Missoula Public Health
City-County Health Department

Community Health Improvement Plan

2018

Missoula County CHIP

Table of Contents

Missoula Public Health
City-County Health Department

Missoula City-County Health Department
301 West Alder Street | Missoula MT 59802-4123
www.co.missoula.mt.us/health/
Phone | 406.258.4770
Fax | 406.258.4857

June 1, 2018

We are pleased to present the July 2018–June 2023 Community Health Improvement Plan (CHIP) for Missoula County. Numerous community organizations came together to determine how to take action together. Based on data from the *Missoula County Community Health Assessment 2017*, input from the community, and group discussion, more than 30 agencies who took part in the assessment process identified the five priority areas addressed in this CHIP:

- Early Childhood Issues, focusing on child abuse and neglect and access to affordable child care
- Neighborhoods & Social Determinants of Health
- Behavioral Health
- Dental Health
- Community Data Coordination

This is the third CHIP process for Missoula County. We built on our experience from the previous CHIP reports to develop a stronger group process with involvement from more agencies. The 2018 CHIP work group members, who are listed on the next page, represent agencies with a wide impact on the health and wellbeing of Missoula County.

All of us involved in this process hope that the community makes use of both the *Community Health Assessment* and this CHIP, which are available on the Missoula City-County Health Department website and at the reference desks of the Missoula Public Library and the University of Montana Mansfield Library. These reports contain a lot of information and a lot of community thinking about the current issues affecting the health and wellbeing of Missoula County residents.

I would like to extend sincere thanks to the many community members and organizations who contributed to this project in some way, and especially to the organizations who have worked to establish the CHIP goals and plans. We intend to use the 2018 CHIP to guide our collaborations as they take action to improve the health of all residents of Missoula County.

Ellen Leahy RN, MN
Health Officer
Missoula City-County Health Department

2018 Community Heath Improvement Plan Work Groups

The following people and organizations committed the time and energy to turn the CHA priority areas into a plan of action for the CHIP. Membership will change over the five years of the CHIP work plans, but these partners helped set the foundation and direction for the work.

Early Childhood

Claire Francoeur, Providence Grant Creek Family Medicine
Robin Nielson-Cerquone, MCCHD (co-chair)
Anna Semple, Missoula Forum for Children & Youth, MCCHD (Co-Chair)
Healthy Start Missoula collaboration
Missoula Early Childhood Collective Impact

Neighborhoods & Social Determinants of Health

Lisa Beczkiewicz, Health Promotion Supervisor and Missoula Invest Health Lead, MCCHD (Co-Chair)
Robin Nielson-Cerquone, MCCHD (Co-Chair)
Missoula Invest Health team:
- Kaia Peterson, NeighborWorks Montana
- Susan Hay Patrick, United Way of Missoula County
- LaVal Means, City of Missoula Development Services
- Karen Myers, Providence St. Patrick Hospital

Behavioral Health

Liz Davies, Community Medical Center Case Management
Wendy Harmsworth, Providence St. Patrick Hospital Neurobehavioral Inpatient Unit
Merry Hutton, Providence St. Patrick Hospital
Roni Johnson, University of Montana Department of Counselor Education
Cindi Laukes, Neural Injury Center, University of Montana
Robin Nielson-Cerquone, MCCHD (Co-Chair)
Helen Russette, Public & Community Health Sciences, University of Montana (Co-Chair)
Brandee Tyree, Missoula Underage Substance Use Prevention Program, MCCHD

Dental Health

Dr. Joe Byington, DMD
Mary Dalton, Missoula Aging Services
Heidi Halverson, LAP Dental Hygienist, Montana Dental Hygienists Association (Co-Chair)
Bobbie Jo Monlieus, LAP Dental Hygienist, Montana Dental Hygienists Association
Robin Nielson-Cerquone, MCCHD (Co-Chair)

Marilee Peterson, Missoula Urban Indian Health Center
Marina Powers, Missoula Urban Indian Health Center
Liz Rolle, Partnership Health Center Dental Clinic
Karen Thomas, LAP Dental Hygienist, Montana Dental Hygienists Association

Community Data Coordination

Jody Faircloth, Partnership Health Center
Laurie Francis, Partnership Health Center
Jenni Graff, Missoula Economic Partnership
Merry Hutton, Providence St. Patrick Hospital
Sindie Kennedy, Missoula County Community and Planning Services
Kathy Kuipers, Sociology Department, University of Montana
Ellen Leahy, MCCHD
Jordan Lyons, ASUM Renter Center
Jim McGrath, Missoula Housing Authority
Robin Nielson-Cerquone, MCCHD (Co-Chair)
Kaia Peterson, NeighborWorks Montana
Apryle Pickering, Community Medical Center
Eileen Sansom, Human Resource Council
Mike Snook, Missoula County GIS Services
Andrew Stickney, Missoula County Community and Planning Services (Co-Chair)
Theresa Williams, City of Missoula Housing & Community Development

This report was prepared by Robin Nielson-Cerquone

Missoula County CHIP
Introduction

What Is a CHIP?

