healthy by design

Yellowstone County Community Health Improvement Plan

6-month progress report, July 1, 2016 -December 31, 2016

Published February 1 , 2017

Yellowstone County Community Health Improvement Plan Progress Report

Second 6 months: July1 – December 31, 2016

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The Alliance of **Billings Clinic**, Yellowstone City County Health Department dba **RiverStone Health**, and **St. Vincent Healthcare** is an affiliated partnership consisting of the Chief Executive Officers from these three health organizations whose vision states *"Together we improve the health of our community, especially those who are underserved and most vulnerable, in ways that surpass our individual capacity."*

In 2005, the Alliance sponsored the first comprehensive Yellowstone County Community Health Needs Assessment (CHNA). The Alliance contracted with Professional Research Consultants, Inc. (PRC) to perform the assessment which included focus groups with community leaders and surveys of 400 community members using the random-digit-dialing method. This process was repeated in both 2010-11, and 2013-14 when CHNAs were once again conducted utilizing the same methodology.

Following the 2013-14 CHNA, opportunities were identified, a Community Forum voting process occurred, and CHNA Advisory Committee validated the results. Three areas then emerged as the priority community health needs:

a. **Healthy Weight-**The key areas of concern noted in the 2014 Community Health Needs Assessment include: overweight/obesity prevalence and physical activity levels. Additional concerns were noted during the Community Health Forum held in February 2014 as part of the priority setting process. These include: a desire to focus on children and address modifiable behaviors and food security issues.
b. **Access to Health Services-**The key areas of concern noted in the 2014 Community Health Needs Assessment include: lack of healthcare coverage for ages 18-64 years, barriers to accessing healthcare services, and access to dental care, especially for low-income households. Additional concerns were noted during the Community Health Forum held in February 2014 as part of the priority setting process. These include: jointly addressing access-related policy issues, promoting primary care and offering or identifying points-of-entry into care and healthcare navigation.
c. **Mental Health, Mental Disorders and Substance Abuse-**Mental Health: The key areas of concern noted in the 2014 Community Health Needs Assessment include: suicides, access to mental health treatment and resources for mental health treatment. Additional concerns were noted during the Community Health Forum held in February 2014 as part of the priority setting process. These include: coordination of services, lack of services, developing common strategies, communication, access, stigma associated with mental health problems, and youth resources. Substance Abuse: The key areas of concern noted in the 2014 Community Health Needs Assessment include: Cirrhosis/liver disease deaths, chronic alcohol use, drug-related deaths, and availability of substance abuse treatment. Noted during the Community Health Forum held in February 2014 was untreated patient populations and their interactions; need for preventive measure reimbursement, need to increase addiction prevention education in schools, need to educate on the environmental impact caused by those who are addicted, and consideration of policy work around Driving Under the Influence (DUIs).

These identified priorities formed our goals. Community experts reviewed the correlating drafted objectives. Goals and objectives were then approved by the Alliance and strategies, based on community input, were identified. The Community Health Improvement Plan was adopted June 30, 2014. Each priority area workgroup has reviewed and approved the strategies written into the plan. Revisions to any strategies are noted in the included workplans. A six-month progress report was published in February 2017, for the period of July 1 - December 31, 2016. This is the sixth six-month progress report for the 2014-2017 Community Health Improvement Plan.

Community Health Improvement Plan

Access to Health Services

Goal: Improve Access to Health Services	Question	Data			Goal 2017
		2005	2010	2014	
Objectives:					
By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%	[Adults 18+] Specific source of ongoing care	84.0%	82.0%	81.7%	85%
By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69%	About how long has it been since you last visited a dentist or a dental clinic for any reason?	63.9%	70.0%	62.9%	69%
By 2017, the proportion of adults in Yellowstone County who are without health insurance will decrease from 16.7% to 15%	[Adults 18-64] Insured Status	13.1%	18.6%	16.7%	15%
By 2017, decrease proportion of adults in Yellowstone County who have used the ED more than once in past year from 5.8% to 5.2%	In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission.	7.3%	8.6%	5.8%	5.2%

2014-17 Workgroup Update CHIP Goal: Improve Access to Health Services

Workgroup Structure Updates

Access to Health Services Workgroup: This workgroup first convened October 2014 and has found success in shared communication including independent conversations and projects as you will see reflected in the overview and workplan. We are convening this workgroup on a quarterly basis and will review our progress and opportunities as we sunset over the next six months. Those engaged and invited include the three Healthy By Design sponsoring entities (Billings Clinic, RiverStone Health and St. Vincent Healthcare), Billings Area Indian Health Services, Rocky Mountain Tribal Leaders Council, Community Innovations, and the Veteran's Administration. We are also interfacing with the Montana Family Medicine Residency through informal case studies offered at each meeting as well as training and engagement of residents on the entire needs assessment and improvement plan process.

The *Super Utilizer Advisory Group* is now ready to move into operationalizing and sustaining the care transitions team in Billings. This group has supported the development of a pilot through partnership and funding from Mountain Pacific Quality Health, Pacific Source, Montana Health Care Foundation and DPHHS focused on complex patients frequenting our emergency rooms and our hospitals. Work to develop a community pilot was coordinated through a contracted project manager. Moving forward we envision the opportunity to align efforts with the Health Information Exchange pilot underway with the Alliance (Billings Clinic, RiverStone Health and St. Vincent Healthcare), Verinovum, and Blue Cross Blue Shield.

Another sub-set of this workgroup is the *Medication Assistance Program task group*. With a charge of streamlining and offering consistent effective practices for medication assistance across the community, this team has met on an as-needed basis and includes the Alliance's three pharmacy directors in addition to others as needed.

Care Transitions Coalition: This coalition is sponsored by Mountain Pacific Quality Health, a quality improvement organization focused on decreasing the cost of local Medicare patients by addressing care transitions and re-admissions of its population. This coalition as served as "boots on the ground" or a "frontline" voice Super Utilizer group on how to appropriately manage complex patients who may be frequenting our hospitals and emergency departments and other community services. The chairs of this coalition are serving as representatives involved in the Super Utilizer Advisory Group to help keep the work of Healthy By Design strongly connected to the Care Transitions Coalition. Healthy By Design staff are also attending the coalition meetings.

Interface with community and related areas: In recognition of other work underway, we recognize the strong connection to our Mental Health and Substance Abuse priority as we pursue work with those complex patients in our community and look at and support resources such as Montana211. Related to both priorities, we continue to seek alignment with the Community Innovations Project efforts focused on downtown; particularly related to our "super utilizer" population as well as recent statewide and local dialogue regarding housing, including a Healthy By Design convened housing and healthcare conversation. We have seen the re-establishment of the housing continuum of care committee in Billings and have participated in the development and impending community health worker curriculum for the state of Montana. We are also engaging in the Native American Steering Committee as part of our interest in community alignment.

Access Workplan Overview

<table>
<tr><th colspan="2">Priority: Access</th><th>Goal: Improve Access to Health Services</th></tr>
<tr><th>Workgroup</th><th>Core Activity Summary</th><th>Access Objectives and Strategies</th></tr>
<tr><td>Access to Health Services</td><td>An on-going quarterly meeting of the workgroup occurs, with guests and additional attendees invited as appropriate

Education to the Montana Family Medicine Residency on the Community Health Needs Assessment continues

Ongoing agenda items include: case studies from residents, updates on legislative activities, updates on MAP, updates on health insurance enrollment and updates on the Super Utilizer project.</td><td rowspan="3">• By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%. (HP AHS-5) (4.03% change); Question: Is there a particular place that you usually go if you are sick or need advice about your health? If Yes, what kind of place is it: A Hospital-Based Clinic, A Clinic That is NOT Part of a Hospital, An Urgent Care/Walk-In Clinic, A Doctor's Office, A Hospital Emergency Room, Military or Other VA Healthcare, or Some Other Place. For the next assessment, we will be redefining “on-going care”.
• By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69% (HP AHS 6.3) (9.69% change; addressing key area of concern)
• By 2017, the proportion of adults in Yellowstone County who are without health insurance will decrease from 16.7% to 15% (HP AHS 1.1; 10.18% change; addressing key area of concern)
• By 2017, decrease proportion of adults in Yellowstone County who have used the ED more than once in past year from 5.8% to 5.2%. (10.34% change; CHNA 2014: 5.8%, 7.8% among low income households; 8.6% in CHNA ‘10)

<u>Overarching Strategies:</u> <u>(reviewed and revised from CHIP by Workgroup 10/16/14)</u>
• Address patient management and implementation of the Patient Centered Medical Home model by identifying high risk unassigned patients and developing a management strategy in order to increase appropriate access, produce positive health outcomes, and reduce costs
• Advocate for Medicaid expansion and access to healthcare and dental service programs that assist those with financial need (e.g. Medicaid, Healthy Montana Kids, Medication Assistance Program, Community Health Access Partnership) through the development and advocacy of an Alliance legislative agenda
• Promote health insurance acquisition via the Health Insurance Marketplace or other avenues at each Alliance institution and develop a collaborative strategy to educate residents of Yellowstone County about what health insurance means and how to use it effectively. (continuum of “covered to care”)
• Promote the Montana Family Medicine Residency, Internal Medicine Residency, Dental Residency, and Pharmacy Residency programs and consider the development of other residencies that may offer pathways to appropriate workforce development.
• Explore avenues of asset mapping along the continuum of care that provides residents of Yellowstone County access to resources and services.</td></tr>
<tr><td>High Utilizer Sub-Group</td><td>The sub-group/advisory group for the Super Utilizer project in the last 6 months has moved from planning into the operational phase. Partnership with Adult Resource Alliance and strong leadership from co-leads for this group have driven progress. A team has been assembled and will begin implementation of the pilot in 2017.</td></tr>
<tr><td>MAP Sub-Group</td><td>Work has resulted in increased communication and coordination among pharmacy departments. Updates have been given at each workgroup meeting.

Opportunity to consider medication assistance for chronic patients and concerns with specialty medication costs.</td></tr>
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2014-17 Work Plan CHIP Goal: Improve Access to Health Services

Focus Area: Access to Health Services
Workgroup: Access to Health Services
Workgroup Facilitator: Heather Fink with support from Shawn Hinz
Committee Meeting time and location: Meets quarterly
Committee Member Representative Organizations:

RiverStone Health	Billings Clinic	St. Vincent Healthcare	Care Transitions Coalition	Montana Family Medicine Residency
Rocky Mountain Tribal Leaders Council	Veteran's Affairs	Mountain Pacific Quality Health	Indian Health Service	Montana Area Health Educations Center

Community Health Improvement Plan Objectives

1) **By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%.** (HP AHS-5) (4.03% change); Question: Is there a particular place that you usually go if you are sick or need advice about your health? If Yes, what kind of place is it: A Hospital-Based Clinic, A Clinic That is NOT Part of a Hospital, An Urgent Care/Walk-In Clinic, A Doctor's Office, A Hospital Emergency Room, Military or Other VA Healthcare, or Some Other Place. For the next assessment, we will be redefining "on-going care".
2) **By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69%** (HP AHS 6.3) (9.69% change; addressing key area of concern)
3) **By 2017, the proportion of adults in Yellowstone County who are without health insurance will decrease from 16.7% to 15%** (HP AHS 1.1; 10.18% change; addressing key area of concern)
4) **By 2017, decrease proportion of adults in Yellowstone County who have used the ED more than once in past year from 5.8% to 5.2%.** (10.34% change; CHNA 2014: 5.8%, 7.8% among low income households; 8.6% in CHNA '10)

The following strategies have been revised from the CHIP authored June 2014 with input and consensus from the ad-hoc workgroup.

