisory Council
  - o Crisis Response Team of Western Montana Mental Health
  - o Western Montana Mental Health
  - o Local LCPC and LCSW providers
  - o Southwest Chemical Dependency Program
  - o Dillon Alano Club
  - o Alta Care
  - o Yellowstone Boys and Girls Ranch
  - o Youth Dynamics
  - o AWARE Inc.
- Affiliations for training future healthcare providers
  - o Medical, physician assistant, and nursing schools, schools of pharmacy and physical therapy, schools that train radiology and lab techs, and residency programs.
- Beaverhead County Public Health
  - o Beaverhead Family Planning Clinic
- Southwest Montana Community Health Center
- Montana Migrant & Seasonal Farmworkers Council
- New Hope Pregnancy Support Center of Dillon
- Dillon Medical Supply
- Dillon city government
- Beaverhead County government
- DPHHS - Field Office of Public Assistance
- Adult Protective Services
- Child Protective Services
- Beaverhead DUI Task Force
- Montana Be the Change Coalition
- Local optometrists and dentists
- Local pharmacies
- Beaverhead Trails Coalition
- Safe Routes to School Program/ Walking School Bus Program

- Beaverhead Senior Citizens
- Veteran Services including Beaverhead American Legion, Beaverhead White Hat Coalition, Joining Community Forces, Patriot Guard Riders of Montana, Veterans & Military Exchange, and VFW Post 9040.
- Beaverhead Emergency Medical Services
- Women's Resource/ Community Support Center
- Beaverhead County Disaster & Emergency Services/ Local Emergency Planning Committee (LEPC)
- Montana Department of Public Health & Human Services (MT DPHHS)
- Montana Office of Rural Health/Area Health Education Center (MORH/AHEC)
- Providence Health & Services Community Connect EMR
- Southwestern Montana Family YMCA
- The Montana Rural Healthcare Performance Improvement Network
- Mountain Pacific Quality Health CMS QIO Contractor
- The MHA Hospital Improvement Innovation Network (HIIN)
- The Montana Hospital Association (MHA)
- HealthTechS3 Management Company
- National Rural Accountable Care Organization (NRACO)

## Beaverhead County Indicators

### Low Income Persons

- 17.1% of persons are below the federal poverty level

### Uninsured Persons

- 19% of adults less than age 65 are uninsured
- Data is not available by county for uninsured children less than age 18

### Leading Causes of Death: Primary and Chronic Diseases

- Heart Disease
- Cancer
- Chronic Lower Respiratory Disease (CLRD)

\* Note: Other primary and chronic disease data is by region and thus difficult to decipher community need.

### Elderly Populations

- 20.6% of Beaverhead County's Population is 65 years and older

### Size of County and Remoteness

- 9,345 people in Beaverhead County
- 1.7 people per square mile

### Nearest Major Hospital

- St. James Hospital in Butte, MT is 64.4 miles from Barrett Hospital & HealthCare.



## Public Health and Underserved Populations Consultation Summaries

Public Health Consultation [ Jenny Given – LCSW - November 08, 2016; Sue Hansen – Director, Beaverhead Co. Public Health Department – December 05, 2016]

- I feel the depression question might be confusing. I will do some research on finding a better way to ask about depression in our community.
- In our needs assessment, we found that there is a need for more access to walking and biking trails. The community needs more opportunities for physical activity. We have several community groups that are working towards this.
- Mental health is a huge issue. We have a lack of services. We have a high suicide rate and high depression rates.

Population – Low-Income, Underinsured [Maria Koslosky & Victoria Tomaryn, BHH – November 08, 2016; Sue Hansen – Director, Beaverhead Co. Public Health Department – December 05, 2016]

- People Affordability and lower cost of care could be included in options that would improve our communities access to healthcare
- Is there a patient advocate? -There isn't anyone with the specific title of Patient Advocate but many people in the hospital do this informally
- Affordable healthcare is an issue and I mean the whole gamut... Mental health, dental, medical all of it.

Population – Senior Citizens [ Dr. Sandra McIntyre, BHH – November 08, 2016]

- Many people don't want to go to an Alzheimer's class but they might go to a support group.
- Home health checks are available for seniors.