Health departments around the nation partner with local health and community agencies and businesses to collect data to identify problems and evaluate the wellbeing of their communities. Based on that information, each group then creates a Community Health Improvement Plan – a CHIP, for short. A CHIP is a public health work plan for the community as a whole. A CHIP represents a shared community vision. It focuses on collaborative work among many key groups whose efforts all support the health and wellbeing of residents.

About This CHIP

The process to develop this CHIP began in late 2017. Many of the people in the CHIP work groups (listed on the previous page) also helped create the *Missoula County Community Health Assessment 2017*, which compiles wide-ranging data about the health and wellbeing of Missoula County residents, along with demographic data and indicators of the social determinants of health. After reviewing the data and input from community members, the group chose five priority areas for collaborative focus over the coming years:

- Early Childhood Issues, focusing on child abuse and neglect and access to affordable child care
- Neighborhoods & Social Determinants of Health
- Behavioral Health
- Dental Health
- Community Data Coordination

The working groups listed on pages 2 and 3 met and communicated via email in March through May of 2018 to decide on the goals for each priority area and the initial first-year work plan.

The CHA and CHIP processes are following Association for Community Health Improvement (ACHI) Toolkit steps. As the working groups develop plans for the five priority areas, we will be using tools from the County Health Rankings & Roadmaps Action Center.

Taking Action

This CHIP will be in effect from July of 2018 through June of 2023. Work plans will be created for each year and updated every six months. The CHIP is designed to be a flexible document that will be updated and adapted over time. Groups will meet periodically to report on progress. The groups will also adjust strategies, or develop new strategies based on lessons learned, new data, or new opportunities. When goals are not being met or strategies cannot be effectively implemented, the appropriate CHIP work group will come up with an improvement plan. Because much of the work for this CHIP is at new for the community, work plans will start with more general goals and measurements and develop specificity over time.

Social Determinants, Health Disparities & Health Equity Considerations

The 2017 CHA process and resulting report directly addressed social determinants of health, causes of higher health risks and poorer health outcomes, and health inequities. The data from the CHA included qualitative input from low-income residents, social determinants data, and vulnerability maps based on the MCCHD Community Health Maps tool, which is designed to identify areas of health and infrastructure disparities within the city of Missoula. The 2017 CHA also included pages of data for groups we know experience health disparities: the aging population, Native Americans, people with disabilities, and people living in poverty.

The CHA work group used this information to identify disparities based on the data, including persistent poverty in certain neighborhoods and some rural communities, poorer health outcomes for Native American residents as based on the state data, and higher representation of Native American and African American children in foster care. In the deliberations that led to consensus on the priority areas, the CHA group also charged the CHIP working groups with considering health disparities and health equity issues within each priority area. The focus areas developed for each priority area reflect our attention to health equity.

Equity Focus for Early Childhood Issues

Healthy Start Missoula is the collaboration at the core of this work, and historically their focus has been on improving services for children and families who experience health disparities, including foster children and low-income families.

Focus areas to start include:

- Low-income families who cannot afford child care, particularly infant care
- Low-income and ethnic minority children, who are overrepresented in the child protection system and foster care

Equity Focus for Neighborhoods & Social Determinants of Health

Missoula Invest Health is the collaboration at the core of this work, and their focus is on the three lowest-income neighborhoods in the City of Missoula based on high rates of intergenerational poverty, health disparities, and lack of infrastructure compared to wealthier neighborhoods.

Focus areas to start include:

- Increasing connectivity of sidewalks, trails, schools, and parks in these low-income neighborhoods
- Planting trees in the neighborhoods
- Identifying potential “third places” in the neighborhoods to provide community centers
- Identifying places and ways to address affordable housing needs

Equity Focus for Behavioral Health

Work in behavioral health will focus on building relationships and capacity to address issues as a community effort.

Focus areas to start include:

- Understanding and addressing opioid misuse and addiction among pregnant women
- Decreasing social isolation among the aging population

Equity Focus for Dental Health

Work in dental health will continue the successful efforts from the 2015-2018 CHIP, which focused entirely on working with underserved groups who experience disparities in oral health care.

Focus areas to start include:

- Improving oral health care for older adults and people with disabilities living in long-term care facilities.
- Increasing the numbers of Native American residents who receive regular dental care.

Equity Focus for Community Data Collaboration

Work on data collaboration will help us find ways to identify disparities and inequities.

