Community Health Improvement Plan



Lewis and Clark County

Community Health Improvement Plan 2022

In the spring of 2022, Lewis and Clark Public Health and Healthy Together convened a group of stake-holders to create our community's fourth Community Health Improvement Plan (CHIP). The plan outlines strategies to improve the health of all county residents over the next three years.

For the purposes of planning, Healthy Together leadership selected three priority areas based on the results of the Community Health Assessment: 1) Chronic Disease 2) Behavioral Health and 3) Housing. The leadership team also selected a number cross cutting issues that impact all priority areas. These include health equity, access to care and services, partnerships, and lifespan concerns for children in early childhood, youth and older adults. Within each priority area, the plan outlines targeted strategies designed to improve the health of all county residents, with a focus on increasing partnerships, access and equity while considering evidence based supports for all county residents across the lifespan.



Healthy Together believes that implementing these strategies will help us achieve our vision for a healthy community.

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

The CHIP Process

The CHIP process was led by Healthy Together, a community partnership dedicated to improving the health of all residents of Lewis and Clark County by working together to focus energy and resources. Healthy Together was founded in October 2017 by leaders from Lewis and Clark Public Health, PureView Health Center, Rocky Mountain Development Council, St. Peter's Health, and United Way of the Lewis and Clark Area. These individuals serve as the Healthy Together Steering Committee.





Lori Ladas

Executive Director: Rocky Mountain Development Council, Inc.

Amy Emmert

Senior Director of Population Health: St. Peter's Health

Haylie Wisemiller

Population Health and Community Education Specialist: St. Peter's Health

Emily McVey

Executive Director: United Way of the Lewis and Clark Area

Jill Steeley

CEO: PureView Health Center

Drenda Niemann

Health Director/Health Officer: Lewis and Clark Public Health

Jolene Jennings

Behavioral Health Systems Improvement Specialist: Lewis and Clark Public Health

Dorota Carpenedo

COVID-19 Epidemiologist: Lewis and Clark Public Health

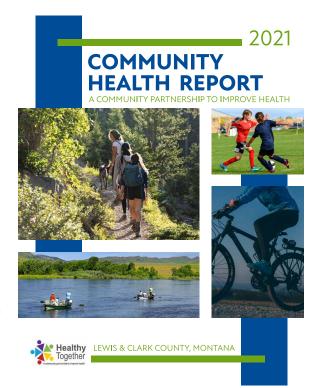
Damian Boudreau

Communications Specialist: Lewis and Clark Public Health

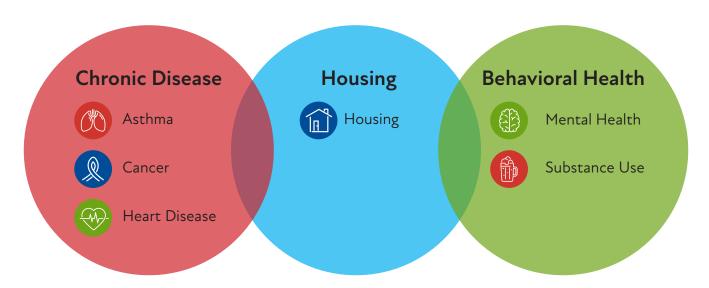
The Community Health Report (CHR)

The CHIP process relies on data to inform which priority areas and strategies are selected. In late 2021, Lewis and Clark Public Health and Heathy Together partners released the fourth Community Health Report for Lewis and Clark County. The report provides a snapshot of our community on various health conditions, health behaviors, systems, and social determinants of health. Since 2011, Lewis and Clark Public Health has partnered with St. Peter's Health to produce this community health report which includes all available population level primary and secondary data to describe the health of our community. The CHR identified 6 key areas of highest concern for health in our community: asthma, cancer, heart disease, housing, mental health and substance use.

Based on this data, the Healthy Together steering committee proposed three areas of focus for the 2022 Community Health Improvement Plan.

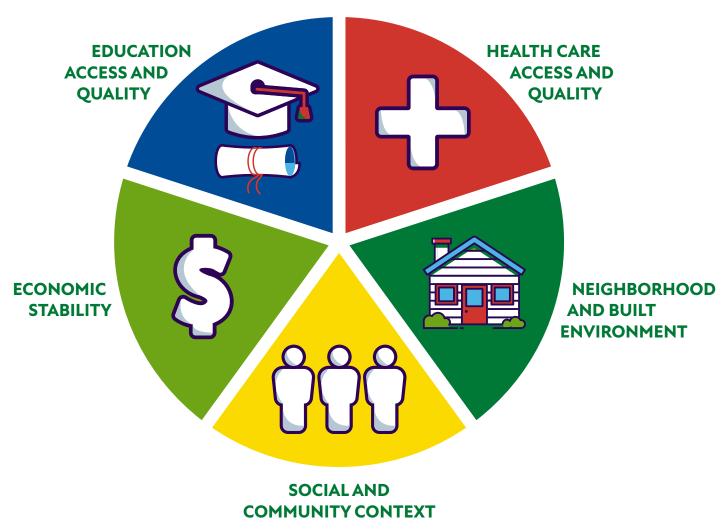


Priority Areas of Highest Concern



CHIP Meetings

SOCIAL DETERMINANTS OF HEALTH



Data Source: U.S. Department of Health and Human Services

To develop this plan, the Healthy Together steering committee convened three virtual meetings in the spring of 2022 with health partners from a variety of sectors to create the Community Health Improvement Plan. Stakeholders used the CHR data, research on best practices and their own expertise to select key strategies for improving health in our three key areas for action. Participants were also instructed to consider the social determinants of health when considering priorities for collective action.

