

# IMPLEMENTATION PLAN

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*Addressing Community Health Needs*



*Dillon, Montana*

**2023-2026**

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### The Implementation Planning Process

The implementation planning committee – comprised of Barrett Hospital & HealthCare (BHH) and Beaverhead County Public Health Department’s (BCPH) leadership teams – participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through their community health needs assessment (CHNA) process.

The Community Health Services Development (CHSD), community health needs assessment was performed in the winter of 2023 to determine the most important health needs and opportunities for Beaverhead County, Montana. The CHSD project is administrated by the Montana Office of Rural Health (MORH) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant and the State of Montana’s Department of Health and Human Services (DPHHS), Public Health and Safety Division (PHSD) in partnership with the Montana Healthcare Foundation. “Needs” were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups and key informant interviews (see page 15 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 BHH’s website ([barretthospital.org/community-resources](http://barretthospital.org/community-resources)) and BCPH’s website ([beaverheadcounty.org/departments/public-health](http://beaverheadcounty.org/departments/public-health)).

The community steering and implementation planning committees identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives of the broad interest of the community, including those with public health expertise (see page 11 for additional information regarding input received from community representatives).

The implementation planning committee reviewed the priority recommendations provided by the community steering committee and determined which needs or opportunities could be addressed considering BHH and BCPH’s parameters of resources and limitations. The committee then prioritized the needs/opportunities using the additional parameters of the organizational visions, missions, 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 BHH and BCPH will be addressing relates to the following healthcare issues:

- Access to health services and resources
- Social determinants of health (SDOH)
- Mental and behavioral health

In addressing the aforementioned issues, BHH and BCPH seeks to:

- a) Improve access to healthcare services
- b) Enhance the health of the community
- c) Advance medical or health knowledge



**BHH Mission:** Barrett Hospital & HealthCare provides compassionate care, healing, and health-improving service to all community members throughout life’s journey.

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



**BCPH Mission:** The Beaverhead County Public Health Department is committed to strengthening our community by assessing community needs, promoting physical and mental health, preventing disease, and preparedness planning through community collaboration.

**BCPH Vision:** Fostering Healthy Generations: Healthy you, Healthy me, Healthy us

**Implementation Planning Committee Members:**

- Taylor Rose – Barrett Hospital & HealthCare (BHH) CEO
- Sue Hansen – Beaverhead County Public Health Department (BCPH) Director
- Maria Koslosky – BHH Chief Quality and Compliance Officer
- Thomas Schumacher – BHH Director of Clinic Operations
- Tina Giem – BHH Chief Financial Officer
- Victoria Tomaryn – BHH Compliance Specialist
- Leigh Smith – BHH Human Resources Director
- Brooke Erb – Barrett Hospital Foundation Executive Director
- Damian Guillen – BHH Quality
- Kathleen Tatarka – BHH Executive Administrative Assistant
- Sarah Miller – BCPH Public Health Nurse
- Lilia Guillen-Sanchez – BCPH Public Health Assistant

## Prioritizing the Community Health Needs

The steering and implementation planning committees completed the following to prioritize the community health needs:

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

### 1. Existing Presence in the Community

- BHH is a critical access hospital with an extensive offering of inpatient and outpatient services including primary and specialty care to residents of Beaverhead County and western Madison County
- BHH partners with the YMCA as a provider of therapy services and Beaverhead County high school to provide Athletic Training Services
- BHH provides health screening services for local employers and offers discounted laboratory test screening to the public annually
- BHH hosts the local cancer support community and offers wellness services through prenatal classes, nutritional counseling, community health worker-initiated walking program and general conditioning program at the YMCA, and smoking cessation counseling
- BHH maintains an outdoor walking trail year-round and provides volunteer opportunities in the hospital, and auxiliary gift shop
- BHH has representatives on the local Alzheimer's Support Group, ACES Task Force, and Mental Health Local Advisory Council
- BHH sponsors numerous organizations/ events in the community such as the Labor Day Rodeo, Beaverhead County Fair, Beaverhead Marathon, University of Montana Western Athletics, Beaverhead County High School Booster Club, and numerous others
- Barrett Hospital Foundation supports the Southwestern Montana Mammography program providing funds for screening and treatment of breast cancer to local residents
- Barrett Hospital Foundation also provides educational scholarships to local high school students pursuing careers in healthcare, to students attending medical school, and to hospital employees furthering their education
- BCPH offers WIC (Women Infant Child Supplemental Nutrition Program), Family Planning, and Immunization Clinics.

- BCPH provides the following other services: public health emergency preparedness, communicable disease investigation, public health education, influenza vaccination clinics, school/sexual health education, Maternal Child Health projects, Car Seat Technician services, and Fetal Infant Child Maternal Mortality Review (FICMMR).