Population – Youth [Maria Koslosky & Victoria Tomaryn, BHH – November 08, 2016; Sue Hansen – Director, Beaverhead Co. Public Health Department – December 05, 2016]

- We could use more youth psychiatry

## Needs Identified and Prioritized

### *Prioritized Needs to Address*

1. 20.4% of respondents rated their knowledge of health services available at Barrett Hospital & HealthCare as “Fair” or “Poor.”
2. 42.2% of respondents indicated that they are unaware (selected ‘no’ or ‘not sure’) of programs that help people pay for healthcare bills.
3. Focus group participants were concerned about the billing process and the lack of communication from the billing office.
4. 48.3% of respondents rated the general health of the community as “Somewhat healthy”, “Unhealthy”, or “Very unhealthy.”
5. Top components of a healthy community: Access to healthcare and other services (50.4%); good jobs and a healthy economy (46%); healthy behaviors and lifestyles (46%).
6. In focus groups, community members indicated a need for more opportunities to exercise.
7. Top health concerns for the community: Alcohol/substance abuse (58.3%) and overweight/obesity (33.1%)
8. Respondents indicated they were most interested in the following classes/programs if made available locally: Fitness (32.4%), health and wellness (28.1%) and chronic pain management (23.7%).
9. Focus group participants indicated a need for more preventative community programs focused on outreach, education, and health promotion.
10. Focus group participants indicated that alcohol and substance abuse is a serious health issue in the community.
11. 25.1% of respondents indicated they have only had physical activity of at least 20 minutes between 0 and 5 times over the past month.
12. 12% of respondents indicated they experienced periods of depression.
13. Top ways to improve the community’s access to healthcare: Lower cost of care (77%) and more specialists (36.7%).
14. Focus group participants indicated a need for more mental and behavioral health services.
15. Significantly more respondents cited suicide as a serious health concern for the community than in 2014.

*Needs Unable to Address*

*(See page 30 for additional information)*

1. Survey respondents indicated that they would use the following services if available locally: dermatology (30.9%), ENT (ear/nose/throat) (22.3%) and senior well checks/ community paramedicine/ home health (21.6%).
2. 28.9% of respondents indicated they did not get or had to delay getting needed healthcare services. Top reasons for delaying or not receiving needed healthcare services were: It cost too much (62.2%), my insurance didn't cover it (40.5%) and too long to wait for an appointment (24.3%).
3. Cancer was selected as a top health concern by 38.1% of respondents.
4. 21.6% of respondents selected "Outpatient services expanded hours" as a way to improve their community's access to healthcare.

## Executive Summary

The following summary briefly represents the goals and corresponding strategies and activities which the facility will execute to address the prioritized health needs (from page 3). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section.

**Goal 1:** Improve awareness of services and practices at BHH.

**Strategy 1.1:** Improve community perception and understanding of hospital billing processes.

**Activities:**

- Explore offering educational programs for community members regarding hospital's billing process.
- Advertise financial counseling services to community.
- Improve BHH staff and provider knowledge of billing process to better communicate billing process to patients.

**Strategy 1.2:** Help patients better maximize and understand their medical benefits.

**Activities:**

- Explore offering community education on medical benefits including private insurance, Medicare and Medicaid.
- Collaborate with insurance companies to explore offering pre-authorization of services education for the community. If feasible, develop new pre-authorization education protocol for BHH patients.

**Strategy 1.3:** Strengthen advertising and outreach efforts at BHH.

**Activities:**

- Evaluate current BHH website effectiveness and user- friendliness; prioritize and implement changes as indicated.
- Add calendar of events and schedules of visiting specialist to website, BHH social media sites and Internal Newsletter.
- Evaluate BHH marketing plan and revise as needed.
- Share results of Community Health Needs Assessment and BHH Implementation Plan with community members via social media, website and/or other media.

**Goal 2:** Promote health, wellness and healthy lifestyles in Beaverhead County.

**Strategy 2.1:** Enhance BHH’s presence in the community as a leader in health and wellness programs/initiatives.

**Activities:**

- Continue to offer/promote BHH community health and wellness programs: The Health Improvement Program (HIP), free sports physicals for students, Trails RX, diabetes education classes, worksite wellness program for BHH employees, South West Montana Mammography Program, child birth classes, lactation education, health fair, lab screenings, car seat safety, trauma prevention education, cancer support group, cardiac and pulmonary rehab programs, etc.

**Strategy 2.2:** Improve community awareness of existing health and wellness resources in the community.

**Activities:**

- Develop strategy for disseminating and advertising community resource list
- Partner with Public Health to hold meetings of community health and wellness stakeholders to update resources and continue community-wide discussion on health and wellness.

**Strategy 2.3:** Explore expanding BHH worksite wellness program to include local employers/ community members.

**Activities:**

- Evaluate EEOC “wellness” requirements for employers.
- Quantify BHH wellness services that could feasibly be offered to local employers/businesses and community members.
- Determine local employer/ community interest in participating in BHH wellness services.

**Goal 3:** Decrease alcohol and drug abuse in Beaverhead County by enhancing preventative strategies and programs.

**Strategy 3.1:** Support alcohol and drug abuse prevention programs for youth in Beaverhead County.

**Activities:**

- Support Public Health's efforts to explore partnering with schools and SWCDP Prevention Specialist Lead to restart a 'DARE' like program in the schools.
- Support the continuation of the ACES program in Beaverhead County.
- Advertise available alcohol and drug abuse prevention programs as identified.