Policy & Systems-Level Changes to Address Health Inequities

Policy and systems-level changes can make the most dramatic and sustainable effects on health outcomes, especially for groups that experience poorer health outcomes. Policy and system level changes will be part of the work in each priority area.

Policy & Systems Change Focus for Early Childhood Issues

Work plans are in the preliminary stages, but efforts will include:

- Encouraging affordable child care by working on systems-level changes such as building child care centers in planned affordable housing developments and incentivizing employers to develop and subsidize their own child care centers
- Addressing child abuse and neglect by supporting new initiatives to prevent children being removed from homes
- Working with Collective Impact group to identify system changes to improve kindergarten readiness; the first step will be to collect kindergarten readiness data and identify areas of strength need and groups who experience disparities in early childhood

Policy & Systems Change Focus for Neighborhoods & Social Determinants

Work plans are in the preliminary stages, but work will include:

- Addressing the need for community centers in low-income neighborhoods through actions such as adapting policy for use of public buildings and spaces after hours.
- Working on policies that address the need for affordable housing and infrastructure
- Identifying neighborhood gaps in infrastructure including lighting, parks, and sidewalks, and advocating for policies and plans to address those needs

Policy & Systems Change Focus for Behavioral Health

The work plan is in the preliminary stages, but work will include identifying barriers to accessing services and recommend systems changes to remove barriers.

Policy & Systems Change Focus for Dental Health

This well-developed work plan includes systems changes including:

- Raising awareness of oral health needs among groups who work with residents in long-term care
- Addition of dedicated oral hygiene staff at long-term care facilities and/or plans to address oral health for all residents
- Adapting Partnership Health Center's dental clinic (part of our FQHC) to support mobile clinics at long-term care facilities
- Building a fully utilized dental clinic at the Missoula Urban Indian Health Center

Policy & Systems Change Focus for Community Data Coordination

This work will include developing ways to share data, including shared data systems. The most immediate work will be:

- Working with the Collective Impact Data Subgroup to develop kindergarten readiness data that will help us understand services and needs for children aged 0 to 5, and working from there to develop data collection among community partners who provide services to that age group
- Working with Partnership Health Center (the local FQHC) to potentially develop a computerized system of referrals with community partners that can provide data on needed services, gaps, and barriers, in addition to improving health outcomes for individuals who use the services

Overall Goals for Identified Priority Areas

Early Childhood

Increase access to affordable child care

Reduce the number of children placed in foster care each year

Neighborhoods & Social Determinants of Health

Improve the built environment and access in lower-income neighborhoods to improve residents' health and well-being

Behavioral Health

Determine gaps and barriers in systems that provide behavioral health services

Strengthen community connectivity to improve mental health and resilience

Dental Health

Improve dental care for underserved groups, including Native Americans and older adults and people with disabilities in long-term care facilities

Community Data Coordination

Work with community groups to establish coordinated referral systems and data collection across the county

Coordinate, aggregate, and share existing data in ways that are accessible to the whole community

Use the data in partnership to address community issues

Missoula County CHIP

Priority Area: Early Childhood

GOALS:
Increase access to affordable child care

Reduce number of children placed in foster care each year

We do not currently have any data to determine access to affordable child care. We don't even have any child care data specific to the our city or county. We do know that CHA and CHIP partner agencies see access to child care as a major problem in their work with residents, especially in job training and public assistance programs. Data from the Economic Policy Institute's State of Working America Data Library tells us that in the state of Montana, infant care for one child takes up 15.5% of a typical family's income, and a typical family would spend 29% of their income on child care for one infant and a four-year-old. Meanwhile, child care is considered affordable if it makes up less than 10% of total income (US DPHHS). By this standard, only 28% of Montana families can afford infant care. We have no reason to think that the situation in Missoula County is any better than for the state as a whole.

The working group also needs to develop additional indicators for decreasing child abuse and neglect. The need is obvious; the number of children in foster care has more than doubled in five years, from 126 (2011) to 278 (2016). However, that is a long-term outcome, and intermediate outcomes would be more effective in gauging the effects of our efforts.

The Healthy Start and Collective Impact groups are just beginning work and are not yet ready to set strategies and goals. The CHIP work group will join this group and will report on goals in its second work plan.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Missoula-specific data for child care is collected	Agency-specific record systems or sources to be determined	Annual; first survey scheduled for November 2018
Number of facilities in Stars to Quality Program	Montana DPHHS	Annual
Long Term Indicators	**Source**	**Frequency**
Children in foster care (point-in-time indicator)	Child & Family Services Region V Office, Missoula	Annual

Strategy #1: Identify Missoula-specific data for child care availability and affordability.