CHIP Objective: By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%; By 2017, the proportion of adults in Yellowstone County who are without health insurance will decrease from 16.7% to 15%; By 2017, decrease proportion of adults in Yellowstone County who have used the ED more than once in past year from 5.8% to 5.2%.					
Revised CHIP Strategy	**Activity**	**Timeline**	**Measurable Outcome**	**Person Responsible**	**Progress**

Address patient management and implementation of the Patient Centered Medical Home model by identifying high risk patients and developing a management strategy in order to increase appropriate access, produce positive health outcomes, and reduce costs	Revised the strategy-two distinctive areas right now Define the target group of people. 1. Easier to manage care of chronically ill patient-comes back to the definition of high risk patients (define) 2. First step to get a snap shot of who they are 3. Explore potential for a pilot to identify and address unassigned versus unengaged (where does insurance play a role?) 1. Who can define and identify these patients? a. Suggestion of a group of individuals that can work on a common definition of "high risk" to bring back to the group for review. b. Susan Barton-HIP at RSH, Dr. Littlefield-RSH, Deb Agnew-BC, Dr. Zavala-SVH and Alliance care transitions team input May be opportunity for another group to discuss pulling together a potential pilot Dec. 2015: • Funding secured for project coordination • Advisory group established for the project • Interface with Health Information Exchange pilot underway July 2016 Development of infrastructure for pilot super-utilizer project continues December 2016 Pilot infrastructure established Future work reported to Advisory Group, Care Transitions Coalition and Alliance	Beginning Year 1 (2014-2017)	Patient data from an executed pilot that defines at-risk and results in potential model/models of community care management	Initial Sub-group: Zavala, Littlefield, Agnew, Neary, Manske, Hinz, Barton, Fink HBD Leaders; Alliance data staff and quality staff, and leadership have been engaged, as has Mountain Pacific Quality Health Super Utilizer Advisory Group Launched (December 2015) Project Manager for Super Utilizer Project and Advisory Group Co-Chairs Pilot Staff, Advisory Group Co-Chairs, Advisory Group	Meetings: initial strategy meeting occurred 1-20-14; HBDL meetings have included dialogue regarding project; planning meeting calls have occurred with Premier; MPQH presented to the Access workgroup Outline of pilot proposal agreed upon by the three organizations for pursuit with Montana Health Care Foundation via the state (DPHHS) and Pacific Source Spring 2014-Funding secured from DPHHS (MT Healthcare Foundation of $40,000) to identify common patients who frequently use the three healthcare facilities. Through this discovery, a process for sharing data between organizations that adheres to laws and patient protections will be identified. Based on findings, a response to the specific patients discovered as well as a protocol and model for future implementation will be explored with community partners involving the existing Healthy By Design Coalition. Authorization of funding from Pacific Source pending signed data agreements in Summer 2015. Funding released Dec. 2015 per Alliance MOA. This work has interfaced with the Care Transitions (mainly advanced age population providers, and includes VA) group and identified Mountain Pacific Quality Health as a key partner. Representation is attending their monthly meeting and their leadership is attending the quarterly Access meeting. As part of a Care Transitions meeting a model/literature review of approaches was presented by April Keippel along with Commonwealth literature review presented by Lara Shadwick with MPQH. This group intends to examine how various approaches will impact Billings and their various organizations.

				Members, Pilot location CEO	With identification of Premier as a planning consultant for this work, a meeting was held to determine the definition and strategy for data pulling (7-9-15). A meeting of Alliance data representatives will occur before the end of July. As of December 2015: Continual interface with other projects is underway. 1) Mountain Pacific secured funding from CMS to conduct a pilot using a care coordination team in Billings to begin in Aug. 2016. 2) Funding was secured from DPHHS (via Montana Health Care Foundation) and Pacific Source to support coordination of discussions and gap analysis around needs of case managers and others as well as identification of best approaches locally. 3) A Health Information Exchange Pilot conversation is underway supported by BCBS, which may provide the data needed to identify common complex patients. Some of the Super Utilizer team is interfacing with the HIE team. 4) A Community Health Worker conversation was hosted with AHEC and Rocky Mountain Tribal Leaders Council in October to define and highlight local work underway to coordinate services and interface with complex patients. This conversation aligned with additional dialogue at the state level to address training and reimbursement for Community Health Workers. As of July 2016: • Health Information Exchange work continues independent, but in support, of the continual development of the super-utilizer pilot. • Key conversations/meetings: 1. Consideration of hosting the pilot with a third party (interviews via MPQH and project manager with additional sites)

					2. Statewide attendance and local facilitation of dialogue regarding housing and healthcare 3. Interface and understanding of Family Promise program 4. More intentional attendance and Community Innovations meetings and workgroups As of December 2016 • Project Manager completed contract • Project Pilot location determined-Adult Resource Alliance; • Project lead hired-Jennifer Hough-nurse; interviewing commenced to hire community health workers to complete the team; • Referral process determined • Measurements/data to capture/tool to capture data under review • Interface with other teams in the state underway • Patient lists and intervention pathway commence in February 2017
CHIP Objective: By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%; By 2017, the proportion of adults in Yellowstone County who are without health insurance will decrease from 16.7% to 15%; By 2017, decrease proportion of adults in Yellowstone County who have used the ED more than once in past year from 5.8% to 5.2%; By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69%					
Advocate for Medicaid expansion and access to healthcare and dental service programs that assist those with financial need (e.g. Medicaid, Healthy Montana Kids, Medication Assistance Program, Community Health Access Partnership) through the development and advocacy of an Alliance legislative agenda	• Proposed pilot above will inform this work and can assist in rejuvenating MAP • Partially addressed via legislative agenda 1. Dental needs are still largely unmet among both Medicaid and under-insured patients a. Increase in uncompensated care for patients b. Dental care at RSH is almost completely uninsured population c. How can coordinated care assist in serving folks	Beginning Year 1 (2014-2017)	Patient data from an executed pilot that defines at-risk and results in potential model/models of community care management Medicaid expansion passed	Alliance Pharmacy Directors Alliance legislative advocates	MAP Background and action step meeting occurred 3-27-15 Met in March with all the MAP advocates. Since then Pharmacy Directors have been meeting to address transitions in the acute gap of patients who are being released from the hospital. This is being modeled from North Carolina's work. It is about a 14 day time gap and includes the national poverty level. This is phase one of this work. Phase two will look at standardizing the outer clinics work with the MAP work.

	involving healthcare and for profit dentists? d. Potential: Using the concept of one location for dental care and allowing all providers to staff to improve coordination for charity care 2. Opportunity: Improve utilization and coordination to assist with Medication Assistance Program 3. Opportunity: Work on ensuring that patients are assessed for eligibility of programs and guiding through enrollment when can occur 4. Consideration of how to better offer care coordination from the start to ensure access				• A gap expressed is what medication is on this program and the providers having to guess what to prescribe to their patients. • The systems for the pharmacy and the clinic are not linked in the medical records which could cause an issue for tracking data. • There is a shared system for the long term, chronic disease medication but that does not touch the acute care sector • Using the MAP advocates at the front end instead of just the back end of the work would be beneficial • There was a decision to standardize the acute care gap o A patient medication financial assistance form was developed o Also looking at folks who are uninsured and underinsured Dec. 2015: latest report on Medication Assistance to the Workgroup: Billings Clinic and St. Vincent are both live with the standardization of the form for Medication Assistance Working with both the care managers and at the pharmacy window to help with patients who cannot afford the medication or are pre identified as unable to afford the medication July 2016 check in: RiverStone has consistently been able to provide meds in the acute care gap phase with various funding sources. Now both hospitals are able to provide a 14 day supply of meds with hospital discharges. No major changes to the MAP programs for the long term, chronic medications.

					Billings Clinic reports: Acute MAP has been busy. Majority qualifies at 100% but we don't check income (we use attestation). Report outs, as needed, are occurring from Lonnye Finneman to broader Access Workgroup. Dec. 2016 RiverStone Health has consistently been able to provide meds in the acute care gap phase with various funding sources. Now both hospitals are able to provide a 14 day supply of meds with hospital discharges. No major changes to the MAP programs for the long term, chronic medications. MAP-communication and coordination continue. Opportunity exists to consider specialty medication costs and medication assistance for chronic conditions. ------ Dec. 2015: Report from Barbara Schneeman <u>Medicaid Expansion</u> <u>(Montana HELP Plan)</u> Additional Healthcare Benefits (administered by DPHHS): • Vision Services • Dental Services • Hearing Aids Services • Audiology Services • Transportation Services • Indian Health Services/Tribal Health Services • Federally Qualified Health Center Services • Rural Health Clinic Services • Diabetes Prevention Program **Cost:** • No or low monthly premiums depending on your income.

					• Small co-pays for doctor visits, with no co-pays for preventive services such as health screenings, help to quit smoking, or flu shots. • No out-of-pocket above 5% of your total income
CHIP Objective: By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%; By 2017, the proportion of adults in Yellowstone County who are without health insurance will decrease from 16.7% to 15%; By 2017, decrease proportion of adults in Yellowstone County who have used the ED more than once in past year from 5.8% to 5.2%; By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69%					
Promote health insurance acquisition via the Health Insurance Marketplace or other avenues at each Alliance institution and develop a collaborative strategy to educate residents of Yellowstone County about what health insurance means and how to use it effectively. (continuum of "covered to care")	1. It is being addressed during the current enrollment period. 2. Opportunity: Collectively can work and focus around education related to insurance a. Follow up with Alliance staff to identify individuals who can assist in future PR/ed campaign b. Utah has a statewide campaign to potentially pull ideas from related to education and outreach c. Education could focus on specifics related to identifying topics that may be misunderstood or unknown to the uninsured and insured. Who can help address needs and resources regarding health insurance? • Combination of communication staff and counselors • Resource advocates (look at social determinants of health)? • Planned Parenthood? Tribal leaders? • A group of Certified Application Counselors has been meeting	Beginning Year 1 (2014-2017)	Increased enrollment	Each institutions enrollment personnel have taken the lead on this	2014 enrollment period occurred and successfully increased number of insured residents. RiverStone Health has shifted their enrollment advocates to a broader Community Care Coordinator model allowing for additional work on referral and resource identification of patients and clients. It is recognized that various community health worker/advocate type programs exist across Yellowstone County. Individuals in these roles will be key to educating our residents. December 2015: report given by Barbara Schneeman at latest workgroup meeting indicated **2016:** Enroll November 1, 2015 – January 31, 2016 **Eligibility:** 100 – 400% of FPL for advance premium tax credits (APTC) **1 person:** $11,770 – $47,080 **2 people:** $15,930 – $63,720 **3 people: $2**0,090 – $80,360 **4 people:** $24,250 – $97,000 **2015:** 54,266 Montanans enrolled (Yellowstone County: 5,347) • 84% (45,583 people) qualified for an average tax credit of $230 per month

