

Shodair Children's Hospital

2021

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 mostly located on its 28 acre campus in Helena, Montana.

Shodair's Current Services

Inpatient Psychiatric Care:

Shodair has 30 beds available for acute children and youth 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 community hospital emergencies rooms from across the state and have communicated to others by their 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 patient's stay is 10-14 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.

Alternative Learning Programs:

Shodair opened 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 18 elementary school students.

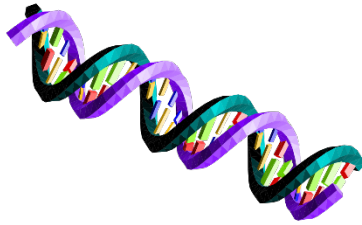
In addition, Shodair has recently begun providing school-based therapy and behavior intervention specialized services to local head-start, elementary and middle school children.

Outpatient Mental Health Clinic:

In the past two years Shodair has opened 3 outpatient clinics for patients up to age 27 needing a psychiatric evaluation, medication management and/or therapy services. The three clinics are in Helena, Missoula and Butte, Montana and staffed by psychiatrists, nurse practitioners and therapists.

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 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 of Montana.

Executive Summary:

The unique context of the 2021 Community Health Needs Assessment finds Shodair Children's Hospital recovering from the impacts of a devastating COVID-19 epidemic, which is not yet over.

The impacts to Shodair have been significant. Initially in March of 2020, Shodair had to reduce its bed capacity to match the available staffing after many employees had to temporarily drop out of the workforce to assist their children with the new reality of a virtual at-home classroom.

At the same time, all the Community Health Improvement initiatives were stalled indefinitely until a vaccine could be developed that would allow a return to some sort of normalcy. Yet even as the vaccine has now been distributed throughout the state and kids are back to in-person schools, the lingering impacts of the COVID-19 pandemic remain significant.

How? Shodair, the state of Montana and nearly the entire country is experiencing an unprecedented staffing shortage resulting in the curtailment of services across almost every industry. For Shodair, this shortage has come at the worst time as demand for acute pediatric mental health services has skyrocketed due to the social isolation and lack of a safe and stable school environment that many kids lacked at home during the pandemic.

The reasons for the staffing shortage seem to be many and complex, including a lack of affordable and available childcare and housing. Solutions to these

employment barriers are also complex and will take time to create and implement. With that being the backdrop of the 2021 Community Health Needs Assessment and related Community Health Improvement Plan, Shodair must focus its attention on finding solutions for creating a stable and well-trained workforce that going forward can allow for the expansion and implementation of much needed community health improvement initiatives.

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In the pages that follow, you will see the results of the Community Health Needs Assessment, which will show the need for a wide range of pediatric mental health and community outreach services all of which require additional well-trained and specialized staff.

Key Findings:

During the months of January through May of 2021, Shodair Children's Hospital conducted a comprehensive Community Health Needs Assessment of its major stakeholders in the state mostly through Zoom gatherings and phone calls.

In addition, Shodair surveyed its internal leaders as to their perceptions of the unmet mental health needs based on their observations, conversations and actual experiences of providing services to their patients and coordinating post-discharge services.

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

- 1. Hospital ERs need prompt access to mental health providers when pediatric patients present in a mental health crisis**
- 2. Colleges and Universities need prompt access to therapists with specialized training in gender dysphoria**

- 3. Stakeholders across the state need access to substance abuse and addiction counselors**
- 4. Communities need training and tools to mitigate the impacts of trauma and provide support to youth, parents, grandparents, and others**
- 5. Mental health providers need an in-state young children's psychiatric residential facility to avoid out-of-state placements**

Shodair will focus its community health improvement initiatives on these five priority areas. For more details, refer to Shodair's 2022-24 Community Health Improvement Plan which can be found on our website: [Shodair.org](https://shodair.org) or by clicking [here](#).

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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 86% of revenues in the fiscal year ending June 30, 2020.