**Strategy 3.2:** Improve BHH chronic pain management strategies and community awareness of chronic pain services.

**Activities:**

- Explore strategies for offering Chronic Pain Management education for community members and providers and implement if feasible.
- Explore strategies for assessing likelihood of addiction with emergency department patients.
- Consider providing on-call physical therapist screening of injuries for emergency department visits.

**Goal 4:** Improve access to mental health services and suicide prevention resources in Beaverhead county.

**Strategy 4.1:** Address cost as a barrier for community members seeking out mental health services.

**Activities:**

- Explore ways to collaborate with local mental health providers.
- Explore feasibility of alternative delivery models for behavioral health services.
- Continue to advocate for patients by addressing cost as a barrier to seeking mental health services through legislative contacts.

**Strategy 4.2:** Collaborate with local community organizations on addressing mental health issues.

**Activities:**

- Continue BHH participation in Mental Health Local Advisory Council and partnership in Mental Health Summit action committees.
- Continue supporting Mental Health First Aid and Suicide Prevention classes through in kind services such as meeting room space, advertisement, etc. and advocate for training of local school teachers/ educators and church pastors and support staff.
- Include mental health screening in annual free sports physicals for local schools.
- Host periodic meetings to foster positive relationships and continuity of care between hospital providers and school counselors.
- Continue to support the AHEC Heads Up Camp mental health career awareness for high school students.
- Support the continuation of the ACES program in Beaverhead County.

**Strategy 4.3:** Improve access to mental health services at BHH.

**Activities:**

- Explore expanding tele-psychiatry services including greater access to child psychiatry (finding more providers and expanding hours)
- Continue to offer integrated behavioral health services at BHH and monitor/ improve contracted Western Montana Mental Health Crisis Response Team services.

### Implementation Plan Grid

<b>Goal 1:</b> Improve awareness of services and practices at BHH.					
<b>Strategy 1.1:</b> Improve community perception and understanding of hospital billing processes.					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore offering educational programs for community members regarding hospital’s billing process.	CFO PFS Managers	06/2018	LC & BoD	Marketing Manager	Resource limitations Lack of community participation
Advertise financial counseling services to community.	CFO PFS Managers	06/2018	LC & BoD	Marketing Manager	Financial limitations, Resource limitations
Improve BHH staff and provider knowledge of billing process to better communicate billing process to patients	CFO PFS Managers	06/2018	LC & BoD	Department Managers Physician Leads	Resource limitations Lack of staff/ provider engagement
<p><b>Needs Being Addressed by this Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ #1: 20.4% of respondents rated their knowledge of health services available at Barrett Hospital &amp; HealthCare as “Fair” or “Poor.”</li> <li>▪ #2: 42.2% of respondents indicated that they unaware (selected ‘no’ or ‘not sure’) of programs that help people pay for healthcare bills.</li> <li>▪ #3: Focus group participants were concerned about the billing process and the lack of communication from the billing office.</li> <li>▪ #13: Top ways to improve the community’s access to healthcare: Lower cost of care (77%) and more specialists (36.7%).</li> </ul>					
<p><b>Anticipated Impact(s) of these Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Improved access to care</li> <li>▪ Increased awareness of services</li> <li>▪ Increased utilization of services at BHH</li> <li>▪ Improved community perception of billing office at BHH</li> </ul>					



<p><b>Plan to Evaluate Anticipated Impact(s) of these Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Track number of education/advertising efforts (email, social media, newsletters etc.) regarding financial programs, services and meetings.</li> <li>▪ Conduct satisfaction survey with those patients who have contact with patient financial services.</li> </ul>					
<p><b>Measure of Success:</b>                  Improved patient satisfaction survey scores of patient financial services over baseline conducted in Fall 2017.                  Improved % of CHNA respondents with knowledge of BHH health services &amp; awareness of financial assistance in 2020 CHNA.</p>					
<p><b>Goal 1:</b> Improve awareness of services and practices at BHH.</p>					
<p><b>Strategy 1.2:</b> Help patients better maximize and understand their medical benefits.</p>					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore offering community education on medical benefits including private insurance, Medicare and Medicaid.	CFO PFS Managers	06/2019	LC & BoD	Commercial Insurers Medicaid Office NRACO Clinic Care Coordinator	Financial limitations, Resource limitations, Scheduling conflicts Lack of cooperation from partners
Collaborate with insurance companies to explore offering pre-authorization of services education for the community. If feasible, develop new pre-authorization education protocol for BHH patients.	CFO PFS Managers	06/2019	LC & BoD	Commercial Insurers Department Managers	Financial limitations, Resource limitations Scheduling conflicts Lack of cooperation from partners

**Needs Being Addressed by this Strategy:**

- #1: 20.4% of respondents rated their knowledge of health services available at Barrett Hospital & HealthCare as “Fair” or “Poor.”
- #2: 42.2% of respondents indicated that they unaware (selected ‘no’ or ‘not sure’) of programs that help people pay for healthcare bills.
- #3: Focus group participants were concerned about the billing process and the lack of communication from the billing office.
- #13: Top ways to improve the community’s access to healthcare: Lower cost of care (77%) and more specialists (36.7%).