Participants

- A.C. Rothenbuecher, Community Health Promotion Division Administrator, LCPH
- Andy Hunthausen, Lewis and Clark County Commission
- Ben McGaugh, Project Manager, PureView Health Center
- Brandi Thomas, Provider Services Supervisor, Child Care Connections
- Bray Holmes, Zero to Five Community Coordinator, St. Peters Health
- Brett Lloyd, PHEP Coordinator, LCPH
- Bruce Tyler, St. Peter's Health
- Cassie Drynan, Rocky Head Start and Senior Nutrition and Kids Nutrition Coalition
- Chloe Lundquist, SNAP-Ed Instructor, MSU Extension
- Damian Boudreau, Communications Specialist, LCPH
- Dawn Sullivan, Admin Asst II, LCPH
- Donna Breitbart, Director of Marketing & Communication, Helena College
- Dorota Carpenedo, Epidemiologist, LCPH
- Drenda Niemann, Health Officer, LCPH
- Emily Burton, RN Account Manager, Mountain-Pacific Quality Health
- Emily McVey, Executive Director, United Way of the Lewis and Clark Area
- Gina Boesdorfer, Executive Director, The Friendship Center
- Haylie Wisemiller, Population Health & Community Education Specialist, St. Peter's Health
- Heather Hundtoft, Clinical Director of Addiction Services, Boyd Andrew Community Services
- Jackie Girard, HUD
- Jake Henderson, AWARE
- Jeannie Ferriss, Library Director, Whitehall Community Library
- Jeff Buscher, Community Impact Coordinator, United Way of Lewis & Clark Area
- Jennifer McBroom, Water Quality Protection District, LCPH
- Jennifer Whitfield, LCPC, Chief Clinical Officer, Center for Mental Health
- Jess Hegstrom, Suicide Prevention Coordinator, LCPH
- Jill Steeley, CEO, PureView Health Center
- Jolene Helgerson, LCPH
- Jolene Jennings, Behavioral Health Systems Improvement Specialist
- Julie Bir, CONNECT Referral and Systems Improvement Specialist, LCPH
- Kara Snyder, Housing Coordinator, City of Helena
- Kathy Marks, Operations Director, Rocky Mountain Development Council, Inc.
- Kathy Moore, Environmental Division Administrator, LCPH
- Kayla Morris, Supervisor of Community Based Services- St. Peter's Health
- Kellie McBride, Department of Criminal Justice Services, Lewis and Clark County
- Kim Dale, Program Operations Director, Helena Food Share
- Kim Lloyd, Harvest of the Month Community Coordinator, St. Peter's Health
- Kristie Whitaker, LCPH
- Laurel Riek, Disease Control and Prevention Administrator, LCPH
- Lisa Lee, Director, Montana No Kid Hungry & Lead of the Kids Nutrition Coalition
- Lisa Troyer, Health Promotion and Wellness Manager, Pacific Source
- Lois Fitzpatrick, Advocate Emeritus, American Cancer Society Cancer Action Network
- Mary Sparks, Home Visiting Supervisor, LCPH
- Melissa Baker, Cancer Screening, Lewis and Clark Public Health
- Mindy Diehl, Senior Nutrition and Transportation Director, Rocky Mountain Development Council
- Nancy Andersen, Outreach Director, AARP Montana
- Nik Griffith, Strategy Manager, PureView Health Center
- Patty Kosednar, Account Manager, Mountain Pacific Quality Health
- Paula Wright, COO, PureView Health Center
- Rebecca Hargis, Chair, Elevate Montana Helena Affiliate
- Ron Wiens, Director of Business Development, Shodair Children's Hospital
- Sandy Bauman, Dean/CEO, Helena College
- Sarah Elliott, Director of Complex Care, St. Peter's Health
- Sarah Sandau, Prevention Programs Supervisor, LCPH
- Shari Hagengruber, Community Relations Coordinator, St. Peter's Health
- Sydney Blair, CEO, Center for Mental Health
- Taylore Dinsdale, Tobacco Prevention Health Educator, LCPH
- Theresa Ortega, Executive Director, Good Samaritan Ministries

2022 Lewis and Clark County CHIP Plan

What is Health?

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

Our Vision for a Healthy Community

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

CHIP - Priorities Within Focus Areas

Chronic Disease	Housing	Behavioral Health
Nutrition	Continuum of housing supports	Prevention
Physical activity	Permanent supportive housing	Treatment
Partnerships, funding and capacity	Partnerships, funding and capacity	Partnerships, funding and capacity

Priority Area | Chronic Disease



As part of the CHIP process, participants were asked to create a map of the assets and resources that currently exist to address chronic disease in our county utilizing the CDC's four domains of chronic disease prevention framework.¹

CDC's Four Domains of Chronic Disease Prevention Framework

Data and Surveillance Environmental Approaches

Community
Programs Linked to
Clinical Services

Healthcare System Interventions

The map of the Chronic Disease assets and resources in Lewis and Clark County as of spring 2022 that CHIP participants created is on the following page.

