



Healthy Gallatin Community Health Improvement Plan Report

Year Two, Ending December, 2014

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 second annual report of the Community Health Improvement Plan, reflecting the activities and efforts of the partners from January- December, 2014.

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.

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.

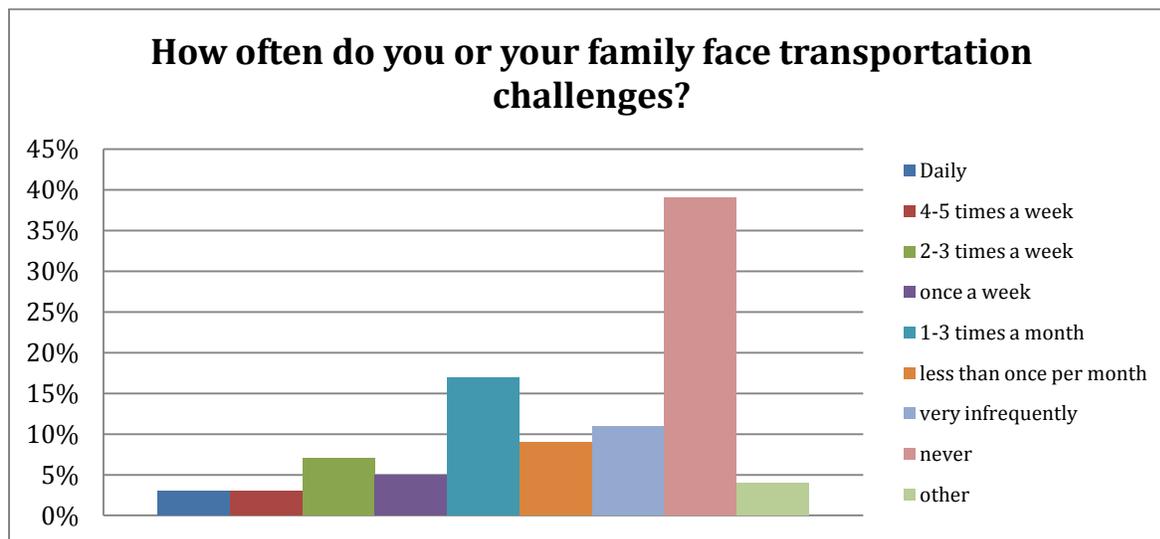
Objective 1:

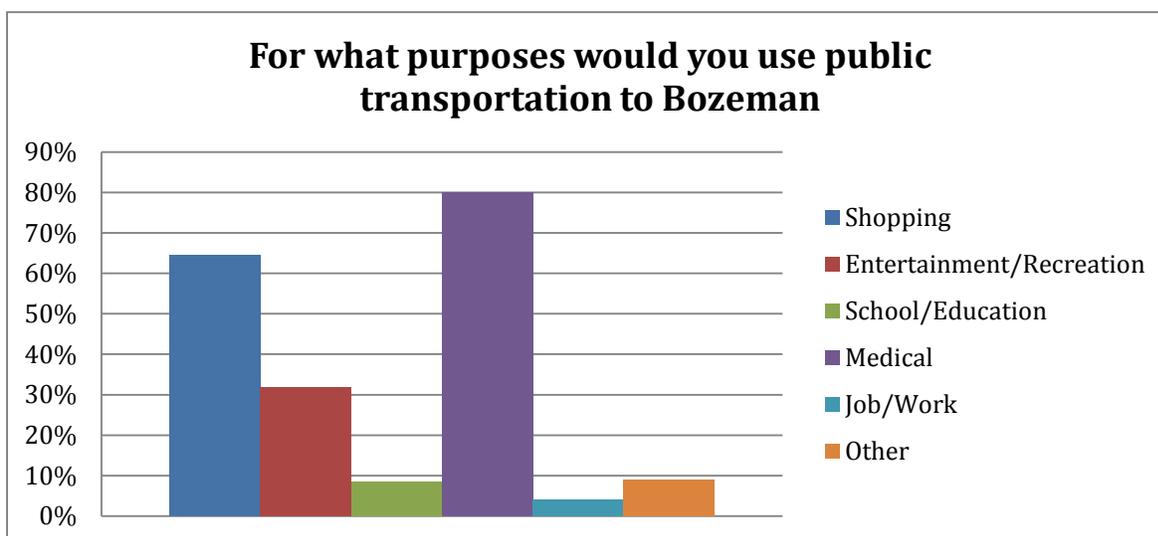
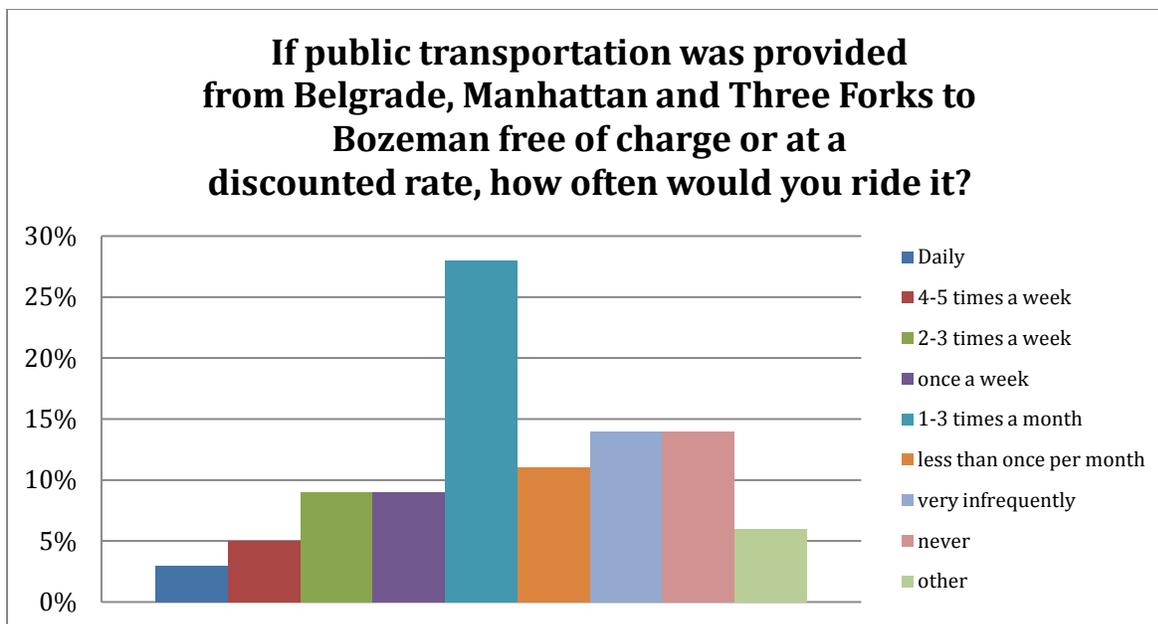
Expand HRDC transportation services (Galavan and Streamline) to encompass at least two trips per week to Three Forks and Manhattan by the end of 2014.

Strategy 1.1: Determine feasibility and demand for expanded services

Progress at the end of year two, December, 2014:

A presentation to the Three Forks community was held in late January to share survey results that were collected in the summer of 2013. Many people who attended the meeting reported never having seen the survey, and another round of surveys was distributed and collected during the month of February. A total of 215 surveys were collected and included residents of Three Forks, Belgrade and Manhattan. A summary of the results can be found in the following charts.





Thirty-five percent of respondents reported experiencing transportation challenges at least once a month. Regardless of transportation challenges, 28% said they would utilize public transportation to Bozeman at least once a month. This objective was originally created to address access to health services, and people responded that if they were to use public transportation, the majority of them would do so to access medical services.

HRDC and community members of Three Forks are working on providing transportation options. These options include:

- HRDC providing and parking a bus in Three Forks. Volunteer drivers would be required to get their CDL and the community would create a schedule that works for the ridership.