**Anticipated Impact(s) of these Activities:**

- Increased knowledge of medical benefits
- Improved access to care
- Increased awareness of services
- Increased utilization of services at BHH
- Improved health outcomes

**Plan to Evaluate Anticipated Impact(s) of these Activities:**

- Track number of educational offerings
- Track patient complaints regarding pre-authorization issues

**Measure of Success:**

Decreased number of negative comments regarding billing process in 2020 CHNA focus groups.

**Goal 1:** Improve awareness of services and practices at BHH.

**Strategy 1.3:** Strengthen advertising and outreach efforts at BHH.

Activities	Responsibility	Timelin e	Final Approval	Partners	Potential Barriers
Evaluate current BHH website effectiveness and user-friendliness and prioritize and implement changes as indicated.	CEO Marketing Mngr	06/2018	LC & BoD	Website Vendor Legato	Financial limitations, Resource limitations

Add calendar of events and schedules of visiting specialist to website, BHH social media sites and the internal newsletter.	DoPS Marketing Mngr	06/2018	LC & BoD	Website vendor	Resource limitations
Evaluate BHH marketing plan and revise as needed.	CEO Marketing Mngr	06/2018	LC & BoD	Legato	Resource limitations Financial Limitations
Share results of Community Health Needs Assessment and BHH Implementation Plan with community members via social media, website and/or other media.	Q-RD/C-PO Marketing Mngr	09/2017	LC & BoD	Website vendor	Resource limitations
<p><b>Needs Being Addressed by this Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ #1: 20.4% of respondents rated their knowledge of health services available at Barrett Hospital &amp; HealthCare as “Fair” or “Poor.”</li> <li>▪ #4: 48.3% of respondents rated the general health of the community as “Somewhat healthy”, “Unhealthy”, or “Very unhealthy.”</li> <li>▪ #5: Top components of a healthy community: Access to healthcare and other services (50.4%); good jobs and a healthy economy (46%); healthy behaviors and lifestyles (46%).</li> <li>▪ #13: Top ways to improve the community’s access to healthcare: Lower cost of care (77%) and more specialists (36.7%).</li> </ul>					
<p><b>Anticipated Impact(s) of these Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Increased awareness of services</li> <li>▪ Improved access to care</li> <li>▪ Increased participation in preventative health resources</li> <li>▪ Increased community engagement</li> <li>▪ Improved health outcomes.</li> </ul>					
<p><b>Plan to Evaluate Anticipated Impact(s) of these Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Track website and social media traffic</li> <li>▪ Track BHH and visiting specialist volumes</li> </ul>					
<p><b>Measure of Success:</b> Increased utilization of BHH and visiting specialist services and lower % of CHNA respondents requesting more specialists.</p>					

<b>Goal 2:</b> Promote health, wellness and healthy lifestyles in Beaverhead County.					
<b>Strategy 2.1:</b> Enhance BHH's presence in the community as a leader in health and wellness programs/initiatives.					
<b>Activities</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Final Approval</b>	<b>Partners</b>	<b>Potential Barriers</b>
Continue to offer/promote BHH health and wellness programs: The Health Improvement Program (HIP), free sports physicals for students, Trails RX, diabetes education classes, worksite wellness program for BHH employees, South West Montana Mammography Program, child birth classes, lactation education, health fair, lab screenings, car seat safety, trauma prevention education, cancer support group, cardiac and pulmonary rehab programs, disease state management clinics, chronic care management, transitional care management, etc.	CCO Marketing Manager	06/2020	LC & BoD	Dept Mgrs & Program Staff Providers Clinic Care Coordinator NRACO	Financial limitations, Resource limitations

**Needs Being Addressed by this Strategy:**

- #1: 20.4% of respondents rated their knowledge of health services available at Barrett Hospital & HealthCare as “Fair” or “Poor.”
- #4: 48.3% of respondents rated the general health of the community as “Somewhat healthy”, “Unhealthy”, or “Very unhealthy.”
- #5: Top components of a healthy community: Access to healthcare and other services (50.4%); good jobs and a healthy economy (46%); healthy behaviors and lifestyles (46%).
- #6: In focus groups, community members indicated a need for more opportunities to exercise.
- #7: Top health concerns for the community: Alcohol/substance abuse (58.3%) and overweight/obesity (33.1%)
- #8: Respondents indicated they were most interested in the following classes/programs if made available locally: Fitness (32.4%), health and wellness (28.1%) and chronic pain management (23.7%).
- #9: Focus group participants indicated a need for more preventative community programs focused on outreach, education, and health promotion.
- #11: 25.1% of respondents indicated they have only had physical activity of at least 20 minutes between 0 and 5 times over the past month.