CHIP participants also mapped the crosscutting lifespan services that exist for addressing chronic disease in Lewis and Clark county. These included:

Cross Cutting Lifespan Services for Chronic Disease

Coalitions and Partnerships

- Healthy communities coalition
- Nonmotorized Travel Advisory Council (NMTAC)
- Harvest of the month

Early Childhood and Families

- Early childhood coalition
- Kids
 Nutrition
 Coalition
- Elevate MT-Helena Affiliate

Youth

- District
 wellness
 committee Helena School
 District
- Youth CONNECTIONS

Older Adults

Aging well workgroup

Equity

 No services identified

Access to Care and Services

 Health Improvement Coalition

After the assessment of current assets and resources, participants were asked to identify any gaps in the current system and consider how to improve our response to chronic disease prevention in our community.

Based on this in-depth assessment, which included a review of the chronic disease data in the 2021 Community Health Report (CHR), group members outlined an overarching goal along with metrics and strategies for improving Chronic Disease outcomes in Lewis and Clark County, all of which are outlined on the following pages.

¹https://www.cdc.gov/chronicdisease/center/nccdphp/how.htm

Data and Surveillance

Health Report Community

epidemiologist LCPH

> Improvement Health State Plan

epidemiologists State

Survey (BRFSS)

Youth Risk

Surveillance

Risk Factor Behavioral

Sources:

People 2030 Healthy

Insurance Data, EHR, Vital stats

Survey (YRBS),

Behavior

Today's Air DEQ

Montana tumor registry

Environmental Approaches

Complete Streets Active living Wayfinding Plan

WIC Farmer's Double snap Indoor Air Act Tobacco free policies Clean (CIAA), parts, point of sale

Market

market/senior Senior food at farmers vouchers Community gardens

commodities month: Schools and Community Harvest of the

School Meal Program Helena Food Program

Air quality monitoring

Asthma monitoring in

schools

linked to clinical services Community programs

program and self management prevention Diabetes

orograms

prevention in education Tobacco reACT

dollars for

produce

cessation

courses

Tobacco

SNAP Ed Nutrition

> Food Rx, Food Health (SPH)-St.Peter's schools

Peer breast

Classes

feeding

supports

is Care, Food Farmacy

Helena schools committee wellness District self management Chronic disease courses

SPH Cancer Navigators Ø

Healthcare System Interventions

SPH Dieticians

Worksite

wellness

novement classes

Arthritis

Medicine SPH Culinary

Breast and Cervical Health Program

Asthma home visiting



Health Coaches for Hypertension

Chronic Disease Metrics

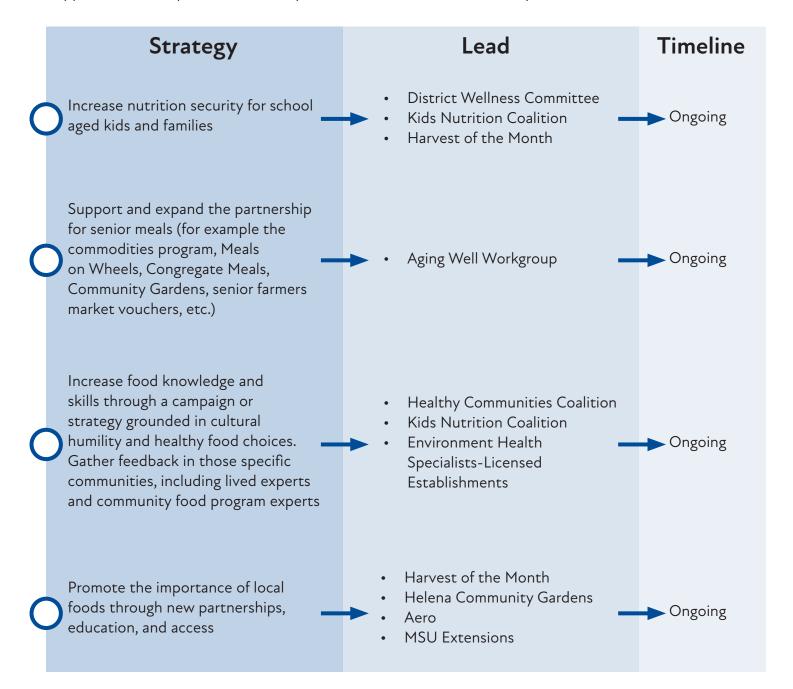
Metric 1	Cancer incidence and mortality for female breast and colorectal cancers
Matria Taras	Laws Tarms 2 years
Metric Target Numerator	Long Term – 3 years Number of people diagnosed with the disease
Numerator	Number of people who have died from the disease
Denominator	Number of people
Reporting Type	Age adjusted incidence and mortality rates per 100,000 population
Unit of Analysis	Individuals
Data Sources	Montana Central Tumor Registry and the Office of Vital Statistics,
	Montana Department of Public Health and Human Services
	Centers for Disease Control and Prevention (CDC) and the National
D [Cancer Institute (NCI), U.S. Decennial Census
Data Frequency Data Notes	Annual, based on 3 years of latest available data
Data Notes	Stratify by race, gender, age groups
N4	
Metric 2	Asthma hospital admissions and emergency room visits
Metric Target	Long Term – 3 years
Numerator	Number of asthma hospital admissions
	Number of asthma emergency room visits
Denominator	Number of hospital admissions
	Number of emergency room visits
Reporting Type	Age adjusted hospital admissions and emergency department visits rates per 100,000 population
Unit of Analysis	Hospital Stay
	Emergency Department Visit
Data Sources	St. Peter's Health, U.S. Decennial Census
Data Frequency	Annual, based on 3 years of latest available data
Data Notes	Stratify by race, gender, age group
Metric 3	Cardiovascular disease mortality
Metric Target	Long Term – 3 years
Numerator	Number of people who have died from the disease
Denominator	Number of people
Reporting Type	Age-adjusted mortality rates per 100,000 population
Unit of Analysis	Individuals
Data Sources	National Center for Chronic Disease Prevention and Health Promotion,
Data Francisco	Centers for Disease Control and Prevention.
Data Frequency Data Notes	Annual, based on 3 years of latest available data Stratify by race, gender, age group
Data NOtes	Sciacity by face, gender, age group

Overarching Chronic Disease Goal

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

Chronic Disease Focus Area 1

Support the development of a healthy, accessible, and affordable food system.



