

**Shodair Children's Hospital**

**2019**

**Community**

**Health**

**Needs**

**Assessment**



To heal, help and inspire hope

**Community Health Needs Assessment  
Shodair Children’s Hospital  
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## INTRODUCTION

### Shodair's history

Shodair's history begins in 1896 when a group of compassionate community residents identified a new and growing need among some of the children and youth in Helena, Montana.

As the big cities back east were attracting thousands of new immigrants to its developing neighborhoods, the competition for housing, jobs and food became intense. For some families the results were devastating. Poverty, loss of a job or even death or injury of one or both of the parents left many children homeless and living on the city streets.

Community leaders in these cities began organizing what became known as Orphan Trains to transport these homeless children to western states with the hopes that farmers and ranchers along the way would adopt them into their families. Many children were adopted but some were not and at the end of the train's route, these children were taken off the train to become homeless again.

Helena, Montana was at the end of one of these train routes. And it was the growing number of homeless children that moved some of its community residents to open orphanages around the city. One of those orphanages became what is known today as Shodair Children's Hospital.

Over the years Shodair has evolved as the unmet needs of Montana's children and youth have changed. From an orphanage to a hospital specializing in treating children with polio, to a general pediatric hospital, to now being the state's largest provider of inpatient psychiatric services for Montana's children ages 3-17 along with many other related mental health services all centrally located on its 28 acre campus in Helena, Montana.

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## **Shodair's Current Services**

### **Inpatient Psychiatric Care:**

Shodair has 30 beds available for acute children and youth mental health services divided into two units based on the patient's age. The High Desert Unit provides space for up to 10 patients ages 3-10 and the Grassland Unit provides space for up to 20 patients ages 11-17.

Patients needing acute services most often come from hospital emergencies rooms and have communicated by words and actions that they may be a harm to themselves or others if left alone. The majority of acute patients have expressed they are suicidal at time of admission. The common range of the length of stay on the inpatient units is 7-10 days.

### **Psychiatric Residential Treatment:**

Shodair has 44 beds available for youth needing extended services beyond their inpatient stay. The Yellowstone Unit provides space for up to 20 residents of middle school age. The Glacier Unit provides space for up to 24 residents of high school age. Lengths of stay vary depending on the intensity of services needed but generally ranges from 50-60 days.

### **Therapeutic Group Home:**

In 2018, Shodair opened two 6 bed therapeutic group homes (TGH) for children ages 5-10. TGH space is designed to be similar to a home setting and provides a child with a safe and nurturing environment. Residents admitted to Shodair's TGHs typically have no other place to go after completing a stay on the acute and/or residential unit. As a result, the lengths of stay can vary widely from a few months to a couple of years.

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### **Day Treatment:**

Also in 2018, Shodair started a day treatment program which provides an alternative and therapeutic learning environment for children who are struggling in public school due to behavioral and emotional issues. The day treatment program can accommodate up to 20 elementary school students.

### **Outpatient Mental Health Clinic:**

Most recently, Shodair opened an outpatient clinic for patients and families needing a psychiatric evaluation, medication management and/or therapy services. The clinic is staffed by psychiatrists, nurse practitioners and therapists. In addition, Shodair provides free brief consultative services to pediatricians and other children providers who have patients with complicated mental illness conditions.

### **Genetic Testing, Diagnosis and Counseling:**

Shodair offers very specialized genetic service to the residents of Montana through contracts with the State of Montana. 1-2 day clinics are provided throughout the state and through telemedicine

technology. In addition to the clinics, Shodair's genetic program includes a state-of-the-art lab testing service which includes cytogenetics, microarray and most recently NexGen Sequencing (whole exome) testing.

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**Scope of Shodair's Community Health Needs Assessment:**

Since Shodair's primary population is children and youth of Montana, and its services are limited to behavioral and genetic services, the scope of the Community Health Needs Assessment was conducted within this context.

As you will see in other sections of this assessment, Shodair serves patients from across the state and from every socioeconomic and cultural background including the Native American communities and tribes.



### **Executive Summary and Key Findings**

During the months of January through April of 2019, Shodair Children's Hospital conducted a comprehensive Community Health Needs Assessment by visiting its stakeholders in the state's major cities, rural communities, Native American populations and local community leaders and providers.

In addition, Shodair sent out an on-line community health needs survey to these same groups of stakeholders to gain a better understanding of the priorities of these needs in the communities it serves.

Based on the information obtained from this Assessment, the following is a summary of the three key findings.

- **Shortages of local providers, facilities and programs to address the mental health needs of youth is at a critical stage**
- **Lack of education and understanding of youth mental health issues and how they can be identified, treated and mitigated in schools, hospitals and the community as a whole**

- **Need for identifying and impacting the social determinants of health particularly in low-income families and Native American populations to improve the health and well-being of children and families**

*Note: While youth suicide prevention was brought up in many of the meetings, there was also consensus that there are many State and local programs and projects addressing this issue some of which Shodair is leading or participating in, so this is not listed as an unmet need.*

Of these findings, Shodair had already identified and addressed some of these needs in its 2019 Strategic Plan as follows:

- Grow outpatient services beyond Helena to include a combination of integrating mental health providers into existing pediatric clinics and using mobile technology to provide diagnostic and therapy services to mostly rural communities.

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- Develop innovative crisis stabilization services to hospital ER's
- Invite Native American leaders to Shodair for training opportunities
- Sponsor/participate in Native American Youth Suicide Prevention Coalition

With this in mind, Shodair has selected three priority areas to focus its community health improvement efforts over the next three years:

- **Education of schools, hospitals, community providers and leaders in its primary service area on youth mental health issues including causes, treatments and mitigation strategies.**
- **Select one of Helena's low-income neighborhoods and work with community providers and leaders to identify the social determinates of health of its residents and develop plans and activities to improve the health and well-being of these residents by**

addressing these determinants.

- **Select one Native American population to partner with community providers and leaders to raise awareness of the impacts of Adverse Childhood Experiences and how to work together on developing mitigating strategies.**

These three priority areas and the related goals and objectives are further detailed in Shodair's 2019 Community Health Improvement Plan which can be found on its website: Shodair.org or by clicking [here](#).

For a more detailed list of the needs and barriers to meeting these needs raised during the CHNA process, please continue to the next page.

