



Healthy Gallatin Community Health Improvement Plan Report

Year One, Ending December, 2013

Introduction:

Gallatin County community partners, led by staff at Gallatin City-County Health Department in collaboration with Bozeman Deaconess Health Services and Community Health Partners conducted a Community Health Assessment from July 2011-December of 2012 and developed a Community Health Improvement Plan (CHIP) based on the data that was collected in the assessment. This is the first annual report of the Community Health Improvement Plan, reflecting the activities and efforts of the partners from January- December, 2013.

The purpose of this document is to report progress on the work plans that were developed, identify conclusions, and make mid-plan revisions to those work plans. Major portions of this report were contributed by CHIP partners, and compiled by Gallatin City-County Health Department. A report to the community was held on January 21st from 2-5pm in the Bozeman Public Library Community Room. Feedback from community members was also taken into account and this report was produced and distributed on February 28th, 2014.

This document references the Community Health Improvement Plan. This plan can be found on the Healthy Gallatin Website:

http://healthygallatin.org/wp-content/uploads/2013/04/HealthyGallatin_CHIP.pdf

Priority One: Access

Goal: Improve access to health services for those living below 200% of the Federal Poverty Level

Background:

Data from the Community Health Assessment revealed that residents of Gallatin County have difficulty accessing the health services that they need to stay healthy. Barriers such as distance to health services, continuing stigma surround accessing mental health services, and the across-the-board low health outcomes for those living below 200% of the Federal Poverty Level (FPL) are challenges that residents of Gallatin County face. By decreasing barriers to services, and increasing access to services, Gallatin County residents will be able to enjoy healthier and more productive lives.

Objective 1:

Expand HRDC transportation services (Galavan and Streamline) to encompass at least two trips per week to Three Forks and Manhattan by the end of 2013.

Strategy 1.1: Determine feasibility and demand for expanded services

Progress at the end of year one, December, 2013:

David Kack of the Western Transportation Institute began attending meetings in early 2013, and his expertise in rural transportation challenges was a great asset to the group in being able to understand the issue even better. Christine Armstrong, an AmeriCorps VISTA with the Gallatin City-County Health Department designed, distributed and analyzed data from the communities of Belgrade, Manhattan and Three Forks to further assess the need for transportation. The total number of surveys that were completed was 170.

The consensus of the group is that not only would it be feasible to increase services, but that if transportation services were expanded, running a service to the west end of Gallatin County could be done at a greater frequency than outlined in the objective.

Strategy 1.2: Explore funding to offset costs of transportation route

Progress at the end of year one, December, 2013:

The group understands the issue of transportation much better than when it was convened in late 2012. Data has been compiled from the survey that was conducted, in addition to data from HRDC that was compiled as part of Streamline's five-year strategic plan. Aside from internal discussions, no outreach to potential funding sources has been conducted- this will be a priority for the first part of 2014.

Conclusions:

There is still a great deal of community interest in this issue. The bottom line of establishing more transportation services comes down to funding. While an Urban Transit District would be the most sustainable means to do so, getting commitments from organizations, businesses and local government is the most realistic and achievable option, especially in the next few years.

Revisions to the CHIP:

- This objective was not reached by the end of 2013, and the date will be adjusted by one year, to 2014.
- The target date for Strategy 1.1 was completed by June 30, 2013
- Edits to the timeframe for tactics 1.2.1 and 1.2.2 will be changed to reflect more specific dates, April 2014 and July 2014, respectively.
- The target date for tactic 1.2.4 was completed in January, 2013.
- David Kack of the Western Transportation Institute will be added as an owner of this objective, along with Lee Hazelbaker of the Human Resources Development Council.

Objective 2:

Increase the number of people below 200% of the federal poverty level accessing mental health services from Gallatin Mental Health Center (GMHC) and Community Health Partners (CHP) by 10% by the end of 2014 (this would mean 503 active clients at GMHC on December 1, 2014 and 662 accessing services at CHP during the year 2014)

Strategy 2.1: Reduce the stigma of seeking help for mental health issues

Progress at the end of year one, December, 2013:

Bozeman Deaconess Health Services continues to provide Health Teacher for 16 school districts in Gallatin County. Health Teacher is an evidence-based curriculum supplement that is in alignment with the National Health Education Standards. The utilization of the mental health module has increased from 23% in 2012 to 35% in 2013. Additionally the number of total registered users has increased from 85 in 2011 to 392 in 2013.

