



Shodair



Children's
Hospital

2024 Community Health Needs Assessment



Dear Friends and Community Partners,

At Shodair Children's Hospital, our mission has always been about more than just providing care—it's about making a lasting difference in the lives of Montana's children and families. As the state's leading children's psychiatric hospital and medical genetics and laboratory facility, we carry a unique responsibility to serve both children and adults from every corner of our vast state. We work every day to ensure that no child goes without the specialized care they need, no matter where they call home.

For nearly 130 years, Shodair has grown and evolved to meet the ever-changing needs of our communities. Since 2019, we've expanded our services to include outpatient services to provide a more comprehensive continuum of care. In February 2023, we opened the doors to our \$66 million modernized facility—an environment designed to promote healing, comfort, and hope. This incredible milestone reflects our deep commitment to the future of pediatric mental health and genetic care in Montana.

What sets Shodair apart isn't just our statewide reach—it's our role in the national landscape. Genetics at Shodair is nationally renowned and provides care regionally and nationally. As a proud member of the Children's Miracle Network (CMN), we stand out as the only free-standing children's psychiatric hospital in the network of 170, and the only CMN Hospital in Montana. Mental health is an essential part of overall health, and we are honored to be a leader in this space, advocating for the well-being of children not just in Montana, but across the country.

As we look ahead, we remain committed to listening, learning, and evolving to meet the needs of the families we serve. The Community Health Needs Assessment (CHNA) plays a vital role in guiding us forward, helping us identify where we can continue to make the greatest impact. We are grateful for your support, your voice, and your shared commitment to Montana's children and families.

Thank you for being a part of this journey with us. Together, we are building a healthier, brighter future for the next generation.

With gratitude,

Craig E. Aasved

Chief Executive Officer

Shodair Children's Hospital

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Executive Summary

Overview of Key Findings

The 2024 Shodair Community Health Needs Assessment (CHNA) presents a statewide evaluation of the health needs of Montana's youth, with a particular focus on pediatric mental health. This report synthesizes data from outreach to individuals and facilities as well as an online survey.

The findings highlight significant trends in youth mental health, disparities in healthcare access across Montana's communities, and the social determinants that influence child and adolescent well-being. The CHNA underscores both the essential role Shodair plays in addressing these challenges and the persistent gaps that require strategic intervention.

SHODAIR CHNA responses for most serious health concerns for Montana's youth:

1. Mental health issues
2. Alcohol/substance abuse
3. Child abuse/neglect
4. Depression/anxiety
5. Trauma/adverse childhood experiences

Half of respondents experienced a time where someone in their household needed health care services but did not get it or were delayed receiving care. Top reasons why are as follows:

1. Could not get an appointment.
2. Too expensive
3. Too long to wait for an appointment
4. Ability to access care
5. Qualified provider unavailable

Purpose and Scope of the Document

This report serves as the foundation for the upcoming Community Health Improvement Plan (CHIP), which will outline actionable strategies to enhance pediatric mental health resources statewide. It provides a data-driven assessment of current needs, available resources, and emerging priorities in youth healthcare.

The CHNA is designed to:

- **Identify** key health issues affecting Montana's children and adolescents.
- **Assess** the availability and accessibility of mental health services.
- **Analyze** social, economic, and environmental factors influencing youth health outcomes.
- **Compare** Montana's pediatric health trends with national benchmarks.
- **Inform** policy decisions, funding priorities, and community-based interventions.

By integrating insights from various healthcare assessments and state data sources, this report aims to create a holistic understanding of the challenges and opportunities within Montana's pediatric healthcare landscape. The findings will inform future collaboration between Shodair and healthcare providers, policymakers, community organizations, and stakeholders committed to improving child and adolescent well-being.



Introduction

Background on Shodair Children's Hospital

Shodair Children's Hospital has been at the forefront of pediatric care in Montana since 1896. Today Shodair is Montana's premier provider of psychiatric treatment for children and adolescents, and comprehensive genetic services for people of all ages. With a statewide reach, Shodair provides critical inpatient and outpatient care, integrating therapeutic approaches tailored to the unique needs of young patients. Genetics and outpatient care is provided for all ages. The hospital plays a significant role in addressing a growing demand for mental health services.

Shodair Children's Hospital began as a home for orphaned and abandoned children in 1896. As Shodair evolved to meet the needs of Montana's children, it became the first facility in the state to treat children with polio, and the first facility with a genetics laboratory and medical genetics services.

Since that time, Shodair Children's Hospital has stayed in step with the ever-changing needs of Montana's children while providing a safe, therapeutic, and nurturing environment to promote positive change.

Shodair is a nonprofit organization overseen by a volunteer Board of Directors.





A Miracle becomes Reality

Shodair Children's Hospital became a Children's Miracle Network Hospital in 1987 and remains the only CMN hospital in Montana. Every penny of every dollar that is raised during a CMN fundraiser supports Shodair directly. Proceeds from CMN fundraising help alleviate financial burdens for Montana families who would otherwise be unable to afford essential care.

