

IMPLEMENTATION PLAN

Addressing Community Health Needs



Dillon, Montana

2020-2023

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The Implementation Planning Process

The implementation planning committee – comprised of Barrett Hospital & HealthCare (BHH) and the Beaverhead County Public Health’s 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 CHSD community health needs assessment was performed in the Spring of 2020 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 key informant interviews (see page 13 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 ([Beaverhead County 2020 CHNA Report](#)).

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 Beaverhead County Public Health’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:

- **Access to Healthcare**
- **Mental & Behavioral Health**

In addressing the aforementioned issues, this plan seeks to:

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

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



BARRETT
HOSPITAL & HEALTHCARE

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

BCPH Mission: The mission of public health is to promote physical and behavioral health and prevent disease, injury, and disability by assessing the community's health needs in Beaverhead County and partnering with other entities to best meet those needs

Implementation Planning Committee Members:

- Ken Westman, CEO – Barrett Hospital & HealthCare (BHH)
- Sue Hansen, Director – Beaverhead Co. Public Health Department (BCPH)
- Carol Kennedy, CCO – BHH
- Dick Achter, CFO – BHH
- Tina Giem, Finance Director – BHH
- Dr. Greg Moore, CMO – BHH
- Tom Schumacher, Clinic Operations Director – BHH
- Leigh Smith, Human Resources Director – BHH
- Jenny Given, LCSW – BHH
- Amy Wellborn, LCSW – BHH
- Christie Trapp, Marketing Manager – BHH
- Maria Koslosky, CQCO – BHH
- Victoria Tomaryn, Compliance Specialist – BHH
- Karen Larche, Public Health Nurse – BCPH
- Dr. Megan Evans, Southwest Community Health Center & Public Health Officer for Beaverhead County
- Lilia Guillen-Sanchez, Public Health Assistant – BCPH

Prioritizing the Community Health Needs

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

- Reviewed the organizations' presence in the community (i.e. activities already being done to address community need)
- Considered entities outside of the hospital and public health 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

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, Beaverhead County high school to provide Athletic Training Services, and provides therapeutic meals for the Meals On Wheels program
- 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, health improvement/weight loss program, and smoking cessation counseling
- BHH maintains an outdoor walking trail year-round and provides volunteer opportunities in the hospital, auxiliary gift shop, and hospice program
- 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, American Heart Association Basic Life Support Courses, public health education, influenza clinics, and school health education.

List of Available Community Partnerships and Resources to Address Needs

- Barrett Hospital & HealthCare
 - o Hospital inpatient (including transitional care) and outpatient services
 - o Clinic (including Walk-in)
 - o Home Health & Hospice
- Beaverhead County Public Health
 - o Beaverhead Family Planning & Immunization Clinic
- Other healthcare providers:
 - o Southwest Montana Community Health Center
 - o Montana Migrant & Seasonal Farmworkers Council
 - o Local optometrists, dentists, and chiropractors
 - o Local pharmacies
 - o Beaverhead Emergency Medical Services
 - o Outlying ambulance and QRU services (Lima, Polaris, Wisdom, Ruby Valley)
 - o Beaverhead Urgent Care
 - o Ortho Rehab, Inc.
 - o Dillon Medical Supply
- Long Term Care Facilities
 - o Pioneer Care & Rehabilitation Center
 - o Tobacco Root Mountain Care Center
- Assisted Living facilities

- o Renaissance
- o Legacy
- Mental Health/ Disability Services
 - o Local LCPC and LCSW providers
 - o BSW, Inc. Dillon Division
 - o Beaverhead County Local Advisory Committee for Mental Health
 - o Crisis Response Team of Western Montana Mental Health
 - o Southwest Chemical Dependency Program
 - o Dillon Alanon Club
 - o Yellowstone Boys and Girls Ranch
 - o Youth Dynamics
- 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.
- Schools:
 - o District 10 (Parkview Elementary and Dillon Middle School)
 - o Beaverhead County High School
 - o Lima, Twin Bridges, and Sheridan Schools
 - o Rural schools
 - o University of Montana Western
 - o Montana Youth Challenge Academy
- Community Resources:
 - o Dillon Volunteer Fire Department
 - o Women's Resource/ Community Support Center
 - o New Hope Pregnancy Support Center of Dillon
 - o Beaverhead DUI Task Force
 - o Montana Be the Change Coalition
 - o LOVE, INC.