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

- Barrett Hospital & HealthCare
  - Clinic (including Walk-in)
  - Hospital inpatient (including transitional care) and outpatient services
- Beaverhead County Public Health
  - Beaverhead Family Planning, WIC & Immunization Clinics
- Other healthcare providers:
  - Beaverhead Emergency Medical Services
  - Beaverhead Urgent Care
  - Dillon Medical Supply
  - Local optometrists, dentists, and chiropractors
  - Local pharmacies
  - Montana Migrant & Seasonal Farmworkers Council
  - Ortho Rehab, Inc.
  - Outlying ambulance and QRU services
  - Blacktail Medical Clinic (formerly known as Southwest Montana Community Health Center)
  - AG Workers Health & Services
  - Honeybee Hospice
- Long Term Care Facilities
  - Pioneer Care & Rehabilitation Center
  - Tobacco Root Mountain Care Center
- Assisted Living facilities
  - BeeHive Homes of Dillon
  - Renaissance
- Mental Health/ Disability Services
  - Beaverhead County Local Advisory Committee for Mental Health
  - BSW, Inc. Dillon Division

- Crisis Response Team of Western Montana Mental Health
- Dillon Alano Club
- Local LCPC and LCSW providers
- Southwest Chemical Dependency Program
- Yellowstone Boys and Girls Ranch
- Youth Dynamics
- Affiliations for training future healthcare providers
  - Medical, physician assistant, and nursing schools, schools of pharmacy and physical therapy, schools that train radiology and lab techs, and residency programs.
- Schools:
  - Beaverhead County High School
  - District 10 (Parkview Elementary and Dillon Middle School)
  - Lima, Twin Bridges, and Sheridan Schools
  - Montana Youth Challenge Academy
  - Rural schools
  - University of Montana Western
- Community Resources:
  - Beaverhead ACES Task Force
  - Beaverhead Community Food Bank
  - Beaverhead County Early Childhood Coalition
  - Beaverhead Crisis Diversion
  - Beaverhead DUI Task Force
  - Beaverhead Project Aware
  - Beaverhead Resource Assistance Center
  - Beaverhead Senior Citizens
  - Beaverhead Wood Bank
  - Dillon Volunteer Fire Department
  - Low income/ disabled/ senior housing
  - Beaverhead County Be the Change Coalition
  - New Hope Pregnancy Support Center of Dillon
  - St. Rose Community Basement

- 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.
- Women’s Resource Center
- Service Organizations:
  - Jaycees
  - Kiwanis
  - Lions
  - Rotary
  - Soroptimists
  - United Way
- Government Resources:
  - Adult Protective Services
  - Beaverhead County Disaster & Emergency Services/ Local Emergency Planning Committee (LEPC)
  - Beaverhead County government including Beaverhead County Sheriff’s Dept
  - Child Protective Services
  - Dillon city government including Dillon Police Department and City Bus
  - Montana Department of Public Health & Human Services (MT DPHHS)
  - Montana Office of Rural Health/Area Health Education Center (MORH/AHEC)
- Fitness Resources:
  - American Legion Baseball
  - Bair Foot Gym
  - Beaverhead Amateur Hockey Association
  - Beaverhead Golf Course
  - Beaverhead Sno-Riders
  - Beaverhead Trails Coalition
  - Bike/Walk Southwest Montana
  - Boy Scouts
  - Topo Fitness (formerly known as CrossFit Dillon)
  - Dillon Little Guy Wrestling
  - Dillon Youth Flag Football League
  - Girl Scouts



- Jaycee’s Little Skier Program
- Little League Baseball
- Maverick Mountain Ski Area
- Montana Running Co.
- Safe Routes to School Program/ Walking School Bus Program
- Shine Dance Studio
- Southwestern Montana Family YMCA
- Youth 4-H Programs
- Regional & National Affiliations
  - Association of Montana Public Health Officers (AMPHO)
  - Caravan Health Accountable Care Organization
  - HealthTech
  - Montana Environmental Health Association (MEHA)
  - Montana Public Health Association (MPHA)
  - Montana Public Health Institute (MPHI)
  - Mountain Pacific Quality Health
  - Providence Health & Services Community Connect EMR
  - MT Hospital Quality Improvement Collaborative (HQIC) [formerly known as MHA Hospital Improvement Innovation Network (HIIN)]
  - The Montana Hospital Association (MHA)
  - The Montana Rural Healthcare Performance Improvement Network

### 3. Beaverhead County Indicators

#### Population Demographics

- 97.3% of Beaverhead County’s population is white, and 2.6% identify as American Indian or Alaska Native
- 17.1% of Beaverhead County’s population has disability status
- 21.3% of Beaverhead County’s population is 65 years and older
- 9.5% of Beaverhead County’s population has Veteran status
- 28.8% of Beaverhead County’s population has a high school diploma (includes equivalency) as their highest degree obtained; 24.0% have some college, but no degree.