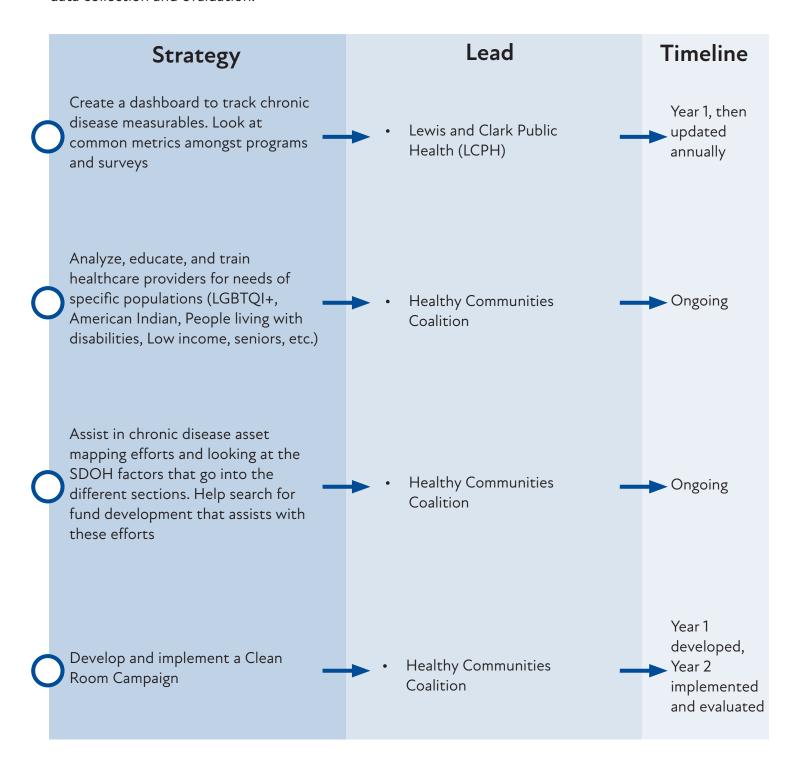
Chronic Disease Focus Area 2

Ensure that every Lewis and Clark resident can access and engage in physical activity.

Strategy		Lead	Timeline
Collaborate and coordinate county wide physical activity initiatives and culturally competent campaigns. Working with lived experts and gathering feedback in those specific communities	→	Healthy Communities Coalition	Ongoing
Improve active transportation through increasing safe routes and trails	•	For the City of Helena: • Helena Non-Motorized Travel Advisory Council • District Wellness Committee For Lewis and Clark County, there is currently no lead known. The Prevention Programs Supervisor at Lewis and Clark Public Health (LCPH) will start reaching out to the following groups to see their interest: • County School PTAs • Law Enforcement • Augusta/Lincoln/Wolf Creek Schools and School Boards • Lincoln walkability/downtown group	Ongoing
Support and coordinate locally generated fall prevention efforts	-	Aging Well Workgroup	Ongoing

Chronic Disease Focus Area 3

Support and sustain chronic disease efforts with effective partnerships, evidence based training, and robust data collection and evaluation.



Priority Area | Behavioral Health



As part of the CHIP process, participants were asked to create a map of the assets and resources that currently exist to address behavioral health in our county utilizing a modified version of the Institute of Medicine's Behavioral Health Continuum of Care framework. ²

Prevention and Awareness

Referrals and Connection to Care

Outpatient Services Intensive Support Services

Crisis Services Residential and Inpatient Services Community
Support
Services and
Recovery
Suports

The map of the behavioral health assets and resources in Lewis and Clark County as of spring 2022 that CHIP participants created is on the following page.

CHIP participants also mapped the crosscutting lifespan services that exist for addressing behavioral health in Lewis and Clark County. These included:

Cross Cutting Lifespan Services

Coalitions and Partnerships

- Suicide prevention coalition
- Local Advisory Council
- Behavioral
 Health
 Systems
 Leadership
 Improvement
 team
- Law
 Enforcement,
 Mental
 Health,
 Emergency
 Room

Early Childhood and Families

- YWCA and YMCA
- Public schools
- Childcare
 Connections

Youth

- Youth
 Connections
- YMCA
- Big Brothers,
 Big Sisters
- Shodair

Older Adults

- Rocky
 Mountain
 Development
 Council
- (RMDC)

 AARP

Equity

- LCPH Health Equity
 Widerstand
- Disability
 Rights MT
- Helena Indian
 Alliance

Access to Care and Services

- CONNECT referral system
- MT211

After the assessment of current assets and resources, participants were asked to identify any gaps in the current system and consider how to improve our prevention, promotion and treatment of behavioral health concerns in our community.

Based on this in-depth assessment, which included a review of the behavioral health data in the CHR, group members selected the following goals, metrics and strategies for improving behavioral health outcomes in Lewis and Clark County.