- o Beaverhead Wood Bank
 - o Beaverhead Community Food Bank
 - o Meals on Wheels
 - o St. Rose Community Basement
 - o Beaverhead Senior Citizens
 - o Low income/ disabled/ senior housing
 - o 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.
- Service Organizations:
 - o Soroptomists
 - o Rotary
 - o Kiwanis
 - o Lions
 - o Jaycees
 - o United Way
- Government Resources:
 - o Dillon city government including Dillon Police Department and City Bus
 - o Beaverhead County government including Beaverhead County Sheriff's Dept
 - o Beaverhead County Disaster & Emergency Services/ Local Emergency Planning Committee (LEPC)
 - o Adult Protective Services
 - o Child Protective Services
 - o Montana Department of Public Health & Human Services (MT DPHHS)
 - o Montana Office of Rural Health/Area Health Education Center (MORH/AHEC)
- Fitness Resources:
 - o Beaverhead Trails Coalition
 - o Safe Routes to School Program/ Walking School Bus Program
 - o Southwestern Montana Family YMCA
 - o CrossFit Dillon
 - o Bike/Walk Southwest Montana

- o Montana Running Co.
 - o Beaverhead Amateur Hockey Association
 - o Dillon Little Guy Wrestling
 - o Jaycee's Little Skier Program
 - o Dillon Youth Flag Football League
 - o Shine Dance Studio
 - o Youth 4-H Programs
 - o Girl Scouts
 - o Boy Scouts
 - o Beaverhead Sno-Riders
 - o Beaverhead Golf Course
 - o Maverick Mountain Ski Area
- Regional & National Affiliations
 - o Mountain Pacific Quality Health
 - o Monida Healthcare Network
 - o The Montana Hospital Association (MHA)
 - o Providence Health & Services Community Technologies EMR
 - o HealthTechS3
 - o Caravan Health Accountable Care Organization

Beaverhead County Indicators

Population Demographics

- 17.6% of Beaverhead County's population has disability status
- 20.6% of Beaverhead County's population is 65 years and older
- 9% of Beaverhead County's population has Veteran status

Size of County and Remoteness

- 9,246 people in Beaverhead County
- 1.7 people per square mile

Socioeconomic Measures

- 16.1% of persons are below the federal poverty level
- 12% of adults (age<65) are uninsured; 6% of children less than age 18, are uninsured
- 8.4% of the population is enrolled in Medicaid

Select Health Measures

- 25% of adults are considered obese
- 21% of the adult population report excessive drinking
- Acute Myocardial Infarction Hospitalization rate (per 100,000 population) is 127.9 compared to 118.1 for Montana
- Asthma related emergency department visit rate (per 100,000 population) is 433.0 compared to 253.4 for Montana
- Unintentional injury death rate (per 100,000 population) is 47.1 compared to 41.3 for Montana
- 41% of adults living in frontier Montana report two or more chronic conditions
- Montana's suicide rate (per 100,000 population) is 22.5 compared to 13.9 for the U.S.

Nearest Major Hospital

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

Public Health and Underserved Populations Consultation Summaries

Public Health Consultation

Sue Hansen, RN, Director – Beaverhead County Public Health; Ken Westman, CEO – Barrett Hospital & HealthCare (BHH); Carol Dickenson – BHH Patient Family Advisory Council; Beth Weatherby, Chancellor – University of Montana Western
01/14/2020

- Influenza rates are lower, which is related to the work the health department is doing, but the rates are still not very good.
- Would be interesting to see current asthma related disease data since the secondary data source is from 2014.
- There is a way lower cancer rate, but much higher prostate cancer rate. Maybe we need to promote men's health. It seems we have been very women's health focused in the past.
- 2019 numbers are higher for HPSA scores than seen in the past.
- One thing we targeted on our last survey was mental health and we have done a lot of work in those areas.
- Is there any access to helping a family choose a healthcare plan? I've noticed a lot of confusion about that.

Population: Low-Income, Underinsured

Steve Kramer – BHH Patient Family Advisory Council; Pat Carrick – Beaverhead Trails Coalition; Local Advisory Committee on Mental Health
01/14/2020

- Surprised that homelessness is not included in question two, as it is a huge issue in this country.
- We see a lot of people at the CHC who may not be officially homeless but don't have an address.