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#### Key findings from CHNA:

**Blue:** Is being addressed in the 2019 Strategic Plan

**Brown:** Is being addressed in the new building project

**Purple:** Is being addressed currently

**Green:** Is being addressed in the 2019 CHIP

**Black:** Is not being addressed in the Strategic or CHIP plans

- **Priorities identified in on-line survey (in order of priority)**
  - **Outpatient Psychiatric Services (Diagnosis and Med Mgmt.)**
  - Intensive Outpatient Services
  - **Inpatient Psychiatric Services**

- **Residential Psychiatric Services**
- **Outpatient Therapy**
- **Day Treatment Programs**
- TGH
- PHP
- **School-based Services**
  
- **Needs identified from on-site visits to referring hospitals and organizations**
  - **More timely admissions to Shodair**
  - **Stream-lined Admissions process (i.e. admission screening tool)**
  - **More communication with ER staff/parents/patient**
    - Between ER provider and Shodair provider
    - Consult on starting meds or treatment
    - **Estimated time for admission to Shodair**
  - **Transport service to Shodair**
    - For rural communities it often requires volunteer ambulance drivers to take off work and make the trip
    - For rural communities, they are left with limited ambulance services while patient is being transported to Shodair
  - **Outpatient psychiatric providers**
    - **Local presence either permanent or episodic scheduled clinics**
  - **Education of schools, hospitals, and community providers and leaders**
    - **ACEs, YMHFA, Mitigating Strategies, etc**

- **Barriers to Access to Children/Youth Mental Health Services (ranked per survey results)**
    - Shortage of local programs and/or facilities
    - **Shortage of local providers**
    - **Distance from services**
    - **Availability and affordability of transportation and travel**
    - **Stigma associated with mental illness**
  
  - **Needs specific to Indian mental health services for youth**
    - **Culturally informed services in non-native facilities and providers**
      - **Youth living with grandparents without them having legal guardianship**
    - **Face-to-face (or telepsych) assistance in completing admission forms**
    - **Local providers – both Psychiatrists/PNP and licensed therapists**
- Barriers to Access to Children/Youth Mental Health Services**
- High turnover in key healthcare leadership roles
  - **Family trauma**
  - Very high substance abuse issues
- 
- **Needs specific to low-income neighborhoods**
    - **Local access to primary and mental health services**
    - **Improving school attendance**

- After school and weekend services

#### **Barriers to Access to Children/Youth Mental Health Services**

- Social determinants of health
  - Food insecurity and access to healthy food
  - Safe environments
  - Affordable and stable housing
  - Employment
  - Reliable transportation

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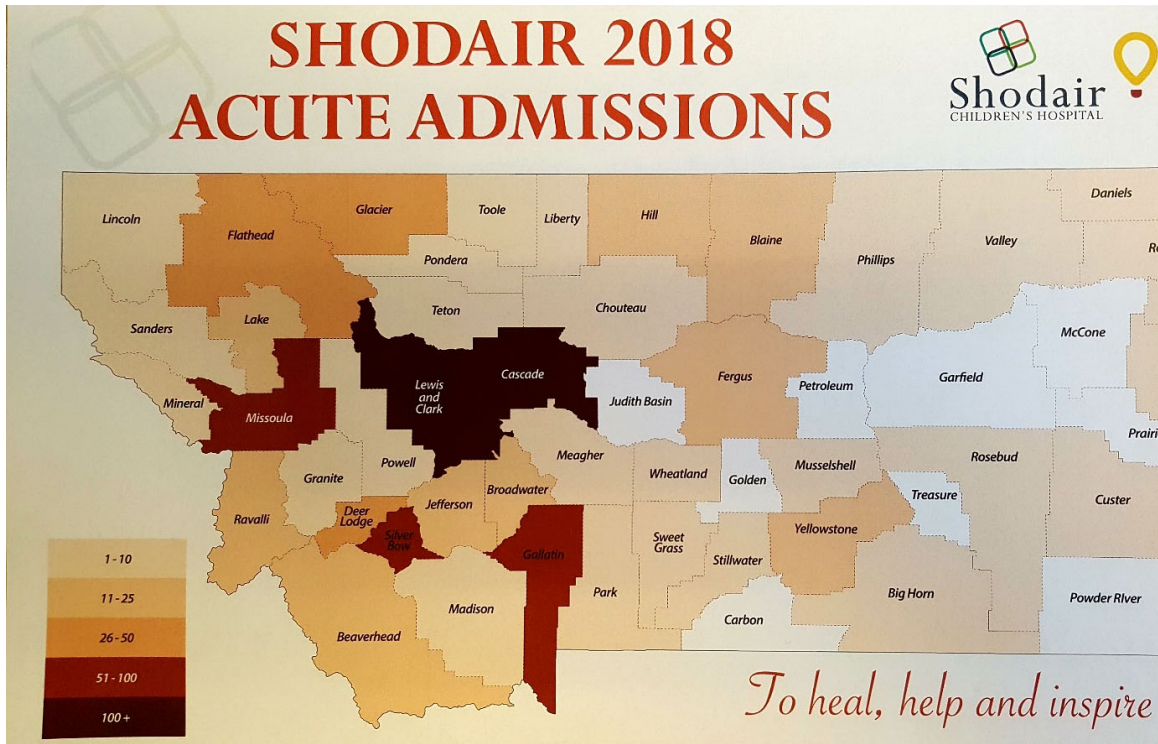
### **Community Definition**

Shodair Children's Hospital's primary revenue source has historically come from the provision of inpatient and residential psychiatric services to Montana's youth, accounting for 92% of revenues in the fiscal year ending May 31, 2018.

As such, the Community Health Needs Assessment and community definition will be referring to patients ages 3-17 having receive one or both of these services in the past year.

#### **Primary Service Area:**

Although Shodair served patients from 43 of Montana's 56 counties, 90% of patients came from 17 counties and 80% of patients came from communities within 125 miles of Shodair's campus in Helena, Montana.



### Services provided to Montana’s Native American children and youth

In Montana there are 7 federally recognized Indian Nations and one state-only recognized Nation. These 8 Nations are spread throughout Montana as shown on the map below. In addition to the reservations, many Montana Native Americans live in urban communities.