² https://prevention.nd.gov/files/pdf/parentslead/ContinuumofCareModel.pdf

Behavioral Health Services Map | Lewis and Clark County

Referrals and **Prevention** and **Awareness**

Connection to Care

Outpatient Services

ntensive Support

Services

and Inpatient Residential **Crisis Services**

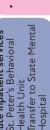
Support and Community

ecovery Services

RMDC & Spring Meadow Developmentally delayed/Serious and Disabling Mental Illness (SDMI) waiver Respite care services

Acute inpatient services • St. Peter's Behavioral Health Unit • Transfer to State Mental Services

Hospital

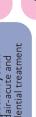


















NAMI

(including support) Family

MT Peer **Network**

Suicide Postvention

the Suicide Prevention LOSS Team Suicide Postvention-run by Coalition

- bereavement support Breathe suicide
- Center for Mental Health Suicide Attempts Group

(e.g. Sheridan, WY)

Pureview

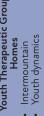
Instar

Center for Mental Health Our Place/Good Sams

Peer Support Services

Boyd Andrew

Inpatient youth	Shodair-acute and	residential treatment
	•	





Residential SUD Boyd Andrews YWCA

Florence Crittenton Instar Community Services (Hannon

Salvation Army House)

Behavioral Health Group

Home Center for Mental Health Sleeping Giant Group Home

Residential Family

Therapeutic Day

Health Lifeline (effective Prevention and Mental 988-MT Suicide

7.16.22)

Center for Mental Health (C4MH)

Intermountain &

Treatment

Outpatient care
Center for Mental Health
Consilience Institute

ines

Medication Assisted

Helena Indian Alliance

Private providers

Security Insurance (SSI) / Social Security Disability Insurance (SSDI) Outreach:

SOAR Programs-Social

Fraining and Support GroupsQuestion Persuade Refer

QPR) for youth and adults

Mental Health Awareness

Training (MHAT) Grant

training: Suicide safe care, Mental Health First Aid

PureView

PureView at God's Love

Montana Telepsych

CONNECT

Referral

Good Sam's Bright App

Outreach

Solutions

- Friendship Center Crisis Mental Heath Center Crisis text line
 - Helena Indian Alliance Trevor Project/Trans Call Line

Partnership

Treatment for Opioid Use

Integrated Behavioral

Health

988 and 211

PureView,

Family

lifeline

Veterans services?

Therapeutic Foster Care

SPH outpatient Helena OB/GYN Shodair

Community

Instar

Services

Good Sames

Drop In Center/ with Peer Response

Naxolone training & master

with youth

settings, first responders YMHFA for adults working

competent in faith-based

(MHFA), ASIST, Military Strong, ACEs culturally

Mobile Crisis Response

- Crisis Response Team-911 St. Peters Health Mobile
- is the traffic controllerco-response with law enforcement

Community Treatment

(PACT)

Program for Assertive

AWARE PACT and FACT Center for Mental Health

Felony drug treatment

Specialty Treatment

PureView Health Center

community organizations)

NAMI classes and other

support groups

with children, but all ages

support groups (families

training Circle of Security &

Referrals from services:

Home visiting

Peers

Courts

Pretrial Services

Mental Health Court

Youth Outpatient

Case managers LYFTS-referrals from

& Cessation

LCPH

Prevention

Health State

Mental

Ombudsman

Services

Youth Dynamics

Healthy Mothers Healthy Babies (HMHB) Mobile Crisis Response Team

Intermountain

Prevention

work

/A Suicide

Suard suicide

prevention National

Services

Veterans

of You, SPH

keeping people at ower leve

Peers -

Perinatal

Mood and Disorders

Anxiety

of care Harm

aking Care

Shodair Aware

Charlie Health

- Veterans Services

- SPH Emergency Room Detention Center Crisis Receiving and Stabilization
 - God's Love (?)
- Pending project for the FY 2023

Day Treatment Programs
Center for Mental Health

Intermountain

Shodair

Veterans Services

VA outpatient care

Peer Support

Instar

NAMI Walk

roups - Boyc

reduction

(PMADs)

Out of the

PureView

Andrew,

darkness

campus wall

Elevate MT education resilience

& ACEs

education & peer-to-peer for PMADS

- Crisis Receiving and/or Stabilization facility Behavioral Health
- Shodair- Crisis Incident Stress Management
 - (CISM)
- Margaret Stuart Youth Home

Comprehensive School and Community Treatmen

(CSCT)

School Services

Pureview

School Counseling (AWARE, Intermountain,

Shodair)

Support Services
The Friendship Center
Family Promise

Signs of Suicide (SOS) for students



Safer Communities Montana (SCM) lethal

means campaign

Alliance (HIA) Suicide Prevention

visiting (LCPH & Flo

Grant

Helena Indiar

Partnership

for Home

Behavioral Health Metrics

Metric 1	Suicide mortality
Metric Target Numerator Denominator Reporting Type Unit of Analysis Data Sources Data Frequency Data Notes	Long Term – 3 years Number of people who have died by suicide Number of people Age-adjusted mortality rates per 100,000 population Individuals National Center for Health Statistics, Centers for Disease Control and Prevention. Annual, based on 3 years of latest available data Stratify by race, gender, age group
Metric 2	Binge drinking among adults aged 18 years and older
Metric Target Numerator Denominator Reporting Type Unit of Analysis Data Sources Data Frequency Data Notes	Long Term – 3 years Number of adults reporting having 4 (women), 5 (men) or more drinks, within a couple of hours on one or more days in the last month Number of people Percent Individuals by alcohol utilization units Behavioral Risk Factor Surveillance System (BRFSS), Montana Department of Public Health and Human Services Annual, based on 3 years of latest available data Stratify by race, gender, age group
Metric 3	Tobacco use among adults aged 18 years and older
Metric Target Numerator Denominator Reporting Type Unit of Analysis Data Sources Data Frequency Data Notes	Long Term – 3 years Number of adults who are current smokers Number of people Percent Individuals by tobacco use status Behavioral Risk Factor Surveillance System (BRFSS), Montana Department of Public Health and Human Services Annual, based on 3 years of latest available data Stratify by race, gender, age group