Population: Seniors

Maria Koslosky, CQCO –BHH; Carol Dickenson – BHH Patient Family Advisory Council; Ken Westman, CEO – BHH
01/14/2020

- Our county has a higher percentage of people 65 and older.
- There seems to be a problem with people getting scammed over the phone, email and mail, especially the elderly. Maybe we should look into prevention classes for these types of things.

Population: Youth

Beth Weatherby, Chancellor – University of Montana Western; Carol Dickenson – BHH Patient Family Advisory Council : Maria Koslosky, CQCO – BHH
01/14/2020

- Beaverhead County data shows that children in poverty here is a lot lower than the state average.
- High school students seem to have unsafe driving habits.
- Bullying is an issue in schools.

Needs Identified and Prioritized

Prioritized Needs to Address

1. 37% of respondents indicated they or a household member delayed needed healthcare services in the past year.

2. Top three reason for delaying needed healthcare services were: “It cost too much” (51.8%), “Qualified provider not available” (21.4%), and “No insurance” (19.6%).
3. 21.8% of respondents expressed interest in chronic pain management classes.
4. 20.5% of respondents stated they would utilize chronic pain management services if they were available in the community.
5. Top health concerns in the community included: “Cancer” (30.8%), “Overweight/obesity” (28.8%), and “Heart disease” (14.1%).
6. Top three components of a healthy community; “Access to healthcare services” (40.4%), “Good jobs and a healthy economy” (34.6%), and “Healthy behaviors and lifestyles” (27.6%).
7. 26.9% of respondents expressed interest in health and wellness programs.
8. Key informant interviewees identified a need for more support services for low-income individuals/families in the community.
9. Key informant interviewees identified affordability of care as a barrier to accessing healthcare services.
10. 21% of respondents rated their knowledge of health services available in the community as “Fair” or “Poor.”
11. 39% of respondents indicated that they are unaware (selected ‘no’ or ‘not sure’) of programs that help people pay for healthcare bills.
12. 24.4% of respondents identified “Access to mental health services” as an important component of a healthy community.
13. Top health concerns in the community included: “Alcohol/substance abuse” (51.1%), “Depression/anxiety/mental illness”, (28.2%), and “Lack of mental health services” (21.8%).
14. Key informant interviewees felt more mental and behavioral services are needed, especially counseling and addiction/ rehabilitation services.

Needs Unable to Address

(See page 25 for additional information)

1. The top ways to improve community’s access to healthcare were: “Lower cost of health insurance” (70.5%), “Lower cost of care” (68.6%), and “Payment assistance programs (healthcare expenses)” (31.4%).
2. “Dermatology/skin check” (53.8%), and “ENT (ear/nose/throat)” (29.5%) were identified as top desired local health services.

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 13). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 16.

Goal 1: Improve access to healthcare services.

Strategy 1.1: Expand telehealth services.

Investigate EMR-integrated home monitoring as an addition to telehealth provider visits at BHH.

Explore feasibility of developing and implementing tele-family planning services at Beaverhead County Health Department.

Market telehealth services and educate the community on availability and access options.

Determine feasibility of expanding child tele-behavioral health services in partnership with Shodair Children's

Strategy 1.2: Expand pain management services.

Implement a pain management program at BHH.

Market pain management services and educate the community on availability and access options.

Strategy 1.3: Expand resources and support programs that address population health needs and champion prevention.

Continue active participation in ACO MSSP to promote wellness care and better manage chronic illness

Develop patient recruitment/referral process for community partners and clinic to improve community wide participation in Health Improvement Program.

Continue participation in other (e.g. BCBS) population health management programs and explore additional options for clinically integrated networks with a focus on wellness promotion and chronic care management

Explore options for Beaverhead County Public Health to assist in promoting wellness activities and chronic care management

Strategy 1.4: Reduce barriers to accessing care through strategic partnership with community organizations.

Enhance collaboration between BHH, Beaverhead County Public Health and other social service organizations (such as the Community Resource Center) to better address area socioeconomic needs.

Collaborate with community partners to Identify and catalogue social services in Beaverhead County.

Work with partners to streamline referral process to area social services. Explore utilization of the Connect program offered through DPHHS. <https://connectmontana.org/>

Develop and disseminate community and service provider education on new/updated community resources and referral processes.