**Anticipated Impact(s) of these Activities:**

- Increased access to health and wellness services.
- Increased awareness of local health and wellness services.
- Improved access to prevention services.
- Improved health outcomes.

**Plan to Evaluate Anticipated Impact(s) of these Activities:**

- Track number of health and wellness events/programs/classes held or sponsored by BHH annually.
- Track number of participants at health and wellness events/programs/classes/appointments.

**Measure of Success:**

Decreased % of 2020 CHNA respondents rating the general health of the community as “unhealthy” or “very unhealthy”.

<b>Goal 2:</b> Promote health, wellness and healthy lifestyles in Beaverhead County.					
<b>Strategy 2.2:</b> Improve community awareness of existing health and wellness resources in the community.					
<b>Activities</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Final Approval</b>	<b>Partners</b>	<b>Potential Barriers</b>
Develop strategy for disseminating and advertising the current community resource list after updating with BHH health and wellness resources	Q-RD/C-PO Marketing Mgr	06/2018	LC & BoD	Public Health	Financial limitations, Resource limitations
Partner with Public Health to hold meetings of community health and wellness stakeholders to update resources and continue community-wide discussion on health and wellness.	Q-RD/C-PO Marketing Mgr	06/2019	LC & BoD	Public Health Community Stakeholders	Resource limitations, Scheduling conflicts
<b>Needs Being Addressed by this Strategy:</b>					
<ul style="list-style-type: none"> <li>▪ #1: 20.4% of respondents rated their knowledge of health services available at Barrett Hospital &amp; HealthCare as “Fair” or “Poor.”</li> <li>▪ #4: 48.3% of respondents rated the general health of the community as “Somewhat healthy”, “Unhealthy”, or “Very unhealthy.”</li> <li>▪ #5: Top components of a healthy community: Access to healthcare and other services (50.4%); good jobs and a healthy economy (46%); healthy behaviors and lifestyles (46%).</li> <li>▪ #6: In focus groups, community members indicated a need for more opportunities to exercise.</li> <li>▪ #7: Top health concerns for the community: Alcohol/substance abuse (58.3%) and overweight/obesity (33.1%)</li> <li>▪ #8: Respondents indicated they were most interested in the following classes/programs if made available locally: Fitness (32.4%), health and wellness (28.1%) and chronic pain management (23.7%).</li> <li>▪ #9: Focus group participants indicated a need for more preventative community programs focused on outreach, education, and health promotion.</li> </ul>					

<p><b>Anticipated Impact(s) of these Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Increased access to health and wellness services.</li> <li>▪ Increased awareness of local health and wellness services.</li> <li>▪ Improved access to prevention services.</li> <li>▪ Improved health outcomes.</li> </ul>					
<p><b>Plan to Evaluate Anticipated Impact(s) of these Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Track BHH website traffic to community resource page.</li> </ul>					
<p><b>Measure of Success:</b> Decreased % of 2020 CHNA respondents rating the general health of the community as “unhealthy” or “very unhealthy”.</p>					
<p><b>Goal 2:</b> Promote health, wellness and healthy lifestyles in Beaverhead County.</p>					
<p><b>Strategy 2.3:</b> Explore expanding BHH worksite wellness program to include local employers/ community members.</p>					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Evaluate EEOC “wellness” requirements for employers	HR Dir	06/2018	LC & BoD	HR external resources	Resource limitations
Quantify BHH wellness services that could feasibly be offered to local employers/ businesses and community members.	HR Dir	06/2019	LC & BoD	CCO DoPS Dept Mrgs & Program Staff	Resource limitations
Determine local employer/ community interest in participating in BHH wellness services.	HR Dir Marketing Mgr	06/2020	LC & BoD	CCO Public Health	Financial limitations, Resource limitations, Scheduling conflicts

**Needs Being Addressed by this Strategy:**

- #1: 20.4% of respondents rated their knowledge of health services available at Barrett Hospital & HealthCare as “Fair” or “Poor.”
- #4: 48.3% of respondents rated the general health of the community as “Somewhat healthy”, “Unhealthy”, or “Very unhealthy.”
- #8: Respondents indicated they were most interested in the following classes/programs if made available locally: Fitness (32.4%), health and wellness (28.1%) and chronic pain management (23.7%).
- #9: Focus group participants indicated a need for more preventative community programs focused on outreach, education, and health promotion.

**Anticipated Impact(s) of these Activities:**

- Improved access to health and wellness.
- Increased knowledge of health and wellness opportunities through BHH wellness programs.
- Improved health outcomes.