					• 54% paid $100 or less per month after tax credits • 78% of individuals with a Marketplace plan selection had the option of selecting a plan for $100 or less per month • 36% of people (19,507) were under the age of 35 **Marketplace enrollment:** 55,519 (through Christmas) **Penalties** for being uninsured increase on 2016 taxes: $695 or 2.5% of income, whichever is higher July 2016: **2016:** 58,114 Montanans enrolled (Yellowstone County: 5,945) • 83% qualified for an average tax credit of $306 per month • Average monthly premium $115 per month • 67% of individuals with a Marketplace plan selection had the option of selecting a plan for $100 or less per month (only 45% of people chose to do so) **Medicaid expansion numbers as of July 1st are as follows:** • Newly enrolled: 47,399 (6,138 in Yellowstone County) • Yellowstone County – 57.22% female, 42.78% male • Yellowstone County – 59.53%<50%FPL, 20.36% 50-100%FPL, 19.76% >100%FPL Dec. 206 **Medicaid expansion numbers as of November 15, 2016:** • Newly enrolled: 61,233 (8,174 in Yellowstone County) • Yellowstone County – 57.60% female, 42.40% male

					• Yellowstone County – 69.65%<50%FPL, 16.47% 50-100%FPL, 13.65% >100%FPL The close of open enrollment is January 31st and we won't have numbers until February/March.
CHIP Objective: By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%; By 2017, decrease proportion of adults in Yellowstone County who have used the ED more than once in past year from 5.8% to 5.2%; By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69%					
Promote the Montana Family Medicine Residency, Internal Medicine Residency, Dental Residency, and Pharmacy Residency programs and consider the development of other residencies that may offer pathways to appropriate workforce development.	1. Opportunities may come from coordination of providing care to high risk patients with various residencies-charity care built into a rotation? 2. Family Practice Residency-cross all borders of care-is there opportunity to pilot use of this group to address care coordination?	Beginning Year 1 (2014-2017)	Full residency programs	Staff from each residency program	<u>Montana Family Medicine Residency (MFMR)</u> • A partnership of RiverStone Health, Billings Clinic, and St. Vincent Healthcare, established in 1995 to address Montana's shortage of primary care physicians. • MFMR is based in RiverStone Health Clinic, a Federally Qualified Health Center, which serves as the residents' continuity clinic. • 24 residents are currently in the program, 8 in each training year. • Residents provide care for RiverStone patients in both hospitals, including emergency department, intensive care unit, maternal-fetal medicine, obstetrics, and specialty clinics. They are integrated into an outpatient setting and maintain a continuity practice at RiverStone Health Clinic, which is a HRSA-designated Teaching Health Center. • RiverStone Health financially supports the Montana Family Medicine Residency (additional info from previous reports) Community Health Improvement and Population Health leadership have partnered with MFMR to educate residents on the Community Health Needs Assessment as a requirement of their program. Education to residents continues to be scheduled regularly.

					Typically one MFMR resident or faculty is participating in the HBD Access Workgroup meetings to provide a "patient story". Dec. 2016: Residency programs (all three of them) are asking the Montana Legislature for additional graduate medical education funding to leverage a greater Medicaid match. One primary care physician in a rural community has an economic impact of at approximately $1.3 million/year. <u>Internal Medicine Residency</u> • This is managed at Billings Clinic at a significant cost (loss) to the organization, in support medical education and increased access to internal medicine specialists • Dr. Virginia Mohl is the DIO with a full faculty of internists serving as teachers and leaders • Billings Clinic's Internal Medicine Residency now has 26 MD/DO internal medicine residents at Billings Clinic (first, second and third year classes), with the new class starting July 1, 2016. <u>Dental Residency</u> is embedded in the Dental Service area of the Community Health Center (RiverStone Health Clinic). It is under the purview of the Community Health Center Board. RiverStone Health Clinic is an approved site for the NYU-Lutheran AEGD program. (Correction from previous reports) <u>Pharmacy Residency</u> • Billings Clinic had 29 pharmacy students reported in past fiscal year (July 1 2015 to June 30 2016) and 3 pharmacy residents.

					• St. Vincent Healthcare had 2 pharmacy residents (July 2015-June 2016). In past 6 months, St. Vincent Healthcare has had 10 pharmacy students. News: One of Billings Clinic's specific access priorities for the next year is choosing a **medical school partner** (RFP process) and state/legislative/federal Graduate Medical Education policy support for a psychiatric residency program to be based at our **psychiatric** center in Billings. Dec. 2016 St. Vincent Healthcare: January – December 2016 we had 22 students and 2 pharmacy residents.
CHIP Objective: By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%; By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69%					
Explore avenues of asset mapping along the continuum of care that provides residents of Yellowstone County access to resources and services.	1. MT 211 can be a resource 2. Challenges related to logistics about inputting data 3. Providing an alternative to hard copy directories 4. This can serve as a resource for care coordination 5. Currently supporting United Way in assessment, redesign, entry and exploration of call center through grant and staff resources (Dec. '15) 6. Additionally GIS mapping may be a resource?	Beginning Year 1 (2014-2017)	Populated MT 211	Work with DE-STRESS project and Mental Health Workgroup	Staff at United Way presented Montana211 to the Healthy By Design Leadership Community Health Improvement via RiverStone Health Population Health has secured a CDC fellow to assist with 2-1-1. Fellow is interviewing other 211 programs, identifying additional directories in the community. –Dec. '15 Via the mental health priority, the DE-STRESS grant has a deliverable of development of 2-1-1 in partnership with United Way. United Way has been authorized to re-design the Montana211.org website. DESTRESS grant funding is supporting the re-design-Dec. '15 A resource directory available in OneNote at RiverStone Health has been identified that may help to populate content.

					Exploration of the network of Community Health Worker and Community Care Team models may inform this work as well moving forward. July 2016 • A new web design has been rolled out for Montana211 via partnership in the HBD led DE-STRESS trauma informed care grant. • local data management is under transition to United Way of Yellowstone County management. • A marketing plan and local agency interviewing is underway to help promote use and data population. Dec. 2016 Continued promotion and testing of MT211 We hope to interface this more with Case managers, including those implementing the Super Utilizer Pilot

Community Health Improvement Plan

Healthy Weight

Goal: Improve Healthy Weight Status	Question	Data			Goal 2017
		2005	2010	2014	
Objectives:					
By 2017, the proportion of adults in Yellowstone County who have a healthy weight (normal BMI range: 18.5-24.9) will increase from 31.9% to 35%	Weight Status (height and weight)	35.8%	25.4%	31.9%	35%
By 2017, the proportion of adults in Yellowstone County reporting no leisure-time physical activity in the past month will decrease from 23.7% to 21.25%	During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?	26.3%	22.4%	23.7%	21.25%
By 2017, the proportion of adults in Yellowstone County who eat 5 or more servings of fruit and vegetables per day will increase from 40% to 44%	5 or more servings of Fruits/Vegetables per day	34.9%	40.6%	40.1%	44%
By 2017, the proportion of Children in Yellowstone County who are physically active for one or more hours per day (ages 2-17) will increase from 42.8% to 47%	During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?	Not asked	Not asked	42.8%	47%

2014-17 Workgroups Update CHIP Goal: Improve Healthy Weight Status

Workgroup Structure Updates

Healthy PLACEs (Built Environment and Health Equity)
In December 2015, the co-leads of the Built Environment and Health Equity workgroups determined to merge into one workgroup, ultimately renamed the Healthy PLACEs (*Promoting Livability, Access, and Collaboration for Equity)* workgroup based on alignment of goals, activities, and objectives. Many will recognize the Healthy Places name, which was the original moniker of the Healthy By Design coalition. Respective workgroup work plans have not been merged for the purposes of this progress report.

Ready Community Workgroup
Recognizing a unique opportunity to collaborate on the issue of hunger in our community, the Healthy By Design Coalition has co-initiated a more formal partnership with the Best Beginnings Council of the United Way of Yellowstone County to co-convene the Ready Community workgroup. This workgroup continues to focus on decreasing the number of Yellowstone county children who arrive at school hungry as well as increasing access to healthy, nutritious food among low income Yellowstone County families.

Wellness
The Wellness workgroup remains unchanged and will continue to focus on worksite wellness and event recognition.

Other Healthy Weight Initiatives
Members of the Healthy Weight workgroups continue to collaborate with other community partners and organizations in Yellowstone County, some of which is not captured within a specific workgroup. The Healthy Kids, Healthy Families initiative, funded by a grant from Blue Cross Blue Shield of Montana and co-coordinated by Healthy By Design and Big Sky State Games, has been completed. This School Wellness Champion framework is designed to support middle and high school-based staff in the promotion of healthy lifestyles. More information can be found by visiting www.healthybydesignyellowstone.org/school-wellness.

* Co-convened by Healthy By Design and the Best Beginnings Council of the United Way of Yellowstone County

<table>
<tr><th colspan="2">Healthy Weight</th><th>Goal: Improve Healthy Weight Status</th></tr>
<tr><th>Workgroup</th><th>Core Activities</th><th>Healthy Weight Objectives (HWO) and Strategies</th></tr>
<tr><td>Built Environment (Healthy PLACEs)</td><td>Complete Streets: Support implementation of the city's 2011 Complete Streets policy through the 2016 Benchmark Report update and development of tools

Complete (Walkable) Neighborhoods: Investigate walkability and connectivity of Billings-area neighborhoods to promote physical activity and access to resources</td><td rowspan="4">HWO 1: Increase percentage of people that have received advice about weight by a doctor, nurse, or other health professional (Note – this work was previously undertaken by the Healthy Weight workgroup, which is no longer active)
• Increase number of primary care patients who have had their Body Mass Index (BMI) calculated
• Increase number of patients having healthy weight plan with BMI outside of healthy range

HWO 2: Decrease percentage of people with no leisure-time physical activity in past month
• Increase the number of workplaces adopting Healthy By Design physical activity guidelines (Health Equity, Wellness)
• Increase the proportion of commuters who use active transportation (i.e. walk, bicycle and public transit) to travel to work (Built Environment, Health Equity, Wellness)
• Increase awareness of gender-based physical activity disparities (Health Equity)
• Support Yellowstone County area school-based efforts to increase students' physical activity (Built Environment, Health Equity)

HWO 3: Increase number of people that eat 5 or more servings of fruit and vegetables per day
• Increase the number of workplaces adopting Healthy By Design nutrition guidelines (Health Equity, Wellness)
• Increase the number of community events applying for and achieving Healthy By Design recognition (Wellness)
• Advocate for access to healthy foods for low-income individuals and families (i.e. WIC, SNAP, food pantries, etc.) (Built Environment, Health Equity, Ready Community)
• Support Yellowstone County area school-based efforts to increase students' daily consumption of fruits and vegetables (Built Environment, Health Equity, Ready Community)
Overarching strategies:
• Promote the use of the 5-2-1-0 awareness campaign (Health Equity, Wellness)
Support the valuation of the built environment as it relates to health and safety (Built Environment)</td></tr>
<tr><td>Health Equity (Healthy PLACEs)</td><td>Gardeners' Market: Facilitation of weekly Gardeners' Market at South Park from June through October

Active Living Every Day class series/Office of Women's Health Project: Promote physical activity, with a focus on gender-based physical activity opportunities, through a 10-12 week class series</td></tr>
<tr><td>Wellness</td><td>Worksite Wellness Demonstration Project: Partner with small area business to pilot a series of worksite wellness practices, rooted in policy, systems, and environmental interventions to create a culture of wellness

Recognition (Event): Encourage local event organizers to promote events that meet Healthy By Design criteria, further exploration into recognition of food vendors, businesses, etc.