#### Size of County and Remoteness

- 9,415 people in Beaverhead County
- 1.7 people per square mile

#### Socioeconomic Measures

- 11.3% of children live in poverty
- 17.7% of persons are below the federal poverty level
- 13.0% of adults (age<65) are uninsured; 8.0% of children less than age 18, are uninsured
- 8.1% of the population is enrolled in Medicaid

#### Select Health Measures

- 27.0% of adults are considered obese
- 20.0% of the adult population report physical inactivity
- 41% of adults living in frontier Montana report two or more chronic conditions
- Montana’s veteran’s suicide rate (per 100,000 population) is 65.7 compared to 13.9 for the U.S.

#### Nearest Major Hospital

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

#### 4. Public Health and Underserved Populations Consultation Summaries

##### Name/Organization

Anna Loge, MD – Barrett Hospital & HealthCare (BHH) Provider  
Brooke Erb – Executive Director Barrett Hospital Foundation  
Carol Dickinson – Retired School Teacher and BHH Patient/Family Advisory Council  
Carolyn Hansen – BHH Chief Clinical Officer  
Christie Trapp – BHH Marketing Manager  
Cory Birkenbuel – MT Running Company and BHH Patient/Family Advisory Council  
Joy Arbour – Hair Care Unlimited and BHH Patient/Family Advisory Council  
Kim Martinell – Be the Change 406 Coalition  
Leigh Smith – BHH Human Resources Director and BHH Patient/Family Advisory Council  
Lesli Cottom – BHH Mammographer and BHH Patient/Family Advisory Council  
Maria Emmer-Aanes – Crisis Response – Beaverhead County  
Maria Koslosky – BHH Chief Quality and Compliance Officer  
Michael Reid – Chancellor, University of Montana Western  
Patti Mitchell – BHH Board of Directors President  
Randy Shipman – Superintendent, Beaverhead County School District #10  
Stephanie Wayman – BHH Patient Financial Services and BHH Patient/Family Advisory Council  
Sue Hansen – Beaverhead County Public Health Department Director  
Susan Briggs – BHH Board of Directors  
Tammy Baker – BHH Patient/Family Advisory Council  
Taylor Rose – BHH Chief Executive Officer (CEO)  
Tennie Beitler – Retired Registered Nurse (RN) and BHH Patient/Family Advisory Council  
Thomas Schumacher – BHH Director of Clinic Operations  
Tina Giem – BHH Chief Financial Officer  
Victoria Tomaryn – BHH Compliance Specialist and BHH Patient/Family Advisory Council

January 24, 2023

##### Public and Community Health

- I think there is a demand for translated surveys and tools.

- It would be nice if there were a texting function to reach the younger demographic, but it's understandable if that is not feasible at this time.
- Given that we have University of Montana Western locally, I think it would also be good to capture student needs of the area.
- I would love to see improved and consistent sidewalks in town. It is really hard to get around, especially with a stroller.
- I hear all the time that there are a lot of resources available, but those are not communicated well, and people don't know about them. That is a barrier to care. Information sharing needs to be a priority. One place with everything in there would be nice.
- Regarding the housing survey data, it seems like the rating of personal needs is being met in one question yet housing needs say not affordable/adequate, which is a basic need. This doesn't seem to reconcile for me.
- Food insecurity survey data doesn't make sense to me. I think they are low. The food bank has gone from serving about 40 people per week to 140. Most food insecure people don't have permanent housing so they wouldn't receive/take the survey.
- It's interesting to me that sidewalks or bad sidewalks was brought up in the report. Walking in Dillon is a challenge. So how will this data be used to inform change- since sidewalks is a city issue? Perhaps we can use this data as a tool to educate/inform others to help steer change and even grant writing.
- Maybe next time we could ask about language spoken at home or consider a way to improve responses from non-English speaking residents.

#### Population: Low-Income, Underinsured

- I think our services for low-income individuals are pretty good locally, but I'm not sure everyone is quite aware of everything that's available to them and our community.
- A couple of local churches do different drives and events to help those in need.
- There are some apartments for low-income individuals. They seem to be kept up pretty well.
- We have a food bank, although I'm not sure if it's supported locally or the statewide food bank, but they always have a line out the door on Wednesday's.
- I think there are a lot of people in the community who are struggling and there is not enough help. Its not the folks who are really low income and qualify for Medicaid, but the people who do not qualify for most of these services and are barely making it.