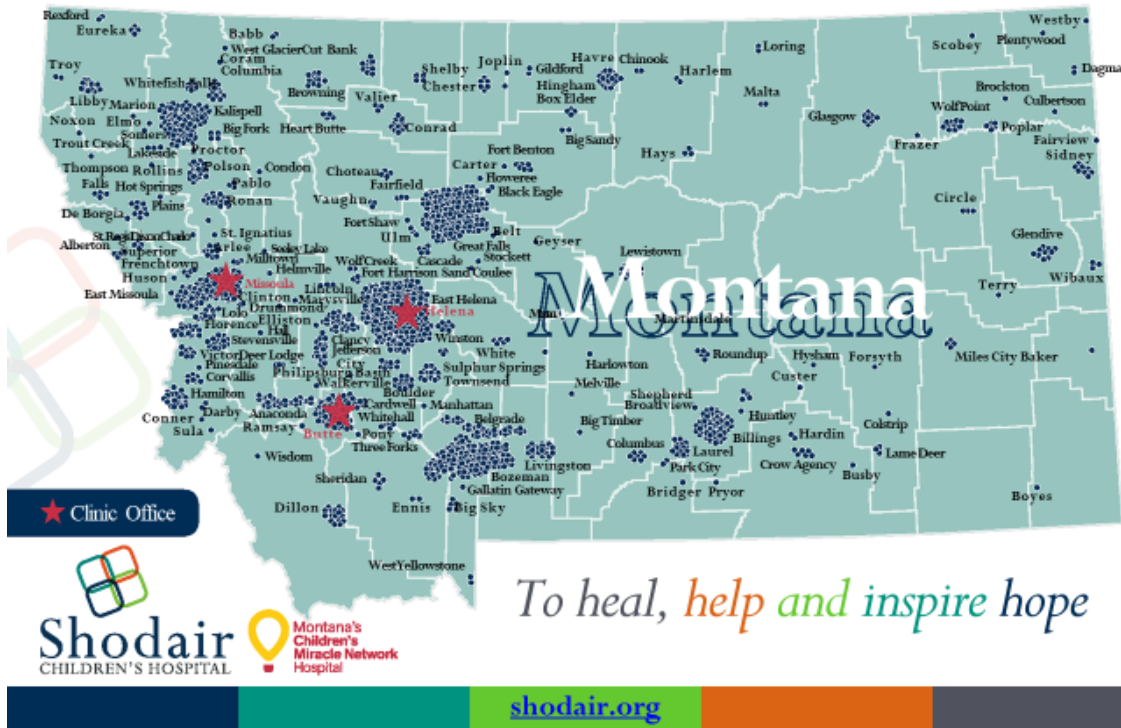
As such, the Community Health Needs Assessment and community definition will be referring to patients ages 3-17 having received one or more of these services in the past year.

Primary Service Area:

Although Shodair served patients from over 40 of Montana's 56 counties, 80% of patients came from 14 counties all of which are in central and western Montana. The map below includes outpatient and genetic services and illustrates the clustering of services around Montana's seven major cities.

PATIENTS 2020

- Over 4,000 Patients Served
- 99% of Patients Served are from Montana



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Demographics of Community

Urban and Rural Community Mix

Most of Montana's communities are considered rural and represented about 37% of the state's children's population between ages 5-17 in the year 2019. 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 39% of admissions coming from rural communities. The other 61% 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 greater due to the lack of expertise, distances from mental health services and the strain it puts on local health services and staff.