Online Resource Development: Development and/or tailoring of wellness tools for community use</td></tr>
<tr><td>Ready Community*</td><td>Current efforts focus on increased access to food for low income residents including an examination of food distribution resources and sites.</td></tr>
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2014-17 Work Plan

CHIP Goal: Improve Healthy Weight Status

Focus Area: Built Environment

Workgroup: Built Environment (Healthy PLACEs as of 2016)

Workgroup Mission/Purpose Statement:

Mission – To promote and improve our community's health by focusing on the places we live, work, and play.
Vision – A healthy community design makes the healthy choice the easy choice by enhancing safety and social well being, providing convenient access to affordable, nutritious food resources, enabling active transportation options, and nurturing a healthy economy.
Objectives - To advocate for public policy, systems, and environmental change that will foster healthy community design.

Projects: Complete Neighborhoods (2015-17), Complete Streets Benchmark Update (2016)

Workgroup Leaders: Melissa Henderson, RiverStone Health; Lora Mattox, City-County Planning; & Dave Green, City-County Planning

Committee Meeting time and location: Bi-monthly at RiverStone Health, first Wednesday of every other month from 10:30-12:00noon

Committee Member Organizations (member names available upon request):

Big Sky Economic Development
Big Sky State Games
Billings Action for Healthy Kids
Billings Clinic
Billings TrailNet
City County Planning
Healthy By Design – Community Health Improvement
Living Independently for Today and Tomorrow (LIFTT)
Downtown Billings Association
MET Transit
Montana Department of Transportation
RiverStone Health
Parks and Recreation
Public Works
St. Vincent Healthcare

CHIP Strategy	Activity	Timeline	Measurable Outcome	Person Responsible	Progress
Support the valuation of the built environment as it relates to health and safety (CHIP objectives 1- 4)	Present to community groups (e.g. Neighborhood Task Forces) promoting the association of healthy built environment design and health/safety	October 2014 – October 2015; ongoing	# of presentations given	Presentation development – Melissa and Juliet Outreach - workgroup members	In progress – 11 presentations **2014**: 10/9/14 Adjacent Neighborhood Task Force meeting, 7/15/14 MedStart high school health careers camp, 10/20/14 MSU-B Population-based Nursing class, 10/21/14 West End Task Force **2015**: 1/15/15 South Side Task Force, 3/16/15 MSU-B population based nursing class, 6/17/15 Central Terry TUNE UP meeting, 7/14/15 MedStart high school health careers camp, 8/5/15 RiverStone Health MT Family Medical Residency, 9/29/15 Rocky Mountain College class, 10/5/15 MSU-B population-based nursing class **2016:** 1/19/16 Joint Boards of Health, 3/7/16 MSU-B population-based nursing class, 4/6/16 Rocky Mountain College – sociology class 5/5/16 organized and hosted a community presentation from national walkability expert Mark Fenton in which more than 60 local leaders and community members attended; resulting in a meeting with interested workgroup members to discuss strategies to promote a 'free range generation of kids' who can safely walk/bike to parks, school, and other destinations (currently underway). 10/24/16 MSU-B population-based nursing class
	Participate in the development of the 2014 Growth Policy update for	October 2014 – October 2016	New growth policy will build upon the 2008 community	Candi, Melissa, Wyeth	Candi is coordinating the update; Wyeth and Melissa are on the GP steering committee, which has met semi-quarterly; 2016 City of Billings Growth Policy Update approved by

	Yellowstone County/City of Billings		health component and establish updated implementation strategies for improvements to community health		city council August 8, 2016 (Task Complete)
	Submit application for APA/APHA grant, using a group-identified evidence-based strategy to promote physical activity and/or access to nutritional, affordable foods	Cohort 1 - December 22, 2014 Cohort 2- July 31, 2015 Kresge – January 15, 2016 America Walks – December 2016	See applications 12/22/14; 07/31/15; 01/15/16; 12/19/16	*Cohort 1* – Co-leads, with support from CHI, WC Chapter of the APA, and MPHA; *Cohort 2* – Co-leads in collaboration with CHI, WC Chapter of the APA, and MPHA Kresge – Melissa and Maia, in collaboration with workgroup members America Walks – Melissa, Maia, Lora	Applied, but were unsuccessful 12/21/14, applied for cohort 2 7/31/15, but unsuccessful; spring 2016 - successfully applied for and received a much smaller grant from the Kresge Foundation to align and strategize workgroup and coalition initiatives regarding food security and placemaking (awarded June 2016). Fall 2016 – successfully applied and received a microgrant from the Every Body Walk! Program of America Walks. Funding ($1,500) will be used to implement an active transportation program into the 2017 Gardeners' Market at South Park and to promote the market among individuals and families.
	Identify and review existing local data sources related to health and safety (e.g. OWH focus group data, Crash the Myth campaign data, CHNA, United Way maps, etc.)	January 2014 – March 2014	Safety and health summary presentation or report	Melissa	Completed 2/1/15; spring 2016 - provided OWH data to 2016 Billings Area Bikeway and Trail Master Plan Update consultant for consideration in their work. Fall 2016 – CHNA completed; in 2017 workgroup will share select CHNA data points with appropriate staff involved in drafting of Billings Area Bikeways and Trail Master Plan and Billings Area Parks, Recreation, and Public Lands Comprehensive Plan
	Identify gaps in existing health and safety data to	March 2015 – May 2015; 2016	List of identified gaps, shared with	Workgroup	Delayed - 2016; spring 2016 – workgroup reviewed CHNA questions used in previous

	determine additional data to seek and/or collect		workgroup and external partners		assessments and provided recommendations for updates to address data gaps; data will be available in fall 2016 to guide future initiatives. Plan for Spring 2017 – Group will examine full CHNA report to determine data gaps to investigate as relevant to this work.
	Support community-driven identification of perceived and real safety barriers to physical activity (e.g lead walking audits, focus group) in identified and interested neighborhood(s)	May 2015 – July 2015	# participants, # events held, identified safety barriers	Workgroup	Central Terry Photovoice project: 8 photovoice participants in 1 August 2015 event; will be expanded pending available resources. Action plan to follow. July 2016 – Present – Through Kresge grant, group members have identified several community engagement strategies and begun hosting focus groups and activities to seek information from community residents in regard to perceived barriers to activity, placemaking, community cohesion, and food security within the South Side triangle.
	Identify next steps to implement development code(s) to address identified need within policy and environment realms	Summer/Fall 2015	Action plan	Mobility team members of workgroup (Dave, Melissa, Kristi, and Terry)	Community Mobility team comprised of several members of workgroup, attended Community Mobility Institute in Bozeman in May 2015 and met monthly in Fall 2015. Group would like to focus on site development and or subdivision regulation changes, but meetings have been interrupted by a busy permitting season for MDT and Planning staff. Group will resume meeting in spring 2016; Spring 2016 – due to capacity limitations, this workgroup has been disbanded and efforts will continue through the planning board and the greater Built Environment (Healthy PLACEs) workgroup moving forward. (No updates)
	Collaborate with City-County Planning on Neighborhood TUNE UP, to engage community in their awareness of built	June – August 2015	Action plan, minutes, Photovoice flyer	Workgroup sub-committee (Candi, Wyeth, Elyse, Jeff, Melissa, Lora,	Sub-committee meeting held 6/15/15 to plan presentation, TUNE UP celebration was held 8/22/15 with mild to moderate attendance due to poor weather. (Activity complete)

	environment and health (Photovoice activity, neighborhood fun ride, public realm audits)			Dave, and Nichole Cromwell)	
	NEW Actively engage in Complete Streets Progress Report	Fall 2015 – Fall 2016	Meeting minutes, progress report, presentations given	Lead – Jeff with workgroup support	Jeff, Wyeth, Lora, Melissa, and Heather Fink have met to discuss an initial report timeline and potential alignment with the 2016-17 CHNA data collection process to streamline data sharing. Once the timeline is confirmed, the report will be broken into sections and tasks for interested workgroup members' support. Spring 2016 – progress report draft and data collection underway. Publication will occur in fall, pending CHNA data availability. Fall 2016 – Draft of report almost complete, Alliance CEO signatures gathered, and CHNA data available. Report will be published in spring 2017.
	Inform the 2016-17 CHNA by contributing suggestions for topics and metrics to consider.	November 2015 – January 2016	Meeting minutes, metrics added.	Workgroup members	Previous metrics have been shared with workgroup members, awaiting suggestions. (Activity complete)
	NEW Coordinate advocacy for continuation of a Complete Streets ordinance in the city of Billings	January 2016 – ongoing	Meeting minutes, timeline, media summaries, resulting Complete Streets policy	Advocacy task group - Workgroup members *as appropriate* (noting restrictions on advocacy for certain positions)	Following several months of advocacy, recruitment and engagement of local coalition partners, leaders, and community members, on May 23rd 2016, the Billings City Council voted to replace the 2011 policy with an updated policy that removed CHNA statistics and added a project checklist, changed 'shall' to 'will', and an updated exceptions component. An amendment was also added to the passage of the resolution to direct city staff (public works) to present projects to city council at the completion of the design stage for public discussion. July 2016 – Present – Members of this task group attend and recruit advocates for city council meetings as appropriate to support

					Complete Streets elements as part of the 30% review stage of Public Works projects.
Advocate access to healthy foods for low income individuals and families (CHIP objectives 1, 3)	Submit application for APA/APHA grant, using a group-identified evidence-based strategy to promote physical activity and/or access to nutritional, affordable foods	Cohort 1 - December 22, 2014 Cohort 2- July 31, 2015 Kresge – January 15, 2016 America Walks – December 2016	See application 12/22/14; 07/31/15; 01/15/16; 12/19/16	Cohort 1 – Melissa and Juliet, with support from CHI, WC Chapter of the APA, and MPHA Cohort 2 - Melissa, Lora and Dave in collaboration with CHI, WC Chapter of the APA, and MPHA Kresge – Melissa and Maia, in collaboration with workgroup members America Walks – Melissa, Maia, Lora	Applied, but were unsuccessful 12/21/14, applied for cohort 2 7/31/15, but were again unsuccessful. Additional funding and collaborative opportunities with Best Beginning Council are currently being sought. Spring 2016 - successfully applied for and received a much smaller grant from the Kresge Foundation to align and strategize workgroup and coalition initiatives regarding food security and placemaking (awarded June 2016). Fall 2016 – successfully applied and received a microgrant from the Every Body Walk! Program of America Walks. Funding ($1,500) will be used to implement an active transportation program into the 2017 Gardeners' Market at South Park and to promote the market among individuals and families.
	Collaborate with City-County Planning on Neighborhood TUNE UP, to engage community in their awareness of built environment and health (Photovoice activity, neighborhood fun ride, public realm audits)	June – August 2015	Action plan, minutes, Photovoice flyer	Workgroup sub-committee	Sub-committee meeting held 6/15/15 to plan presentation, TUNE UP celebration was held 8/22/15 with mild to moderate attendance due to poor weather. (Activity complete)
Promote the use of active transportation where available (CHIP objectives 1, 2 and 4)	Assist in planning and promotion of annual Commuter Challenge	Challenge – May; Planning November - June	Promotional materials, action plan, surveys, participant summary	Workgroup – Kristi, Elyse, Melissa, Jeffrey, Tony, Debra, Rusty, Kathy, Eric and Sara	May Commuter Challenge was a success and incorporated more participants than previous year. 2016 Commuter Challenge planning has just begun, is currently being led by Billings TrailNet staff with several workgroup members on planning team. Spring 2016 – 2016 Commuter Challenge was a success, including incorporation of equity approach.