In 2016, it was estimated that Montana’s Native American children and youth under age 20 represented approximately 10.8% of the total population of all children and youth in Montana.

In 2018, Shodair Children’s Hospital served 141 Native American youth through its inpatient program representing 16% of Shodair’s total admissions.

## Demographics of Community

### Urban and Rural Community Mix

Most of Montana’s communities are considered rural and represent about



38% of the state's children's population between ages 5-17. Many of these children travel to the larger communities when specialized or intensive services are needed.

Shodair's admissions reflect this state demographic with approximately 30% of admissions coming from rural communities. The other 70% of admissions come from the state's 7 largest communities:

- Billings
- Bozeman
- Butte
- Great Falls
- Helena
- Kalispell
- Missoula

Despite the lower numbers of patients from rural areas, the challenges are often the greatest due to the lack of expertise, distances from mental health services and the strain it puts on local health services and staff.

### **Low income**

14.4% of children in Montana were considered living in poverty in 2017 ranking Montana 20<sup>th</sup> in the country. Yet children from low income families represented nearly 70% of Shodair's total admissions last year. Some of this disparity in demographics is a result of funding for mental health services as Medicaid covers most services for all children age groups while many insurance groups only cover children ages 12 and older.

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Other contributing factors include the struggles parent(s) face in raising a family when living in poverty and the resulting unhealthy coping mechanisms used when under stress. Montana has experienced a significant rise in drug and opioid use among adults with a corresponding increase in child abuse and neglect cases. In 2016 Montana ranked 49<sup>th</sup> for

the number of children living away from their parents in a foster care setting.

Serving the most vulnerable and under-resourced children and youth of Montana is part of Shodair's core mission and comes with the many challenges of providing reliable, high-quality, financially sustainable services. In addition, many challenges also face low-income families to receive Shodair's services including the cost of travel and the reliability of their transportation as well as affording the time off of work to participate in family therapy sessions.

### **Native American**

In 2016, it was estimated that Montana's Native American children and youth under age 20 represented approximately 10.8% of the total population of all children and youth in Montana.

In 2018, Shodair Children's Hospital served 141 Native American youth through its inpatient program representing 16% of Shodair's total admissions.

The higher rate of Shodair admissions of Native American youth as compared to the state-wide population rate have multi-faceted reasons and include high unemployment rates on Indian reservations resulting in high poverty levels and increased drug use. These social determinants in a family are known to impact a child's sense of safety and emotional and mental well-being.

Shodair is committed to providing a safe and culturally sensitive environment for the Native American youth it serves by promoting a diverse workforce as well as providing Native American cultural training and education to its staff.

## **Other existing behavioral health facilities and resources**

## available in communities served

Shodair’s services to Montana youth and families are unique in several ways. First, Shodair is the only organization in Montana that provides both inpatient and residential services under one roof. It also has the highest number of acute psychiatric beds available for children and youth. And it is the only organization in Montana that has a dedicated acute unit reserved for children under age 12.

And Shodair is growing to meet the increasing need for a continuum of services. In 2018 it added 12 therapeutic group home beds, a 20 student Day Treatment Program and opened a youth and family mental health clinic on its campus.

Listed below are the other youth behavioral health facilities in Montana and their estimate bed capacity.

**Acute bed capacity:**

<b>Name of Facility</b>	<b>Location</b>	<b>Bed Capacity</b>
Pathways	Kalispell, MT	18 beds for adolescent age
Billings Clinic	Billings, MT	Up to 20 beds for ages 5-17
St. Patrick’s Hospital	Missoula, MT	6 beds for adolescent age

**Residential bed capacity:**

<b>Name of Facility</b>	<b>Location</b>	<b>Bed Capacity</b>
Acadia	Butte, MT	108 beds, some used for out-of-state patients
Yellowstone Boys and Girls Ranch	Billings, MT	79 beds, some used for out-of-state patients
Intermountain Residential	Helena, MT	32 beds, Intermediate residential services

In addition to inpatient and residential services there are a number of organizations providing other mental health services to children across

Montana.

Some of the larger organizations with a state-wide presence are as follows:

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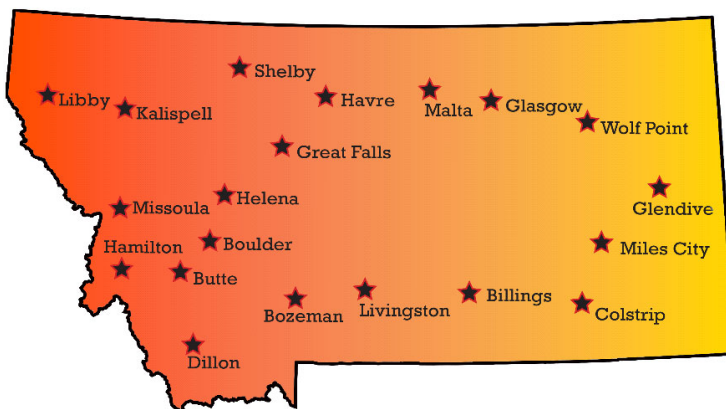
## **AWARE**

Aware provides youth group homes, early childhood development, case management and in-home services across Montana with offices in:

- Anaconda
- Billings
- Bozeman
- Butte
- Great Falls
- Helena
- Missoula

## **Youth Dynamics**

Youth Dynamics provides a variety of mental health services to youth and families across Montana. Some of the services provided include caregiver support, respite care, case management, substance abuse treatment, foster care and day treatment. It has service locations in the following cities:



## Altacare

Altacare of Montana provides comprehensive in-school mental and behavioral healthcare services to over 100 elementary, middle and high schools across the state including schools located on Montana’s Native American reservations.

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## How Data was Obtained

Since Shodair Children’s Hospital serves children from throughout the state of Montana, it was imperative for Shodair to use a diversity of methods in obtaining meaningful data for its Community Health Needs Assessment. The primary sources of data are as follows:

- On site visits to referring hospitals and providers
- On-line survey sent to stakeholders
- Other community’s most recent CHNA
- State and National data reports and statistics

### On site visits to referring hospitals and providers

In order to obtain first-hand feedback from Shodair’s referring stakeholders, several visits were made during the months of January through March of 2019 to all the major referring hospitals and to a sampling of rural critical access hospitals.