In addition, Shodair first received Joint Commission accreditation in 1992 and has been continuously accredited since that time. Shodair's education program is an accredited year-round school for elementary, middle, and high school students. Our team of educators are certified in special education and includes six teachers, six teaching assistants, a speech pathologist, a school psychologist, a dietician, and a principal.

Shodair Values

- Non-Violence
- Social Learning
- Emotional Intelligence
- Democracy
- Social Responsibility
- Open Communication
- Growth and Change



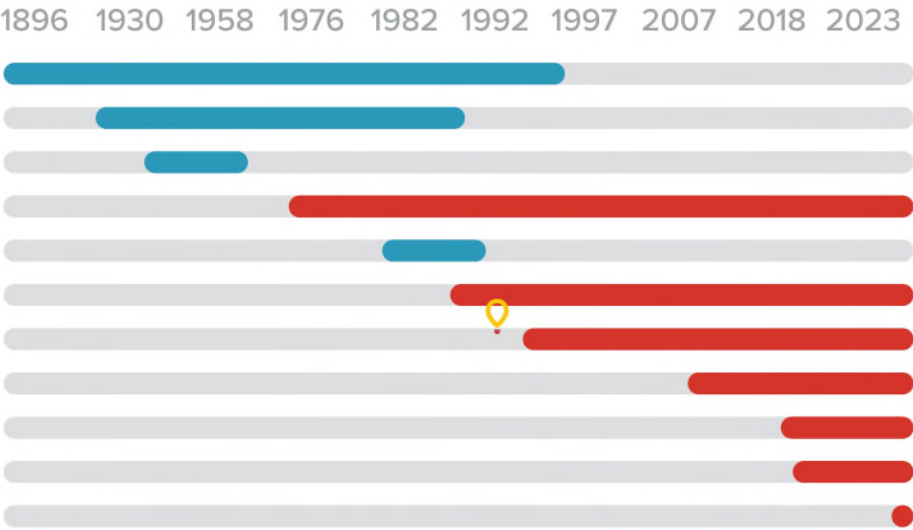


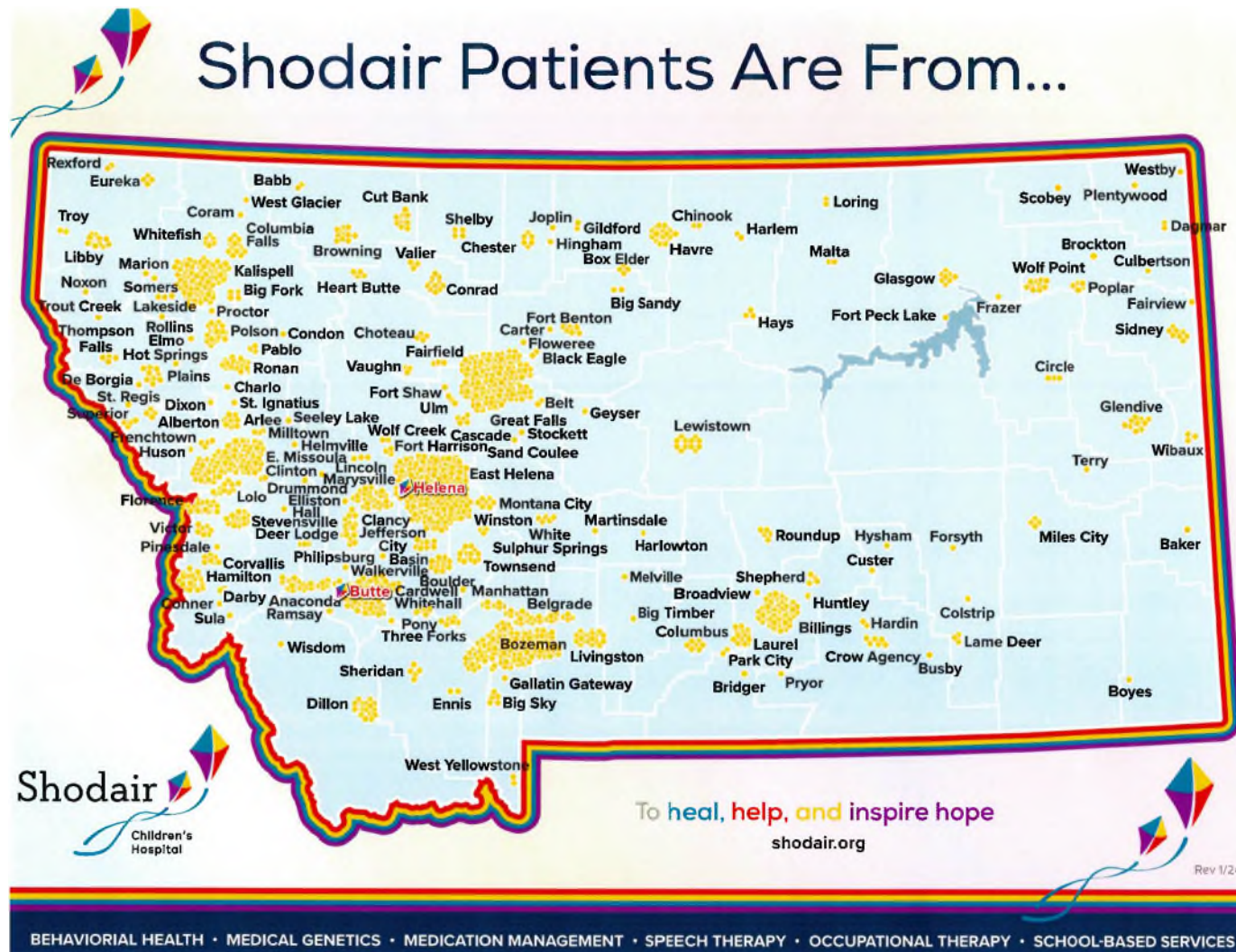
To heal, help, and inspire hope

SHODAIR HISTORY

Milestones

- Orphanage
- Children's Hospital
- Polio Treatment
- Medical Genetics
- Adolescent Chemical Dependency
- Children's Psychiatric Unit
- Adolescent Acute/Residential Care
- Psychiatric Unit Expanded
- Group Home - Outpatient Services
- School-Based Services
- Replacement Hospital to Open 2023





Inpatient Pediatric Acute and Residential Treatment

Shodair is committed to a collaborative team model that ensures the child's voice is included in their care. Shodair's trauma-responsive approach involves families with a team of specialists, such as pediatric psychiatrists, therapists, pharmacists, psychiatric nurse practitioners, nurses, education teams, dietitians, mental health technicians, a spiritual care coordinator, facility dogs, speech therapists, and recreational therapists.

Shodair's Acute floor features three wings, comprising 24 beds designated for adolescents and 10 for children aged 3-18. These intensive services are for young people in severe emotional distress and families in crisis, with an average stay of 7 to 10 days.

Shodair offers a specialized residential program designed to provide longer-term care for children up to 18 years old, based on their developmental maturity.

This program is located within the hospital, facilitating a seamless transition for patients who require extended support after discharging from the acute unit or coming from the community.

The average stay is 60 to 90 days depending on age and care needed. Each residential wing can accommodate up to 12 children, ensuring a focused and supportive environment. Patients attend the School at Shodair during their stays, which is an accredited school with teachers holding special education endorsements that operates year-round.

Medical Genetics & Genetics Laboratory

Montana's Medical Genetics Program at Shodair Children's Hospital serves patients and families of all ages throughout Montana and neighboring states via outreach clinics and telehealth.

The clinical team includes a medical geneticist, genetic counselors, doctoral-level nurse practitioners, a nutritionist, and a clinical psychologist. They work collaboratively with a specialized in-house laboratory team which performs a wide array of genetic testing, including cytogenetics, molecular genetics, and whole exome sequencing.

Together, the entire Genetics team collaborates with families and providers to provide essential information and guidance in navigating the various complexities of genetic disorders.

Outpatient Mental Health Clinics