Background

Data about child care is sent to the state, but the state currently does not share its data with cities or counties. Missoula's new Collective Impact initiative and the Healthy Start collaborative will work on data development and collection methods through the state and with local partners. This data will be part of formative evaluation efforts to gain insight into services and needs and to create a baseline for determining future efforts and how to measure progress. Data work will also include efforts to identify disparities among population groups.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Join efforts of Healthy Start collaborative that are already under way	July 2019	Staff time Collaborative agreements	Anna Semple, Healthy Start Coordinator, MCCHD	Set of basic indicators for child care availability and affordability specific to Missoula County

Strategy #2: Identify best and promising practices for policies and actions to expand access to and affordability of child care.

Background

The Healthy Start collaborative will identify evidence-based and promising practices for policies and actions concurrently with efforts to identify county-level data.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Identify existing databases of evidence-based practices	June 2019	Access to data bases Input from members of tri-agency agreement Time of Healthy Start and CHIP members	Anna Semple, Healthy Start Coordinator, MCCHD Healthy Start partners Child Care Resources	List of evidence-based practices deemed adaptable for community collaborative groups
Based on research, determine strategies to pursue	June 2019	Partner engagement	Anna Semple, Healthy Start Coordinator, MCCHD Healthy Start partners	1 to 3 specific strategies for year two work plan

Strategy #3: Identify best ways to engage groups currently working on reducing child abuse and neglect.
Background Several groups in Missoula County take part in efforts to prevent child abuse and neglect. In addition, Missoula County is also home to nine different home visiting programs. The Healthy Start collaborative will identify the best ways to bolster current efforts rather than creating new initiatives at this time.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Identify ways to support work under way	March 2019	Access to data bases Designated staff time	Anna Semple, Healthy Start Coordinator, MCCHD Healthy Start partners	Determination of strategies for Year 2 work plan
Based on coordination with identified partners, determine strategies to pursue	June 2019	Partner engagement	Anna Semple, Healthy Start Coordinator, MCCHD Healthy Start partners Partner agencies identified	1 to 3 specific strategies for year two work plan

DESCRIBE PLANS FOR SUSTAINING ACTION
Meet 2 to 4 times per year to assess progress and revise plan as needed.

Missoula County CHIP

Priority Area: Neighborhoods & Social Determinants of Health

GOAL:
Improve the built environment and access to services and amenities in lower-income neighborhoods to improve residents' health and well-being

Missoula was one of 50 mid-sized cities in 31 states that received a 2016 planning grant from Invest Health, an initiative of the Robert Wood Johnson Foundation and the Reinvestment Fund. The goal of the initiative is to transform how city leaders work together to help low-income communities thrive, with specific attention to community features that drive health, such as access to safe and affordable housing, places to play and exercise, and quality jobs.

The Missoula Invest Health team identified health disparities in the three lowest income neighborhoods in the city: Franklin to the Fort, River Road, and Northside/Westside. These areas face some of the biggest barriers to better mental and physical health, and the neighborhoods' data illustrates the relationship between income and wellbeing. All three neighborhoods are categorized as experiencing persistent poverty (20% or more of individuals in poverty over the past 30 years). All three neighborhoods have child obesity rates of 16%, compared to 10% for the City of Missoula as a whole; adult obesity rates follow the same pattern, ranging from 25% to 27%, compared to 20% for the city as a whole. These neighborhoods also report more poor mental health days (23% to 26% in the low-income neighborhoods, compared to 21% for the city). (All data from the Missoula Community Health Map.) In addition, Missoula Invest Health organized a survey and walking focus groups in each neighborhood to learn about the issues from the residents' point of view. All neighborhoods identified more sidewalks, lighting, and more parks, gardens, and open spaces as their top needs (Missoula Invest Health, *A Tale of Three Neighborhoods: A Study of Health Equity*). In addition, the Missoula Invest Health team also created the Missoula Community Health Map to provide an educational tool for the whole community on health and social determinants data for city neighborhoods.

The Missoula Invest Health grant cycle ended in December 2017. The Missoula Invest Health team – representatives from the Missoula City-County Health Department, NeighborWorks Montana, United Way, City of Missoula Development Services, and Providence St. Patrick Hospital – has set the foundation for continued work through a Health Equity Summit held in November 2017. Concerns of the CHIP group included residents living in poverty, unequal access to amenities and services in different neighborhoods, and affordable housing – as well as not duplicating the efforts of other community collaborations. The timing was right for the CHIP and Missoula Invest Health collaborations to work together on neighborhoods and social

determinants of health. Much of the first year will involve determining a focus for future work, based on the break-out sessions from the Health Equity Summit.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Completed sidewalks and trails in low-income neighborhoods	City of Missoula	Review annually
Number of trees planted in low-income neighborhoods	Missoula Invest Health	Review annually
Long Term Indicators	**Source**	**Frequency**
Adults reporting frequent poor mental health	BRFSS	Every 2 years
Childhood obesity	MCCHD School BMI Reports	Ongoing measurement; report every year
Adult obesity	BRFSS	Every 2 years

Strategy #1: Improve access to sidewalks, trails, and connected transportation in identified neighborhoods.