Goal 2: Improve access to mental and behavioral health services.

Strategy 2.1: Engage with community and regional partners to improve access to mental health services.

Continue to support area committees and activities that address mental and behavioral health in Beaverhead County (I.e. LAC for Mental health, Resource Assistance Center Committee, ACES).

Work to coordinate/implement the COVID-19 Behavioral Health Crisis grant, administered by DPHHS Addictive and Mental Disorders Division.

Re-engage with local school health counselors to discuss current screening and resources as well as areas for collaboration or support.

Partner with Public Health to conduct an environmental scan and update available mental health providers and services.

Continue to offer Integrated Behavioral Health care into primary care,

Improve Crisis Response in ED

Implementation Plan Grid

Goal 1: Improve access to healthcare services.					
Strategy 1.1: Expand telehealth services.					
Activities	Responsibilit	Timeline	Final	Partners	Potential Barriers
Investigate EMR-integrated home monitoring as an addition to telehealth provider visits at BHH.	Tom Schumacher, BHH Clinic Director	12/31/22	Ken Westman, BHH CEO	Equipment Vendors, Third Party Payers, Providence Community Technologies/ Epic, IT and	Cost, connectivity delays, manpower for implementation
Explore feasibility of developing and implementing tele-family planning services at Beaverhead County Health Department.	Sue Hansen, Public Health Director	12/31/22	County Commissioners	Equipment Vendors	Cost, technology issues, manpower for implementation
Market telehealth services and educate the community on availability and access options.	Christie Trapp, BHH Marketing Manager	12/31/22	Ken Westman, BHH CEO	Legato Marketing Services, local radio station, newspaper,	Cost
Determine feasibility of expanding child tele-behavioral health services in partnership with Shodair Children's Hospital.	Tom Schumacher, BHH Clinic Director	12/31/22	Ken Westman, BHH CEO	Jenny Given, LCSW; Amy Wellborn, LCSW; Shodair Hospital; IT and Informatics	Cost, technology issue, manpower for implementation; issues on Shodair's end

Needs Being Addressed by this Strategy:

- 1. 37% of respondents indicated they or a household member delayed needed healthcare services in the past year.
- 2. Top three reason for delaying needed healthcare services were: “It cost too much” (51.8%), “Qualified provider not available” (21.4%), and “No insurance” (19.6%).
- 6. Top three components of a healthy community; “Access to healthcare services” (40.4%), “Good jobs and a healthy economy” (34.6%), and “Healthy behaviors and lifestyles” (27.6%).
- 10. 21% of respondents rated their knowledge of health services available in the community as “Fair” or “Poor.”
- 12. 24.4% of respondents identified “Access to mental health services” as an important component of a healthy community.
- 14. Key informant interviewees felt more mental and behavioral services are needed, especially counseling and addiction/rehabilitation services.

Anticipated Impact(s) of these Activities:

- Increase access to healthcare services
- Increased community knowledge of services
- Improved health outcomes
- Service and resource development

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

- Track access measures in subsequent CHNA
- Track volume of telehealth and home monitoring services

Measure of Success:

- Increased utilization of BHH telemedicine services by 10% by 12/22/20
- Tele-family planning services implemented at Beaverhead County Health Department by 12/31/22
- Decrease in % of respondents rating knowledge of health services in community as fair or poor on next CHNA survey
- Decrease in % of respondents citing qualified provider not available as reason for delaying health services on next CHNA

Goal 1: Improve access to healthcare services.					
Strategy 1.2: Expand pain management services.					
Activities	Responsibilit	Timeline	Final	Partners	Potential Barriers
Implement a pain management program at BHH.	Carol Kennedy, BHH CCO	12/31/20	Ken Westman, BHH CEO	Holistic Pain Management Services	Lack of referrals
Market pain management services and educate the community on availability and access options.	Christie Trapp, BHH Marketing Manager	12/31/20	Ken Westman, BHH CEO	Legato Marketing Services, local radio station, newspaper,	Cost
Needs Being Addressed by this Strategy: 3. 21.8% of respondents expressed interest in chronic pain management classes. 4. 20.5% of respondents stated they would utilize chronic pain management services if they were available in the					
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 volume of pain specialist patients					
Measure of Success: - Pain management program implemented at BHH by 12/31/20 - Increase in patients seen through pain management program from 2021 to 2022					