- In order to get a Streamline route out and back to Three Forks, additional funding would be needed. This could be sought through county and/or municipal funding, private businesses, Montana State University or through the creation of an Urban Transit District.

Strategy 1.2: Explore funding to offset costs of transportation route

Progress at the end of year two, December, 2014:

The group continues to learn about the transportation issues facing the communities in western Gallatin County. HRDC continues to work with champions in and around Three Forks to locate and secure funding. Streamline's FY16 budget has not grown significantly, and in order to achieve additional services, private funding will be necessary to begin streamline access to Three Forks.

Conclusions:

Due to current budgetary constraints, Streamline and HRDC are unlikely to create new routes to Three Forks in the coming year, especially when the actual demand for these services is untested. There is still a great deal of community interest in this issue, and the data indicates that services would be utilized by the Three Forks residents. The data shows intention, not actual usage. Before committing to a certain number of trips out to Three Forks, it's important for HRDC and the outlying communities to see what the ridership would actually look like, and is why the option of volunteer drivers is on the table. HRDC will continue to meet with community members and work with them to identify additional funding sources. If supplementary revenue sources were secured, the addition of routes would become more feasible.

Revisions to the CHIP:

- Tactics 1.2.1 and 1.2.2 will be pushed back to the end of 2015.
- At this time an Urban Transit District is not a realistic possibility. While the creation of one would be ideal, finding additional local funding is more of a possibility in the near future. Tactic 1.2.3 will be removed for the 2015 revision of the CHIP.

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 two, December, 2014:

HealthTeacher

Bozeman Deaconess Health Services continues to provide HealthTeacher for school districts in Gallatin County. As of the 2013/14 school year, 12 districts are enrolled. HealthTeacher 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 and is back at 23% for 2014. Though the percentage is down from last year, the total number of lessons for all subject modules has increased from 460 in the 2011/12 school year to 1632 lessons in the 2013/14 school year.

Gallatin Mental Health Center

In 2014, GMHC increased school-based mental health services by two teams in Belgrade School District. Gallatin Mental Health Center and the Belgrade School District are in partnership in order to provide Comprehensive School and Community Treatment services to Belgrade's middle school and high school students. Because treatment occurs in the school, participating students have the opportunity to receive intensive outpatient therapy with minimal interruption to the school experience.

Three mental health first aid trainings were held in the region, which trained over 60 people. The first aid training teaches participants about the signs of addiction and mental illnesses, the impact of mental and substance use disorders, gives participants a 5-step action plan to assess a situation and offer help and includes community resources for where to turn for help.

Gallatin Mental Health Center provided five weekly speakers for Mental Health Month in May, 2014 with over 150 people trained.

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

Progress at the end of year two, December, 2014:

Gallatin Mental Health Center is providing therapy in West Yellowstone one day per week, in addition to 3 days per week in Belgrade.

Strategy 2.3: Implement telemedicine for outpatient therapy to serve outlying communities by 2014

Progress at the end of year two, December, 2014:

During 2014, GMHC piloted two tele-medicine sites in Bozeman and Livingston.

Conclusions:

HealthTeacher usage for Gallatin county schools is up for all modules, including mental health and the target date has been met. Bozeman Deaconess Health Services continues to offer and provide Health Teacher and its companion, GoNoodle, to all schools in Gallatin County.

The Gallatin Mental Health Center added several new tactics to help reduce the stigma of seeking mental health. The new tactics focused on outreach efforts to non mental health professionals to help people understand and recognize mental illness.