**Plan to Evaluate Anticipated Impact(s) of these Activities:**

- Track # of local employers/ community groups contacted regarding wellness participation.

**Measure of Success:**

Additional local employers/ community groups participating in wellness initiatives connected with BHH.



<b>Goal 3:</b> Decrease alcohol and drug abuse in Beaverhead County by enhancing preventative strategies and programs.					
<b>Strategy 3.1:</b> Support alcohol and drug abuse prevention programs for youth in Beaverhead County.					
<b>Activities</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Final Approval</b>	<b>Partners</b>	<b>Potential Barriers</b>
Support Public Health’s efforts to explore partnering with schools and SWCDP Prevention Specialist Lead to restart a ‘DARE’ like program in the schools.	DoPS LCSW	06/2020	LC & BoD	Public Health Local schools	Resource limitations
Support the continuation of the ACES program in Beaverhead County.	DoPS LCSW	06/2020	LC & BoD	ACES program coordinators Local schools	Resource limitations,
Advertise available alcohol and drug abuse prevention programs as identified.	DoPS LCSW Marketing Mgr	062020	LC & BoD	Alcohol & drug abuse prevention program coord.	Resource limitations,
<b>Needs Being Addressed by this Strategy:</b>					
<ul style="list-style-type: none"> <li>▪ #4: 48.3% of respondents rated the general health of the community as “Somewhat healthy”, “Unhealthy”, or “Very unhealthy.”</li> <li>▪ #5: Top components of a healthy community: Access to healthcare and other services (50.4%); good jobs and a healthy economy (46%); healthy behaviors and lifestyles (46%).</li> <li>▪ #7: Top health concerns for the community: Alcohol/substance abuse (58.3%) and overweight/obesity (33.1%)</li> <li>▪ #8: Respondents indicated they were most interested in the following classes/programs if made available locally: Fitness (32.4%), health and wellness (28.1%) and chronic pain management (23.7%).</li> <li>▪ #9: Focus group participants indicated a need for more preventative community programs focused on outreach, education, and health promotion.</li> <li>▪ #10: Focus group participants indicated that alcohol and substance abuse is a serious health issue in the community.</li> <li>▪ #14: Focus group participants indicated a need for more mental and behavioral health services.</li> </ul>					

<p><b>Anticipated Impact(s) of these Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Increased collaboration with community partners.</li> <li>▪ Improved awareness of alcohol and substance abuse resources in the community.</li> </ul>					
<p><b>Plan to Evaluate Anticipated Impact(s) of these Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Track BHH level of support for “DARE” and ACES.</li> </ul>					
<p><b>Measure of Success:</b> Decrease in % of 2020 CHNA respondents identifying alcohol/ substance abuse as top health concern for the community.</p>					
<p><b>Goal 3:</b> Decrease alcohol and drug abuse in Beaverhead County by enhancing preventative strategies and programs.</p>					
<p><b>Strategy 3.2:</b> Improve BHH chronic pain management strategies and community awareness of chronic pain services.</p>					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore strategies for offering Chronic Pain Management education for community members and providers and implement if feasible.	CCO Marketing Mgr	06/2018	LC & BoD	Pain Specialist	Resource limitations, Financial limitations
Explore strategies for assessing likelihood of addiction with emergency department patients.	CCO LCSW	06/2018	LC & BoD	ED Providers & Nurses Rehab Staff Pain Specialist PCPs	Resource limitations
Consider providing on-call physical therapist screening of injuries for emergency department visits.	CEO Rehab Mgr	06/2018	LC & BoD	ED Providers & Nurses Rehab Staff Pain Specialist	Financial limitations, Resource limitations, Scheduling conflicts

**Needs Being Addressed by this Strategy:**

- #4: 48.3% of respondents rated the general health of the community as “Somewhat healthy”, “Unhealthy”, or “Very unhealthy.”
- #5: Top components of a healthy community: Access to healthcare and other services (50.4%); good jobs and a healthy economy (46%); healthy behaviors and lifestyles (46%).
- #7: Top health concerns for the community: Alcohol/substance abuse (58.3%) and overweight/obesity (33.1%)
- #8: Respondents indicated they were most interested in the following classes/programs if made available locally: Fitness (32.4%), health and wellness (28.1%) and chronic pain management (23.7%).
- #9: Focus group participants indicated a need for more preventative community programs focused on outreach, education, and health promotion.
- #10: Focus group participants indicated that alcohol and substance abuse is a serious health issue in the community.

**Anticipated Impact(s) of these Activities:**

- Increased knowledge of chronic pain management strategies and resources.
- Decreased number of unnecessary ED visits.
- Improved health outcomes.

**Plan to Evaluate Anticipated Impact(s) of these Activities:**

- Track development and implementation of new chronic pain management strategies.
- Track volume of pain specialist patients.