Since 2018, Shodair has provided outpatient services to children and families across Montana including: medication management and psychiatric monitoring, individual and family therapy, speech therapy, occupational therapy, and nutrition consultation. All of these services are provided by licensed professionals to children and some of these services, such as therapy and medication management, can be continued into adulthood on a case-by-case basis. We are happy to provide both in-person and virtual options to reach all communities across the state. As a result, we were able to offer outpatient supports to communities in nearly all Montana counties last year.

Recently, we collaborated with our inpatient team to offer bridge services to patients who were unable to meet with a mental health provider in a timely manner after discharge to assist with transitioning out of the hospital. We strive to build strong partnerships with other organizations with a shared vision.

We currently have clinic locations in Great Falls at the Women's and Children's Center within Benefis Hospital and in Butte at the Regional Medical Arts Pavilion within the St. James Hospital. We have also been very fortunate to partner with Montana Pediatrics to provide supports to rural communities needing mental health services.

Objectives of the Community Health Needs Assessment

The CHNA aims to provide a data-driven foundation for identifying, prioritizing, and addressing the most pressing health concerns affecting Montana's youth. The key objectives include:

- Evaluating trends in pediatric mental health and well-being.
- Assessing the availability and effectiveness of existing mental health services.
- Identifying barriers to accessing care, particularly in rural regions.
- Understanding the social determinants that influence child and adolescent health.
- Providing actionable recommendations for engagement with healthcare providers, policymakers, and community stakeholders.

Since its last CHNA in 2021, Shodair has continued to adapt to the evolving healthcare landscape by expanding programs, increasing accessibility, and collaborating with state agencies and community organizations to enhance and expand healthcare resources. This CHNA builds upon previous efforts, incorporating updated data to inform the hospital's strategic initiatives for improving pediatric health outcomes.

Methodology and Data Sources

This CHNA utilizes a mixed-methods approach to capture a comprehensive picture of pediatric healthcare needs. To ensure a robust and comprehensive assessment, this CHNA incorporates data from diverse sources, including:

1. **Primary Data & Quantitative Data Sources:** Shodair's 2024 statewide online survey and references to national and Montana studies and assessments that seek to identify trends and disparities.
2. **Qualitative Research:** Shodair engagement with community members, healthcare providers, and educators through interviews and outreach to gain deeper insights.
3. **Stakeholder Collaboration:** Development of a Community Health Improvement (CHIP) plan following this assessment report will rely on partnering with local health departments, school systems, and nonprofit organizations to ensure a well-rounded implementation approach.