					Meeting minutes, participation data and evaluation available soon. Plan for spring 2017 – Commuter challenge planning committee will reconvene and will continue meetings through spring 2017.
	Collaborate with City-County Planning on Neighborhood TUNE UP, to engage community in their awareness of built environment and health (Photovoice activity, neighborhood fun ride, public realm audits)	June – August 2015	Action plan, minutes, Photovoice flyer	Workgroup sub-committee	Sub-committee meeting held 6/15/15 to plan presentation, TUNE UP celebration was held 8/22/15 with mild to moderate attendance due to poor weather. (Activity complete)
	NEW organize 'active transportation' days at the 2016 Gardeners' Market at South Park to align work with Health Equity workgroup	January 2016 – Fall 2016	Active Transportation at the Market task group minutes, promotional materials, number of attendees	Workgroup sub-committee (TommiLee, Lora, Brandi, Tony, Elyse, Jeff, Maia)	Sub-committee has met semi-monthly to design and implement a pilot 'active transportation at the market' pair of events. July 28th will feature MET transit and will include information on routes, new fares, and a demonstration of loading a bicycle on a bus. On August 25th, the market will host 'bike and walk day' and will include an organized bike ride to the market from Riverside and Orchard schools, an historical walking tour around South Park led by Kevin from the Western Heritage Center, and route information. Throughout the summer, wayfinding signage will be posted around the downtown/South Side areas to encourage passersby to walk or bike to the market. Fall 2016 – Events were hosted to a small degree of success. The task group held a debrief and planning meeting and developed recommendations for an implementation plan in 2017. The group used these recommendations to apply for and receive a microgrant from America Walks to install bike parking at South Park, develop an

					incentive programs for walking and biking, and to develop promotional materials.
Support Yellowstone County area school-based efforts to increase students' daily consumption of fruits and vegetables and increase students' physical activity levels (CHIP objective 4)	Support the work of the 2 AmeriCorps VISTA volunteers (both of whom are members of this workgroup) in their efforts to promote physical activity in schools	October 2014 – July 2015, Spring 2016	# schools, students engaged	Lead(s) – Maia Support – Tony, Jeff, Melissa	Planning discussions are being held to partner with Planning VISTA on a middle-school based tobacco prevention club end of year celebration in Spring 2016. This year's theme will include the promotion of physical activity in place of smoking. Spring 2016 – Collaborative events were held at both Lewis and Clark MS (75 students) and Riverside MS (104 students) with substantial schoolwide participation. Fall 2016 – N/A
	Incorporate consideration of safe routes to schools into safety review and planning above	January 2015 – July 2015	# schools included in target neighborhoods, data collection methods, action plan	Workgroup	Neighborhood Photovoice youth outreach was difficult due to summer, spring outreach to schools planned if interest is available. Fall 2016 – Present – Safe routes have been incorporated into the Kresge planning/engagement grant.

2014-17 Work Plan

CHIP Goal: Improve Healthy Weight Status

Focus Area: Healthy Weight

Workgroup: Health Equity (Healthy PLACEs as of 2016)

Workgroup Mission/Purpose Statement: Address health disparities related to physical activity and nutrition.

Projects: Active Living Every Day/OWH Project and Gardener's Market

Workgroup Leaders: April Keippel and TommiLee Gallup

Committee Meeting time and location: Quarterly at Mansfield Health Education Center, St. Vincent Healthcare

Committee Member Organizations (member names available upon request):

Adult Resource Alliance
Angela's Piazza
Better Billings Foundation
Big Brothers Big Sisters
Big Sky State Games
Billings Clinic
Billings Family YMCA
Billings YWCA
Center for Children and Families
Community Health Improvement/Healthy By Design
MSU Billings
RiverStone Health
Salvation Army
St. Vincent Healthcare

CHIP Objective: By 2017, the proportion of adults in Yellowstone County reporting no leisure-time physical activity in past month will decrease from 23.7% to 21.25%.					
CHIP Strategy	**Activity**	**Timeline**	**Measurable Outcome**	**Persons Responsible**	**Progress**
Encourage awareness of and response to gender-based physical activity disparities including increasing awareness regarding incorporation and recognition of physical activity in everyday activity	Active Living Every Day (ALED) Classes	July 1, 2016-December 31, 2016	Percentage of participants meeting the Aerobic Guidelines for Americans as measured on the Stage of Change Questionnaire Number of participants completing the ALED sessions Number of locations/classes offered per session Number of new partners	April Keippel, TommiLee Gallup, Amanda Golbeck, PhD, and Grant Partners	Approximately 7 participants enrolled in the Fall 2016 ALED session. At the end of the 12-week sessions, approximately 87% of participants completing surveys were meeting the Aerobic Guidelines for Americans. Only 40% of participants reported meeting those guidelines prior to the class. RiverStone Health received funding from the Montana Cancer Control Program to continue offering Active Living Every Day classes in the community. These classes will be offered through RiverStone Health, Billings Family YMCA, Big Sky State Games/MT Amateur Sports, and Better Billings Foundation.
	Active Living Every Day (ALED) Facilitator Training	July 1, 2016-December 31, 2016	Number of new facilitators successfully completing training Number of new facilitators successfully assigned to class session	April Keippel, TommiLee Gallup, Amanda Golbeck, PhD, and Grant Partners	At the end of the Office on Women's Health grant, 22 individuals were trained as facilitators for Active Living Every Day. Two individuals were trained as Master Facilitator Trainers.
	Social Marketing Campaign	July 1, 2016-December 31, 2016	Estimated reach of campaign Community Health Needs	April Keippel and Grant Partners	Radio ads ran on 4 stations with 482 total spots.

			Assessment – Awareness of the 5, 2, 1, 0 message		
	Gardeners' Market information booth	July 1, 2016-December 31, 2016	Number of market customers in attendance Amount of ALED promotional posters delivered	TommiLee Gallup and Market Staff	ALED promotional flyers were distributed during marketing events for the Gardeners' Market.
Promote the use of active transportation where available	Social Media and Gardeners' Market as event in south park location	July 1, 2016-December 31, 2016	Develop Signage Install around South Park	City County Planning Staff, TrailNet Staff and Market Staff	The Healthy PLACEs workgroup Active Transportation task group has developed two active transit days at the Market. On June 28th MET transit will have a presence at the Market doing bus tours and demonstrate loading/unloading bikes on a bus while distributing information about their new fares and routes. The next active transit day will be in August. Fall 2016 – Present - Fall 2016 – Events were hosted to a small degree of success. The task group held a debrief and planning meeting and developed recommendations for an implementation plan in 2017. The group used these recommendations to apply for and receive a microgrant from America Walks to install bike parking at South Park, develop an incentive programs for walking and biking, and to develop promotional materials.
	ALED Classes and Social Marketing Campaign	July 1, 2016-December 31, 2016	Number of facilitators referencing active transportation as part of lifestyle physical activity	ALED Facilitators	Trail maps are continue to be provided as a resource for the ALED classes and at least half of the sessions encourage various forms of active transportation as a way to incorporate lifestyle physical activity.
Encourage workplaces adopting Healthy By Design nutrition and physical activity guidelines and	Promotion to Health Equity Workgroup Members	Quarterly	Meeting agendas and meeting notes	April Keippel and TommiLee Gallup	In progress

developing worksite wellness policies and healthy work environments					
Promote the use of the 5-2-1-0 awareness campaign	ALED Classes, Social Marketing Campaign, Promotional Items/SWAG	July 1, 2016- December 31, 2016	Number of outreach events Distribution records for SWAG	April Keippel and TommiLee Gallup	Items are provided as incentives for the ALED classes Social marketing campaign Poster presentations at NACCHO Annual 2016 Conference; RiverStone Health Poster Showcase and Montana Public Health Association Conference; and APHA Conference. Panel presentation at APHA Annual Meeting.
	Walking Paths and signage using the 5-2-1-0	July 1, 2016- December 31, 2016	Creation of signage Distribution of signage around parks	Parks and Recreation and Market Staff	We are incorporating 5-2-1-0 incentives into our promotional materials related to actively commuting to the Market. Hopefully conversations can continue for development of signage around the park. Action will be considered for 2017 market promotions and partnership opportunities.
CHIP Objective: By 2017, the proportion of adults in Yellowstone County who eat 5 or more servings of fruit and vegetables per day will increase from 40% to 44%.					
CHIP Strategy	**Activity**	**Timeline**	**Measurable Outcome**	**Person Responsible**	**Progress**
Support Yellowstone County area school-based efforts to increase students' daily consumption of fruits and vegetables and increase students' physical activity levels	Promotion of Gardeners' Market to schools and childcare facilities	May 2016- June 2016	Number of distributed handbills to schools and childcare facilities	TommiLee Gallup and Market Staff	The market staff distributed approximately 2500 handbills to School District 2, Friendship House, Head start, Center for Children and Families, Big Brother Big Sisters, WIC, and the Backpack meals program. There were also digital handbills sent to the WIC department and the county school nurses. (no update for fall 2016)
Advocate access to healthy foods for low-income individuals and families (i.e. WIC, SNAP, food pantries, school-based	Promotion of payment methods at the Gardeners' market to targeted individuals and potential market vendors	June 2016	Number of WIC and SNAP benefits redeemed at the market	TommiLee Gallup and Market Staff	Fall 2016 update - WIC distribution for the 2016 season amounted to $513.00 total redeemed. Total SNAP benefits redeemed totaled $409.00. Additionally, $554.00 Double Up Food

approaches, The National Prevention Strategy)			Number of public assistance locations that assist in promotion of the market Number of vendors at the market		Buck (DUFB) dollars were redeemed out of $604.00 distributed during the 2016 Market.
Encourage workplaces adopting Healthy By Design nutrition and physical activity guidelines and developing worksite wellness policies and healthy work environments	Promotion to various businesses while discussing and promoting Gardeners' Market	January 2016-June 2016	Number of presentations made to businesses	TommiLee Gallup and Market Staff	Working with the Wellness workgroup and the Healthy PLACEs workgroup to continue business outreach for the Gardeners' Market. (see above for fall 2016 presentations – Market was promoted in all instances) Additionally, 15 businesses have received posters and handbills in the Billings' community. In July, 4 additional posters were distributed to local businesses and a slide was placed on digital display at the Billings Public Library.

2014-17 Work Plan CHIP Goal: Improve Healthy Weight Status

Focus Area: Wellness

Workgroup: Wellness (Formerly Worksite and Recognition)

Workgroup Mission/Purpose Statement: To foster an atmosphere of preventative wellness through the support of policy, system and environmental changes at local businesses and the recognition of business events that are Healthy By Design.