- For families with young kids there is a lot of hidden homelessness and living out of vehicles or RVs. There is not a local homeless shelter, so it is hard to see but the bus goes around the campground, which to me is an indicator that it is an issue.
- There is a lack of acknowledgement with the working poor, and I think we need to look at that a little closer and find a way to help them out.

#### Population: Seniors

- I think the local home health and hospice services are excellent!
- I knew someone who was in the local nursing home and they seemed to have good care despite the short staffing. Everyone seems to be short staffed anymore, though!
- The local senior citizens center is quite active with card games and meals.
- The senior center is nice but it doesn't function like a lot of senior centers. It is really only a space for playing cards and socializing. I think the services and resources could be expanded a little more to better support our aging population.
- We have a community with a lot of elderly people. There is a lack of resources for the elderly. There is a gap between our generation pushing to be active and activities for the elderly. There is only one funeral home here, so some families have to go to Butte when a loved one passes, which is not ideal. There are not enough local resources for end-of-life care.

#### Population: Youth

- Childcare, and availability in preschools, in particular, is missing here. We need more space and more help for those who need financial assistance to get their kid into a preschool.
- Lunches at the school. There are so many people who are just above qualifying for the free and reduced lunch and \$4 for a lunch is a lot.
- At the middle school we are seeing mental health as a problem for 4th and 5th graders. Vaping and cigarettes are happening at these grade levels. A lot of it is social acceptance. Parents are smoking or vaping in the house, and it is more socially acceptable. I have seen melatonin vape pens in schools because parents are using them at home and their kids think it is safe for them, too. I wish we had more resources at the school for our youth from ages 10 to high school. I think this needs to be prioritized at the state level.
- The more we can support parents to support their kids, the better I think we can help prevent some of the trauma kids are encountering. All the way from youth to high school age. There seems to be places where parents get stuck and don't know

how to support and have a hard time finding resources to navigate the situation. I'd like to see some sort of local group that can figure out how to support our kids better.

## Needs Identified and Prioritized

### *Prioritized Needs to Address*

1. 54.7% of survey respondents rated the general health of their community as “Somewhat healthy.”
2. Among survey respondents, top health concerns for the community included “Alcohol abuse/substance abuse” (61.0%), “Depression/anxiety” (44.7%), “Overweight/obesity” (32.6%), and “Cancer” (25.5%).
3. Survey respondents indicated that “Access to healthcare” (40.8%) is the top component for a health community.
4. 34.5% of respondents rated their general knowledge of health services available in the community as fair or poor.
5. 49.3% of respondents rated their knowledge of health services available through Beaverhead County Public Health Department as fair or poor.
6. 35.5% of respondents rated their knowledge of health services available through Barrett Hospital & HealthCare as fair or poor.
7. Among survey respondents, some of the top opportunities to improve the community’s access to healthcare included: “More primary care providers” (41.0%), “More specialists” (37.4%), “More information about available services” (35.3%), “Outpatient services expanded hours (evenings/weekends)” (33.1%), “Improved quality of care” and “More mental health providers” (32.4%, each).
8. 23.1% of survey respondents desire “Cardiology” services locally.
9. 14.5% of survey respondents desire “Oncology” services locally.
10. 34.3% of survey respondents reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them in the last three years. Top reasons for delaying services included: “Could not get an appointment” (30.4%), “Qualified provider not available” (28.3%), and “Too long to wait for an appointment” (23.9%).
11. 23.9% of survey respondents learn of health services available in the community through “Website/internet.”
12. 18.7% of survey respondents thought that “More health education” would improve the community’s access to healthcare.
13. 66.9% of survey respondents learn of health services available in the community through a “Healthcare provider.”
14. Key informant interview and focus group participants shared a desire for more information on the availability of local services/resources and the promotion and recruitment of volunteering with local organizations.

15. Survey respondents indicated an interest in the following classes or programs: “Fitness” (36.5%), “Health and wellness” (33.3%), and “Senior citizen health” and “Women’s health” (30.2%, each).
16. 20.6% of survey respondents are interested in “Mental health” classes/programs locally.
17. 26.8% of survey respondents feel that “Access to mental health services” is a component for a healthy community.
18. 16.3% of respondents indicated they had experienced periods of at least three consecutive months in the past three years where they felt depressed on most days.
19. 55.7% of survey respondents felt lonely or isolated to some degree in the past year.
20. Key informant interview and focus group participants were interested in more mental health services and resources locally.
21. Key informant interview and focus group participants shared a desire for improvements made to the built environment, including sidewalk systems, snowplowing, and internet accessibility.
22. 28.9% of survey respondents feel that “Affordable housing” is a component for a healthy community.
23. 60.1% of survey respondents shared that they feel the community does not have adequate and affordable housing options available.