Background

Based on the residents' desire for sidewalks, Missoula Invest Health mapped the sidewalk infrastructure across the city (Missoula Community Health Map). In the three low-income neighborhoods, 43% of streets with the potentials for sidewalks had them, compared to 22% in the rest of the city. As a result, the team worked with the City of Missoula to make changes to city plans to prioritize building sidewalks in low-income neighborhoods that lack access to funds for sidewalks. The Invest Health Team also won a Community Development Block Grant (CDBG) to build one mile of sidewalks in the Northside/Westside neighborhood.

ACTION PLAN

Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Work with City of Missoula planning, transportation, and infrastructure departments to adapt policies to encourage sidewalk and trail projects in low-income neighborhoods	June 2023	Staff time Cooperation of city staff	Lisa Beczkiewicz, Missoula Invest Health Lead, MCCHD Missoula Invest Health Partners	Increased miles of sidewalk and trails and improved connectivity in low-income neighborhoods
Work with neighborhood residents to prioritize trail and sidewalk needs	Ongoing	Staff time	Lisa Beczkiewicz, Missoula Invest Health Lead, MCCHD Missoula Invest Health Partners	Targeted projects that meet resident needs

Strategy #2: Increase green infrastructure in identified neighborhoods.

Background

The Missoula Invest Health survey identified resident desire for more parks, gardens, and open space. The Missoula Community Health Map showed that the low-income neighborhoods have less tree canopy and fewer parks. The Northside neighborhood had the lowest tree canopy, at 6%; at the other end of the spectrum, the Rattlesnake neighborhood enjoys 24% tree canopy. Trees and greenery are important for neighborhood aesthetics and enjoyment, but they are also critical for shade in our increasingly hot summers and for air filtering in our increasingly smoky wildfire seasons.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Tree planting in identified neighborhoods	June 2023	Trees Tree planting crews Approval from city to identify tree locations	Lisa Beczkiewicz, Missoula Invest Health Lead, MCCHD	Increased tree canopy in identified neighborhoods.
Develop green spaces in unused plots in identified neighborhoods	June 2023	City cooperation to create green spaces in undeveloped areas Crew and materials to create park spaces	Lisa Beczkiewicz, Missoula Invest Health Lead, MCCHD Missoula Invest Health Partners	Increased green spaces in identified neighborhoods

Strategy #3: Develop community hubs in identified neighborhoods.

Background

Residents of the identified neighborhoods report more poor mental health days in the BRFSS. In the resident survey and neighborhood walk-abouts, neighborhood residents also report a need for neighborhood hubs and destinations to encourage physical activity and create social cohesion with the neighborhoods.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Identify potential neighborhood hubs	June 2023	Input from neighborhood residents Assistance from County GIS	Lisa Beczkiewicz, Missoula Invest Health Lead, MCCHD	Map of gathering areas, both indoor and outdoor, in identified neighborhoods

Develop policies to allow use of public and private spaces for neighborhood activities	June 2023	Dedicated staff time Cooperation of public and private agencies with hub spaces	Lisa Beczkiewicz, Missoula Invest Health Lead, MCCHD	Policies developed and in place
Develop the use of at least one community hub in each neighborhood	June 2023	Policies in place Dedicated staff time Involvement of neighborhood residents	Lisa Beczkiewicz, Missoula Invest Health Lead, MCCHD	Neighborhood gatherings and events

Strategy #4: Educate the community on health equity and social determinants of health.

Background

Missoula agencies and the public need to build a shared community understanding of health equity and the social determinants of health so that we can begin to address these issues in our policies and community work. Invest Health began this work by creating the Missoula Community Health Map and sponsoring the 2017 Health Equity Summit.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Sponsor or take part in one community-wide health equity event each year	Annually through June 2023	Staff time Community partner time Budget and venues for events	Lisa Beczkiewicz, Missoula Invest Health Lead, MCCHD D'Shane Barnett, University of Montana Department of Sociology and the UM Institute for Health & Humanities	Regular community opportunities to learn and discuss health equity and social determinants of health

DESCRIBE PLANS FOR SUSTAINING ACTION

Meet 2 to 4 times per year to assess progress and revise plan as needed.