Most of the meetings consisted of hospital Emergency Room providers, nurses, pediatricians and/or family physicians and other community providers of children’s mental health services.

The list below shows the communities that were visited as well as those communities that were represented at these meetings.

Location	Date	Communities Represented
Pure View – FQHC	12/13/18	Lewis and Clark, Jefferson, and Broadwater Counties

DPHHS – CMHB	12/17/18	State of MT, children’s residential services
MPQH	12/19/18	State of MT, quality initiatives
Barrett Hospital	01/07/19	Dillon Montana
Acadia	01/07/19	Butte Montana
St. James Hospital	01/07/19	Butte Montana
ECCC	01/10/19	Gallatin County
Youth Dynamics	01/10/19	Gallatin County
St. Joseph Hospital	01/16/19	Polson, MT
St. Luke’s Hospital	01/16/19	Ronan, MT
St. Patrick’s Hospital	01/16/19	Missoula County
Community Med Center	01/16/19	Missoula County
Helena Indian Alliance	01/17/19	Helena, MT
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Benefis Health System	01/24/19	Cascade County
Youth Connections	01/29/19	Helena, MT
BCBS of MT	01/31/19	State-wide, based in Helena
Kalispell Reg. Med. Ctr.	02/06/19	Flathead County
AWARE	02/08/19	State-wide, based in Helena
South Piegan Clinic	02/14/19	Browning, Blackfoot Reservation, MT
Blackfoot Community Hospital – HIS	02/14/19	Browning, Blackfoot Reservation, MT
Good Medicine Program	02/14/19	Browning, Blackfoot Reservation, MT
Northern Rockies Med Ctr.	02/14/19	Cut Bank, MT
Benefis Native Am. Board	02/22/19	Blackfeet, Rocky Boy, Fort Belknap, Fort Peck Tribe
DPHHS, Tribal Relations	02/27/19	All tribes of MT
Rocky Boy Health Clinic	03/13/19	Rocky Boy Reservation
Northern MT Healthcare	03/13/19	Havre, MT
Benefis, Northern MT Hospital Alliance Board Mtg	03/14/19	Choteau, Malta, Chester, White Sulphur Springs and Fort Benton

## On-line survey sent to stakeholders

For all places visited, a follow up on-line survey was sent to the community meeting organizer with a request to forward survey link to those who could not be in attendance and to any others in the community that could provide meaningful feedback on the challenges in providing youth mental health services in their communities. 60 responses were received.

## Other Community’s CHNA reports

The vast majority of Montana’s hospitals are non-profit organizations and are subject to the IRS requirements of conducting a Community Health Needs Assessment every three years. As hospitals have become more experienced in this process, the data from their CHNAs and CHIPs have become a valuable sources of information for Shodair in identifying the youth mental health needs in these communities.

<b>Name of Organization</b>	<b>Primary Community Represented</b>
Bozeman Health	Bozeman, MT and surrounding communities
Providence St. Patrick Hospital	Missoula, MT and surrounding communities
Providence St. Joseph Medical Center	Polson, MT
Benefis Health System	Great Falls, MT and surrounding communities
Cascade County	Cascade County including Great Falls, MT
Teton County	Teton County including Choteau, MT
Lewis and Clark County	Lewis and Clark County including Helena, MT
SCL Health – St. James Healthcare	Butte Silver Bow County, including Butte, MT
Kalispell Regional Healthcare	Northwest Montana, including Kalispell, MT
Blackfeet Tribal Health Department	Blackfeet Indian Nation, including Browning, MT

## State and National data reports and statistics

There is a substantial amount of state and national data resources that measure anything from poverty rates to ACE scores. Data was gleaned from many of these data reporting agencies and organizations and are listed below:

### National:

- *Poverty and Child Health in the United States*
  - Pediatrics, April 2016, Volume 137 / Issue 4
  - From the American Academy of Pediatrics
  - Policy Statement

- *Mediators and Adverse Effects of Child Poverty in the United States*
  - Pediatrics, April 2016, Volume 137 / Issue 4
  - From the American Academy of Pediatrics
  - Technical Report

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- *Trends in Psychiatric Emergency Department Visits Among Youth and Young Adults in the US*
  - Pediatrics
  - March 2019
  - Article: <https://pediatrics.aappublications.org>
- *Moving to the Next Generation of SDOH Initiatives*
  - HFMA, Article, 03/14/19
- *Connecting the Dots: A Healthy Community Leader's Guide to Understanding the Nonprofit Hospital Community Benefit Requirements*
  - St. Luke's Health Initiative
  - Arizona Health Futures: July 2015
- *Community Health Needs Assessment for Charitable Hospital Organizations – Section 501(r)(3)*
  - IRS publication
  - <https://www.irs.gov/charities-non-profits>
- *Youth Risk Behavior Surveys, 2017*
- *When tax forms don't tell the whole story of community benefits*
  - Modern Healthcare | December 17/24, 2018



- *Transforming Behavioral Healthcare in the Emergency Department*
  - HealthLeaders, by Scott Zeller, July 25, 2018
- *Results from 2018 National Youth Tobacco Survey shows dramatic increase in e-cigarette use among youth over past year*
  - FDA News Release; November 15, 2018

## **Montana:**

- *Suicide in Montana: Facts, Figures and Formulas for Prevention*
  - Updated: August, 2018
  - Prepared by Karl Rosston, LCSW, Suicide Prevention Coord.
  - Montana DPHHS
- *Elevating the wellbeing and future of Montana's Children*
  - Elevate Montana: [www.elevatemontana.org](http://www.elevatemontana.org)
  - ChildWise Institute: [www.childwise.org](http://www.childwise.org)

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- *Montana Prevention Needs Assessment 2018*
  - Social and Emotional Health Indicators
  - Montana DPHHS
- *Montana State Health Assessment: 2017*
  - Montana DPHHS
- *Montana State Health Improvement Plan: 2019-2023*
  - Montana DPHHS
- *2019 Montana Economic Report*

- Bureau of Business and Economic Research
- University of Montana
- 2017 Montana Kids Count
  - [www.montanakidscount.org](http://www.montanakidscount.org)
- Healthy by Design: Yellowstone County
  - 2017 Yellowstone County Community Health Needs Assessment