Low income

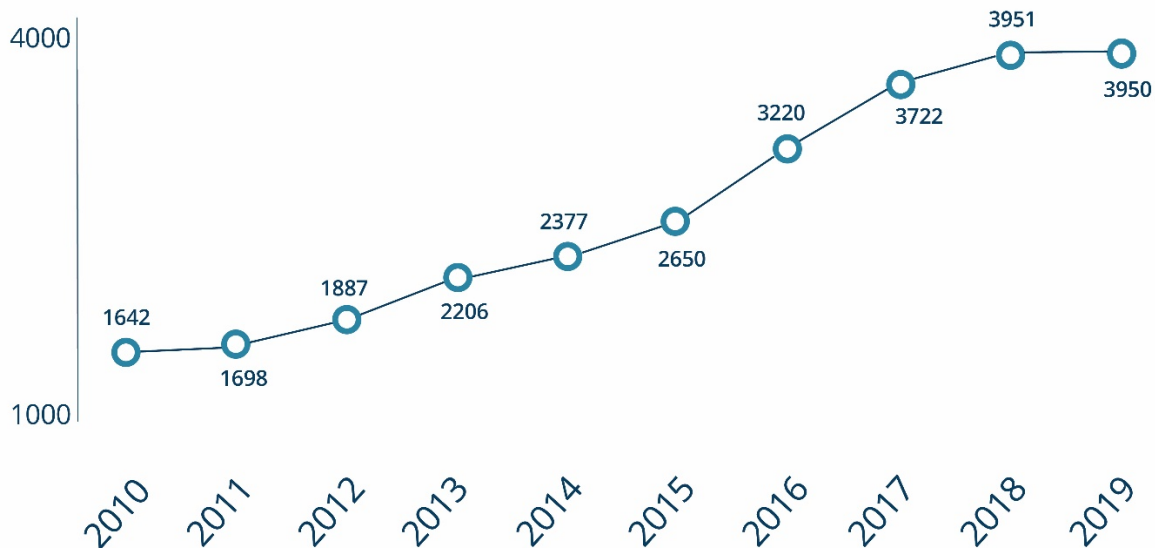
15.0% of children in Montana were considered living in poverty in 2019 ranking Montana 23rd in the country. Yet children from low income families represented over 70% of Shodair's admissions last year. Some of this disparity in demographics is a result of funding for mental health services. Medicaid covers most services for all children age groups while many insurance groups only cover children ages 12 and older.

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 2019 Montana ranked 2nd highest for the number of children living away from their parents in a foster care setting.

Children in Foster Care Increased 140% in a Decade

Total Children Living in Care (June 2010 – June 2019)



Source: https://montanabudget.org/report/protectkids_covid

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 away from work to participate in family therapy sessions.

In Montana there are 8 federally recognized Indian Nations. 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 2019, it was estimated that Montana's Native American children and youth population under age 18 represented approximately 9.6% of the total population of all children and youth in Montana, yet represented 14.7% of Shodair's admissions

2019 Shodair's Native American inpatient admissions are listed in the table below.

Shodair Children's Hospital				
Analysis of Native American (NA) hospital patients served				
		2019		
Montana Native American Nations	Primary Cities of Patients	# of Patients	% of NA	% of Total
Blackfeet Nation	Browning, Cut Bank, Heart Butte	25	25.8%	3.8%
Urban - Majority is Blackfeet plus Other Nations	Helena, East Helena and nearby communities	16	16.5%	2.4%
Urban - Little Shell Chippewa and Others Nations	Great Falls and nearby communities	16	16.5%	2.4%
Rocky Boy, Fort Belknap and Fort Peck Nations	Harlem, Hayes, Box Elder, Wolf Point, Poplar	14	14.4%	2.1%
Salish - Kootenai Nations	Pablo, Polson, Ronan, Arlee, St. Ignatius	10	10.3%	1.5%
Urban - Blackfeet and Salish-Kootenai Nations	Missoula, Hamilton, Stevensville	8	8.2%	1.2%
Crow and Northern Cheyenne Nations	Hardin, Lame Deer, Billings, Miles City	4	4.1%	0.6%
Urban - Mix of Nations	Butte, Anaconda	4	4.1%	0.6%
Urban - Mix of Nations	Bozeman, Belgrade and Livingston	-	0.0%	0.0%
Urban - Mix of Nations	Kalispell, Whitefish and Columbia Falls	-	0.0%	0.0%
Total Native American Patients		97	100.0%	14.7%

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 and child abuse.

Shodair is committed to providing a safe and culturally sensitive environment for the Native American patients 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 recent years, it has added an outpatient clinic to its campus as well as 2 other satellite clinics in large urban communities. In addition, it's added Group Home beds, day treatment programs and school-based services.

In December 2022, Shodair will have completed the construction of a replacement hospital that will expand both its inpatient and residential capacity.