### ***Needs Unable to Address***

*(See page 29 for additional information)*

1. Among survey respondents, the top two opportunities to improve the community’s access to healthcare included: “Lower cost of health insurance” (64.0%) and “Lower cost of care” (59.0%)
2. 7.1% of survey respondents indicated that they had difficulty getting a prescription or taking their medication regularly in the last year.



## 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 15). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 19.

### Goal 1: Improve access to health services and resources throughout Beaverhead County.

**Strategy 1.1:** Enhance access to health services and resources locally to reduce the burden associated with traveling for care.

- 1.1.1. Expand walk-in clinic hours.
- 1.1.2. Increase access to primary care services by recruiting additional mid-level, family medicine, and internal medicine providers.
- 1.1.3. Increase access to specialty services locally (i.e., oncology, cardiology, orthopedics, etc.).

**Strategy 1.2:** Enhance services, resources, and systems that support population health initiatives.

- 1.2.1. Champion opportunities to improve communication and collaboration among the local health system thereby enhancing the community's access to quality resources to promote a healthy life. Meet regularly among organizations to share updates and remain apprised of opportunities for collaboration, etc. Prioritize opportunities to foster a relationship with the new Federally Qualified Health Center (FQHC) administration and extend an invitation to participate in working group.
- 1.2.2. Sustain the new EHR system at Beaverhead County Public Health Department (i.e., staff training, community education for accessing, opportunities for information sharing between local health orgs, etc.).
- 1.2.3. Determine sustainability plan of the Community Health Worker (CHW) position beyond current grant funding.
- 1.2.4. Explore the feasibility of re-invigorating a local community health fair.

**Goal 2: Improve health outcomes throughout Beaverhead County by addressing social determinants of health.**

**Strategy 2.1:** Champion initiatives to address social determinants of health.

- 2.1.1.** Foster partnership with City Council, Commissioners, and elected officials to build awareness of the local community health needs and opportunities for collaboration/support.
- 2.1.2.** Host educational opportunities on timely and relevant topics to improve health outcomes. Record and disseminate presentations for the public to view on demand to remove barriers to accessing information (i.e., working individuals, etc.).
- 2.1.3.** Sponsor community building events with the intent to bring individuals together in a healthy environment rather than solely having a relationship with them in illness or crisis.
- 2.1.4.** Explore additional opportunities to support local strategies aimed at reducing food insecurity.

**Goal 3: Improve access to mental and behavioral health services and resources.**

**Strategy 3.1:** Champion opportunities to enhance mental and behavioral health throughout Beaverhead County

- 3.1.1.** Build relationships with new school counselors to improve communication between systems and thereby continuity of care for students and parents/guardians.
- 3.1.2.** Implement outpatient behavioral health program for seniors.

**Implementation Plan Grid**

**Goal 1:** Improve access to health services and resources throughout Beaverhead County.

**Strategy 1.1:** Enhance access to health services and resources locally to reduce the burden associated with traveling for care.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
1.1.1. Expand walk-in clinic hours.	Tom Schumacher, FP Providers, Taylor Rose	6/30/24	Barrett Hospital & HealthCare (BHH)	NA	Resource, financial, and workforce limitations
1.1.2. Increase access to primary care services by recruiting additional mid-level, family medicine, and internal medicine providers.	Leigh Smith, Taylor Rose	12/31/25	BHH	Recruiting Agencies	Resource, financial, and workforce limitations
1.1.3. Increase access to specialty services locally (i.e., oncology, cardiology, orthopedics, etc.).	Tom Schumacher, Carolyn Hansen, Taylor Rose	12/31/25	BHH	Bozeman Health, Bridger Orthopedics, Providence/International Heart Institute	Resource, financial, and workforce limitations

**Needs Being Addressed by this Strategy:**

- 3. Survey respondents indicated that “Access to healthcare” (40.8%) is the top component for a health community.
- 7. Among survey respondents, some of the top opportunities to improve the community’s access to healthcare included: “More primary care providers” (41.0%), “More specialists” (37.4%), “More information about available services” (35.3%), “Outpatient services expanded hours (evenings/weekends)” (33.1%), “Improved quality of care” and “More mental health providers” (32.4%, each).
- 8. 23.1% of survey respondents desire “Cardiology” services locally.
- 9. 14.5% of survey respondents desire “Oncology” services locally.

- 10. 34.3% of survey respondents reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them in the last three years. Top reasons for delaying services included: “Could not get an appointment” (30.4%), “Qualified provider not available” (28.3%), and “Too long to wait for an appointment” (23.9%).