### **Local:**

- Elevate Montana: Helena Affiliate
  - [ElevateMontanaHelenaAffiliate@gmail.com](mailto:ElevateMontanaHelenaAffiliate@gmail.com)
- Montana Prevention Needs Assessment 2018
  - Lewis & Clark County data, page 19
- Healthy Together: Community Health Report - 2018
  - Lewis & Clark County Public Health
- Healthy Together: Community Health Improvement Plan – 2019-21
  - Lewis & Clark County Public Health

### **Neighborhoods:**

- Healthy by Design: Yellowstone County
  - Healthy Neighborhood Project
- 2016 National Center for Education Statistics – Helena, MT
  - U.S. Department of Education
- Shodair Children’s Hospital – Helena, MT

- Internal patient abstract data

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## **The significant youth mental health needs of the communities served**

### **Large Communities**

The larger communities within 125 miles of Shodair are as follows:

- Helena
- Great Falls
- Butte
- Bozeman
- Missoula

On-site visits were conducted in each of the four larger communities outside of Helena. The visits were mostly hosted by the local hospital with invitees including hospital staff and community providers such as pediatricians, family physicians, and other children and youth focused organizations.

In addition to these on-site visits, a follow up on-line survey was sent to the hosting organization with a request to forward the survey link to all children's mental health staff, organizations and providers in the community that could offer meaningful feedback of the challenges the community faces in meeting the mental health needs of the area youth.

Based on the survey and these on-site visits the following top 3 needs were identified and prioritized as follows:

- **Outpatient Psychiatrists and/or Psychiatric Nurse Practitioners**
- **Intensive outpatient services**
- **Inpatient psychiatric treatment**

And the top 3 barriers to these services were prioritized as follows:

- **Shortage of local programs and facilities**
- **Shortage of local providers**
- **Distance from services**

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The needs and barriers to services go hand in hand as the greatest needs are for outpatient providers and inpatient and residential treatment facilities but the barriers are the lack of these services in the local community so patients must travel great distances in order to access these services.

The distance is especially an issue for low-income families as it requires taking time off of work and having reliable transportation to make the frequent trips for family therapy sessions. In addition the cost of gas, food and lodging while traveling can be significant, however Shodair offers financial assistance to those that need it for these purposes.

### **Review of Large Community CHNAs:**

A review of the 5 largest community's CHNAs in Shodair's primary service area revealed a common theme of major mental health needs and lack of access to these services as being at or near the top priority identified through the process.

#### **Helena:**

The CHNA's of St. Peter's Hospital in Helena was conducted in partnership with the Lewis and Clark County Public Health Division.

#### **Great Falls:**

Benefis Health in collaboration with the Cascade County Public Health Department conducted a CHNA and Community Health Improvement

Plan for the period 2017-2019.

The CHNA identified four areas of priority, each directly involving the health and well-being of the community's youth:

- Access to Behavior Health Care
- Reduction of misuse of alcohol, tobacco and drugs by youth
- Improve the percentage of children with healthy weight
- Decrease the number of child abuse and neglect cases

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**Butte:**

St. James Hospital in partnership with the Silver Bow County Public Health Department conducted a CHNA in 2017 and found that the number one health issue identified by the key stakeholders was mental health.

The report indicated the greatest opportunities for improvement were with prevention services for the community's youth. The biggest barrier was the lack of providers of mental health services.

**Bozeman:**

Bozeman Health conducted its CHNA in conjunction with the Community Health Partners and the Gallatin City-County Health Department in 2017.

The key stakeholders identified mental health as the number one issue that was either a moderate or major problem in the communities they served. In response, the Bozeman Health Foundation prepared the Child-Centered Mental Health Initiative. Its three primary focus areas are:

- Infrastructure development

- Development of a crisis stabilization “soft” landing site
- Eliminating service and training gaps

**Missoula:**

St. Patrick’s Hospital conducted its CHNA in 2017 and identified 4 top priorities of health needs in the communities it serves as follows:

- Social determinants of health and well-being
- Mental health
- Access to care
- Substance abuse

**Rural Communities**

There are numerous rural communities scattered throughout Shodair’s primary service area. Not all of these communities were visited during the CHNA process however an attempt was made to visit a sampling of these communities and then follow up with the on-line survey.

This report breaks down the category of rural communities as Rural-West and Rural-East. The reason for this separation of communities is due the unique characteristics associated with the geography and distances.

Most communities of the rural west are surrounded by mountains and within an hour or two of one of the larger communities in Montana or across the border into Idaho.

Most of the communities of the rural east are surrounded by vast open farm and ranch land and have greater distances from any of the larger

communities in Montana.

### **Western Rural Communities**

Since most of Shodair's inpatients from western rural communities come from the hospital Emergency Rooms in those communities, the focus of gaining meaningful community health needs information was directed to these community hospitals, their staff and their network of community providers.

Three rural Critical Access Hospitals were visited as follows:

- **Barrett Hospital – Dillon**
- **St. Luke's Hospital – Ronan**
- **St. Joseph's Hospital – Polson**

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Several common themes came up during these on-site visits, some that are specific to Shodair's services. The themes are listed below:

- **Long wait times for patients in the ER due to lack of beds available at Shodair and elsewhere. This creates challenges for hospital ER staff to provide 24 hour one-to-one services until a bed opens up.**
- **Often it is the community's volunteer ambulance service that transports patients to Shodair. This takes the ambulance away from the community for an extended period of time.**

- **Lack of youth mental health education for hospital staff, community providers, schools and the general community.**
- **Lack of local mental health providers in the community which then requires significant travel and costs to get appropriate services.**
- **Concern over youth suicide rates in their communities.**

In addition to the on-site visits, a follow up on-line survey was sent to the hosting hospitals with a request to distribute the survey link to those in the community that could provide meaningful feedback on the challenges of providing youth mental health services in their community.

The top 3 priorities of youth mental needs from the survey are listed below:

- **Inpatient psychiatric services**
- **Outpatient Psychiatrists and/or Psychiatric Nurse Practitioners**
- **Intensive outpatient services**

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And the top 3 barriers to these services were prioritized as follows:

- **Distance from services**



- **Availability of transportation**
- **Two barriers tied for 3<sup>rd</sup>**
  - **Shortage of local providers**
  - **Shortage of local programs/facilities**

Not so surprising is the barriers of distance and transportation when living in a rural community and not having local inpatient services, or adequate outpatient services.