Metric 4	Depressive disorders among adolescents and adults aged 18 years and older
Metric Target Numerator	Long Term – 3 years Number adults diagnosed with depressive disorders Number of high school students that felt sad or hopeless almost every day for two weeks or more in a row that stopped doing some usual activity.
Denominator Reporting Type Unit of Analysis	Number of people Percent Individuals
Data Sources	Youth Risk Behavior Survey (YRBS), Office of Public Instruction (OPI) and Behavioral Risk Factor Surveillance System (BRFSS), Montana Department of Public Health and Human Services and CDC
Data Frequency	Annual, based on 3 years of latest available data Every other year
Data Notes	Stratify by race, gender, age group
Metric 5	Marijuana, alcohol, vapor products and any illegal drug use among adolescents and adults aged 18 years and older
Metric 5 Metric Target Numerator	adults aged 18 years and older Long Term – 3 years Number of adults reporting substance use Number of high school students who reported using substance at least once in the
Metric Target Numerator Denominator Reporting Type Unit of Analysis	Adults aged 18 years and older Long Term – 3 years Number of adults reporting substance use Number of high school students who reported using substance at least once in the past month Number of people Percent Individuals
Metric Target Numerator Denominator Reporting Type	Long Term – 3 years Number of adults reporting substance use Number of high school students who reported using substance at least once in the past month Number of people Percent Individuals Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance System (BRFSS), Montana Department of Public Health and Human Services PRC Community Health Survey, LCPH Behavioral Analysis
Metric Target Numerator Denominator Reporting Type Unit of Analysis	Adults aged 18 years and older Long Term – 3 years Number of adults reporting substance use Number of high school students who reported using substance at least once in the past month Number of people Percent Individuals Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance System (BRFSS), Montana Department of Public Health and Human Services

Overarching behavioral health goal

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



Dr. Abentroth, Surgery, in conversation with patient. Photo from St. Peter's Health.

Behavioral health focus area 1

Build and sustain a robust and evidence-based mental health promotion and substance use prevention culture.

	Strategy	Lead	Timeline
	Prevention/Education- Suicide Prevention and mental health training (Adult and Youth)	 LCPH Suicide Prevention Program NAMI Helena School districts (SOS, QPR, Youth Aware of Mental Health [YAM]) Montana Health Research & Education Foundation / South Central Montana Area Health Education Center (MHREF/SC MT AHEC) 	→ Ongoing
	Postvention	LOSS Team	Ongoing
C	Early prevention: Alcohol, Vaping and Drug Abuse Awareness and Education (Adults and 13 – 17 years old)	 LCPH Tobacco Education Specialist Youth Connections Prevention Specialist Helena Indian Alliance 	→ Ongoing
C	Mental Health and Substance Abuse Assessment for Primary Care, Behavioral Health, Specialty Care Providers, and Schools - Suicide Safe Care Tools (Zero Suicide)	 LCPH Suicide Prevention Program And trained facilitators DPHHS 	→ Ongoing
C	Digital resources and accurate information easily accessible by youth, with pushes on prevention messaging; use of platforms they access already (tik Tok, snap chat, Let's Talk App-OPI)	 OPI Lead needed and trained facilitators DPHHS 	→ Ongoing

Behavioral Health Focus Area 2

Build and sustain the continuum of behavioral health care across the lifespan.

Strategy		Lead Timeline	
New Crisis Facility with 24/7 no wrong door access for Mental Health and Substance Abuse services at Journey Home location	→	 LCPH Behavioral Health Systems Improvement Specialist Behavioral Health Systems	
New funding for: •Awareness •Advocacy – advocating as community for money for treatment services •Education •Addiction treatment services •Mental health services	→	 Local Advisory Council Awareness Network Behavioral Health Alliance of MT 	
988 Suicide Prevention and Mental Health Crisis Lifeline Awareness, Promotion and Education and Reporting.	-	 988 Call Center (Voices of Hope) Local Advisory Council Suicide Prevention Coalition 	
Early intervention for risky behaviors with youth	→	 Shodair – outpatient for co-occurring substance use disorders Youth Connections Schools 	

Behavioral Health Focus Area 3

Support behavioral health efforts through effective partnerships, evidence based training, and robust data collection and evaluation.

	blection and evaluation.		
C	Strategy Community Champions – who can expand the message to the general community?	 Lead PureView Providers Hometown Helena Local Advisory Council Suicide Prevention Coalition 	Timeline Ongoing
C	Workforce Development through Partnerships and Education •Workforce Development through Partnerships and Education (Existing and new) •Recruitment strategies (look at legislative action, local efforts, etc.) •Retain & educate on trauma informed care/ resiliency; support – behavioral health providers, school counselors, teachers	 Helena and Carroll College, Behavioral Health Provider(s), High Schools and Workforce Development Organizations 	→ Ongoing
C	Data Dashboard including FUSE •Capturing age and other important demographic information	 BH Local Advisory Council (LAC) Workgroup 2 Suicide Prevention Coalition Voices of Hope United Way of LCC Connect Referral System 	FY 23
C	MT211/Bright App/CONNECT REFERRAL Promotion and Education and Reporting.	 CPH 988 Call Center (Voices of Hope) United Way of LCC 911 Dispatch MCRT Montana Telecommunications Association – Geoff Feiss 	Ongoing
C	Exploration of Psychological Autopsy – Suicide Mortality Review and Partnerships	 Coroner Lewis and Clark Suicide Prevention Coalition (LCSPC) / LCPH Suicide prevention LOSS Team Montana Violent Death Reporting System 	■► 1st year

Priority Area | Housing



As part of the CHIP process, participants were asked to create a map of the assets and resources that currently exist to address housing concerns in our county across a modified version of the Housing and Urban Development continuum of care.