This methodology ensures that the findings presented in this CHNA reflect the most current and relevant data, supporting Shodair's community-informed commitment to "Heal, help, and inspire hope."



Community Profile

Demographic Overview of Montana's Youth Population

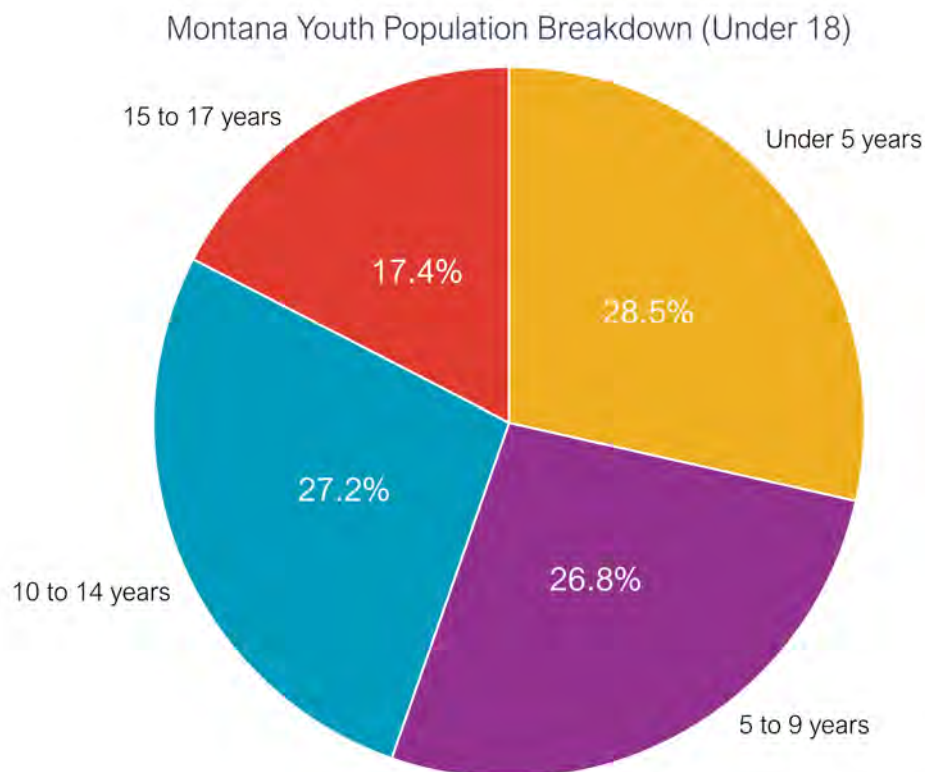
Montana's youth population presents unique demographic characteristics that influence healthcare needs and service delivery. The state's population is geographically dispersed, with many children living in rural and frontier communities where access to healthcare services is limited. Key demographic insights include:

- **Total Youth Population:** Analyzing census data to determine the number of children and adolescents under 18 across the state.
- **Geographic Distribution:** Identifying rural, urban, and frontier regions and their respective youth populations.
- **Ethnic and Racial Diversity:** Examining the representation of Indigenous, Hispanic, and other racial/ethnic groups among Montana's youth.

Total Youth Population

As of July 1, 2024, Montana's estimated total population was 1,137,233. According to the U.S. Census Bureau, 20.8% of Montana's population is under the age of 18, which equates to approximately 236,545 individuals.

- **Under 5 years:** Approximately **67,000** individuals (6.1% of the total population)
- **5 to 9 years:** Approximately **63,000** individuals (5.7%)
- **10 to 14 years:** Approximately **64,000** individuals (5.8%)
- **15 to 17 years:** Approximately **41,000** individuals (3.7%)



Geographic Distribution

The population aged 0 to 17 across Montana's counties varies, with some counties having as low as 14.7% and others as high as 33.6% of their population under 18.