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

Acute bed capacity:

Name of Facility	Location	Bed Capacity
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	16 beds for adolescent age

Residential bed capacity:

Name of Facility	Location	Bed Capacity
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

Note: In 2019, a for-profit residential facility with 108 bed capacity closed its Montana operations creating a significant reduction in available in-state residential beds

In addition to inpatient and residential services there are several organizations providing other mental health services to children across Montana.

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

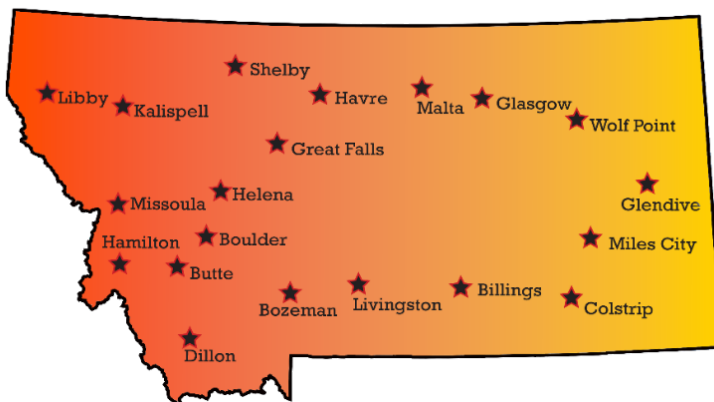
AWARE

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.

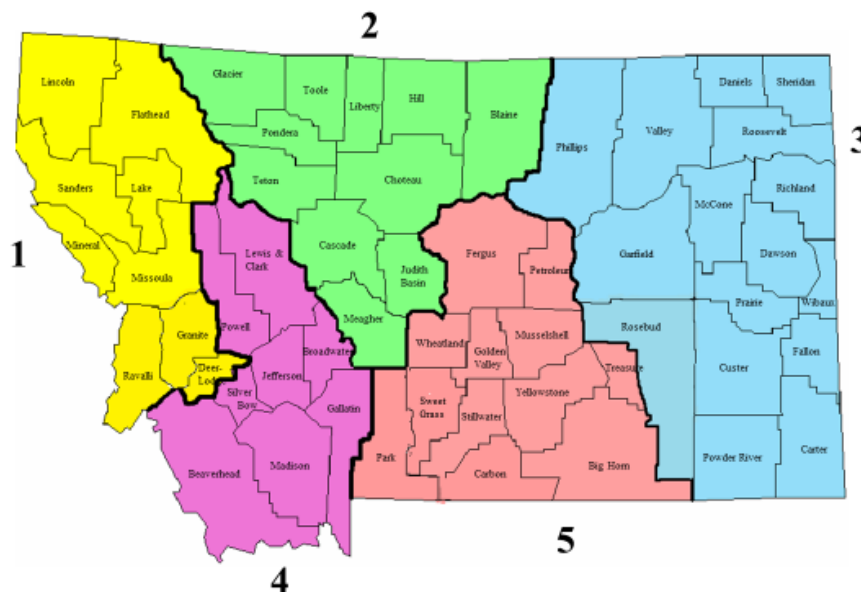
How Data was Obtained

Since Shodair Children's Hospital serves children from throughout the state of Montana, it typically utilizes a diversity of methods in obtaining meaningful data for its Community Health Needs Assessment. However, with still being in the middle of a pandemic, traveling to a cross-section of communities was not possible. With that in mind, data for this Assessment were primarily obtained from:

- Zoom meetings with referring hospitals and providers
- Zoom meetings with colleges and universities
- E-mail survey of internal stakeholders
- Other community hospitals most recent CHNA
- National, State and Local data reports and statistics

Zoom meetings with referring hospitals and providers

To get a cross-section of Montana hospitals and providers, Shodair used the same 5 regions of Montana as used by the Montana Hospital Association.