Housing Continuum of Care Framework

Prevention

Outreach, Intake and Assessment

Emergency Shelter Transitional and Behavioral Health Housing

Affordable and/ or Subsidized Housing

The map of the housing assets and resources in Lewis and Clark County as of spring 2022 that CHIP participants created is on the following page.

CHIP participants also mapped the crosscutting lifespan services that exist for addressing housing in Lewis and Clark County. These included:

Cross Cutting Lifespan Services

Partnerships Coordinated entry Law enforcement Frequent Users System

Engagement

(FUSE)

Coalitions and

Early Childhood and Families

- Early
 Childhood
 Coalition
 (ECC) and
 Zero to 5
- Child Care Connections (CCC)
- Day care shortages

Youth

- Helena School District
- Youth homes
- Life houses

Older Adults

- The Guardian Apartments
- Senior
 Adult
 housing

Equity

- Frequent
 Users System
 Engagement
 (FUSE)
 program
- Homeless
 Management
 Information
 System
 Mapping for
 Appropriate

Placement (HMIS MAP)

scores
Clear policies

Access to Care and Services

- PureView for the homeless
- Crisis Intervention Team
- Human Resources
 Development Council (HRDC)
- VA for veterans
- Helena Indian Alliance
- St. Peters BHU

Housing Continuum | Lewis and Clark County

Prevention

Outreach, Intake and

Assessment

Emergency Shelter

Behavioral Health

Housing

Transitional and

Subsidized Housing Affordable and/or

Samaratin Ministries (GSM) **Eviction Prevention Good** Housing Navigator

PACT Teams for Mental (Center Health

Moratoriums (Limited) Eviction

-ront Doors for entry into the

meetings

Coordinated Entry System

All locations administer

ow income Support for increased housing Emergency Assistance **MT ERA** Rental

Case Managers Training for Diversion Montana Legal Services

stability services Housing Incentivizing landlords to

ncome housing provide low

education Renter

Jser System Engagement

Volunteers of

America

Frequent

Outreach

Street

Health:

Landlord Communication

Employer ent regulation Government

Workers and

Social Work

Community

Helena Indian

Alliance

Health

(FUSE)

sponsored lodging

Coordinated Entry System

Day Shelter

Dur Place-drop in center Housed and facilitated by the Clark Area-Case Conferencing United Way of the Lewis and

Health-Our

Behavioral

Place Peer Support

Overnight Shelter

Men, Women God's Love

-amilies rotating Family Promise churches through and Families

Placement (MAP) and enter

Matching to Appropriate

Friendship Domestic Center

scores, clients are placed on the

By Name List and prioritized to receive housing supports

System (HIMS). Based on MAP

Information Management clients into the Homeless

Volunteers of

America

Veterans

Sexual Assault Violance/

through the Continuum of Care

Coordinated Entry System

(CoC CES)

Extended stay at St. Peters

Hotel Program

(limited)

Samaritan Ministries

Good

Sleeping in vehicles

St. Peter's

Good Sam's

Area camping

Short term Transitional Housing

- The Friendship Center on-site program
- Family Promise
- Life Houses youth homes

Rapid Rehousing/Rental Sup-

 The Friendship Center rental support grant (10/2022)

Transitional Housing Behavioral Health

- Salvation Army Ground Zero Sober Living
 - YWCA women and children
 - INSTAR Hannon House Florence Crittenton
- Center for Mental Health Hope Center for Women

Sleeping Giant Group Home

Helena Housing Authority

Public housing vouchers • Affordable units

Affordable housing

- Ironfront Apartments Red Alder
 - **Broadwater Village**
- Rocky
- Eagle Manor (seniors)
- Queen City Estates (qualifying disabilities and seniors) The Guardian Apartments
 - Rocky, Boulder, Augusta, (seniors)

Townsend

 Affordable home own-Habitat for Humanity ership

> assistance Mortgage

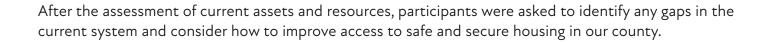
and connection to low income

clients at three locations

Healthcare for the Homeless

PureView

23



Housing and Services Gaps

Shortage of Affordable Housing for Low & Moderate Income Folk

No Detox

Issues with Warm Springs

Staff Shortage

Supportive Housing With Services

Resources for Homeless Youth

Not enough Government Funding for needed Programs Lack of Funding for Nonprofits doing the work

Barriers in Application Process LGBTQ+ Youth & Adults

Based on this in-depth assessment, which included a review of the housing data in the 2021 Community Health Report (CHR), group members outlined an overarching goal along with metrics and strategies for improving access to housing in Lewis and Clark County, all of which are outlined on the following pages.