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

- Increase access to primary and specialty care services.
- Increased community knowledge of services.
- Improved health outcomes.
- Strengthened healthcare workforce strategies.
- Service, policy, and resources development.
- Improve access to high quality, coordinated care.

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

- Walk in clinic utilization metrics.
- Track access measures on subsequent CHNA.
- Track utilization metrics of new specialty services.
- Monitor partnership opportunities with FQHC.

**Measure of Success:**

- Increased utilization of outpatient behavioral health program for seniors by 10% each year after inception.
- Increased utilization of walk-in clinic services by 10% by 6/30/26.
- Decrease in % of survey respondents reporting that more specialists would improve the community’s access to healthcare 2026 CHNA.
- Decrease in % of survey respondents reporting that more primary care providers would improve the community’s access to healthcare 2026 CHNA.

**Goal 1:** Improve access to health services and resources throughout Beaverhead County.

**Strategy 1.2:** Enhance services, resources, and systems that support population health initiatives.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
<p>1.2.1. Champion opportunities to improve communication and collaboration among the local health system thereby enhancing the community’s access to quality resources to promote a healthy life. Meet regularly among organizations to share updates and remain apprised of opportunities for collaboration, etc. Prioritize opportunities to foster a relationship with the new Federally Qualified Health Center (FQHC) administration and extend an invitation to participate in working group.</p>	<p>Kathleen Tatarka, Tom Schumacher, Carolyn Hansen, Sue Hansen, Taylor Rose</p>	<p>12/31/25</p>	<p>BHH, Beaverhead County Public Health Department (BCPH)</p>	<p>Blacktail Medical FQHC</p>	<p>Resource, financial, and workforce limitations  Schedule conflicts</p>
<p>1.2.2. Sustain the new EHR system at Beaverhead County Public Health Department (i.e., staff training, community education for accessing, opportunities for information sharing between local health orgs, etc.).</p>	<p>Sue Hansen</p>	<p>6/30/26</p>	<p>BCPH</p>	<p>EHR vendor</p>	<p>Resource and workforce limitations</p>

1.2.3. Determine sustainability plan of the Community Health Worker (CHW) position beyond current grant funding.	Tom Schumacher	5/31/24	BHH	MT Health Network, MT Healthcare Foundation	Resource, financial, and workforce limitations
1.2.4. Explore the feasibility of re-invigorating a local community health fair.	Sue Hansen, Christie Trapp	6/30/24	BCPH, BHH	Other local healthcare-related entities	Resource, financial, and workforce limitations

**Needs Being Addressed by this Strategy:**

- 1. 54.7% of survey respondents rated the general health of their community as “Somewhat healthy.”
- 2. Among survey respondents, top health concerns for the community included “Alcohol abuse/substance abuse” (61.0%), “Depression/anxiety” (44.7%), “Overweight/obesity” (32.6%), and “Cancer” (25.5%).
- 3. Survey respondents indicated that “Access to healthcare” (40.8%) is the top component for a health community.
- 4. 34.5% of respondents rated their general knowledge of health services available in the community as fair or poor.
- 5. 49.3% of respondents rated their knowledge of health services available through Beaverhead County Public Health Department as fair or poor.
- 6. 35.5% of respondents rated their knowledge of health services available through Barrett Hospital & HealthCare as fair or poor.
- 7. Among survey respondents, some of the top opportunities to improve the community’s access to healthcare included: “More primary care providers” (41.0%), “More specialists” (37.4%), “More information about available services” (35.3%), “Outpatient services expanded hours (evenings/weekends)” (33.1%), “Improved quality of care” and “More mental health providers” (32.4%, each).
- 11. 23.9% of survey respondents learn of health services available in the community through “Website/internet.”
- 12. 18.7% of survey respondents thought that “More health education” would improve the community’s access to healthcare.
- 13. 66.9% of survey respondents learn of health services available in the community through a “Healthcare provider.”
- 14. Key informant interview and focus group participants shared a desire for more information on the availability of local services/resources and the promotion and recruitment of volunteering with local organizations.
- 15. Survey respondents indicated an interest in the following classes or programs: “Fitness” (36.5%), “Health and wellness” (33.3%), and “Senior citizen health” and “Women’s health” (30.2%, each).

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

- Improve population health for residents of Beaverhead County.
- Increase community awareness related to resources available in the community.
- Increase access to preventive services.
- Strengthened collaboration between community partners.
- Build community capacity.
- Reduce disease burden.
- Improved health outcomes.
- Service, policy, and resources development.
- Improve access to high quality, coordinated care.
- Enhanced community engagement.