Projects: Recognition program promotion and management; on-line resource/tool development; Support Worksite Wellness Demonstration Project

Workgroup Leaders: TommiLee Gallup, Community Health Improvement/RiverStone Health and Amanda Hannah, Billings Clinic

Committee Meeting time and location: Meets monthly

Committee Member Organizations (member names available upon request):

Back Pack Meals
Billings Clinic
Billings Family YMCA
CTA
Healthy By Design
MSU-Billings
MSU-Extension
Nutrition For the Future, Inc.
Q360 Health
RiverStone Health
RiverStone Health MFMR
St. Vincent Healthcare

CHIP Objective: all Healthy Weight Status Objectives (above) related to workplace populations					
IP Strategy	**Activity**	**Timeline**	**Measurable Outcome**	**Person Responsible**	**Progress**
Encourage workplaces to develop and adopt worksite wellness policies and healthy work environments	Work with restaurants/caters for Healthy By Design options	July 2015-December 2015	# of HBD approved caterers in Yellowstone County, # of HBD approved restaurants, results of annual partner satisfaction survey taken by demonstration project businesses	Workgroup members, outreach lead TBD once application is finalized	Focus was placed on providing tools to organizations to choose their food options wisely, as well as streamlining recognition application to make discussions with caterers easier. Fall 2016 – Activity postponed due to limited traction and workgroup desire to focus on worksite resource gathering.
	Facilitation and creation of wellness tools as directed by the Worksite Wellness Demonstration Project such as : • Catering/Ordering tip sheet • Electronic newsletter • Physical Activity break sheets • Guidance for event recognition	Ongoing	# of tools created Results of annual partner satisfaction survey taken by demonstration project businesses	Demonstration project coordinator and TAs will present ideas, workgroup members will populate and refine identified resources	Catering tips brochure has been completed and distributed to demonstration project participants. A survey of demonstration project participants took place, and based on the results the workgroup members are currently bringing examples of systems, policies, and environment changes for various health topics to build a repository of content. Spring 2016 - workgroup members have each chosen their specific area of expertise to begin populating Dropbox with resources related to each health topic. Fall 2016 – see below.
	Development of pre-packaged worksite wellness toolkits branded as Healthy By Design based on data-driven needs from the demonstration project worksites (e.g. nutrition resources, safety, tobacco cessation, stress management, etc.)	Ongoing	# of toolkits created, # of toolkits distributed, # of referrals for toolkits from other businesses (secondary outreach), annual partner satisfaction survey taken by	See above	See above. The workgroup is currently building the repository of content to facilitate this. Healthy catering and food tips was created and distributed. Spring 2016 – members are gathering resources to begin organizing into a toolkit for further use. Fall 2016 – In progress

			demonstration project businesses		
	Provide information about relevant worksite wellness related resources (e.g. no or low cost wellness-focused programs) to 211info, an emerging resource database housed at the United Way of Yellowstone County	TBD – timeline varies based on the United Way's prioritization of community resource types for inclusion	# of resources shared OR # of types of resources shared OR content listed within 211info website, Results of annual partner satisfaction survey taken by businesses participating in the demonstration project	Workgroup co-lead will contact 211 representative when information has been identified	Wellness workgroup will reach out to 211 contact when appropriate resources are identified to include. (N/A at this time)
Promote the use of the 5-2-1-0 awareness campaign	Marry the 5-2-1-0 message with the public presentation of the Recognition program	Ongoing	Completed message	TBD	Incorporated this message in with the new event recognition application. (Activity complete)
Encourage organizations to apply for Healthy By Design recognition	• Present Recognition program to demonstration project participants • Create feedback mechanism for event organizer post event • Collaborate with other organizations to cross promote Healthy By Design events	December 2015	Completed presentation # Recruited businesses and promoting partners	Demonstration coordinator will identify presentation opportunity, workgroup members will facilitate presentation, feedback mechanism, and collaborative opportunities	The workgroup completed a survey with events that were previously recognized. Based on those results, the application was redrafted to streamline the process and make it easier to apply annually. The new application is currently still under revisions. January 2017 – workgroup will participate in a reflection activity and identify next steps.
Promote the use of active transportation where available	Identify opportunities to collaborate with Built Environment workgroup to promote policy and system changes (i.e. helping businesses adopt policy or incentives around physical activity , create signage that promotes "1" hour of	TBD	# of Demonstration project businesses who adopt policies	Demonstration project team; TommiLee and Melissa both attend Built Environment workgroup meetings and will serve as bridge	As of 1/1/16, no demonstration project group has adopted a new policy. However, one group (the Chamber) has been working on a process to check out available bikes to borrow for breaks or lunch hours; Spring 2016 – Chamber has added additional bike racks to its worksite; 46 number of local businesses (including 2 demonstration project businesses

	physical and or promotion of 5-2-1-0				(Chamber and Big Sky Economic Development) participated in the Commuter Challenge, which incentivizes active commuting during the month of May. Fall 2016 – Workgroup will promote Commuter Challenge and active transit when weather is better. Bicycle Friendly Business is planned for February 2017 Coalition meeting.
			# guidelines and policies adopted based on annual demonstration project survey results (individual business and collective) over 3 year project period and Results of annual partner satisfaction survey taken by businesses participating in the demonstration project (need to quantify and qualify for particular outcomes sought)	Demonstration project coordinator and TAs	Demonstration project businesses will be assessed for annual guideline and policy changes in February 2016 Spring 2016 - 1 worksite breastfeeding policy adopted based on completion of assessment by 1/5 project businesses. Project has concluded due to lack of capacity and interest.
Update workgroup's structure, mission, workplan and communication	• Update workplan as "charter" document once co-leads and meetings are in place and workgroup meets to discuss goal, objectives, strategies and activities • Determine workgroup membership	Review quarterly and accept/reject changes	Finalized "charter" workplan Strong workgroup participation Final updated webpage to reflect current year	co-leads, with support from workgroup members Website updates will be conducted by Community	After the workgroup restructured last year, they did develop a new mission statement and combined workplan. Group participation continues to be evaluated, and new meetings are being coordinated as of 1/1/16. New co-leads took over 1/1/16 and have re-designed meeting agendas and purpose to drive workplan outcomes. (Activity complete)
	• Update existing webpage to reflect work plan changes and new activities			Health Improvement staff	

Ready Community Work Plan

Overarching Goals: Best Beginnings Council – Every Child Ready for School

Healthy By Design - Making the Healthy Choice the Easy Choice

Ready Communities Objectives: 1.) Decrease the number of children in Yellowstone County that come to school hungry (UW is developing a measure to address this) 2.) Increase access to healthy, nutritious food to low income families in Yellowstone County from 6.5% to 9%. **Healthy Weight Objectives:** 1.) By 2017, the proportion of adults in Yellowstone County who have a healthy weight (Normal BMI range 18.5-24.9) will increase from 31.9% to 35% 2.) By 2017, the proportion of adults in Yellowstone County who eat 5 or more servings of fruit and vegetables per day will increase from 40% to 44%.

	Strategy 1. *Connect food distribution efforts*					
	Products/Outputs	**Current Work**	**Challenges**	**Who's Leading Work**	**Target Goal**	**2016 Year-End Summary**
1.1	Develop a system for current faith based pantries to connect to other distribution points through reporting and other means of communication	CDC Associate is developing toolkit and conducting faith-based interviews	Communication and the ability to access pantries	RiverStone Health	All pantries will use a method to report client information that can be shared among agencies.	In progress. Faith Based providers indicated that they would like to have a flow chart on how to get people into "the system". It has been suggested that Pathways is still the best route for this.
1.2	Work with area agencies to establish distribution where there are spatial gaps	Partner agencies are looking in to how to secure resources for mobile pantries	Need to have open communication about initiatives so that resources aren't duplicated	All	Every Yellowstone County resident who needs access to emergency food has access to it.	In Progress. Gaps that still need to be addressed are the Heights and the Far West end. SD2 are using their mobile unit to feed some children in these areas under the summer meals program.
ID	**Tasks**	**Lead Staff Organization**	**Support Organization**	**Completion Date**	**End Product**	
1.1	Interview faith based pantries to determine current mechanisms for food distribution	RiverStone Health	Workgroup Organizations	March 31, 2016	List will be created of all known pantries and how they distribute food to clients.	Completed April 13, 2016
	Review Pathways and other ways to input client information to determine	RiverStone Health	Family Service, Inc. United Way	May 31, 2016	Client information is being imputed by all organizations	In Progress. Now individual organizations hold the Pathways license. Need to

	the best way to get everyone connected				distributing food and all have access to it.	see if this would still be a good avenue.
	Hold a connect event to connect pantries and other emergency food sites	RiverStone Health/CDC Associate	Workgroup Organizations	December 31, 2016	Event will be completed	Completed September 28, 2016
1.2	Create a map that shows current MET bus routes, known food pantry and other emergency food locations	RiverStone Health	Workgroup Organizations	March 31, 2016	Map is created	In Progress. MET bus routes changed July, 2016. Need to check to see if United Way map reflects changes.
	Develop a distribution system for emergency food to the Heights	Ginny Mermel	Workgroup Organizations	December 31, 2016	People in need of emergency food in the Heights will have local access to services	No Progress has been made on this front. Will reevaluate for 2017.
	Secure funding to operate a mobile pantry	Sodexo Family Service, Inc.	Workgroup Organizations	December 31, 2016	Community will have a mobile pantry and resources to use it.	SD2 received funding for a food trailer that was rolled out for the 2016 summer feeding program. We need to reevaluate the mobile pantry unit for 2017.
	Determine pockets of need in the community through OPI data	Sodexo RiverStone Health	Workgroup Organizations	March 31, 2016	Pockets of need will help drive new distribution sites	Sodexo delivered summer meals in known pockets of need areas. Need to determine if this should be a part of the workplan for 2017.
	Strategy 2. *Increase donation efforts to food pantries*					
	Products/Outputs	**Current Work**	**Challenges**	**Who's Leading Work**	**Target Goal**	
2.1	Establish more donation sites for shelf stable healthy goods	Ongoing effort to establish sites at schools, businesses and faith-based campuses	Follow through	Ginny	Add an additional 8 new collection sites.	2 small collection sites added. Through Faith Based tool kit to be created for 2017, might be able to add more. **6 new collection sites, at Albertson stores added this summer, only.**

2.2	Work with food service facilities and area restaurants to reclaim qualified excess food for redistribution through food pantries	Some discussions have taken place.	Lack of infrastructure to move and process these types of donations	Ginny	Establish a mechanism for qualified excess food from cafeterias and restaurants to be redistributed to those in need	In Progress. SD2 food was planned to go to MRM, but due to flooding this has been put on hold. Food Service Staff is filling a cooler of extra items for Senior High & Lewis & Clark Teen Pantries on Fridays.
ID	**Tasks**	**Lead Staff Organization**	**Support Organization**	**Completion Date**	**End Product**	
2.1	Contact new organizations about organizing food drive	Ginny Mermel	Workgroup Organizations	July 31, 2016	10 New contacts have been made	In Progress. Connected to 6 faith-based organizations and 4 service organizations during the Connect Event. However, most are not "new".
	Collect shelf stable healthy donations from new organizations	Family Service, Inc.	Workgroup Organizations	December 31, 2016	Add an additional 8 new collection sites.	In Progress. 6 new summer sites with Rocky Mt College add this fall for a total of 7 new collection sites.
	Develop a way to distribute large quantity items to those organizations in need	Sysco	Workgroup Organizations	December 31, 2016	A system is developed and food is distributed in a consistent way	Completed. Sysco is now regularly donating items to Family Service.
	Collect feedback from new collection sites	RiverStone Health	Workgroup Organizations	Within one month of donation drive ending	All new collection sites will provide donation drive feedback	Not developed. Need to discuss whether this is still valuable for 2017.
2.2	Meet with food service providers and restaurants to see who is interested	Ginny Mermel	Workgroup Organizations	March 31, 2016	Notes from meeting	Completed. Met with the Chefs and Cooks organization on November 2, 2015. Many said that their kitchens are so lean that there isn't anything to be rescued, but suggested looking into banquets.