Montana County Profiles

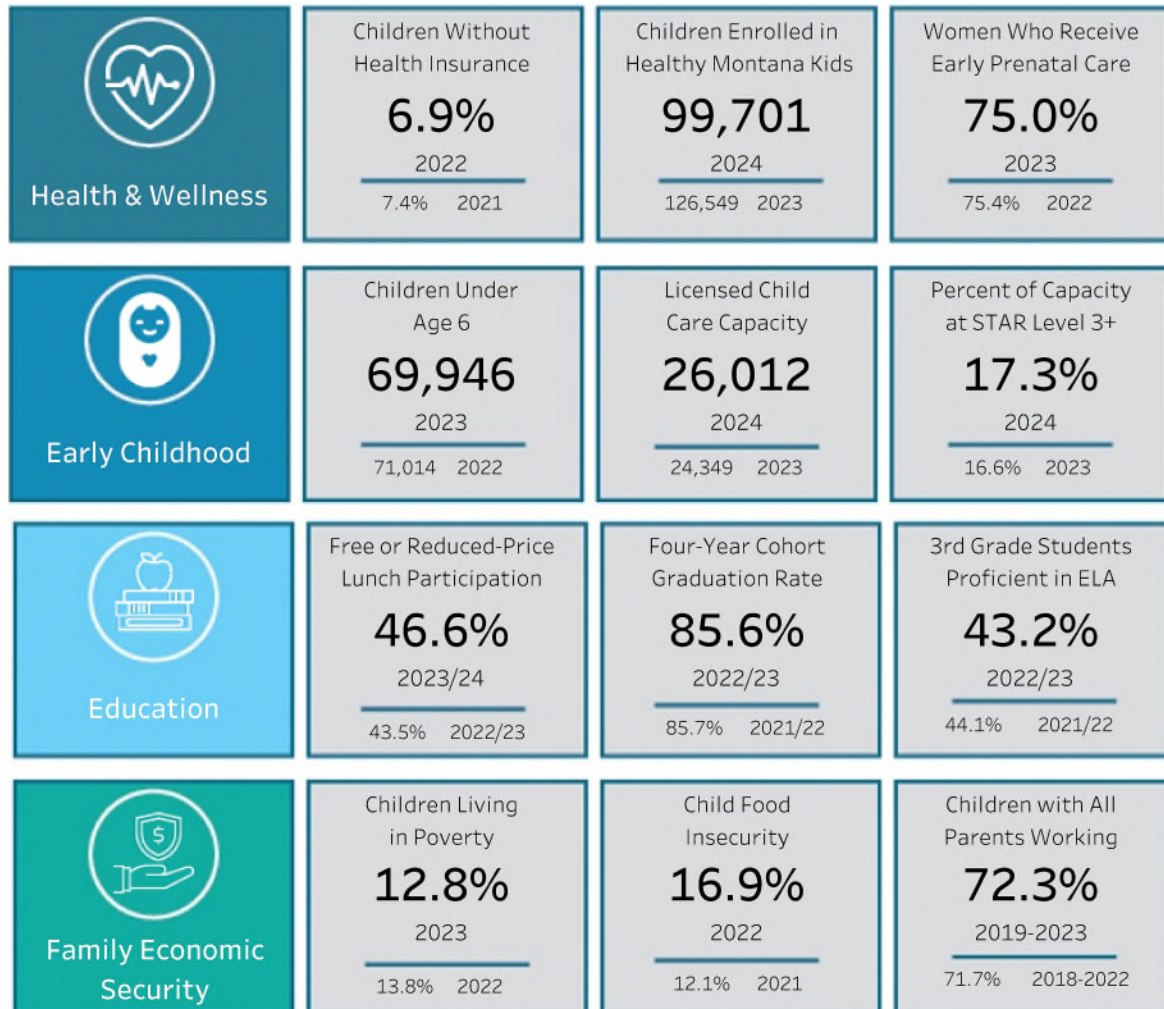
Montana - Statewide



Light blue shading shows the seven American Indian reservations within Montana.

Population Estimates for: 2023

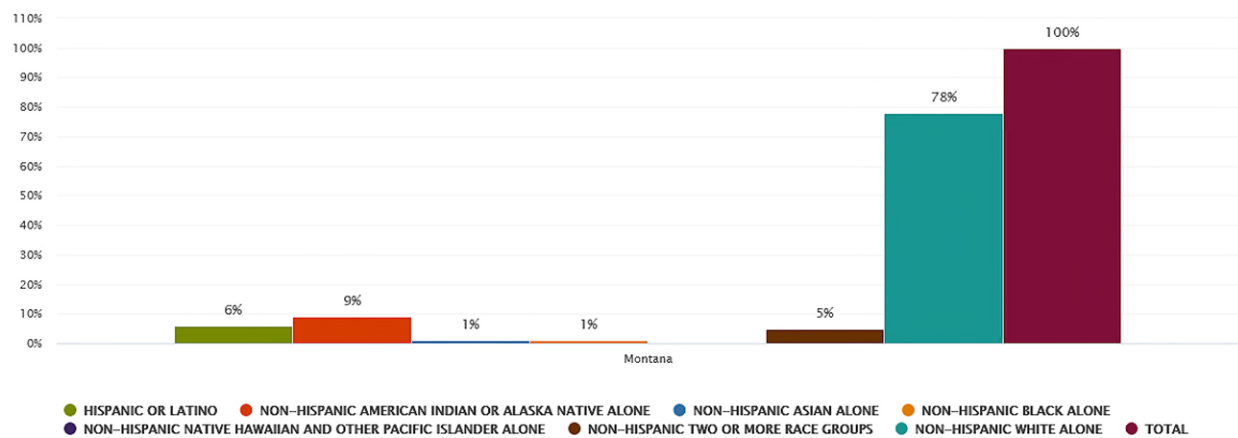
	Montana
Child Population (under 18):	235,651
American Indian/Alaska Native:	10.2%
Black:	0.8%
White:	82.3%
2+ Races or Other:	6.6%