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

- Monitor the partnership among local health organizations.
- Track number and frequency of meetings held amongst local health organizations with the focus of improving collaboration.
- Monitor utilization of new EHR.
- Track modes and number of opportunities providing outreach and education to community on new EHR.
- Track progress towards sustaining the CHW position.
- Track the engagement/reach of the outreach and education of local services/resources.
- Track number of collaborative outreach and education campaigns.
- Track awareness of services metrics on subsequent CHNA.
- Monitor the progress towards re-invigorating the community health fair.

**Measure of Success:**

- CHW grant deliverables completed.
- Decrease in % of respondents rating knowledge of health services in community as fair or poor 2026 CHNA survey.
- Increased utilization of new EHR by 50% by 12/31/25.

**Goal 2:** Improve health outcomes throughout Beaverhead County by addressing social determinants of health.

**Strategy 2.1:** Champion initiatives to address social determinants of health.

Activities	Responsibility	Timeline	Lead	Partners	Potential Barriers
2.1.1. Foster partnership with City Council, Commissioners, and elected officials to build awareness of the local community health needs and opportunities for collaboration/support.	Sue Hansen, Tom Schumacher, Carolyn Hansen, Taylor Rose	12/31/25	BCPH, BHH	Local government	Resource and workforce limitations Schedule conflicts
2.1.2. Host educational opportunities on timely and relevant topics to improve health outcomes. Record and disseminate presentations for the public to view on demand to remove barriers to accessing information (i.e., working individuals, etc.).	Sue Hansen, Kathleen Tatarka, Carolyn Hansen, Christie Trapp, Harv Lake	12/31/25	BCPH, BHH	NA	Resource and workforce limitations Schedule conflicts
2.1.3. Sponsor community building events with the intent to bring individuals together in a healthy environment rather than solely having a relationship with them in illness or crisis.	Department Managers, Kathleen Tatarka	12/31/25	BHH	NA	Resource, financial, and workforce limitations
2.1.4. Explore additional opportunities to support local strategies aimed at reducing food insecurity.	Sue Hansen	12/31/25	BCPH	Local Food Bank, Local schools	Resource, financial, and workforce limitations



**Needs Being Addressed by this Strategy:**

- 1. 54.7% of survey respondents rated the general health of their community as “Somewhat healthy.”
- 2. Among survey respondents, top health concerns for the community included “Alcohol abuse/substance abuse” (61.0%), “Depression/anxiety” (44.7%), “Overweight/obesity” (32.6%), and “Cancer” (25.5%).
- 4. 34.5% of respondents rated their general knowledge of health services available in the community as fair or poor.
- 5. 49.3% of respondents rated their knowledge of health services available through Beaverhead County Public Health Department as fair or poor.
- 6. 35.5% of respondents rated their knowledge of health services available through Barrett Hospital & HealthCare as fair or poor.
- 7. Among survey respondents, some of the top opportunities to improve the community’s access to healthcare included: “More primary care providers” (41.0%), “More specialists” (37.4%), “More information about available services” (35.3%), “Outpatient services expanded hours (evenings/weekends)” (33.1%), “Improved quality of care” and “More mental health providers” (32.4%, each).
- 11. 23.9% of survey respondents learn of health services available in the community through “Website/internet.”
- 12. 18.7% of survey respondents thought that “More health education” would improve the community’s access to healthcare.
- 13. 66.9% of survey respondents learn of health services available in the community through a “Healthcare provider.”
- 14. Key informant interview and focus group participants shared a desire for more information on the availability of local services/resources and the promotion and recruitment of volunteering with local organizations.
- 15. Survey respondents indicated an interest in the following classes or programs: “Fitness” (36.5%), “Health and wellness” (33.3%), and “Senior citizen health” and “Women’s health” (30.2%, each).
- 19. 55.7% of survey respondents felt lonely or isolated to some degree in the past year.
- 21. Key informant interview and focus group participants shared a desire for improvements made to the built environment, including sidewalk systems, snowplowing, and internet accessibility.
- 22. 28.9% of survey respondents feel that “Affordable housing” is a component for a healthy community.
- 23. 60.1% of survey respondents shared that they feel the community does not have adequate and affordable housing options available.

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

- Improve population health for residents of Beaverhead County.
- Increase community awareness related to resources available in the community.
- Increase access to preventive services.
- Strengthened collaboration between community partners.
- Build community capacity.
- Reduce disease burden.
- Improved health outcomes.
- Service, policy, and resources development.
- Improve access to high quality, coordinated care.
- Enhanced community engagement.

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

- Monitor the partnership with City Council, Commissioners, and elected officials and opportunities for collaboration/support.
- Track mode, frequency, and attendance at educational opportunities.
- Track the engagement with the recorded presentations.
- Voluntary participant evaluations of educational opportunities.
- Track the number and participation in community building events.

**Measure of Success:**

- Decrease in % of respondents rating knowledge of health services in community as fair or poor 2026 CHNA survey.