Revisions to the CHIP:

- Tactic 2.1.3 has been met as of December, 2014
- Tactic 2.1.4 was completed in June, 2014
- Tactic 2.3.1 has been met as of December, 2014

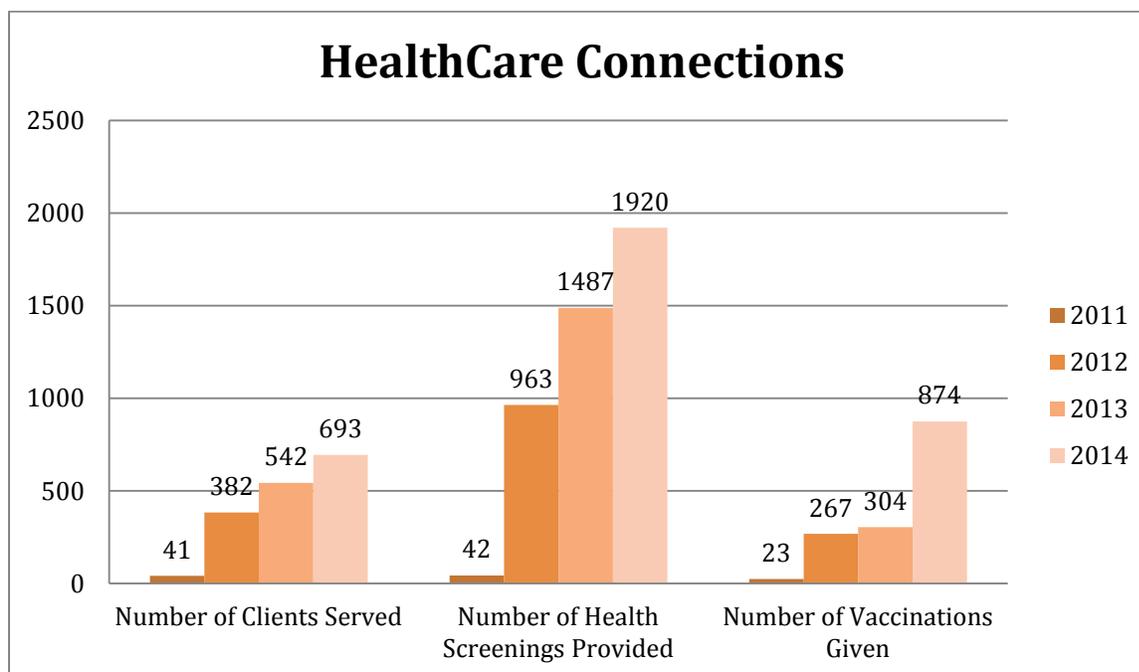
Objective 3:

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

Outcome Indicators: Gallatin County	All Gallatin County Residents		
	All Incomes 2011	2015 Target	<200% FPL 2011
% Blood Pressure Checked in the past 2 Years	87.3%	89.3%-92.3%	80.5%
% Cholesterol Checked in the Past 5 Years	80.2%	82.2%-85.2%	89.1%
% [Women 50-74] Mammogram in the Past 2 Years	74.3%	76.3%-79.3%	32.3%
% [Women 21-65] Pap smear in the Past 3 Years	89.8%	91.8%-94.8%	87.1%
% [Age 50-75] Colorectal Cancer Screening	61.8%	63.8%-66.8%	58.8%

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 two, December, 2014:



HealthCare Connections

Beginning in 2011, Bozeman Deaconess Health Services (BDHS) expanded preventive health services via mobile outreach to under-insured and un-insured throughout the Gallatin Valley. The HealthCare Connections (HCC) Mobile Health Screenings vehicle provides select health screenings, immunizations and health information to people in Bozeman, Belgrade, Big Sky, Gallatin Gateway, Manhattan, Three Forks and West Yellowstone.

As the number of participants using the mobile health screening van increased, it became apparent that a larger vehicle specifically designed for healthcare was needed. In 2014, with generous assistance from Bozeman Deaconess Foundation and the community, BDHS was able to purchase a vehicle tailored to deliver mobile health screenings.