Ethnic and Racial Diversity

Child population by race and ethnicity and age group in Montana

CHILD POPULATION BY RACE AND ETHNICITY AND AGE GROUP: 12 TO 17 (PERCENT) - 2023



Location	Race	Age group	Data Type	2023
Montana	Hispanic or Latino	0 to 4	Number	5,433
		0 to 4	Percent	9%
		5 to 11	Number	7,419
		5 to 11	Percent	8%
		12 to 17	Number	5,330
		12 to 17	Percent	6%
	Non-Hispanic American Indian or Alaska Native alone	0 to 4	Number	4,455
		0 to 4	Percent	8%
		5 to 11	Number	8,286
		5 to 11	Percent	9%
		12 to 17	Number	7,736
		12 to 17	Percent	9%
	Non-Hispanic Asian alone	0 to 4	Number	491
		0 to 4	Percent	1%
		5 to 11	Number	769
		5 to 11	Percent	1%
		12 to 17	Number	707
		12 to 17	Percent	1%

Location	Race	Age group	Data Type	2023
Montana	Non-Hispanic Black alone	0 to 4	Number	412
		0 to 4	Percent	1%
		5 to 11	Number	598
		5 to 11	Percent	1%
		12 to 17	Number	484
		12 to 17	Percent	1%
	Non-Hispanic Native Hawaiian and Other Pacific Islander alone	0 to 4	Number	37
		0 to 4	Percent	<.5%
		5 to 11	Number	60
		5 to 11	Percent	<.5%
		12 to 17	Number	141
		12 to 17	Percent	<.5%
	Non-Hispanic Two or More Race Groups	0 to 4	Number	3,184
		0 to 4	Percent	6%
		5 to 11	Number	4,303
		5 to 11	Percent	5%
		12 to 17	Number	3,974
		12 to 17	Percent	5%

Location	Race	Age group	Data Type	2023
Montana	Non-Hispanic White alone	0 to 4	Number	43,562
		0 to 4	Percent	76%
		5 to 11	Number	71,698
		5 to 11	Percent	77%
		12 to 17	Number	66,572
		12 to 17	Percent	78%
	Total	0 to 4	Number	57,574
		0 to 4	Percent	100%
		5 to 11	Number	93,133
		5 to 11	Percent	100%
		12 to 17	Number	84,944
		12 to 17	Percent	100%

Socioeconomic Factors Affecting Child Health

Socioeconomic conditions play a significant role in determining health outcomes. Key areas of focus include:

- **Poverty Levels:** Economic disparities impact access to healthcare and social services.
- **Education and Literacy Rates:** Educational attainment levels and their correlation with health literacy and outcomes.
- **Family Stability:** Family insecurity affects childhood development and well-being.

Poverty Level

In 2023 **40,000 children, or 17% of children received public assistance in Montana.**

In 2024 81,495 children participated in the Supplemental Nutrition Assistance Program in Montana.

In 2020 - 2021 48,860 Children, or 25%, had one or more emotional, behavioral, or developmental conditions in Montana.

Children in Poverty by Age Group in Montana

Location	Age group	Data Type	2017	2023
Montana	Birth to 5	Number	13,000	8,000
		Percent	19%	13%
	6 to 17	Number	20,000	20,000
		Percent	13%	12%
	Total	Number	33,000	28,000
		Percent	15%	12%

Education and Literacy Rates

Participation in early childhood education is a critical factor influencing literacy and educational outcomes. In Montana, 35.5% of children aged 3-4 are enrolled in early childhood education programs.

2024 Total K-12 Enrollment:

- 148,585 students, a decrease of 1,988 students (1.3%) from the previous year.

2024 Elementary Student Enrollment:

- 103,439 students, a decrease of 1,827 students (1.7%) from the previous year.

In 2022, fewer than half of Montana students achieved reading proficiency, with 46.1% reading at or above grade level.

As of the 2023-2024 school year, Montana's K-12 student enrollment data indicates that approximately 10.3% of students are not enrolled in public schools. This figure encompasses both private school and homeschooled students.

Enrollment Breakdown:

- Public Schools: 148,585 students
- Private Schools: 8,584 students
- Homeschooling: 8,524 students
- Total Non-Public Enrollment: 17,108 students
- Overall K-12 Enrollment: 165,693 students

IEP Plans

In Montana, approximately 12% of public school students have been identified with disabilities and receive services under the Individuals with Disabilities Education Act (IDEA). [Special Education Guide](#)

This percentage is slightly lower than the national average, which has seen an increase from 13% to 15% between the 2012–2013 and 2022–2023 school years.

In specific districts, such as the Bozeman School District, over 12% of students are involved in special education programs.

It's important to note that these figures represent students receiving special education services under IDEA and may not encompass all students with Individualized Education Programs (IEPs), as IEPs can also be developed for students under different circumstances.

504 Plans

Determining the exact percentage of Montana public school students with Section 504 plans is challenging due to limited state-specific data. However, national trends and available information provide some context. Given this alignment, it's plausible that the percentage of Montana students with Section 504 plans is similar to the national figure, around 3.2%.