Family biking: Photo from Pixabay.com

Housing Metrics

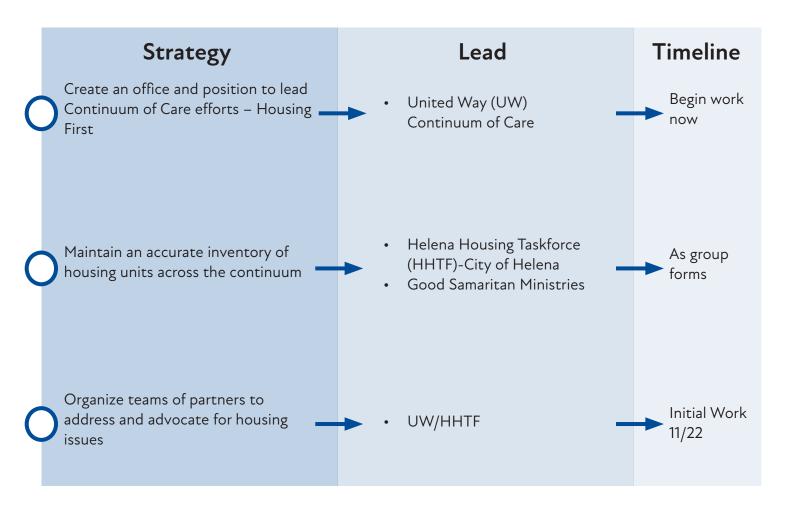
Metric 1	Quality of rental/housing stock-HUD standards, lead free, smoke-free multi- unit housing		
Metric Target Numerator	Long Term – 3 years Number of multi-unit housing with absence of smoke-free policies Number of multi-unit housing with presence of lead hazard		
Denominator Reporting Type Unit of Analysis	Number of multi-unit housing Percent, number Multi-unit housing		
Data Sources	U.S. Housing and Urban Development (HUD), Montana Tobacco Prevention Program, Program records, Surveys, other sources		
Data Frequency Data Notes	Annual or latest available data Identify other data sources and develop tracking mechanisms for hazardous exposure. Consider addressing housing properties prior to 1978 for lead-based paint exposure.		
Metric 2	Housing ownership continuum (home ownership, displacement, homelessness)		
Metric Target Numerator	Long Term – 3 years Number of emergency shelter beds Number of transitional housing units		
Denominator Reporting Type	Number of homeless individuals who transition to permanent housing NA Number; Ratio		
Unit of Analysis Data Sources	Shelter bed, housing units, ownership status, homelessness U.S. Housing and Urban Development (HUD), U.S Census American Community Survey		
Data Frequency Data Notes	Annual or latest available data U.S Census American Community Survey, U.S. Housing and Urban Development HUD), Program records, Surveys, other sources		
Metric 3	Household income spent on rent or mortgage		
Metric Target Numerator Denominator Reporting Type Unit of Analysis Data Sources Data Frequency Data Notes	Long Term – 3 years Income spent on rent or mortgage Total household income, home cost, home value Percent (spend more than 30% of income on housing) Income, housing cost, home values, U.S Census American Community Survey Annually, 5-year estimates Stratify by race, ownership type, housing type, income level		

Overarching Housing Goal

Provide opportunities for residents of Lewis and Clark County to access to safe and affordable housing.

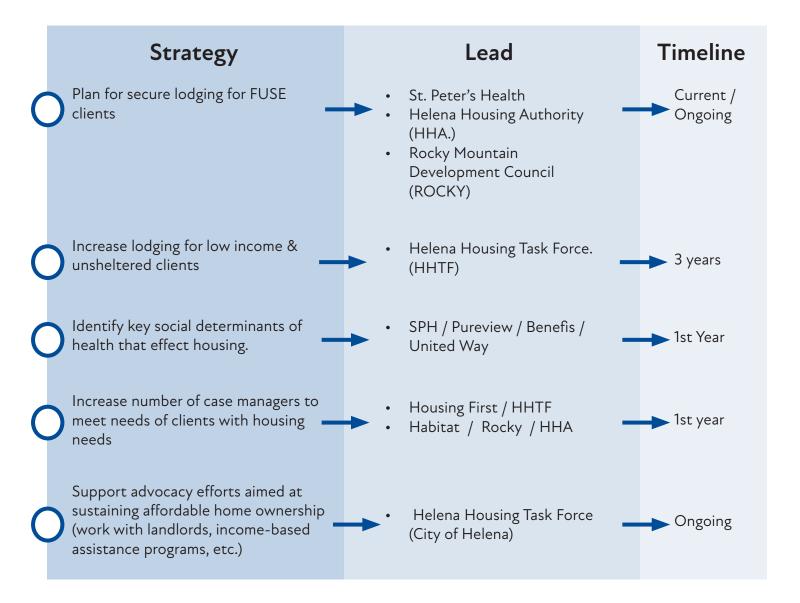
Housing Focus Area 1

Build a robust, sustainable, continuum of care that has the capacity to offer a variety of housing to persons at-risk of or experiencing homelessness.



Housing Focus Area 2

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



Housing Focus Area 3

Support all housing efforts through effective partnerships, evidence-based training, and robust data collection and evaluation.

Strategy		Lead		Timeline
Recruit/identify staff to do the work	• .	Helena Housing Task Force (HHTF)	_	→ 1st Year
Determine what data we need to collect and develop a housing report for Lewis and Clark County	•	HHTF	_	→ 1st Year
On-going training across relevant topics	▶ .	United Way Continuum of Care / Housing and Urban Development (HUD)	_	→ 3 Years



Overlooking portion of Downtown Helena. Photo from Adobe Stock.



A community partnership to improve health, spearheaded by these local organizations











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