Transportation issues can relate to both the availability of local ambulance services to transport a patient to Shodair and the reliability and cost of the family's transportation to Shodair for family therapy sessions.

### **Eastern Rural Communities**

As with western communities, most of Shodair's inpatients from eastern rural communities come from the hospital Emergency Rooms in those communities. Because of the great distances to and between these communities, only two Critical Access Hospitals were visited:

- **Northern Rockies Medical Center – Cut Bank**
- **Northern Montana Healthcare - Havre**

Hospital staff and community providers at **Sidney Healthcare** in the far northeastern part of Montana were interviewed via a teleconference call.

Also, Shodair was able to meet with a number of small rural hospital leaders at a board meeting of the Northcentral Montana Hospital Alliance held at Benefis Health in Great Falls. The members present at the meeting represented the following hospitals:

- **Liberty Medical Center – Chester**

- Benefis Teton Medical Center – Choteau
- Missouri River Medical Center – Fort Benton

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- Mountainview Medical Center – White Sulphur Springs
- Marias Medical Center – Shelby
- Phillips County Hospital - Malta

Several of the same themes came up during these interactions as were brought up in the western rural communities.

- **Need for telepsych services to provide outpatient mental health medication management and therapy services**
- **Long wait times for patients in the ER due to lack of beds available at Shodair and elsewhere.**
- **The use of the volunteer ambulance service to transport patients**
- **Lack of local mental health providers in the community which then requires significant travel and costs to get appropriate services.**
- **Concern over youth suicide rates in their communities.**

In addition to these encounters, a follow up on-line survey was sent to the contacted hospitals with a request to distribute the survey link to those in the community that could provide meaningful feedback

on the challenges of providing youth mental health services in their community.

The top 3 priorities of youth mental needs from the survey are listed below:

- **Inpatient psychiatric services**
- **Intensive outpatient services**
  
- **Two needs tied for 3<sup>rd</sup>:**
  - **Residential psychiatric services**
  - **Outpatient Psychiatrists and/or Psychiatric Nurse Practitioners**

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And the top 3 barriers to these services were prioritized as follows:

- **Distance from services**
- **Shortage of local programs/facilities**
- **Two barriers tied for 3<sup>rd</sup>**
  - **Shortage of local providers**
  - **Availability of transportation**

It is interesting to note that two of the top 3 needs relate to inpatient and residential services. The thought process here is that when these services are needed, the need is urgent and often there is not a bed immediately available at Shodair or elsewhere so the long wait time creates increased concerns and additional costs of providing for the patient during the wait.

It is also interesting to note that both rural western and eastern communities face similar needs and are very open to addressing these needs by using emerging technologies such as telepsych services.

## **Native American Populations**

16% of Shodair's admissions in 2018 were patients of Montana's Native American population. Two-thirds of those admissions came from the northern Montana tribes east of the continental divide and the urban Indian population of Helena, Montana.

In order to get a better understanding of the youth mental health needs in these communities, an on-site visit was made to the Blackfeet Reservation, Rocky Boy Reservation and the local Helena Indian Alliance.

### **Blackfeet Reservation**

The Blackfeet Reservation is located approximately 3 hours north of Helena with its northern border being Canada and its western border being Glacier National Park. Its health services are divided up between Indian Health Services (IHS) and Tribal Health Services. IHS operates the Blackfoot

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Community Hospital in Browning. Tribal Health provides some outpatient and school-based services. Shodair met with the following organizations during its visit to Browning:

- **Indian Health Services**
- **South Piegan Health Clinic**
- **Good Medicine school-based counseling services**
- **William Buffalo Hide Academy – Alternative High School**

Based on the discussions with representatives of these organizations the following community needs were identified:

- **More behavior health providers are needed**
- **Better communications during the transition of patients from Shodair back into the community**
- **Better understanding of the Blackfeet culture and traditions that would improve the processes and experiences of both Shodair and the patient**

Barriers to meeting these needs were identified as follows:

- **High turnover of providers and other staff**
- **Lack of training of Shodair staff to the Blackfeet culture**

## **Rocky Boy Reservation**

The Rocky Boy Reservation is located approximately 3 hours northeast of Helena at the base of the Bear Paw Mountains and is one of the smallest reservations in Montana. All of its health services are administered by Tribal Health and located in a brand new 90,000 sq. ft. fully integrated health clinic providing, dental, medical, vision, behavioral health, x-ray, lab and diabetes services. The nearest hospital is located off the reservation in Havre, about 30 miles to the north.

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The provision of health services on the Rocky Boy Reservation is a model of what a tribe can do when all services are administered by one organization, and employing a CEO with both cultural and financial expertise.

By utilizing the beneficial financial programs available only to Native American Tribes, the Rocky Boy Tribal Health have been able to

respond to the most pressing health needs of its residents.

Most recently, the Clinic leadership has reached out to the schools to provide therapy services on campus.

When asked about the current unmet needs of the Clinic, the most pressing need is to recruit a Psychiatric Nurse Practitioner who is culturally understanding of its people. They would prefer to grow their own providers.

The biggest barrier has been the low number of eligible hires, and the lack of a culturally informed organization in which this person could receive training.

### **Helena Indian Alliance**

The Helena Indian Alliance has been serving the Native American community in Helena since 1969. Its primary avenue for providing health services is through its FQHC designation and Leo Pocha Memorial Clinic.

Through this clinic the staff are able to provide primary and mental health services as well as a number of education and prevention services.

When asked about the unmet mental health needs of the Native American youth in Helena, the primary concern was the lack of cultural awareness by non-native providers, including Shodair and the local general hospital.

Because of being located in a city, access to medical and mental health services do not arise as serious need. And the staff believe the local school district is doing a great job in providing suicide prevention services.

In addition to the three site visits above, Shodair was invited to present to the Native American Board which meets regularly at Benefis Health in Great

Falls, Montana. Tribes represented at the board meeting were as follows:

- Blackfeet Tribe – Blackfeet Indian Reservation
- Assiniboine and Sioux Tribes – Fort Peck Indian Reservation
- Little Shell Chippewa Tribe – Great Falls
- Nakoda and Gros Ventre Tribes – Fort Belknap Indian Reservation
- Chippewa Cree Tribe – Rocky Boy Indian Reservation

After the presentation there was a time of discussion and feedback. One of the biggest mental health issues raised by the group was the high rate of suicide among the Native American population in Montana and what actions and programs are available to assist in the prevention of suicides among the native youth.