Hospitals and provider organizations participating in a Zoom call by Region

Region 1: Northwest

- Logan Health – Kalispell
- North Valley Hospital – Whitefish
- Providence St. Joseph Medical Center – Polson
- Providence St. Patrick Hospital – Missoula
- St. Luke Community Healthcare – Ronan
- Cabinet Peaks Medical Center - Libby

Region 2: Northcentral

- Benefis Health Systems – Great Falls
- Mountainview Medical Center – White Sulphur Springs
- Northern Montana Hospital – Havre
- Northern Rockies Medical Center – Cut Bank

Region 3: Eastern

- Dahl Memorial Healthcare – Ekalaka
- Holy Rosary Healthcare – Miles City
- Rosebud Health Care Center – Forsyth
- Sidney Health Center – Sidney

Region 4: Southwest

- Barrett Hospital & Healthcare - Dillon
- Bozeman Health – Bozeman
- Ruby Valley Medical Center - Sheridan
- Madison Valley Medical Center – Ennis
- Deer Lodge Medical Center – Deer Lodge

Region 5: Southcentral

- Crow Agency Hospital – Crow Reservation
- Central Montana Medical Center – Lewistown
- Livingston Healthcare - Livingston

Zoom meetings and calls with state colleges and universities

In the past couple of years, Shodair's outpatient staff realized the need to expand its services to young adults up to age 27. Young adult brains are still developing and as such respond well to customized therapy services unique to their age.

In looking at how to obtain relevant data as to the needs of the young adult population, Shodair added colleges and universities to its list of stakeholders and conducted Zoom meetings with these entities based on their size and academic offerings. Listed below are the colleges and universities that participated:

Group 1 – Public 2-Year Colleges:

- Flathead Valley Community College
- Miles City Community College
- Great Falls College – MT State University
- Helena College – MT State University
- Highlands College of Montana Tech

Group 2 – Private Colleges

- Carroll College – Helena

Group 3 – Public 4-year Universities

- University of Montana – Missoula
- Montana State University - Bozeman

E-mail Survey of Internal Stakeholders

Internal stakeholders offer first-handed feedback as to the needs of the patients and their communities from across Montana. The survey was sent to executives, directors and providers and asked them to list their top 3 community mental health needs. The response to the survey is as follows:

Executive staff – 7

Directors and Managers – 9

Providers – 6

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. Reviewing their most recent CHNA reports gives Shodair a look at how the community defines its health needs.

Below is a listing of the larger hospitals located in Shodair's primary service area including the date of the most recent CHNA and the ranking of mental health needs in the Assessment.

Hospital CHNAs Reviewed

Hospital	Location	Year of CHNA	Mental Health Ranking
St. Peter's Health	Helena	2021	1
Bozeman Health	Bozeman	2020	1
Benefis	Great Falls	2020	1
Logan Health	Kalispell	2019	1
Providence – St. Patrick's	Missoula	2020	1

National and State 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:

- *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
- *Community Health Needs Assessment for Charitable Hospital Organizations – Section 501(r)(3)*
 - IRS publication
 - <https://www.irs.gov/charities-non-profits>
- *2019 National Youth Risk Behavior Survey*
https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm
- *Transforming Behavioral Healthcare in the Emergency Department*
 - HealthLeaders, by Scott Zeller, July 25, 2018

Montana:

- *Suicide in Montana: Facts, Figures and Formulas for Prevention*
 - Updated: January 2021
 - Prepared by Karl Rosston, LCSW, Suicide Prevention Coord.
 - Montana DPHHS
- *Elevating the wellbeing and future of Montana's Children*
 - Elevate Montana: www.elevatemontana.org

- Montana Prevention Needs Assessment 2020
 - Social and Emotional Health Indicators
 - Montana DPHHS
- Montana State Health Assessment: 2017
 - Montana DPHHS
- Montana State Health Improvement Plan: 2019-2023
 - Montana DPHHS
- 2021 Montana Kids Count
 - www.montanakidscount.org

Local:

- Elevate Montana: Helena Affiliate
 - ElevateMontanaHelenaAffiliate@gmail.com
- Healthy Together: Community Health Report - 2018
 - Lewis & Clark County Public Health
- Healthy Together: Community Health Improvement Plan – 2019-21
 - Lewis & Clark County Public Health

The significant youth mental health needs of the communities served

Community Hospital's perspective

As mentioned earlier, because of the COVID pandemic, Shodair conducted all its stakeholder communications by Zoom or e-mail. Below is a summary of the youth mental health needs identified during Zoom calls with community hospital leaders in the 5 MHA Regions of Montana:

Region 1 – Northwest Montana (6 participating hospitals)