**Measure of Success:**

Decrease in % of 2020 CHNA respondents identifying alcohol/ substance abuse as top health concern for the community.

<b>Goal 4:</b> Improve access to mental health services and suicide prevention resources in Beaverhead county.					
<b>Strategy 4.1:</b> Address cost as a barrier for community members seeking out mental health services.					
<b>Activities</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Final Approval</b>	<b>Partners</b>	<b>Potential Barriers</b>
Explore ways to collaborate with local mental health providers	DoPS LCSW	06/2020	LC & BoD	Local Advisory Committee Local mental health providers	Resource limitations, Scheduling conflicts
Explore feasibility of alternative delivery models for behavioral health services	DoPS LCSW	06/2020	LC & BoD	Billings Clinic/ Dr. Arzumbi	Resource limitations, Financial limitations

<p>Continue to advocate for patients by addressing cost as a barrier to seeking mental health services through legislative contacts.</p>	<p>CEO</p>	<p>06/2020</p>	<p>LC &amp; BoD</p>	<p>State Legislators LCSW PCPs Local MH providers</p>	<p>Resource limitations Financial limitations</p>
<p><b>Needs Being Addressed by this Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ #9: Focus group participants indicated a need for more preventative community programs focused on outreach, education, and health promotion.</li> <li>▪ #10: Focus group participants indicated that alcohol and substance abuse is a serious health issue in the community.</li> <li>▪ #12: 12% of respondents indicated they experienced periods of depression.</li> <li>▪ #13: Top ways to improve the community’s access to healthcare: Lower cost of care (77%) and more specialists (36.7%).</li> <li>▪ #14: Focus group participants indicated a need for more mental and behavioral health services.</li> <li>▪ #15: Significantly more respondents cited suicide as a serious health concern for the community than in 2014.</li> </ul>					
<p><b>Anticipated Impact(s) of these Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Improved collaboration with community partners and coordination of mental and behavioral health services.</li> <li>▪ Increased access and decreased barriers to mental health and behavioral health services.</li> <li>▪ Improved utilization of mental health services</li> <li>▪ Improved health outcomes.</li> </ul>					
<p><b>Plan to Evaluate Anticipated Impact(s) of these Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Track # of contacts with legislators regarding improving access to mental health services.</li> </ul>					
<p><b>Measure of Success:</b> Fewer focus groups identify need for more mental and behavioral health services in 2020 CHNA.</p>					

<p><b>Goal 4:</b> Improve mental health services and suicide prevention resources in Beaverhead county.</p>					
<p><b>Strategy 4.2:</b> Collaborate with local community organizations on addressing mental health issues.</p>					
<p><b>Activities</b></p>	<p><b>Responsibility</b></p>	<p><b>Timeline</b></p>	<p><b>Final Approval</b></p>	<p><b>Partners</b></p>	<p><b>Potential Barriers</b></p>

Continue BHH participation in Mental Health Local Advisory Council and partnership in Mental Health Summit action committees.	CCO LCSW	06/2020	LC & BoD	Local Advisory Committee MH Summit Action Committees	Resource limitations
Continue supporting Mental Health First Aid and Suicide Prevention classes through in kind services such as meeting room space, advertisement, etc. and advocate for training of local school teachers/ educators and church pastors and support staff.	DoPS LCSW	06/2020	LC & BoD	Local providers Local schools Local churches	Resource limitations Scheduling conflicts
Include mental health screening in annual free sports physicals for local schools.	DoPS LCSW	06/2020	LC & BoD	Local schools PCPs Rehab staff	Resource limitations
Host periodic meetings to foster positive relationships and continuity of care between hospital providers and school counselors.	CCO LCSW	06/2020	LC & BoD	Local schools ED providers	Resource limitations; Scheduling conflicts
Continue to support the AHEC Heads Up Camp mental health career awareness for high school students.	CEO	06/2020	LC & BoD	AHEC Local providers	Resource limitations
Support the continuation of the ACES program in Beaverhead County.	DoPS LCSW	06/2020	LC & BoD	ACES providers	Resource limitations

**Needs Being Addressed by this Strategy:**

- #9: Focus group participants indicated a need for more preventative community programs focused on outreach, education, and health promotion.
- #10: Focus group participants indicated that alcohol and substance abuse is a serious health issue in the community.
- #12: 12% of respondents indicated they experienced periods of depression.
- #14: Focus group participants indicated a need for more mental and behavioral health services.
- #15: Significantly more respondents cited suicide as a serious health concern for the community than in 2014.

**Anticipated Impact(s) of these Activities:**

- Increased knowledge and detection of mental health/ suicide warning signs resulting in referrals for mental health services.
- Increased collaboration regarding mental health issues in Beaverhead county.
- Improved health outcomes.