Strategy 2.2: Expand counseling services in outlying communities as demand for services increases

Progress at the end of year one, December, 2013:

Gallatin Mental Health Center has had to decrease certain services, which have included eliminating open access and returning back to scheduled evaluations for outpatient treatment. This is not a reflection of a decrease in demand for mental health services, but on the impact that political decisions

have had on the populations that GMHC serves. GMHC no longer has a clinic in Three Forks- it was found that the majority of people utilizing this service were not from Three Forks.

Strategy 2.3: Provide access to telemedicine to benefit individuals in outlying communities

Progress at the end of year one, December, 2013:

Similar to Strategy 2.2, the planned implementation of telemedicine was put on hold due to the decrease in funding for the Gallatin Mental Health Center as a result of not expanding Medicaid in Montana. The new target is to implement telemedicine at one site in 2014. Gallatin Mental Health Center is currently working on logistics with information, technology and bandwidth in outlying areas.

Strategy 2.4: Support coalition of health organizations working to pass Medicaid Expansion

Progress at the end of year one, December, 2013:

During the 2013 legislature, the Healthy Gallatin Access Committee developed talking points and distributed them to the 12 legislators who represent Gallatin County. Several committee members gave testimony to the Montana Legislature on the impact of not passing Medicaid Expansion. Despite the best efforts of people throughout the state, Medicaid Expansion was not passed by the Legislature. As a result, more than 50,000 Montanans living below 138% of the Federal Poverty Level who would have qualified for Medicaid coverage under the expansion are not eligible for tax credits to purchase plans on the new healthcare marketplace (www.healthcare.gov) available through the Affordable Care Act.

Conclusions: With regard to addressing mental health issues within the public school system, it is recommended the committee have a conversation with public schools to understand what they are actively doing to address the mental health of their students.

The strategies that are owned by the Gallatin Mental Health Center were done so under the assumption that significant funding would not disappear. These strategies are still something that GMHC will continue to work towards, and will be kept on the CHIP.

Revisions to the CHIP:

- Add tactics under strategy 2.1: Conduct quarterly trainings to the community for mental health 1st aid, QPR, or ASSIST. Target is to start these trainings in spring of 2014. Additional tactic under 2.1: Continue activities for Mental Health Month in May to include 1st annual run and start a weekly speaker series on mental health topics. The owner for these new tactics is Gallatin Mental Health Center (GMHC).
- Revise tactic 2.3.1 to reflect the implementation of telemedicine at one site.
- Strategy 2.4 was completed by March, 2013.

Objective 3:

By 2015, the proportion of people living below 200% of the Federal Poverty Level (FPL) who are accessing preventive services will increase by percentages indicated in the CHIP

Strategy 3.1: Improve the Local Public Health System’s ability to deliver recommended preventive services to target population

Progress at the end of year one, December, 2013:

In May of 2013, the Greater Gallatin United Way, in association with the Early Childhood Community Council, released the Greater Gallatin Community Resource Guide. An event was held on May 22nd in the Museum of the Rockies in which many of the organizations who were included in the resource guide gave synopses of the services that their organizations provide. It was at this meeting that the resource guides were released, and copies are available in hard-copy at many organizations, in addition to online at GreaterGallatinUnitedWay.org and HealthyGallatin.org.

The Community Care Connect Bus continues to expand the number of service days and locations. These numbers are reflected in terms of clients served (50% increase from 2012-2013), health screenings provided (70% increase from 2012-2013) and number of vaccinations given (30% increase from 2012-2013).

To better help Spanish-speaking patients know their rights under the law, especially pertaining to receiving healthcare in their native language, CHP is working in concert with the Crowley Fleck law firm to draft a summary of applicable federal laws that govern the rights of patients in this area. Crowley Fleck will have this document ready for wider dissemination in the summer of 2014

Strategy 3.2: Increase target population’s understanding of the benefits of preventive care and increase motivation to access preventive care while reducing cultural and health literacy barriers.

Progress at the end of year one, December, 2013:

With the help of the Access Committee and Bozeman Deaconess Health Services, a resource guide previously created by CORO (Coalition Of Resource Organizations) was updated, and renamed, with additional organizations added and redesigned to reflect the Healthy Gallatin logo and color scheme. Initially, over 900 Resource Guides for Spanish Speakers were printed and distributed throughout the county to various human service organizations, Social Security Administration, the Gallatin County Detention Center, Gallatin County public schools, libraries, food banks, city halls, Family Doctors Urgent Care, Three Rivers Medical Clinic, Community Health Partners medical and dental clinics, MSU Student Health Services, and two Catholic churches. Plans to distribute to more areas and organizations in Gallatin County (such as in Gallatin Gateway) are underway. The resource guide was also posted on the Healthy Gallatin website.