### Local Low Income Neighborhoods

The method used to identify low income neighborhoods involved looking at the data for Helena’s elementary schools. Schools that qualified for Title I and Title 1 indicated a higher than average percentage of low income and disadvantaged families. Another indicator is the percent of children eligible for free or reduced lunches. The higher the percent, the higher the level of low income families.

Analysis of Helena's Elementary Schools - 2016												
	Helena Average	Smith	Jim Darcy	Rossiter	Warren	Jefferson	Kessler	Central	Broadwater	Hawthorne	4 Georgians	Br
Grades	PK-5	PK-5	PK-5	PK-5	PK-5	PK-5	PK-5	PK-5	PK-5	PK-5	PK-5	PK-5
# of Students	319	298	362	465	323	273	269	259	278	229	516	2
Proficiency Score	52%	57%	40%	50%	42%	60%	55%	42%	57%	47%	62%	3
Title I		Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	No	Y
Title 1		Yes	No	Yes	Yes	No	No	Yes	Yes	No	No	Y
Student/Teacher Ratio	17:1	15:1	19:1	20:1	16:1	19:1	19:1	15:1	17:1	16:1	20:1	1
Free Lunch %	34%	35%	20%	30%	38%	24%	24%	38%	40%	23%	24%	10
Reduced Lunch %	7%	5%	4%	10%	10%	7%	7%	9%	9%	4%	6%	0
Combined Free and Reduced %	41%	39%	24%	40%	48%	31%	32%	47%	49%	28%	30%	10
Caucasian	88.5%	86.9%	93.4%	92.0%	88.3%	89.9%	94.3%	87.7%	83.0%	86.8%	91.1%	72
Hispanic	3.5%	4.4%	3.2%	4.1%	4.1%	4.0%	1.6%	1.6%	4.9%	4.0%	2.1%	9.
American Indian	3.2%	3.4%	1.3%	0.9%	3.2%	0.8%	0.8%	1.6%	2.6%	2.8%	2.1%	9.
African American	0.9%	0.7%	0.0%	0.0%	0.6%	0.8%	0.8%	1.6%	0.8%	0.8%	0.8%	2.
Other	3.9%	4.6%	2.1%	3.0%	3.8%	4.5%	2.5%	7.5%	8.7%	5.6%	3.9%	7.

Title I = Programs to improve the academic achievement of the disadvantaged  
 Title 1 = Indicates large concentration of low-income families

Source:  
 2016 National Center for Education Statistics  
 U.S. Department of Education

In looking at 2016 school data (see above) and using the school district boundaries to define the neighborhood, four neighborhoods were identified as having a high level of low income families as follows:

- Bryant Elementary School District
- Warren Elementary School District
- Central Elementary School District
- Broadwater Elementary School District

Of these four, Bryant Elementary School District showed the highest level of low income families with all students eligible for the free lunch program. This school district also had the lowest proficiency scores of all the Helena Schools indicating many children are coming from disadvantaged home learning environments.

In addition, when mapping the addresses of Shodair's acute patients residing in Helena, four neighborhood clusters were identified that mirrored the four school districts identified above.

And when mapping addresses of patients having multiple admissions in 2018, three clusters of neighborhoods were identified that mirrored three of the four school districts above. They are:

- Bryant Elementary School District
- Central Elementary School District
- Broadwater Elementary School District

As Shodair prepares its Community Health Improvement Plan, activities to improve the mental health and wellness of low-income neighborhoods in Helena would be most beneficial if focused within the boundaries of these three school districts.

To get a better idea of the challenges facing these schools, a visit was made with the Principal of Bryant Elementary School, Trisha Klock. First though, there are a number of positive things happening at Bryant currently. A new school building will be ready for the 2019-20 school year which will increase



the size of the school threefold.

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Bryant also has a number of programs in place to help with some of the social determinants that impact the student's wellbeing and class behavior including:

- Collaborating with the Head Start Program to create smooth transitions from pre-school to kindergarten,
- Partnering with the YMCA to provide an after school program for the students that provide a safe place to enjoy physical activities and school work assistance,
- Providing space for AWARE to offer CSCT services
- Sponsoring the only K-5 Positive Behavioral Support program in the district

But still there are significant challenges in providing school services to children from mostly low income families. The three biggest ones are:

- **Bullying** – and trying to define and differentiate between true bullying and normal child-like behaviors of that age group
- **Attendance** – the normal season illnesses have a more significant impact on Bryant as children do not always go to the doctor for severe symptoms but instead come to school and end up spreading the virus throughout the school.

Other issues with attendance have to do with parental disengagement with making school attendance a priority.

- **Transportation** – even though bus services are available, a student must live at least 1 mile from the school in order to be eligible for riding the bus. Often times during the winter months, transportation issues become more common because of road conditions and reliability of vehicles.

When asked what other services would be helpful to the neighborhood, Trisha Klock mentioned the following:

- Education classes
- Parenting classes
- Budgeting classes
- Job training
- Family therapy

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## **Primary and Chronic disease needs and other health issues of uninsured persons, low-income persons, and minority populations**

### **Uninsured:**

In Montana, most children have some form of insurance coverage whether it be insurance through their parent(s) employer or coverage through the Children's Health Insurance Program (CHIP) or the State's Medicaid program.

Shodair's payer mix reflects this fact in that only 1.3% of the total number of patients served by Shodair in 2018 were uninsured. Because of these very small numbers these patients are included with the low-income patient population.

### **Low-income:**

There are many articles and papers written about the significantly higher levels of childhood diseases among children living in poverty as compared to those not living in poverty.