Missoula County CHIP

Priority Area: Behavioral Health

GOALS:
Determine gaps and barriers in systems that provide behavioral health services

Strengthen community connectivity to improve mental health and resilience

A lack of services for behavioral health – mental health and substance abuse – has come up in almost all public discussions of challenges in Missoula County. In the BRFSS, Missoula County residents consistently report more frequent poor mental health days in the past month than the US average (in 2015, 3.4 compared to 2.8, respectively). The Youth Risk Behavior Survey (YRBS) shows that Missoula County high school students reporting feeling said or hopeless almost every day for two weeks or more in a row continues to creep up; it is currently at 28%. Missoula County youth also use substances at high rates. In 2016, 17.4% of middle and high school youth regularly used e-cigarette and vape devices; 31.5% of 8th, 10th, and 12th graders had ever used marijuana (compared to the state average of 26.5%); and 28.5% in the same grades reported regularly using alcohol (Montana Prevention Needs Assessment 2016).

Most alarming are Missoula County's suicide statistics. Montana has ranked as one of the five highest state suicide rates since records have been kept, and Missoula County often has one of the highest rates in the state. For 2016 the Missoula County suicide rate was 31.5/100,000 population, compared to the Montana rate of 24.3/100,000. Meanwhile the US suicide rate was 13.4/100,000. (CDC WISQARS Fatal Injury Mapping, retrieved March 2017).

Behavioral health needs are difficult to address: the issues are complex, funding is extremely limited, and effective community-wide cross-sector collaborations don't exist at this time. The CHIP Behavioral Health work group will make some first small steps toward addressing behavioral health issues in Missoula County.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Viable urgent care alternatives to ERs and jail identified	Providence St. Patrick Hospital	Every 2 years
Missoula-specific data on opioid use among pregnant women is identified	Agency-specific record systems or sources to be determined	TBD
Missoula-specific data on social isolation is identified	Agency-specific record systems or sources to be determined	TBD

Events or programs connect behavioral health and other service providers	CHIP Behavioral Health Group	Every 2 years
Completed report that identifies gaps and barriers in accessing behavioral health services	CHIP Behavioral Health Group, in association with University of Montana graduate students	One report within 2 years
Long Term Indicators	**Source**	**Frequency**
Adults reporting frequent poor mental health	BRFSS	Every 2 years
Referrals to appropriate behavioral health groups	As-yet-nonexistent referral system	Every 2 years after system is adopted
Suicide rates	CDC Data and Statistical Fatal Injury Reports, US Center for Health Statistics Death Certificates, and MT DPHHS	Annually

Strategy #1: Improve access to timely and affordable acute and ambulatory mental health treatment for community members.

Background

Community-based providers provide a wide range of services, including outpatient psychiatric care, medication management, psychiatric consultations, adolescent partial hospitalization program, acute inpatient care and crisis stabilization services. However, the community lacks alternatives for people with psychiatric disorders from ending up in ERs or jail.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Assess alternatives to emergency departments and the jail by those in mental health crisis	January 2019	Quarterly meetings of community mental health and substance use providers	Merry Hutton, Providence St. Patrick Hospital	Increased access to mental health services and substance use treatment that is not in the jail or emergency departments

Strategy #2: Develop events or programs to connect behavioral health and other community service providers to share information and build relationships.

Background

Key informant interviews completed during the 2017 CHA process revealed that many community service providers don't have full information about or relationships with a full range of behavioral health providers. The CHIP group could plan some events or other outreach activities to create connection among different sectors and improve community-wide knowledge of behavioral health options.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Events, programs, or other methods to connect behavioral health service providers with service providers in other sectors	Plan in place by June 2019	Contacts and relationships across sectors	Project Tomorrow Montana CHIP Behavioral Health group; leaders TBD	Community service providers increase knowledge of behavioral health services and build relationships with behavioral health provider agencies.

Strategy #3: Identify gaps and barriers to accessing behavioral health services.

Background

Surveys and key informant interviews during the 2017 CHA process suggested the need to understand more about the landscape and experience of behavioral health services from the perspective of community members who use the services, as well as those who work to get clients and patients into behavioral health services.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Work with University of Montana graduate students to conduct qualitative data collection to identify gaps and barriers in behavioral health services	First report by June 2019, with regular reports as needed after that	UM professors and graduate students willing to take on the project	Robin Nielson-Cerquone, MCCHD UM professors from School of Public & Community Health	Better shared understanding of gaps and barriers to accessing behavioral health services

Strategy #4: Develop programs to decrease opioid misuse among pregnant women.				
Background Opioid/poly-substance misuse among pregnant women is a major concern in Missoula County. Currently no local efforts help pregnant women seek recovery services in safe, respectful, and effective settings.				
ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Research indicators and evidence-based actions, and choose appropriate action for local needs	Research completed within first year, with activity to begin in second year	Research capabilities	Helen Russette, University of Montana	Actions under way to help identify pregnant women with opioid/poly-substance use disorder Supportive community of service providers with increase prenatal care among this population