Today, area residents can receive vaccines against flu, tetanus, whooping cough and pneumonia. The HealthCare Connections staff also provides blood pressure readings, preventative health screenings for breast and colon cancer, heart disease, stroke, diabetes and obesity. Residents can also receive training in hands-only CPR, and speak with a pharmacist about medication interactions. HealthCare Connections offers permanent exam rooms to facilitate privacy in screenings, a secure, permanent computer, and is kept fully stocked with medical equipment and supplies.

With the HealthCare Connections mobile screening vehicle, BDHS is now able to offer additional health screenings at more locations. Residents may find the vehicle at easily accessible locations such as the Gallatin Valley Food Bank, Bozeman Library, Goodwill, WalMart, and Belgrade Library. HCC also continues to provide services each year at local events such as Project Homeless and the Veterans Stand Down.

Crowley-Fleck Law Brief

In the summer of 2014, Crowley-Fleck law firm produced a document to assist non-native English speakers about their rights under the law when accessing health services. Community Health Partners has provided this document to one local practice that had been non-compliant in the past and also provided the document to Bozeman Deaconess Legal Services who will share with their hospital-owned practices.

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 two, December, 2014:

Bridget Kevane, an MSU Spanish professor and former member of previous outreach activities to Latinos in Gallatin County (formerly the Coalition of Resource Organization), recently received a grant from the National Institutes of Health (NIH) to spearhead better healthcare to Latinos in Southwest Montana. As part of this grant, she is working with both CHP and Dr. Suzanne Christopher, a community health

professor at MSU, to design a promotoras program for Gallatin County. She will be hiring a native Spanish-speaker from Belgrade (also an employee of CHP) who was a recent master's student in MSU's community health program, to outreach this population. Grant activities will begin in 1st quarter, 2015.

Conclusions:

Bozeman Deaconess' HealthCare Connections bus is successfully reaching out to the target demographics specified in the objective. The awareness of this bus is increasing, but still many people aren't aware of its services.

Revisions to the CHIP:

- No progress has been made on Tactic 3.1.3, and the target date will be revised to the end of 2015
- Tactic 3.1.4 has been partially met. The target date will be pushed back to the end of 2015 when performance indicators can be measured.
- Tactic 3.1.5 will be edited to change "Community Care Connect" to "HealthCare Connections"
- Tactic 3.2.2 will be pushed back to the end of 2015

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 may be underutilized. 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 2014.

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

Progress at the end of year two, December, 2014:

Systems navigators for the 2014-2015 Collaboration Team have been identified and confirmed to participate from 21 human service organizations. A memorandum of understanding –entitled the Collaboration Team Nomination Form- was completed by each systems navigator and returned to Stefanie Tassaró, an AmeriCorps VISTA for the Gallatin City-County Health Department. Below are the organizations represented in this year's Collaboration team.

Bozeman Deaconess Hospital	Bozeman Job Service	Bozeman Public Schools	Bridgercare	Career Transitions	Childcare Connections
Child & Family Services	Community Health Partners	Family Promise	Gallatin City-County Health Department	Gallatin Detention Center	Gallatin Mental Health Center
Gallatin Valley Food Bank	Haven	HRDC	LoveINC	MT National Guard Family Program	Rural Dynamics
	Thrive	Youth Dynamics	Zoe Care		

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 two, December, 2014:

The group of systems navigators has met once a month since October, 2014 and will continue to meet once monthly until September, 2015. Each meeting features 2-3 panelists from different organizations in the community. A four-month evaluation survey has been sent to this year's participants to see if any changes should be made to the structure of the meetings.

Strategy 1.3: Connect clients to services

Progress at the end of year two, December, 2014:

While this is a valuable strategy, the Health Department has not found a way to accurately measure success. The Health Department feels that the Collaboration team works to connect clients to services by educating systems navigators, which accomplishes the goal of this strategy.

Conclusions:

The Collaboration team continues to educate and connect systems navigators to services available in Gallatin County. Several of the participants from this year's team have expressed how beneficial the meetings have been and how getting to know other systems navigators has helped them better serve their clients. The results from the four-month evaluation survey will be used to make adjustments and ensure continued satisfaction.