In collaboration with the MSU Community Health program, Community Health Partners (CHP) is working to formally begin a promotoras program in the Belgrade and Gallatin Gateway communities. This program would train Latina lay health workers to outreach the isolated Hispanic populations in Gallatin County and help educate women about health behaviors and resources while giving the women a trustworthy source of information delivering messaging in their native language. The program has two Latina graduate students leading the effort in conjunction with staff from CHP’s Belgrade clinic. The program is expecting to roll out in 2014.

Conclusions:

Several of the tactics within this objective require clarification or editing. The big accomplishment from this workplan is the revision and distribution of the Resource Guide for Spanish Speakers. Additional stakeholders may need to be engaged to accomplish some of the remaining tactics-specifically 3.1.4 and 3.2.2.

Bozeman Deaconess' Community Care Connect Bus is successfully reaching out to the target demographics specified in the objective, and should be added to the work plan to reflect the work they are doing.

Revisions to the CHIP:

- The revised CHIP will reflect that tactic 3.1.1 was complete as of May, 2013 and change the owner to GGUW/ECCC
- The revised CHIP will remove tactic 3.1.2- the work being done in this tactic is reflected in Priority 2, strategy 1.3
- Tactic 3.1.4 ownership will be changed to CHP. The end of 2014 will remain as the target date.
- An additional tactic will be added under strategy 3.1 to include the work of the Community Care Connect bus.
- Tactic 3.2.1 is difficult to measure and not well-defined. This tactic will be removed from the CHIP.
- The revised CHIP will reflect that Tactic 3.2.3 has been completed as of November 2013.

Priority Two: Collaboration

Goal: To increase awareness and use of health services and resources through improved communication and coordination among human service providers

Background:

Data from the Community Health Assessment indicated that both communities as well as human services organizations have a lack of knowledge about services that are available within Gallatin County. When people are unaware that services are available within their communities, these services are unlikely to remain in the community. The Community Health Assessment found a lack of coordination between organizations that provided personal health and social services. This priority of collaboration is an effort to connect more people with needed services, thereby increasing the health outcomes of people throughout Gallatin County.

Objective 1:

Create a network of systems navigators in major health and human service organizations throughout the county by the end of 2013.

Strategy 1.1: Identify systems navigators in major health and human service organizations

Progress at the end of year one, December, 2013: Systems navigators for the 2013-2014 Collaboration Team have been identified and confirmed to participate from 18 human service organizations. An MOU –titled the Collaboration Team Nomination Form- was completed by each system navigator and turned in to Christine Armstrong, an AmeriCorps VISTA for the Gallatin City-County Health Department.

Strategy 1.2: Create regular meetings to educate systems navigators of the issues in each agency for connecting clients to additional services

Progress at the end of year one, December, 2013: The group of system navigators has met once a month since May, 2013 and will continue to meet once monthly until May, 2014. A three-month evaluation was conducted to determine the effectiveness of the group, and changes were made to structure the group to include a panel from 2-3 organizations each month addressing a specific topic.

Strategy 1.3: Connect clients to services

Progress at the end of year one, December, 2013: No work to survey clients or collect success stories has been done as of January, 2014.

Conclusions: The creation and implementation of the Collaboration Team has been successful and has met a need in the community to educate system navigators on available services and programs through the county. Several system navigators have expressed that this group filled a gap in current available educational resources, such as Interagency Council and GGHAC (Greater Gallatin Homeless Action Coalition). However, using Strategy 1.3 as a tool to evaluate the effectiveness of the group may not be the most appropriate avenue, and needs to be revisited.

Revisions to the CHIP:

- The revised CHIP document should reflect that Strategies 1.1 and 1.2 have been completed
- It is recommended that Strategy 1.3 be revisited and be revised as needed. No changes are made at this time.

Objective 2:

Increase the number of first trimester referrals from pre-natal care providers to the Health Department's Public Health Home Visitation Program by 30% by 2015 (20 women referred by providers)

Strategy 2.1: Make the system easier for providers to refer to the Health Department's Public Health Home Visitation Program

Progress at the end of year one, December, 2013: Staff from the Gallatin City-County Health Department and Thrive met with the President of the Bozeman Deaconess Health Group to talk about referrals from pre-natal care providers. The objective of the meeting was to understand from a healthcare provider's perspective how to make referrals to home visiting programs easy and efficient for pre-natal care providers. His advice was to first educate the providers on the home visiting programs and then find one or two providers in each clinic to "pilot" universal referrals of a certain demographic (i.e. first time pregnancies, pregnant women with Medicaid, teen pregnancies, etc.). The Health Officer met with the Office Manager of the Bozeman Deaconess Women's Specialists to ask how it would be easy to make referrals from her perspective.