**Plan to Evaluate Anticipated Impact(s) of these Activities:**

- Track number of meetings held with local school counselors.
- Track BHH support for ACES, AHEC Heads Up Camp, MH First Aid and QPR training.
- Track number of referrals resulting from sports physical screening for behavioral health services.

**Measure of Success:**

Decrease in Beaverhead County suicide rate (25.7) <http://leg.mt.gov/content/Publications/services/2014-agency-reports/DPHHS-Suicide-Prevention-in-Montana.pdf>

<b>Goal 4:</b> Improve access to mental health and suicide prevention resources in Beaverhead county.					
<b>Strategy 4.3:</b> Improve access to mental health services at BHH.					
<b>Activities</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Final Approval</b>	<b>Partners</b>	<b>Potential Barriers</b>
Explore expanding tele-psychiatry services including greater access to child psychiatry (finding more providers and expanding hours)	DoPS	06/2020	LC & BoD	Regional tele-psychiatry providers	Resource Limitations; Financial Limitations; Workforce Limitations
Continue to offer integrated behavioral health services at BHH and monitor/improve contracted Western Montana Mental Health Crisis Response Team services.	CCO	06/2020	LC & BoD	WMMH CRT ED Providers LCSW	Resource Limitations; Financial Limitations
<p><b>Needs Being Addressed by this Strategy:</b></p> <ul style="list-style-type: none"> <li>▪ #9: Focus group participants indicated a need for more preventative community programs focused on outreach, education, and health promotion.</li> <li>▪ #10: Focus group participants indicated that alcohol and substance abuse is a serious health issue in the community.</li> <li>▪ #12: 12% of respondents indicated they experienced periods of depression.</li> <li>▪ #13: Top ways to improve the community’s access to healthcare: Lower cost of care (77%) and more specialists (36.7%).</li> <li>▪ #14: Focus group participants indicated a need for more mental and behavioral health services.</li> <li>▪ #15: Significantly more respondents cited suicide as a serious health concern for the community than in 2014.</li> </ul>					
<p><b>Anticipated Impact(s) of these Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Improved access to mental health services.</li> <li>▪ Improved provider knowledge of suicide risk assessments.</li> <li>▪ Increased utilization of mental health services.</li> <li>▪ Improved health outcome.</li> </ul>					



<p><b>Plan to Evaluate Anticipated Impact(s) of these Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Track utilization of tele-psychiatry services.</li> <li>▪ Track CRT referrals and issues.</li> </ul>
<p><b>Measure of Success:</b> Expansion of tele-psychiatry services to include child psychiatry.</p>

### Needs Not Addressed and Justification

Identified health needs unable to address by Barrett Hospital & HealthCare	Rationale
<p>1. Survey respondents indicated that they would use the following services is available locally: dermatology (30.9%), ENT (ear/nose/throat) (22.3%) and senior well checks/ community paramedicine/ home health (21.6%).</p>	<ul style="list-style-type: none"> <li>• Some dermatology services provided by PCPs; specialty shortage in this area</li> <li>• Unsuccessful previous ENT regional partnership; unable to support FT specialist</li> <li>• Senior checks available through Home Health; providers make house calls</li> </ul>
<p>2. 28.9% of respondents indicated they did not get or had to delay getting needed healthcare services. Top reasons for delaying or not receiving needed healthcare services were: It cost too much (62.2%), my insurance didn't cover it (40.5%) and too long to wait for an appointment (24.3%).</p>	<ul style="list-style-type: none"> <li>• Continuous review of pricing to remain competitive</li> <li>• No control over insurance coverages</li> <li>• Walk in clinic available</li> </ul>
<p>3. Cancer was selected as a top health concern by 38.1% of respondents.</p>	<ul style="list-style-type: none"> <li>• Regional oncologists travelling to Dillon for clinic</li> <li>• Offering chemotherapy services</li> </ul>

<p>4. 21.6% of respondents selected “Outpatient services expanded hours” as a way to improve their community’s access to healthcare.</p>	<ul style="list-style-type: none"><li>• Offering expanded services as much as practical and financially feasible currently</li></ul>
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## **Dissemination of Needs Assessment**

Barrett Hospital & HealthCare “BHH” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website (<https://www.barrethospital.org/>) as well as having copies available at the facility should community members request to view the community health needs assessment or the implementation planning documents.

The Steering Committee, which was formed specifically as a result of the CHSD [Community Health Services Development] process to introduce the community to the assessment process, will be informed of the implementation plan to see the value of their input and time in the CHSD process as well as how BHH is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Beaverhead County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of BHH will be directed to the hospital’s website to view the complete assessment results and the implementation plan. BHH board members approved and adopted the plan on **September 26, 2017**. Board members are encouraged to familiarize themselves with the needs assessment report and implementation plan so they can publicly promote the facility’s plan to influence the community in a beneficial manner.

BHH will establish an ongoing feedback mechanism to take into account any written comments it may receive on the adopted implementation plan document.