Family Stability

Common risk factors leading to disruptions in Montana families include drug use, housing instability, abandonment, food insecurity, and mental illness. Family stability can be put in context by data for child welfare services. Child welfare services aim to support families and help keep them together by providing the resources and care they need to ensure children are safe and well cared for. These services can help families stay together or reunite, and prevent the need for foster care or removal. The focus is on preventing

situations like abuse and neglect, while also offering assistance to parents and guardians to strengthen family relationships and support stable home environments.

- Investigations: In 2022, DPHHS CFSD investigated reports involving 11,158 children, equating to 47.7 investigations per 1,000 children.
- Of these, 2,714 children were identified as victims of maltreatment, representing 11.6 per 1,000 children.

Foster Care Statistics

- Entries into Foster Care: In 2022, 1,398 children entered foster care, a rate of 6.0 per 1,000 children.
- Total in Foster Care: By September 30, 2022, 2,672 children were in foster care.

Guardianships and Adoption

- Adoptions: In 2022, 282 children were adopted through the child welfare system.
- Guardianships: Specific statewide data on guardianships is not readily available in the provided sources.

Factors Influencing Removals

- Substance Abuse: In 2021, 47% of child removal cases involved drugs or alcohol, slightly above the national average of 40%.
- Risk Factors: Common factors leading to child removals include drug use, housing instability, abandonment, food insecurity, and mental illness.

Oversight and Recommendations

- Office of the Child and Family Ombudsman (OCFO): In 2021, the OCFO received 328 contacts and opened 135 case reviews, highlighting ongoing concerns within Montana's child welfare system.

These statistics underscore the challenges faced by Montana's child welfare system and the importance of ongoing efforts to support vulnerable children and families.

Reference: Montana Child and Family Services Policy Manual: Investigation/Assessment, Child Family Services Division, DPHHS <<https://dphhs.mt.gov/assets/cfsd/cfsdmanual/202-3.pdf>>

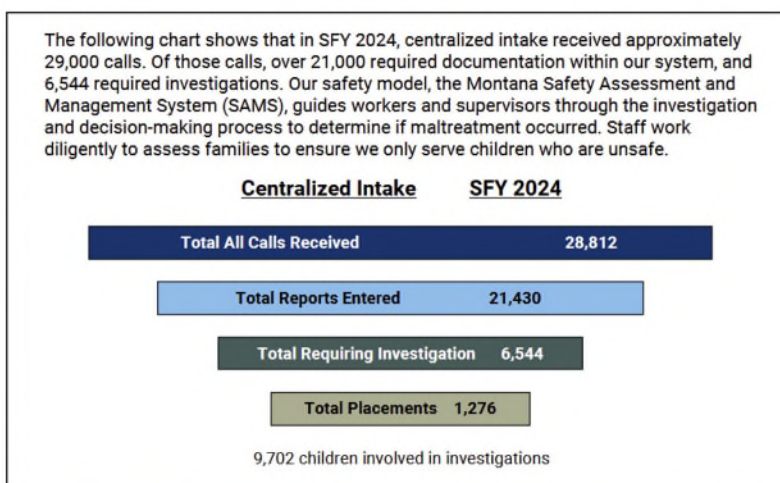
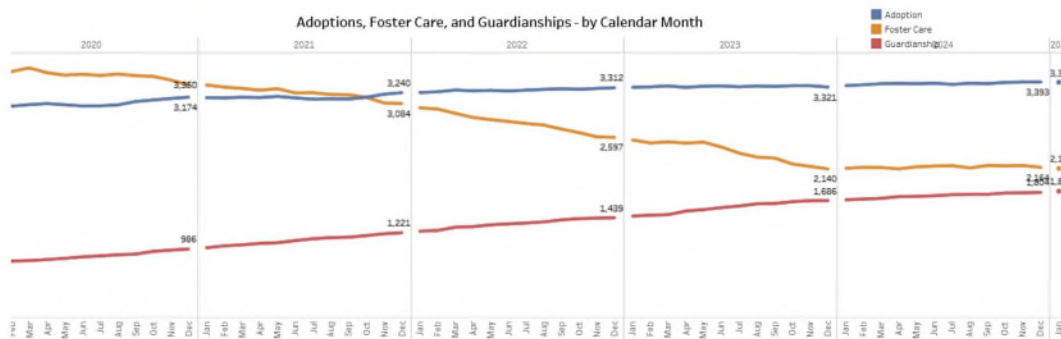


Image Source: <https://dphhs.mt.gov/assets/2025Legislature/CFSDPowerPointPresentation.pdf>

CSFD Caseload Data: Adoptions, Foster Care, and Guardianships



Source: <https://dphhs.mt.gov/InteractiveDashboards/cfsdcaseloaddata>

Cultural and Ethnic Diversity Considerations

Montana is home to a significant American Indian community. Understanding cultural influences on health beliefs and behaviors is crucial in delivering culturally appropriate healthcare services for Native American families.

Indigenous Health Considerations

- Recent studies have highlighted significant trends in psychiatric emergency department (ED) visits among American Indian children.