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 removed since goals are being met through Strategy 1.2.

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 two, December, 2014:

Gallatin County has received a 5-year grant designed to improve the system for serving children with social and emotional health issues. The health department will be fiscal agent for the grant, which will bring more than \$500,000 per year to improve mental health and home visitation services in primary care, educational, and early child care settings. Gallatin City-County Health Department has already begun planning for implementation with their partners in this effort, including Gallatin Mental Health Center, Thrive, Greater Gallatin United Way, and Child Care Connections. The project will also include primary care providers, schools, and organizations in Park County such as Community Health Partners and the Park County Community Foundation. For this project, the health department plans to hire a home visitor dedicated to meeting with people in primary care settings, including OB/GYN offices, to conduct an initial needs assessment, and refer pregnant women and parents into the appropriate home visitation programs. The activities of this grant will start in mid-2015.

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

Progress at the end of year two, December, 2014:

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. Below are images from a new brochure that was designed to feature the Maternal Child Health Program services. This brochure was distributed to BridgerCare in an effort to increase collaboration between them and the services offered at the health department.

PARENTING & PRENATAL CLASSES

Our free monthly parenting & prenatal classes include: Breastfeeding, Labor & Delivery, Trapping Your Newborn, and Working & Breastfeeding.

Class Descriptions:

Breastfeeding Basics:

- Establishing & maintaining breastfeeding
- Benefits of breastfeeding for mom & baby
- Common questions & concerns
- Community resources

Are you ready? Labor & Delivery:

- Signs & stages of labor
- Positioning & relaxation
- Hospital readiness
- Community resources

Enjoy your newborn:

- Newborn characteristics
- Physical & emotional needs of mom & baby
- Tips to guide you through baby's development
- Community Resources

Workin' & Breastfeeding:

- Assess you in adequately preparing to return to work
- Help you in choosing a breast pump and pumping technique
- Talking to your employer
- Maintaining your supply & storage and feeding guidelines

All classes are held at the Gallatin City-County Health Department located at 215 W Mendonhall in Bozeman.

Classes are FREE and last approximately 1 1/2 hours.

To register for a class, or for more information, please call 562-3100 or visit our website: healthygallatin.org.

OUR MISSION:

To promote and protect health while preventing disease.

OUR VISION:

Healthy people living in healthy communities.



HEALTHY GALLATIN

GALLATIN CITY-COUNTY HEALTH DEPARTMENT

LEARN MORE AT:

HEALTHYGALLATIN.ORG

OUR LOCATION:

215 W. Mendonhall, Bozeman, MT
(on the corner of 3rd St. and Mendonhall)

HUMAN SERVICES:

Ph: 406.582.3100 | E: hsh@gallatin.mt.gov

WIC PROGRAM:

Ph: 406.582.3115 | E: wic@gallatin.mt.gov

MATERNAL CHILD HEALTH PROGRAM

December 2014

PREGNANCY SERVICES:

HOME VISITATION

Healthy Gallatin Home Visiting is a support network for families that provides health checks, education, support, and links to many other helpful resources in our community. Through one-on-one visits with a nurse, you can build a trusted relationship, get prenatal and parenting support, and have your questions answered to better prepare you for successful parenthood.



Our Services:

- Assess with breastfeeding & nutrition
- Check on a child's growth & development
- Other referrals for health services & healthcare providers
- Help with applying for housing, food assistance, & parenting programs
- Provide prenatal and parenting education to services that are available in our community
- Answer questions about child safety
- Help attempt doctor's instructions
- Suggest healthy lifestyle changes
- And much more

HOME VISITATION CONTINUED

Who we help:

The Healthy Gallatin Home Visiting program serves pregnant women and parents (or those with custody) and their children up to age 5. Although it is recommended that women start the program during pregnancy, families are welcome to start anytime. You may start with regular visits to monitor you and your child's health or you may just want one visit to answer some of your questions. Our experienced home visitors are here to help decrease stress in the lives of pregnant women, parents and babies. We are able to visit anyone, including:

- Pregnant women
- First time parents
- Single parents
- Teen parents
- Adoptive parents
- Grandparents
- Parents of multiples
- Pre-term or medically fragile infants
- Infants with special needs



PARTNERSHIP TO STRENGTHEN FAMILIES

This program is a collaborative partnership between the Health Department, Thrive, the Gallatin Mental Health Center, and early childcare centers. It provides one-on-one home visiting support to help families strengthen their parenting and household management skills.