Goal 1: Improve access to healthcare services.**Strategy 1.3: Expand resources and support programs that address population health needs and champion prevention.**

Activities	Responsibilit	Timeline	Final	Partners	Potential Barriers
Continue active participation in ACO MSSP to promote wellness care and better manage chronic illness	Marie Hamilton, BHH Integrated	12/31/22	Ken Westman, BHH CEO	Caravan Health ACO Collaborative	Manpower limitations
Develop patient recruitment/referral process for community partners and clinic to improve community wide participation in Health Improvement Program.	Jill Pulaski, BHH Registered Dietician	12/31/22	Ken Westman, BHH CEO	Dr. Madany, Jenny Given, Deanna Nelson, Primary Care Providers	Lack of community interest
Continue participation in other (e.g. BCBS) population health management programs and explore additional options for clinically integrated networks with a focus on wellness promotion and chronic care	Tom Schumacher, BHH Clinic Director	12/31/22	Ken Westman, BHH CEO	BCBS, Bozeman Health, Monida Healthcare Network	Technology/ data issues, partnership issues, manpower limitations
Explore options for Beaverhead County Public Health to assist in promoting wellness activities and chronic care	Sue Hansen, BCPH Director	12/31/22	County Commissioners	BHH, CHC, YMCA	manpower limitations, cost

Needs Being Addressed by this Strategy:

- 5. Top health concerns in the community included: “Cancer” (30.8%), “Overweight/obesity” (28.8%), and “Heart disease” (14.1%).
- 6. Top three components of a healthy community; “Access to healthcare services” (40.4%), “Good jobs and a healthy economy” (34.6%), and “Healthy behaviors and lifestyles” (27.6%).
- 7. 26.9% of respondents expressed interest in health and wellness programs.

Anticipated Impact(s) of these Activities:

- Increase access to preventative services
- Increased community knowledge of prevention services
- Improved access to prevention services
- Improved health outcomes
- Improve access to high quality, coordinated care

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

- Monitor ACO performance scorecard
- Track HIP participation

Measure of Success:

- Meet ACO performance targets each calendar year
- Increase HIP participant #s

Goal 1: Improve access to healthcare services.**Strategy 1.4: Reduce barriers to accessing care through strategic partnership with community organizations.**

Activities	Responsibilit	Timeline	Final	Partners	Potential Barriers
Enhance collaboration between BHH, Beaverhead County Public Health and other social service organizations (such as the Community Resource Center) to better address area socioeconomic needs.	Sue Hansen, BCPH Director	12/31/22	County Commissioners	Low income housing units? Food bank? Office of public assistance?	manpower limitations
Collaborate with community partners to identify and catalogue social services in Beaverhead County.	Carol Kennedy, BHH CCO	12/31/22	Ken Westman, BHH CEO	Clarissa Wells, BHH Discharge Planner	manpower limitations
Work with partners to streamline referral process to area social services. Explore utilization of the Connect program offered through DPHHS. https://	Sue Hansen, BCPH Director	12/31/22	County Commissioners	MT DPHHS	manpower limitations
Develop and disseminate community and service provider education on new/updated community resources and referral	Sue Hansen, BCPH Director	12/31/22	Ken Westman, BHH CEO	Christie Trapp, BHH Marketing Manager	cost, manpower limitations

Needs Being Addressed by this Strategy:

- 1. 37% of respondents indicated they or a household member delayed needed healthcare services in the past year.
- 2. Top three reason for delaying needed healthcare services were: “It cost too much” (51.8%), “Qualified provider not available” (21.4%), and “No insurance” (19.6%).
- 8 Key informant interviewees identified a need for more support services for low-income individuals/families in the community.
- 9. Key informant interviewees identified affordability of care as a barrier to accessing healthcare services.
- 10. 21% of respondents rated their knowledge of health services available in the community as “Fair” or “Poor.”
- 11. 39% of respondents indicated that they are unaware (selected ‘no’ or ‘not sure’) of programs that help people pay for

Anticipated Impact(s) of these Activities:

- Increase access to healthcare, wellness, and prevention services
- Increased community knowledge of services
- Enhanced community collaboration
- Improved health outcomes
- Service and resource development
- Improve access to high quality, coordinated care