Strategy #5: Work with existing providers and collaborations on programs to decrease social isolation.				
Background Social isolation can greatly affect people's mental health, and some groups experience high rates of social isolation. The CHIP Behavioral Health group, with input from Missoula Aging Services, identified older adults and their caregivers as groups that experiences high rates of social isolation.				
ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Work with Dementia Friendly Missoula or other Missoula Aging Services groups to help decrease social isolation among older adults and caregivers	Establish work area in first year, and take part in group beginning in second year	Staff time	Robin Nielson-Cerquone and Cindi Laukes, CHIP Behavioral Health Group	Expanded work to decrease social isolation among older adults and their caregivers

DESCRIBE PLANS FOR SUSTAINING ACTION
Meet 2 to 4 times per year and maintain email communication to assess progress and revise plan as needed.

Missoula County CHIP

Priority Area: Dental Health

GOALS:
Improve dental care for underserved groups, including Native Americans and older adults and people with disabilities in long-term care facilities

The dental health priority area has carried over from the 2015-2018 CHIP, at the request of the group members. The CHIP Dental Care Work Group requested continuation because there is no existing collaboration to carry on this promising work.

Access to dental services remains a major area of concern. Missoula scores a 26 — on a scale with a top end of 25 — as a Health Provider Shortage Area for oral health care (Health Resources and Service Administration). Partnership Health Center's sliding-fee dental clinic sees a significant number of patients each year but can't keep up with demand. The waiting list is currently about six months long for new patients. PHC's current caseload stands at over 4,500 people. The Limited Access Permit (LAP) dental hygienists who work in long-term care (LTC) facilities report that the need for those residents is huge. LTC facilities are required to provide regular oral health care and professional dental care, but it is not happening. During the past CHIP cycle, LAP dental hygienists built trust with LTC facilities, which in 2015 had no dental providers coming into their facilities. Currently, the LAP hygienists provide services to some residents in all local facilities.

The Missoula Urban Indian Health Center (MUIHC) reports that most of their clients do not receive regular dental care. Over the past CHIP cycle, the CHIP Dental Work Group helped MUIHC create a fully equipped dental clinic on-site. The clinic just became operational. Work for this CHIP will involve getting MUIHC clients to use the dental clinic.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Numbers and percentages of residents in LTC facilities who receive regular dental care	LAP Dental Hygienists	Estimates annually
Number of MUIHC clients who receive dental care at the new on-site dental clinic	MUIHC	Annually
Long Term Indicators	**Source**	**Frequency**
Number and percentage of LTC facilities who offer daily and professional care to all clients; ideally this would mean a dental hygienist on staff at each LTC	LAP Dental Hygienists	Every two years

Strategy #1: Increase services and capacity to provide dental services in LTC facilities.

Background

LAP dental hygienists have built relationships at all Missoula County LTC facilities. The work now will involve increase the number of residents who receive hygiene services through the LAP dental hygienists and other services through the Partnership Health Center Dental Clinic's mobile unit.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Increase number of dental hygienists who work in LTC facilities	Ongoing	LAP Dental Hygienist hours	Heidi Halverson, LAP Dental Hygienists	More capacity to see residents in LTC facilities
Create system of coordinating PHC mobile dental clinic with LAP dental hygienists	Operational by June 2019	PHC mobile dental clinic LAP dental hygienist and PHC dentist hours	Liz Rolle, PHC Dental Clinic	More LTC residents receiving needed dental care Increased understanding of LTC facilities management of potential for cost savings and better care by accessing regular dental services

Strategy #2: Provide Missoula Urban Indian Center clients with dental care on-site.

Background

MUIHC clients often do not receive regular dental care. Very few have any kind of dental insurance, MUIHC has limited funds to pay for dental care, and local dentists are often unwilling to work with MUIHC to make sure their clients receive needed care. Currently, MUIHC has about 50 clients with diabetes who need regular dental hygiene but don't often access any dental services, primarily due to cost.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Communicate availability of dental services on-site to MUIHC clients, and help clients build a positive attitude about receiving dental care.	Ongoing	MUIHC staff time and enthusiasm	Marilee Peterson, MUIHC	MUIHC client base knows about the dental clinic and is willing to use it
Adjust appointment scheduling, reminder systems, or other procedures to assure that clients show up for appointments	Ongoing	MUIHC staff time and enthusiasm Ideas and possible help from CHIP group	Marilee Peterson, MUIHC Bobbie Jo Monlieus, LAP Dental Hygienist	Clients regularly use dental clinic

Expand hours, providers, and/or services to increase usage of clinic by MUIHC clients	June 2019	More dental staff time Potential addition of dental staff at MUIHC	LeeAnn Bruised Head and Cherith Smith, MUIHC Bobbie Jo Monlieus, LAP Dental Hygienist	More clients using the service, providing better oral health for MUIHC clients and generating revenue for MUIHC

Strategy #3: Create outreach and dental education program for people who care for infants and toddler and for agencies who serve them.