WIC

WIC (Women, Infants & Children) serves all families (women and men with children, single or two-parent families, teen parents, foster parents, grandparents and relatives with custody, and those with kinship care) by providing valuable nutrition and health information, breastfeeding support, health care referrals, and free vouchers for the purchase of certain nutritious foods. WIC helps pregnant parenting women and families with children ages 0-5 learn how to make healthy, lifelong nutrition and lifestyle choices. Eligibility is determined by nutritional need and income criteria.

For more information on WIC, please call 582-3115.

LEARN MORE AT HEALTHYGALLATIN.ORG - An Online Resource For Healthy Living From the Gallatin City-County Health Department

Conclusions:

Next steps will be to continue planning and preparing for the implementation of the new grant with community partners. The new Maternal Child Health brochure will continue to be distributed to BridgerCare and other pre-natal care providers in an effort to increase first trimester referrals.

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 2012 CHIP development process when drug use, alcohol abuse, obesity and nutrition were all put into one category and called “Healthy Behaviors.” 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 subsequent discussion in early 2013, the group agreed that the people sitting around the table would 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 building a coalition of stakeholders would be the most effective way to decrease substance abuse. There is a lot of work being done throughout the county by different organizations and affiliations. There is an awareness of this 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 two, December, 2014:

The Healthy Behaviors Committee held six meetings over the course of 2014.

Towards the end of 2014 the group reached an agreement that the work the group should be doing should fall into the environmental/community and policy change sectors of the socio-ecological model. Other coalitions and organizations are focused on interpersonal and organizational change, and the work that Healthy Behaviors should be tackling should be complementary to others’ work, not duplicative.

Representation from 14 organizations attended at least one Healthy Behaviors meetings during 2014. These organizations included: Montana State University, The Community Coalition on Drug Awareness (C-CODA), Gallatin DUI Task Force, Court Services, Alcohol and Drug Services of Gallatin County, Community Alcohol Coalition, Bozeman School District, Belgrade School District, Gallatin City-County Health Department, YMCA, Child Care Connections, BridgerCare, Belgrade City Court, and Bozeman Deaconess Health Services.

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

Progress at the end of year two, December, 2014:

In October, a strategy team was convened in order to develop indicators and a workplan that makes more sense for this committee. The strategy team included representatives from MSU and another community alcohol group. This team met with Jackie Jandt (MT Department of Health and Human Services) in December and discussed how the team could align indicators with the State Health Improvement Plan.

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

Progress at the end of year two, December, 2014:

The tactic for this strategy is to create an asset map. The Healthy Behaviors Committee has not produced a formal asset map, but has have identified players in the community with whom collaboration would be key.

The group maintains that it would benefit greatly from a part-time coordinator. However, there are currently no funds to support this position.

Conclusions:

Due to the ongoing challenges faced by this group, the following actions are recommended for 2015: Redevelopment of action plan goals and objectives with long term and short term goals (SMART), re-visit and clarify roles of the responsibility of the leadership structure and subcommittees, Coalition structure, re-assess interest in planning models (CTC and DIY coalition), and identify opportunities to be involved in the Coalition's work.

The State Health Improvement Plan had not been published at the time of the creation of the Gallatin County Health Improvement Plan. The alignment of indicators and the creation of a workplan to complement the work of the SHIP will increase visibility and efficacy of prevention and intervention being conducted at both a state and local level.

Revisions to the CHIP:

A new work plan will be developed in 2015.