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

- Track completion of activities

Measure of Success: Decrease in number of respondents unaware of programs to help pay for healthcare in next CHNA survey

Goal 2: Improve access to mental and behavioral health services.					
Strategy 2.1: Engage with community and regional partners to improve access to mental health services.					
Activities	Responsibilit	Timeline	Final	Partners	Potential Barriers
Continue to support area committees and activities that address mental and behavioral health in Beaverhead County (I.e. LAC for Mental health, Resource Assistance Center Committee, ACES).	Tom Schumacher, BHH Clinic Director	12/31/22	Ken Westman, BHH CEO	local committees and activities	Manpower limitations
Work to coordinate/implement the COVID-19 Behavioral Health Crisis grant, administered by DPHHS Addictive and Mental Disorders Division.	Tom Schumacher, BHH Clinic Director	6/30/21	Ken Westman, BHH CEO	Jenny Given, LCSW Amy Wellborn, LCSW Tina Giem, BHH	manpower limitations
Re-engage with local school health counselors to discuss current screening and resources as well as area for collaboration or support.	Carol Kennedy, BHH CCO	12/31/22	Ken Westman, BHH CEO	local school administration and counselors Jenny Given, LCSW Amy Wellborn,	Coordination with partners
Partner with Public Health to conduct an environmental scan and update available mental health providers and services.	Carol Kennedy, BHH CCO	12/31/22	Ken Westman, BHH CEO	Jenny Given, LCSW Amy Wellborn, LCSW	manpower limitations; lack of connections
Continue to offer Integrated Behavioral Health care into primary care.	Tom Schumacher, BHH Clinic Director	12/31/22	Ken Westman, BHH CEO	Jenny Given, LCSW Amy Wellborn, LCSW	manpower imitations
Improve Crisis Response in ED	Carol Kennedy, BHH CCO	12/31/22	Ken Westman, BHH CEO	Jenny Given, LCSW Amy Wellborn, LCSW CRT	manpower limitations; lack of cooperation from CRT

Needs Being Addressed by this Strategy:

- 12. 24.4% of respondents identified “Access to mental health services” as an important component of a healthy community.
- 13. Top health concerns in the community included: “Alcohol/substance abuse” (51.1%), “Depression/anxiety/mental illness”, (28.2%), and “Lack of mental health services” (21.8%).
- 14. Key informant interviewees felt more mental and behavioral services are needed, especially counseling and addiction/rehabilitation services.

Anticipated Impact(s) of these Activities:

- Improved collaboration with community partners and coordination of mental and behavioral health services
- Increased access and decreased barriers to mental health and behavioral health services
- Improved utilization of mental health services
- Improved health outcomes

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

- Monitor completion of tasks
- Monitor # of behavioral health visits
- Monitor crisis response issues

Measure of Success: Decrease in % of respondents identifying lack of mental health services as top health concern in next CHNA

Needs Not Addressed and Justification

Identified health needs unable to address at this time	Rationale
1. The top ways to improve community's access to healthcare were: "Lower cost of health insurance" (70.5%), "Lower cost of care" (68.6%), and "Payment assistance programs (healthcare expenses)" (31.4%)	• Lowering cost of health insurance is an issue that is beyond the control of both the hospital and the public health department • 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 • BHH has implemented and advertised a payment assistance
2. "Dermatology/skin check" (53.8%), and "ENT (ear/nose/throat)" (29.5%) were identified as top desired local health services.	• BHH had engaged with an ENT in the past and the partnership was not successful; Dermatologists are in short supply and have not had interest in doing outreach; although these are some ideas we may pursue in the future, we cannot prioritize during this next time frame

Dissemination of Needs Assessment

Barrett Hospital & HealthCare “BHH” and the Beaverhead County Health Department “BCHD” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on the [hospital’s website](#) and [health department’s](#) 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 BCHD are utilizing their input. The Steering Committee, as well as the hospital’s the Board of Directors, will be encouraged to act as advocates in Beaverhead County as BHH and BCHD seek 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 **October 28, 2020**. 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 2020-2023 Strategic Plan can be submitted to:

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

Contact Barrett Hospital & Healthcare’s Chief Quality & Compliance Officer at 406-683-3223 or compliance@barretthospital.org with questions.

Beaverhead County Health Department
41 Barrett Street
Dillon, Montana 59725

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