	Develop a system for moving food from facility/restaurant to pantry	Ginny Mermel	Workgroup Organizations	August 31, 2016	Documentation of plan that can be replicated throughout the community	In Progress. Plan has not been able to put into place due to MRM kitchen flooding. There have been some informal systems developed within the schools from food service to Teen Pantries.
	Develop a system for distributing reclaimed food to clients	Family Service, Inc.	Workgroup Organizations	December 31, 2016	Documentation of plan that can be replicated throughout the community	Completed. Fresh food is picked up from Sysco on a daily basis and distributed to Family Service clients via their free room, which is additional to their food boxes. Need to evaluate whether there is space/need to distribute other types of reclaimed food.
	Strategy 3. ***Increase access to food for low-income residents***					
	Products/Outputs	**Current Work**	**Challenges**	**Who's Leading Work**	**Target Goal**	
3.1	Encourage the use of Community Gardens	Some knowledge about Community Gardens, who organizes them and their scope	Multiple partners have community gardens	RiverStone Health	BB direct service partners will have list of all area community gardens and participant requirements	No progress has been made need to compile list and get into 211.
3.2	Onsite application services and client referrals for SNAP and WIC	Minimal outreach	Staffing	Family Service, Inc.	Provide Family Service, Inc. a staff member, through a partner agency to help clients enroll in WIC and SNAP while at Family Service, Inc.	Completed. All Family Service staff has been trained as of October 2016. They sign up families as needed during intake.
3.3	Promote partner cooking classes	Fliers for upcoming classes are distributed through partner agencies	Low participation numbers	EFNEP	Increase in class participation by 10% (from 388 to 427)	In Progress. From October 2015-September 2016 saw decrease from 388 to 369.

3.4	Implement Hunger Screenings as part of Well Child Checkups	MRMR faculty at RiverStone Health are working to implement curriculum in regards to recognizing child hunger	Time restraints of providers during patient visits	RiverStone Health	All medical providers will be trained to use the screening tool to document child hunger and will refer families to area resources	In Progress. RiverStone Health has a screening tool, that includes food insecurity, but unsure how it is used.
ID	**Tasks**	**Lead Staff Organization**	**Support Organization**	**Completion Date**	**End Product**	
3.1	Contact known Community Garden organizations	RiverStone Health	Workgroup Organizations	July 31, 2016	Document created with the name of the community garden, who organizes it and participation requirements	No progress has been made.
	Distribute community garden list to appropriate partners	RiverStone Health	Workgroup Organizations	August 31, 2016	List is distributed and referrals can be made	No progress has been made, but will put this information into 211.
3.2	Contact WIC and SNAP agencies to discuss outreach plans	Family Service, Inc. Bernie Mason	Workgroup Organizations	April 30, 2016	Documentation of meeting and outreach plan created	Completed. Family Service staff has been trained, so no outside outreach is necessary.
	Find resources, as needed, to provide onsite application services	Family Service, Inc. Bernie Mason	Workgroup Organizations	September 30, 2016	Onsite application help will be available to clients 2 times per month.	Completed. Family Service staff has been trained, so no outside outreach is necessary.
3.3	Contact partner agencies to ensure flier distribution	EFNEP	Workgroup Organizations	March 31, 2016	Documentation that all partner agencies have been contacted	Ongoing. Workgroup members pass info to clients as it comes up.
	Develop new distribution methods for class announcements	EFNEP	Workgroup Organizations	July 31, 2016	Documentation of how announcements are distributed	No progress has been made, was also discussed at statewide MT PECH meeting on 10/25/16 need to follow-up to see if this still needs to be addressed.
3.4	Present hunger screenings information to pediatric providers at Billings Clinic, St. Vincent HealthCare and RiverStone Health	RiverStone Health	Workgroup Organizations	May 31, 2016	Documentation of presentations	Ongoing. Presentation was completed on 3/23/16 to PA class at RMC. No progress has been made for similar presentation at medical facilities. Need to evaluate to see if this is

						something that we should pursue in 2017.
	Follow-up with pediatric providers to implement hunger screening tool	RiverStone Health	Workgroup Organizations	June 30, 2016	All pediatric providers will use hunger screening tool	Ongoing. MT Pediatric Assn. has introduced the tool with the help of the MTFBN. Need to collaborate to see if it is being used.
	Work with health care systems to ensure that screening results can be documented in patient files	RiverStone Health	Workgroup Organizations	July 30, 2016	Screening results have a place for documentation within patient files	Have talked to RSH clinic about this integration, but unsure of how it is implemented and followed up on.
	Make sure providers have access to referral information	RiverStone Health	Workgroup Organizations	August 31, 2016	Documentation of list of referral organizations and placement with providers	MTFBN has created information for providers. Need to make sure that they have this or 211 information.
	Develop system for documenting referrals	RiverStone Health	Workgroup Organizations	September 30, 2016	Clients referred by providers will be documented	Should be promoting 211 for this information.

Community Health Improvement Plan

Mental Health & Mental Disorders and Substance Abuse

Goal: Improve Mental Health and Reduce Substance Abuse	Question	Data			Goal 2017
		2005	2010	2014	
Objectives:					
By 2017, the proportion of adults in Yellowstone County who report their mental health as being good, very good, or excellent in the past 30 days will increase from 89.4% to 94%	Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is:	93.1%	89.9%	89.4%	94%
By 2017, the reported suicide rate in Yellowstone County will be reduced from 17.3 deaths per 100,000 to 16.3 per 100,000 population	Data extracted from CDC WONDER online query system	14.3 per 100,000	16.6 per 100,000	17.3 per 100,000	16.3 per 100,000
By 2017, reduce the proportion of adults in Yellowstone County who report drinking chronically from 7.1% to 6.4%	Chronic Drinker (60 or more drinks in the past month)	3.2%	3.2%	7.1%	6.4%
By 2017, pursue at least one policy focused opportunity related to chronic pain and opioid abuse that will positively impact the residents of Yellowstone County					1
By 2017, reduce the proportion of adults in Yellowstone County who report smoking cigarettes from 11.7% to 10.5%	Smoking Status	18.3%	13.8%	11.7%	10.5%
By 2017, pursue at least one policy focused opportunity related to smoke free/tobacco free facilities, campuses, worksites, or public spaces (e.g. parks, housing) that will positively impact the residents of Yellowstone County					1

2014-17 Workgroups Update CHIP Goal: Improve Mental Health and Reduce Substance Abuse

Workgroup Structure Updates

Mental Health Workgroup
2015 was a tremendous building year for the newly co-convened work group. We saw great interest and attendance from community organizations, but recognized opportunity to engage members more strategically around products and outputs. In October 2015 work began on restructuring the workgroup to better serve both Best Beginnings and Healthy By Design objectives. With decisions to create a leaner workgroup, 2016 has been a productive and task oriented towards specific products. Outreach to social service agencies to bring training and awareness to ACEs has taken place and greatly increased our reach

DE-STRESS Grant Project
The DE-STRESS project continues to provide direction and funding for our work towards improved mental health in our community. Many project objectives are moving forward with additional partners, new trainings for specific populations, and assessment tools for organizations. October 2016 new sub-award partners were brought on to go through trauma-informed care training. These partners include: Big Brothers Big Sisters, CASA of Yellowstone County, Family Promise, Family Tree Center, Family Support Network, and Yellowstone Boys and Girls Ranch. A few highlights include a new Montana211 website housing a variety of current resources, the established Mental Health Clinic at Walla Walla University – Billings and trauma-informed workforce development for students from attending local universities.

Mindfulness Task Group
As part of the DE-STRESS grant, this task group was developed and recognized in 2015. They continue to provide leadership and direction for offering mindfulness classes and training trainers for the program. In addition to a 6-week class on mindfulness, they have begun to test 1-day intensive trainings as well.

Suicide Prevention Coalition of Yellowstone Valley
While not an "official" Healthy By Design workgroup, the coalition continues to align their work with the CHIP. Providing suicide prevention training and educational opportunities remains the focus of the coalition. A successful conference held October 2016, 130 participants received suicide prevention and trauma-informed care training.

Community Advocates for Student Mental Health
A new group formed spring of 2016 that is made up of various partners who are engaging school district leaders to better assist teachers, parents and students. The purpose of this group is to strategically coordinate trainings, resources and other school-based opportunities to increase student wellbeing. Currently work has focused on brining Signs of Suicide (SOS) to School District 2.

RiverStone Health – Montana Tobacco Use Prevention Program (MTUPP)
While the majority of work in the report focuses on mental health, we have included the MTUPP program at RiverStone Health to capture their efforts to reduce tobacco use, a specific objective of the CHIP.

Mental Health and Substance Abuse		
Goal: Improve Mental Health and Reduce Substance Abuse		
Workgroup	**Core Activities**	**Strategies by Mental Health and Substance Abuse Objective**
Mental Health Advisory Workgroup (MHWG)*	**Advisory for DE-STRESS Grant:** Support the DE-STRESS grant by providing guidance to grant products and activities. **Community Collaboration:** Monthly meetings to identify common areas of community impact and including opportunities for networking, coordinating efforts and partnering.	***Objective #1: Increase the proportion of adults in Yellowstone County who report their mental health as being good, very good, or excellent in the past 30 days*** • Identify, support, convene, and/or engage in community – collaborative work focused on the area of mental health in order to address commination and treatment gaps (MHWG) (MTG) • Increase access to behavioral health specialist in primary care settings. (DE-STRESS) • Increase capacity for trauma-informed care education, promotion, collaboration and implementation. (MHWG) (MTG) (SPCYV) (DE-STRESS) ***Objective #2: Decrease the reported suicide rate in Yellowstone County*** • *Support Suicide prevention by increasing the number of people in the community who have received suicide prevention training. (SPCYV) (CASMH)* ***Objective #3. Reduce the proportion of adults in Yellowstone County who report smoking cigarettes.*** • *Promote and encourage policy opportunities related to smoke free/tobacco free facilities, campuses, worksites, or public spaces. (MTUPP)* ***Overarching strategies:*** • Explore avenues of asset mapping to provide residents of Yellowstone County access to resources and services • Support advocacy efforts to reduce gaps in prevention, as well as support treatment for co-occurring disorders and treatment of family units.
Suicide Prevention Coalition of Yellowstone Valley (SPCYV)	**Conference for Suicide Prevention:** Annual event raising awareness and teaching skills to prevent suicide to a variety of professionals and general community members. **Gatekeeper Suicide Prevention Training:** Coordinated training provided to community groups to help suicide prevention. Trainings include: QPR, safeTALK, ASSIST and Talk Saves Lives.	
Mindfulness Task Group (MTG)	**Mindfulness Classes:** Provide a mindfulness program for stress reduction. 6-week classes offered to health care providers. **Training of trainers:** Train the trainer program to bring on new mindfulness trainers.	
DE-STRESS Grant Partners (DE-STRESS)	**Training and Organizational Assessment:** Trauma-informed care training for local organizations aimed to spread awareness and build skills for individual and organizational response. **Mental Health Directory:** Up-to-date electronic database for mental health resources. **Mental Health Clinic:** South-side student led mental health clinic serving low-income individuals and families. **Student Supervision:** Walla Walla MSW and MSUB LCPC students receiving clinical supervision and workforce development opportunities	
Community Advocates for Student Mental Health (CASMH)	**Training for Teachers:** Coordinated mental health support for teachers. Strategically providing teachers resources, training and strategies for helping students in the areas of trauma and suicide prevention and crisis intervention.	
RiverStone Health -Montana Tobacco Use Prevention Program (MTUPP)	**Tobacco Free Policy Promotion:** Advocate for tobacco free policies and places. **Tobacco Prevention Education:** Tobacco prevention education in the schools	

* Co-convened by Healthy By Design and the Best Beginnings Council of the United Way of Yellowstone County

2014-17 Work Plan

CHIP Goal: Improve Mental Health and Reduce Substance Abuse

Focus Area: Mental Health & Mental Health Disorders and Substance Abuse

Workgroup: Mental Health Advisory Workgroup

Workgroup Mission/Purpose Statement: Address health disparities related to mental health and co-occurring disorders by raising awareness, building skills and sharing mental health resources with community members.