Identified Youth Mental Health Need	# of Hospitals Identified this Need
Timely placement of youth when needing to transfer from ER to acute psych hospital	3
Suicide and mental illness prevention and education services	3
Inpatient and residential facilities for young children under age 12	2
Continuum of connected services offered through case management services	2
Services closer to communities and possibly provided in school settings	2
Trauma and substance misuse specific to the Native American youth	1

Region 2 – Northcentral Montana (4 participating hospitals)

Identified Youth Mental Health Need	# of Hospitals Identified this Need
Addiction and substance abuse counseling and treatment	2
Neuropsych testing by a Psychologist	1
Suicide prevention	1

Region 3 – Eastern Montana (4 participating hospitals)

Identified Youth Mental Health Need	# of Hospitals Identified this Need
Provider services via telepsych	2
Pediatric inpatient psych facility	1
Pediatric ER services	1

Region 4 – Southwest Montana (5 participating hospitals)

Identified Youth Mental Health Need	# of Hospitals Identified this Need
Crisis stabilization services	3
Timely placement of youth when needing to transfer from ER to acute psych hospital	1
Intensive OP services	1
Addiction and substance abuse counseling and treatment	1
Transgender counseling services	1

Region 5 – Southcentral Montana (3 participating hospitals)

Identified Youth Mental Health Need	# of Hospitals Identified this Need
Timely placement of youth when needing to transfer from ER to acute psych hospital	1
Addiction and substance abuse counseling and treatment	1
Suicide prevention	1
Discharge w/ a week of medications	1

Combined Top Youth Mental Health Needs Identified by Hospitals:

Identified Youth Mental Health Need	# of Hospitals Identified this Need
Timely placement of youth when needing to transfer from ER to acute psych hospital	5
Suicide and mental illness prevention and education services	5
Addiction and substance abuse counseling and treatment	4
Crisis stabilization services	3

College and University perspective

Public 2-year Colleges (5 participants)

Identified Student Mental Health Need	# of Hospitals Identified this Need
Crisis stabilization/triage center	3
Psychiatrists or Psych Nurse Practitioners	3
Transgender counseling services	3
Addiction and substance abuse counseling and treatment	2

Private 4-year College (1 participant)

Identified Student Mental Health Need	# of Hospitals Identified this Need
Group support	1
ER alternative to mental health crisis	1

Public 4-year Universities (2 participants)

Identified Student Mental Health Need	# of Hospitals Identified this Need
Transgender counseling services	2
Staffing capacity of campus counseling services	2
Services for students released from state custody as an adult and start college	1

Combined Top Youth Mental Health Needs Identified by Colleges and Universities:

Identified Youth Mental Health Need	# of Hospitals Identified this Need
Transgender counseling services	5
Crisis stabilization services	4
Psychiatrists and Psych Nurse Practitioners	3

Internal Stakeholder's perspective

#1: **Timely access to mental health services**

- Rural communities
- Hospital ERs

#2: **Increase capacity for inpatient and residential beds**

- To meet the current and future demand for services
- In-state residential services for children 12 and under (needed with Acadia closure)
- In-state residential services for specialty services (i.e., autism)

#3: **Education, Support and Outreach**

- Acceptance of a diverse patient population
- Education for schools, businesses, parents, and payers
- Native Indian outreach and support

Note: The 4th priority area was addressing Social Determinants of Health

Mental Health needs of Montana’s most vulnerable and minority populations

Low-income

According to the 2018 Montana Department of Commerce poverty data, most of the rural counties of Montana have the highest poverty rates. In addition, rural counties typically do not have the population density to support a continuum of needed mental health services. These services tend to locate in the larger urban cities in Montana. Travel distances to these urban cities can be a significant barrier for rural low-income residents in obtaining mental health services.

A couple of positive trends since the onset of the COVID virus are the increased use of tele-video therapy services and the significant funds now being funneled into rural communities for improving broadband internet connectivity.

Native American

In 2018, the poverty levels on the Native American reservations are double those of Montana’s average poverty level of 12.9%. For example, Glacier County which is primarily part of the Blackfoot Reservation, had a poverty level of 27.0% and Big Horn County which is primarily part of the Crow Reservation had a poverty level of 25.6%.