One such article posted in April of 2016 on the ScienceDaily website refers to research conducted between 2003 and 2012 called "National Trends in Prevalence and Co-morbid Chronic

Conditions among Children with Asthma, Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder” which found that the two most common diseases associated with children living in poverty were:

- Asthma
- Attention Deficit Hyperactivity Disorder (ADHD)

In addition the research found that these children were nearly twice as likely to have at least one of the following chronic medical conditions:

- Developmental delays
- Autism
- Depression and Anxiety

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- Behavioral or conduct issues
- Speech and language problems
- Epilepsy/seizure disorders
- Learning disabilities

### **Native American:**

One of the more recent and comprehensive Community Health Assessments was done in 2017 for the Blackfoot Tribe. It includes results of the most prevalent chronic diseases among the Native American children and youth.

In the table below are the top 3 chronic diseases diagnosed for three age ranges between 1-17 years.

<b>Top 3 Chronic Disease Diagnoses by Age</b>		
<b>1-5 years</b>	<b>6-12 years</b>	<b>13-17 years</b>
Asthma	ADHD	Depression
Unable to determine	Asthma	Asthma
Unable to determine	Vision	PTSD

## **The process for identifying and prioritizing community health needs and services**

### **On-Site Visits**

Considerable time and resources were expended to visit as many communities as feasible to obtain first hand insight and feedback into the community mental health needs of children and youth. The process of selecting the sites to visit was as follows:

- Identify the counties from which the majority of Shodair’s patients reside. This information was obtained from internal data available on the hospital’s EHR system.
- Identify the hospital(s) within those counties

- Ask hospital to host a presentation from Shodair and to invite hospital staff and community providers who would be able to provide meaningful feedback on community needs
- Conduct an on-site visit and presentation followed by a question and answer time. During the discussion time questions were asked about pressing needs and challenges and how they would prioritize these needs
- In addition to selecting the communities from which most patients come from, Shodair included visits to rural communities and Native American communities as these populations in aggregate represented 30% and 16% respectively of patients admitted in 2018.

### **On-line Survey**

While the on-site visits provided valuable insights into the challenges facing communities as it relates to meeting the mental health needs of children and youth, an on-line survey was created in an attempt to objectify these needs and priorities.

The on-line survey was sent to the same communities as the on-site visits were conducted as a way of confirming what was expressed in a group setting with what was identified in an anonymous on-line survey.

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### **Reviewing Non-Hospital CHNAs and CHIPs**

As part of identifying and determining the needs of the communities Shodair serves a sampling of other non-hospital CHNAs and CHIPs were review as follows:

<b>Name of Organization</b>	<b>Primary Community Represented</b>
Montana State Health Assessment - 2017	Entire state of Montana
Cascade County	Cascade County including Great Falls, MT
Teton County	Teton County including Choteau, MT
Lewis and Clark County	Lewis and Clark County including Helena, MT

**The process for consulting with persons representing the community's interests**

As mentioned in other sections of this report, the process for consulting with persons representing the mental health services of children and youth in their communities including identifying the source of Shodair's inpatient referrals and contacting them for a visit.

In most cases, the primary contact was the local community hospital as many of Shodair's patients come these hospital Emergency Rooms. These

hospitals would typically be the host for a Shodair visit. Providers and others in the community would be invited to attend the meeting.

Shodair staff would spend some time initially in summarizing the services it currently provides along with plans for growth of services as resources allow.

After the presentation, a question and answer time was conducted in which time the attendees could share the challenges they face in providing mental health services and to articulate their perceived needs in the community.

Most meetings had a good representation of providers and caregivers ranging from hospital ER physicians to community family and pediatric physicians as well as therapists, psychiatrists and others trained in youth mental health services.

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### **Impact of Prior CHNA**

- Developed recruitment and retention strategies which has effectively lowered our employee turnover rate from 42% to 28% over the past 3 years and increased our employee retention rate from 65% to 70%.
- Sponsored and hosted one camp for 12 students interested in careers in the medical field and waived the registration fee.

- Collaborated with both the University of Montana and Montana State University to develop internship programs for Lab Techs, Nurses, Social Workers, Teachers, Doctors, Psychiatric Nurse Practitioners and Pharmacists.
- Hosted rotations of students from the University of Washington's psychiatrist residency program.
- Provided Youth Mental Health First Aid training to hospital staff as well as staff of other groups and organizations providing services to youth in our communities.
- Embarked on an organization-wide adoption of the Sanctuary Model, an evidenced-based, trauma informed approach to working with children and youth that are admitted to our programs as well as transforming the way we take care of each other in working through secondary trauma as caregivers.

Since 2016, Shodair Children's Hospital has developed a comprehensive recruitment plan to help recruit and retain mental health providers to Helena, MT to then serve patients from the entire state of Montana. We implemented or strengthened the

- **Implementation of Sanctuary culture model**
  - The Sanctuary model provides a framework to change our organizational culture to one that focuses on trauma informed care and creating a community to support each other (patients, employees and visitors). We started our journey to becoming Sanctuary certified in the summer of 2016. Over the last few years, we have decreased our turnover from 42% to 28%.

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- **Tuition Reimbursement**
  - Shodair has implemented a tuition reimbursement program to help grow employees. This program is meant to grow



employees from positions such as a Mental Health Tech to a Registered Nurse or a Utilization Review Specialist to a Master's prepared Therapist.

- **Retention Bonuses**
  - Shodair implemented retention bonuses to key positions (Psychiatrists, Psychologists, and Primary Therapists) to help recruit and retain these positions.
- **Increased relationships with universities**
  - Shodair is committed to help Montana keep its new professionals. We have increased our relationships with universities and colleges across Montana to provide internship relationships. These intern relationships often lead to recruiting these individuals, keeping them in Montana.
- **Social Media**
  - Shodair has increased its social media presence to help increase our visibility and ability to recruit.
- **Career Ladder**
  - Shodair implemented a front line career ladder to help grow individuals in their profession if they are not interested in obtaining a university/college degree. This career ladder allows employees an opportunity to increase their responsibilities and compensation.
- **Partnership with Montana Rural Physician Association – loan repayment**
  - Shodair partnered with the Montana Rural Physician Association to help provide psychiatrists with loan repayment. In the last two years, Shodair has had two physicians enter the program.
- **Partnerships with Montana Legislator to help ease licensing process**
  - Shodair has worked hard to create relationships with legislators to help ease the burden for licensed individuals coming from out of state to get licensed in the state of Montana. There are currently two bills in the 2019 Montana

Legislature that have successfully passed through one side of the process. We are very hopeful they will pass on the second side and will be signed by the Governor.

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