**Goal 3:** Improve access to mental and behavioral health services and resources.

**Strategy 3.1:** Champion opportunities to enhance mental and behavioral health throughout Beaverhead County.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
3.1.1. Build relationships with new school counselors to improve communication between systems and thereby continuity of care for students and parents/guardians.	Amy Wellborn, Tom Schumacher, Carolyn Hansen	12/31/25	BHH	Local schools	Resource and workforce limitations  Schedule conflicts
3.1.2. Implement outpatient behavioral health program for seniors.	Tom Schumacher, Taylor Rose	12/31/23	BHH	Senior Life Solutions	Resource, financial, and workforce limitations

**Needs Being Addressed by this Strategy:**

- 1. 54.7% of survey respondents rated the general health of their community as “Somewhat healthy.”
- 2. Among survey respondents, top health concerns for the community included “Alcohol abuse/substance abuse” (61.0%), “Depression/anxiety” (44.7%), “Overweight/obesity” (32.6%), and “Cancer” (25.5%).
- 3. Survey respondents indicated that “Access to healthcare” (40.8%) is the top component for a health community.
- 15. Survey respondents indicated an interest in the following classes or programs: “Fitness” (36.5%), “Health and wellness” (33.3%), and “Senior citizen health” and “Women’s health” (30.2%, each).
- 16. 20.6% of survey respondents are interested in “Mental health” classes/programs locally.
- 17. 26.8% of survey respondents feel that “Access to mental health services” is a component for a healthy community.
- 18. 16.3% of respondents indicated they had experienced periods of at least three consecutive months in the past three years where they felt depressed on most days.
- 19. 55.7% of survey respondents felt lonely or isolated to some degree in the past year.
- 20. Key informant interview and focus group participants were interested in more mental health services and resources locally.

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

- Improve mental health accessibility of community by increasing awareness, services, provider, and system capacity.
- Increase access to mental health services.
- Improved health outcomes.
- Strengthened local capacity.
- Service, policy, and resources development.
- Improve access to high quality, coordinated care.

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

- Monitor opportunities to enhance mental health services and resources locally.
- Track mental health metrics on subsequent CHNA.
- Monitor relationships with new school counselors and opportunities for partnership/collaboration.

**Measure of Success:**

- Decrease % of survey respondents identifying mental health as a top health concern for the area 2026 CHNA.

**Needs Not Addressed and Justification**

Identified health needs unable to address at this time	Rationale
<p>1. Among survey respondents, the top two opportunities to improve the community’s access to healthcare included: “Lower cost of health insurance” (64.0%) and “Lower cost of care” (59.0%)</p>	<ul style="list-style-type: none"> <li>• Lowering cost of health insurance is an issue that is beyond the control of both the hospital and the public health department</li> <li>• According to iVantage Health Analytics, BHH is one of the lowest cost CAHs in the nation and our internal pricing methodology places us at the median or lower for our Montana competition</li> <li>• BHH has implemented and advertised a payment assistance program to the best of our ability and this is outside of the purview of public health.</li> </ul>
<p>2. 7.1% of survey respondents indicated that they had difficulty getting a prescription or taking their medication regularly in the last year.</p>	<ul style="list-style-type: none"> <li>• Cost of prescription drugs is an issue that is beyond the control of both the hospital and the public health department</li> <li>• BHH uses an EMR that directs providers to choose less expensive generic drugs over brand name when possible</li> <li>• BHH applies for United Way grant funds annually that can be used to assist patients with emergent prescription needs</li> </ul>

### Dissemination of Needs Assessment

Barrett Hospital & HealthCare (BHH) and Beaverhead County Public Health Department’s (BCPH) disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on the hospital’s website ([barrethospital.org/community-resources](http://barrethospital.org/community-resources)) and public health department’s website ([beaverheadcounty.org/departments/public-health](http://beaverheadcounty.org/departments/public-health)) as well as having copies available at each 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 and BCPH are utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Beaverhead County as BHH and BCPH seek to address the health 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 **June 28, 2023**. 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.

Written comments on this 2023-2026 Strategic Plan can be submitted to:

Barrett Hospital & HealthCare  
Compliance Department  
600 MT Hwy 91 S  
Dillon, MT 59725

Contact Barrett Hospital & Healthcare’s Chief Quality & Compliance Officer at 406-683-3190 or [compliance@barrethospital.org](mailto:compliance@barrethospital.org) with questions.

Beaverhead County Public Health Department  
41 Barrett Street  
Dillon, MT 59725

Contact Beaverhead County Public Health Department’s Director at 406-683-3179 or [shansen@beaverheadcounty.org](mailto:shansen@beaverheadcounty.org) with questions.