With this high level of poverty and long distances from mental health services, despair and hopelessness is often the outcome. This may partially explain why suicide rates in the Native American population are much higher than Caucasians and at much early ages as shown in the 2020 Suicide Table below:

Note: Native Americans represent 6.5% of the total Montana population.

Age Range	Non-Native	Native	Total	% of Total
<18	9	3	12	25%
18-27	41	10	51	20%
28-37	27	8	35	23%
38-47	27	9	36	25%
48-57	32	3	35	9%
58-67	46	1	47	2%
67+	62	0	62	0%
Total	244	34	278	12%

The process for identifying and prioritizing community health needs and services

Zoom Conference Calls:

Conducting a Community Health Needs Assessment during a pandemic significantly changed the process of gathering feedback from the various stakeholders in Montana. For referring hospital stakeholders and colleges, Zoom conferencing technology was used. Several Zoom conference calls were completed during the Assessment process. From these calls, mental health needs were identified and then prioritized based on the number of stakeholder references to these needs.

E-mail Surveys:

For internal stakeholders at Shodair, an e-mail questionnaire was sent out asking each participant to identify what they believed to be the top 3 mental health needs of the patients and families of those treated in the past year. The results of the questionnaire were tabulated and prioritized by the number of times it was identified by stakeholders.

Reviewing Community 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 reviewed as follows:

Name of Organization	Primary Community Represented
2019-23 MT State Health Improvement Plan	Entire state of Montana
Cascade County 2019 CHNA and CHIP	Includes the large city of Great Falls, MT
Gallatin City-County 2020 CHNA	Includes the large city of Bozeman, MT
Lewis and Clark County 2019 CHNA and CHIP	Includes the large city of Helena, MT

All these state and county community health needs assessments included mental health as a high priority and significant need identified by its stakeholders.

Impact of Prior CHIP

There were two major factors, one in 2019 and the other in 2020, that impacted Shodair's advancement of its Community Health Improvement Plan as scheduled:

1. **Change of Fiscal Year:** Shodair moved its fiscal year from a May 31st year-end to a June 30th year-end to better align with the state's fiscal year. For accounting and reporting purposes it created a 13-month fiscal year for the first year of the change, however under the CHIP regulations the 1 extra month was to be considered a separate fiscal year. The effect this had on the FY20-22 CHIP was to move its end date from the previous May 31, 2022 to the new end date of June 30, 2021, thus creating a plan period of 2 years and one month instead of the original 3 years.
2. **COVID-19 Pandemic:** With only eight months into the new CHIP calendar the COVID-19 pandemic struck the United States resulting in schools and businesses being temporarily shut down while many organizations transitioned their non-essential staff to begin working from home. The impact on the CHIP was to indefinitely postpone the bulk of its implementation until the pandemic was over or a "new normal" was established. Some work continued but at a much slower pace than had been planned.

Progress made on achieving the CHIP goals:

Education to Rural Communities

Educators:

With schools closed and then transitioning to an on-line system, the opportunity to engage schools in education about children and youth mental health issues was greatly curtailed, however, several existing programs continued to provide school educators with tools to better understand and address the mental health issues of their students. The two primary school mental health programs are MBI (PBIS)

and PAX Good Behavior Games. Limited access, training, combined with COVID priorities though have made it difficult for these programs to gain momentum. As the pandemic restrictions on schools are relaxed, and students begin returning to in-classroom education again, it will become even more crucial to invest in the time and resources to ensure educators have the tools they need for working with students who are experiencing mental health concerns.

Shodair was able to conduct two essay contests for school students related to mental health awareness. The first essay contest was held locally in September of 2019 centered about combating the stigma of mental illness. The winners each rec'd a \$500 scholarship. And then in September of 2020 the second essay contest was held on a statewide level inviting high school students to submit an essay on suicide prevention. The four winners each rec'd a \$2,500 scholarship.