Background

People who care for infants and toddlers need education to understand that dental care needs to start before a child's teeth even appear. Spreading this knowledge is especially important since we now understand that dental caries are contagious. No coordinated dental outreach program currently exists in Missoula County.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Provide oral health education agencies who work with families or young children (doctors, Mountain Home, home visitors, child care) and for caretakers (child care workers) and parents	Ongoing	Staff time to identify and coordinate outreach LAP Dental Hygienist time for outreach and training	Heidi Halverson, LAP Dental Hygienist	Expanded knowledge of best-practices oral health care for infants, toddlers, and older children

DESCRIBE PLANS FOR SUSTAINING ACTION

Meet 2 to 4 times per year and maintain regular email contact to assess progress and revise plan as needed.

Missoula County CHIP

Priority Area: Community Data Coordination

GOALS:

Work with community groups to establish coordinated referral systems and data collection across the county

Coordinate, aggregate and share existing data in ways that are accessible to the whole community

Use the data in partnership to address community issues

The 2017 CHA work group and many of the key informants interviewed for the CHA expressed a need for some kind of community system for cross-sector coordination and sharing of data. The time is right for this work, as several community collaborative groups are searching for ways to electronically collect data and make referrals to improve access and provide useful information to different sectors to address local issues. The CHIP Community Data Coordination group will initially focus on learning and taking part in these other efforts.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Number of organizations involved in data systems for collecting or sharing data	Work with local collaborations	Annually
Data-sharing test project identified and initiated	CHIP Coordinated Data group	By June 2020
Long-term goals for shared data system identified	CHIP Coordinated Data group	By June 2023
Long Term Indicators	**Source**	**Frequency**
Cross-sector coordinated data sharing and collection system in use across multiple sectors	CHIP Coordinated Data group	By June 2023

Strategy #1: Help establish a countywide coordinated electronic referral system.
Background Local efforts are underway to develop a coordinated electronic referral system in Missoula County. The CHIP Coordinated Data work group has already begun to joined forces with some of these groups to support development of a system that includes as many agencies as possible and produces actionable community data.

ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Representative from group works with Healthy Start personnel to consider possible coordinated electronic system for referrals and services	June 2019	Coordination with Healthy Start leadership Staff time	Robin Nielson-Cerquone, MCCHD	Fully informed process of decision-making that includes more agencies and sectors

Strategy #2: Improve data accessibility for the whole community.

Background

Our community collects lots of data, but we don't have systems or platforms in place to effectively share it with other agencies or the public. We will work to create and expand data sharing systems that engage the community and can be used for community purposes, including planning, grants, and policy decisions.

ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Expand the Missoula Community Health Map to include more demographic and social determinants information at the neighborhood level and for outlying communities in the county	Data added annually through June 2023	County GIS	Lisa Beczkiewicz, Missoula Invest Health Lead, MCCHD Mike Snook, Missoula County GIS	Community health map that is wider in scope and is a widely used for identifying needs and health disparities down to the neighborhood level
Create a library of electronic data available at the county level, including relevance and how to use the data sources	June 2020, with plans for updating	UM Student time	UM Sociology Department personnel (Kathy Kuipers to start)	Detailed resource available for community use

Strategy #3: Support and develop shared data collection and data coordination among agencies.

Background

Several coalitions are exploring systems for coordinating data sharing with other local services and agencies. Rather than duplicate that work, the CHIP Coordinated Data group will work with these groups to assure that the sharing happens across as many sectors and includes as many agencies as possible.

ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Representative from group works with Collective Impact data subgroup to develop school readiness data and	June 2019	Buy-in from all Missoula County elementary	Robin Nielson-Cerquone, MCCHD	Kindergarten readiness data that is useful for schools and teachers and also informs

connect it to social determinants, services, and needs in early childhood		schools and districts Funding for consultants to start program Ongoing funding to conduct assessments		provides information to guide improvement to services and conditions for children ages 0 to 5
Research other models and examples of community data sharing and coordinated data systems	Ongoing	Time from group members	Robin Nielson-Cerquone, MCCHD Andrew Stickney, CAPS Jenni Graff, Missoula Economic Partnership	Resources and case studies to use in work in community and for designing test project
Develop a test project to expand the use of new systems or develop new systems of data coordination and sharing	June 2021	Time from group members	Robin Nielson-Cerquone, MCCHD Andrew Stickney, CAPS Jenni Graff, Missoula Economic Partnership	Expanded understanding of and capacity for community data collection and sharing

DESCRIBE PLANS FOR SUSTAINING ACTION
Meet 2 to 4 times per year and maintain regular email contact to assess progress and revise plan as needed.