Strategy 2.2: Identify and engage champions within pre-natal care who make referrals

Progress at the end of year one, December, 2013: This group has identified a few pre-natal care providers who might be interested in piloting universal referrals to the home visiting programs that are offered by the Gallatin City-County Health Department and Thrive.

Conclusions: Next steps will be to educate the providers at a “Noon Talk” at the hospital to discuss the home visiting programs and the positive outcomes of the programs; and then find one or two providers who would pilot the universal referrals for a year.

Members from the Collaboration Committee will continue the conversation with Bozeman Deaconess Women’s Specialists.

Revisions to the CHIP:

There are no revisions to this objective at this time.

Priority Three: Healthy Behaviors

Goal: Decrease substance abuse across the lifespan in Gallatin County

Background:

Healthy Behaviors is a very broad subject matter—this was evident in the prioritization process when everything from obesity and nutrition to alcohol and drugs was discussed. The group that continued to meet decided that the focus should be on substance abuse, including illicit drugs, alcohol and tobacco products. Initially, the committee decided on decreasing Alcohol, Tobacco and Other Drug (ATOD) use as a way to measure the progress of the group. In a following conversation, the group agreed that the people sitting around the table will not be able to have a significant impact on ATOD usage rates in the community, so the objective was changed to convening and building a coalition to include all alcohol, tobacco and other drug abuse prevention stakeholders. The committee agreed that the best, and evidence-based, way to decrease substance abuse is by involving stakeholders, and building a coalition. Organizations and affiliations are aware of others' work, but collaboration is not something that is practiced regularly, or systematically.

Objective 1: Convene alcohol, tobacco, and drug prevention stakeholders to create a countywide strategy to address alcohol, tobacco and other drugs by the end of 2014.

Strategy 1.1: Convene formal and informal groups to form a unified coalition that aligns goals and strategies and ensures consistent messaging.

Progress at the end of year one, December, 2013:

The Healthy Behaviors Committee held eight meetings over the course of 2013. The meetings included discussions on the form and structure of the coalition, research on effective coalitions in other communities, and collection of up-to-date data on substance use and abuse in our community. Additional meetings were held to further define the vision and mission of the group, and to facilitate discussions amongst subcommittee members. Towards the end of 2013 the group split up to do more in-depth research on the topic of evidence-based intervention models, as well as collecting more data to tell the story of alcohol and substance abuse in the community.

Ten organizations were regularly represented from the development of the Healthy Behaviors Committee. These organizations included: Alcohol and Drug Services of Gallatin County, Belgrade School District, Belgrade Youth Forum, Bozeman Deaconess Health Services, Bozeman School District, Child Care Connections, Community Coalition on Drugs and Alcohol, Gallatin City-County Health Department, Gallatin County Tobacco Use Prevention Program, Montana Nutrition and Physical Activity Program, and

Gallatin Valley YMCA. Three community members without organizational affiliation also regularly attended meetings.

Strategy 1.2: Integrate goals of organizations in county-wide strategy

Progress at the end of year one, December, 2013:

No progress was made on this strategy

Strategy 1.3: Identify available financial resources and analyze and ensure effectiveness

Progress at the end of year one, December, 2013:

No progress was made on this strategy—though it was determined that in order to build a successful, sustainable coalition, a part-time employee would be essential. General discussions included the mention of grant funding as an initial stream of revenue to launch an intervention, while no particular funding body was identified.

Conclusions:

The Committee will take a short break in the beginning of 2014 in order to look into funding for a part-time coordinator for this coalition.

A memorandum of Understanding/Letter of Commitment was developed early in 2013, and would be a useful tool to formalize the membership of the coalition moving forward, as well as to establish an easier way of tracking performance indicators for 1.1.2 and 1.1.3.

Revisions to the CHIP:

- Tactic 1.1.1- Eight prevention models were discussed in March of 2013. Two more were identified in December- with the group leaning towards the Communities that Care Model. This tactic was completed as of December, 2013.
- Tactic 1.1.2 is on-going. The target date should be changed to End of 2015.
- Tactic 1.1.3 is ongoing. The target date should be changed to End of 2015. A performance indicator of “number of community members involved” should be added.