Hospital and Community Providers:

Shodair started this endeavor by providing speakers to present at an education session on ACEs at the annual Montana Hospital Association Fall Conference in 2019. The education was well rec'd giving Shodair the momentum to take the education on the road to various hospital and community providers. Again, though, as Shodair was gearing up for this education outreach the pandemic hit and hospital's became laser focused on fighting the virus and taking care of patients. The outreach efforts would have to wait.

However, even during the pandemic, several on-line resources were created and offered to hospitals and their providers through the Montana Hospital Association of which Shodair is a member. In addition, Shodair provided an expert to serve on the MHA Healthcare Transformation Council which for 2021 is focusing primarily on improving mental health services to hospital ERs.

Businesses:

In the first few months of the CHIP process, Shodair worked on identifying and contacting several business leaders in the community to determine their interest in learning about the impacts of Adverse Childhood Experiences on employees

and how to address these impacts to improve the well-being of their employees and improving their work performance.

Shodair was beginning to explore the concept of having a business leader summit in Helena when the COVID pandemic arrived. Businesses were being forced to shut down in the early phases of the pandemic and even today have limited in-store capacity, so the idea of a business leader summit was put on hold.

Low-Income Neighborhood

Identify one low-income neighborhood:

Using school data of the % of the elementary students participating in the free meal program Shodair was able to identify four local low-income neighborhoods. Of these, one neighborhood stood out from the rest as the best candidate for outreach services. The neighborhood selected is affectionately known as the 6th Ward by its residents. Other names include Mid-Town and Bryant Elementary School neighborhood.

During the first months of the CHIP calendar, several connections were made to the various organizations providing services to kids and residents of the neighborhood as well as connecting with the key leaders of Bryant Elementary School, including the Parent Advisory Council.

From conversations with this diverse group of neighborhood stakeholders it was finally agreed upon that a good approach to determining the social needs of the neighborhood was to start building a bridge of trust with the parents in the community. In looking at ways to reach a broad base of low- and moderate-income families the idea surfaced to create a free kid's summer program which would provide positive and educational activities for the neighborhood children while the parents were at work.

This idea rapidly took shape as the Helena School District offered the Bryant Elementary School campus for the program and the school meal vendor agreed to provide free meals to the participants. In addition, Carroll College students signed

up to assist in the planning of the programs and some even offered to volunteer during the summer. One of Shodair's Recreational Therapists began designing the 10-week program activity calendar and was done with the first 7 weeks before COVID hit.

By April of 2020 it was clear that there would be no children summer programs in the Helena area, including Shodair's new program. The only exception was the YMCA program, but it was very limited in its capacity and the weekly costs were out of reach for most families in the Bryan neighborhood.

Native American Outreach

Identify one Native American population:

Using Shodair admissions data, the highest number of inpatient admissions to Shodair came from the Blackfeet Tribe primarily located in Glacier County and centered around Browning, Montana.

During the Community Health Needs Assessment process, a trip was made to Browning to visit with several of the key health leaders in the community. From this initial visit, relationships were started and nurtured as Shodair moved into the Community Health Improvement Plan implementation.

Although much progress was made on establishing a couple of solid relationships in the community, very little progress was made on providing education and services to the youth in the community. This was primarily the reluctance of those in charge to try something new and a lingering concern over trusting outside organizations.

In January of 2020 it was decided to look for a more receptive and innovative Native American population to provide outreach education and services. It didn't take long to identify the Native American tribes living on the Fort Peck Reservation. Connection was soon made with Kenny Smoker; the Health Programs Specialist for the Fort Peck Tribes and discussions began on how Shodair could serve their communities.

Rather than needing more education on ACEs and other mental health issues, Kenny asked Shodair to consider contracting with the Tribes to provide tele-therapy services to students at the 5 school-based clinics on the Reservation. Although COVID arrived shortly after these discussions, progress slowly continued. As of today, the contract is still going through the review and sign-off phase with the Tribal Health leaders, but in the meantime Shodair's outpatient department is providing regular tele-therapy outpatient services to children and youth in these communities.

SUMMARY:

Even with the impacts of the shorter CHIP calendar and the COVID pandemic, much groundwork has been accomplished in the past two years of developing connections with similar mission-focused organizations and agencies and establishing positive relationships with key community and tribal health leaders throughout the state of Montana.

Submitted by:

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