Projects: DE-STRESS Project (2014-2017)

Workgroup Leaders: Barb Mettler, Mental Health Center; Libby Carter, DPHHS Children's Mental Health Bureau
Grant Project Staff: Nathan Stahley, RiverStone Health and Healthy By Design

Committee Meeting time and location: Second Wednesday of each month, 9:00-10:30am at Child and Family Services.

Committee Organizations:

Passages
Yellowstone Boys and Girls Ranch
DPHHS Children's Mental Health Bureau
Billings Clinic
Rocky Mountain Tribal Leaders Council
Center for Children and Families
PLUK
Youth Dynamics Inc.

St. Vincent Healthcare

Family Promise
Community Crisis Center
Full Circle
Billings Public Schools
MSU Billings College of Nursing
Rimrock Foundation
Family Support Network

Mental Health CHIP Objectives:

1. **By 2017, the proportion of adults in Yellowstone County who report their mental health as being good, very good, or excellent in the past 30 days will increase from 89.4% to 94%.**
2. **By 2017, the reported suicide rate in Yellowstone County will be reduced from 17.3 deaths per 100,000 to 16.3 per 100,000.**

CHIP Strategy	Activity	Timeline	Measurable Outcome	Persons and Organizations Responsible	Progress
Identify, support, convene, and/or engage in community-collaborative work focused on the area of mental health in order to address communication and treatment gaps. (CHIP objective alignment: MH 1)	Monthly mental health workgroup meetings	December 2014 - June 2016	Number of meetings Number of partners	Workgroup chairs and members.	10 meetings Meeting Dates: 12/14, 1/15, 2/15, 3/15, 4/15, 5/15, 6/15, 7/15, 9/15, 10/15, 2/16, 3/16, 4/16, 5/16, 6/16, 7/16, 8/16, 9/16. 10/16, 11/16 16 current workgroup members 12 current workgroup affiliates or "friends"
	Mindfulness stress reduction classes	April 2015 - June 2016	Number of participants Number of classes held	Grant partners, Mindfulness Task group	131 total participants trained 7 classes held Inaugural class: 4/15 Most recent class: 6/16
Increase capacity for trauma-informed care education, promotion, collaboration and implementation (CHIP objective alignment: MH 1 and 2)	Introductory trauma-informed care (101) training	December 2014 – June 2016	Number of organizations trained Number of individuals trained	Workgroup members, grant partners, Nathan Stahley and Amy Fladmo	36 Organizations have received training: CASA, Friendship House, Family Service, Heath Start, Big Brothers Big Sisters, school district 2, RiverStone Health, St. Vincent Healthcare, Billings Clinic, Rimrock, Rocky Mountain Tribal Leaders Council, YWCA, Angela's Piazza, Alternatives, Passages, Community Crisis Center, Family Promise, Family Support Network, HRDC, Indian Health Board,

					LIFT, Mental Health Center, Montana Community Services, Montana Legal Services, Montana Rescue Mission, Planned Parenthood, PLUK, Rimrock, STEP, Family Tree Center, Salvation Army, Tumbleweed, United Way, YBGR, Youth Dynamics, Adult Resource Alliance, 2524 workers trained in the areas of health care, social service, faith based and education.
	Skill building trauma-informed care (201) training	June 2015 – June 2016	Number of individuals trained Training versions for target audiences created	Grant partners, Amy Fladmo, Tammy Mehlhaff, Michelle Anderson	999 individuals have received 201 training Trainings have been created for: Childcare Providers and Educators, Basic Needs Providers and Health Care.
	Advocacy and awareness of ACEs	December 2014 – June 2016	Number taking the ACE assessment using ChildWise's online tool	Nathan Stahley, work group members and grant partners	ACE assessment taken 2350 times.
	Organizational Assessment of Trauma-responsiveness	April 2015 – June 2016	Number of organizations going through a comprehensive TIC assessment	Grant partners	Ten organizations have gone through the assessment. Head Start, Friendship House, Family Service, Rimrock, RiverStone Health, St. Vincent Healthcare, YWCA, Angela's Piazza, Center for Children and Families, United Way
	Implementation of Policies and Procedures for trauma-response	January 2015 – June 2016	Number of organizations with plans to implemented new or revised policies and procedures	Grant partners.	2 (Head Start and Friendship House)
Explore avenues of asset mapping to provide residents of Yellowstone County access to resources and services. (CHIP objective alignment: MH 1 and 2)	Comprehensive directory of mental health services	December 2014- June 2016	Number of mental health resources in the 211 database	United Way and workgroup members	394 number of mental health resources are in the system.

Support suicide prevention by increasing the number of people in the community who have received suicide prevention training. (CHIP objective alignment: MH 1 and 2)	Suicide Prevention Training	January 2015 – June 2016	Number of individuals trained in QPR Number of resident physicians trained in patient protocols, assessments, and safety planning.	Suicide Prevention Coalition and RiverStone Health Population Health staff	817 individuals trained in QPR. 36 Physician assistant Masters students 17 resident physicians trained.
Increase access to behavioral health specialists in primary care settings (CHIP objective alignment: MH 1 and 2)	Walla Walla Mental Health Clinic	April 2015 -	Number of clients served	Grant partners, Walla Walla	791 1-hour client appointments held
	MSW and M. Ed. student supervision	October 2015 – June 2016	Number of supervision hours	Grant partners	17 individuals received a total of 4,308 hours of combined clinical supervision, training, and/or workforce development

Tobacco CHIP Objectives:

1. **By 2017, reduce the proportion of adults in Yellowstone County who report smoking cigarettes from 11.7% to 10.5%.**
2. **By 2017, pursue at least one policy focused opportunity related to smoke free/tobacco free facilities, campuses, worksites, or public spaces (e.g. parks, housing) that will positively impact the residents of Yellowstone County.**

CHIP Strategy	Activity	Timeline	Measurable Outcome	Persons and Organizations Responsible	Progress
Promote and encourage policy opportunities related to smoke free/tobacco free facilities, campuses, worksites, or public spaces (CHIP objective alignment: Tobacco 1 and 2)	Advocacy for tobacco free policies with school districts, Outreach for HUD smoke free proposed rule	January 2015-June 2015	Number of new or revised policies	RiverStone Health - MTUPP	2 number of policies new or revised (school district #2 and Huntley Project)
	Advocacy for tobacco free communities with Downtown Business Association and City of Billings	January 2015-June 2015	Number of Clean Indoor Air Information (CIAA) Packets distributed	RiverStone Health - MTUPP	60 number of CIAA packets distributed
	Outreach for HUD	January	Number of HUD units receiving	RiverStone Health -	2 units received tobacco free

	smoke free proposed rule	2015-June 2015	tobacco free signage	MTUPP	signage

Substance Abuse CHIP Objectives

1. **By 2017, reduce the proportion of adults in Yellowstone County who report drinking chronically from 7.1% to 6.4%**
2. **By 2017, pursue at least one policy focused opportunity related to chronic pain and opioid abuse that will positively impact residents of Yellowstone County**

There is no specific Healthy By Design workgroup addressing these objectives currently, however we recognize the following work:

- Members of the Healthy By Design Coalition are engaged in the work of the Community Innovations Coalition, which is working to address the downtown population of serial inebriates
- Work previously pursued at a local committee level related to chronic pain and opioid abuse has been transferred to the Montana Medical Association's Prescription Drug Misuse Ad Hoc Committee, where several Billings physicians are represented including Dr. Deb Agnew and Dr. Meghan Littlefield who are engaged in Alliance and Healthy By Design work.

Healthy By Design Accomplishments

2000	Convened to address uninsured, underinsured, or underserved
2002	Alliance members met to develop a mission and shared vision
2003-04	Primary Health Care Access "Cover the Uninsured" week activities
2005	Public Health Assessment conducted-NPHPSP
2006	Community Health Assessment completed
2007	Awarded Robert Wood Johnson Foundation grant Healthy Places Initiative Health Impact Assessment of Yellowstone County/City of Billings Growth Policy Birth of Healthy By Design Recognition program
2008	Community Health component adopted into Growth Policy
2009	Awarded NACCHO ACHIEVE Healthy Community grant (promote PSE) Community Action Plan focused on "Complete Streets" policy Roll out of the Recognition program
2010	National Association of County City Health Officials Model Practice Award NICHQ grant-Healthy Weight Collaborative and 5-2-1-0 development CHNA completed, developed PITCH, revised to CHIP
2011	Complete Streets policy adopted Worksite nutrition and Physical Activity being developed Women and Children's Health work began pending grant funds Creation of a Gardeners' Market located at RiverStone Health Office on Women's Health grant secured
2012	Healthy By Design structure and workgroups created Farmers Market Promotion Program grant received
2013-14	CHNA completed, CHIP authored Received DE-STRESS funding for mental health priority and trauma informed care Established mental health workgroup Established access to care workgroup Accepted as a National Leadership Academy of Public Health team
2014-15	Received funding from MT DPHHS on behalf of the Montana Health Care Foundation to work on identifying the characteristics of shared high utilizing patients Trauma Informed training modules completed with delivery underway Sub-granted organizations pursuing trauma-informed and responsive status MAP program was reviewed and was refined by pharmacy directors at the three Alliance organizations. Funding was secured via Pacific Source Charitable Foundation to support the collective high utilizing patient analysis and response planning Blue Cross Blue Shield Foundation funding secured to support Healthy Kids, Healthy Families Initiative focused on piloting health champions in middle and high school programs
2016	Farmers Market Promotion Program grant received to support Gardeners' Market in 2016 – 2017

Community Health Assessment completed
Received funding from the Kresge Foundation to identify barriers and opportunities to food security and neighborhood placemaking within the South Side triangle of Billings
Received a micro grant from the Everybody Walk! Initiative of America Walks to implement an active transportation campaign into the Healthy By Design Gardeners' Market at South Park in summer 2017