Overall ED Visits for Mental Health

- A study analyzing 26,004 pediatric ED visits in the Upper Midwest from June 2011 to May 2012 found that 10.8% of visits by American Indian children were for mental health reasons, compared to 5.1% for White children.

Age-Related Differences

- Among children aged 5 to 10 years, American Indian children had lower odds of a mental health ED visit (Odds Ratio [OR] = 0.40).
- In the 11 to 17-year-old group, American Indian children had higher odds of a mental health ED visit (OR = 1.62).

Common Mental Health Concerns

- For older American Indian children (11–17 years), the primary reasons for ED visits were depression and trauma- and stressor-related disorders.
- In contrast, White children in the same age group were primarily seen for depression and disruptive, impulse-control, and conduct disorders.

Mental health challenges among American Indian youth in Montana are notably severe, with data indicating disproportionately high rates of suicide and related risk factors within this population.

Suicide Rates

- **Statewide Data (2013–2022):** Among the 137 suicides of Montana residents aged 10 to 17 during this period, 21% were American Indian or Alaska Native.
- **Comparative Risk:** The suicide rate among Montana's Native American youth is more than five times the statewide rate for the same age group.

Risk Factors

- **Depressive Symptoms:** American Indian/Alaska Native (AI/AN) youth report significantly higher levels of depressive symptoms compared to their non-Hispanic White peers.
- **Substance Use:** AI/AN early adolescents have a higher prevalence of lifetime substance use, including tobacco, alcohol, and cannabis, than non-Hispanic Whites and other racial/ethnic minorities.
- **Perceived Discrimination:** AI/AN youth report higher levels of perceived discrimination, which is associated with increased depressive symptoms and anxiety.

These statistics underscore the urgent need for culturally responsive mental health services and suicide prevention initiatives tailored to support American Indian children and adolescents in Montana.

- **Community-Based Support Systems:** Identifying culturally specific support networks that contribute to child and adolescent well-being.

These findings underscore the importance of culturally informed mental health services and interventions tailored to the specific needs of American Indian youth.

In Montana, several culturally specific support networks and initiatives are dedicated to enhancing the well-being of American Indian children and adolescents by integrating traditional practices, language preservation, and community engagement. These programs exemplify Montana's commitment to supporting the holistic well-being of

American Indian children and adolescents through culturally relevant approaches that honor and integrate Indigenous traditions and values.

See ***Appendix B: Resources*** for key programs and agencies.



Health Status of Montana's Youth and Adults

In this section:

Prevalence of Mental Health Disorders

Physical Health Indicators

Substance Use and Abuse Trends

Youth Suicide Rates and Prevention Efforts

Mental and Behavioral Health in Montana Schools

Montana Behavioral Health System for Future Generations Commission

Youth and Adult Genetic Disorders and Laboratory Services

Prevalence of Mental Health Disorders

Mental health disorders among children in Montana are a significant concern, with various studies highlighting their prevalence and impact.

Recent data from the National Alliance on Mental Illness (NAMI) highlights significant mental health challenges among youth in Montana:

- **Depression Among Adolescents:** Approximately 10,000 Montanans aged 12–17 experience depression. Alarming, 51.3% of these youths did not receive any mental health care in the past year.
 - National Survey of Children's Health (2022-2023): Approximately 25.6% of children aged 3-17 in Montana have been diagnosed with ADHD, depression, anxiety, or behavior/conduct problems. This rate is higher than the national average of 19.9%.
 - Montana Healthcare Foundation (2022): Nearly one-third (31%) of Montana Medicaid members, encompassing both children and adults, had a behavioral health diagnosis.

Physical Health Indicators

Physical health indicators for children in Montana encompass various metrics, including rates of overweight and obesity, physical activity levels, and oral health.

Overweight and Obesity

- **Prevalence:** Approximately 25.6% of children aged 10–17 in Montana are considered overweight or obese, positioning the state 4th in prevalence nationwide.
- **Trends:** Since 1980, the percentage of overweight children aged 6–11 has doubled, and the percentage of overweight adolescents aged 12–19 has tripled, highlighting a significant upward trend in childhood obesity.

Physical Activity

- **Participation Rates:** Approximately 68.1% of Montana children aged 6–17 engage in vigorous physical activity on four or more days per week, surpassing the national average of 64.3%.
- **Recommendations:** National guidelines recommend that children and adolescents participate in at least 60 minutes of physical activity daily. However, 72% of Montana youth do not meet this recommendation, indicating a need for increased physical activity initiatives.

Oral Health

- **Dental Care:** Data on oral health indicators are limited in the provided sources. However, oral health is a critical component of overall physical health. Access to regular dental check-ups and preventive care is essential for maintaining good oral hygiene and preventing dental diseases among children.

These indicators underscore the importance of promoting healthy lifestyles, including balanced nutrition and regular physical activity, among children in Montana to address obesity rates and improve overall health outcomes.

Substance Use and Abuse Trends

The Montana Youth Risk Behavior Survey (YRBS) provides insights into substance use trends among high school students in the state. The 2023 YRBS, administered to 4,467 students across 50 public high schools.

The 2023 Montana YRBS was completed by 4,467 students in 50 public high schools during the spring of 2023.

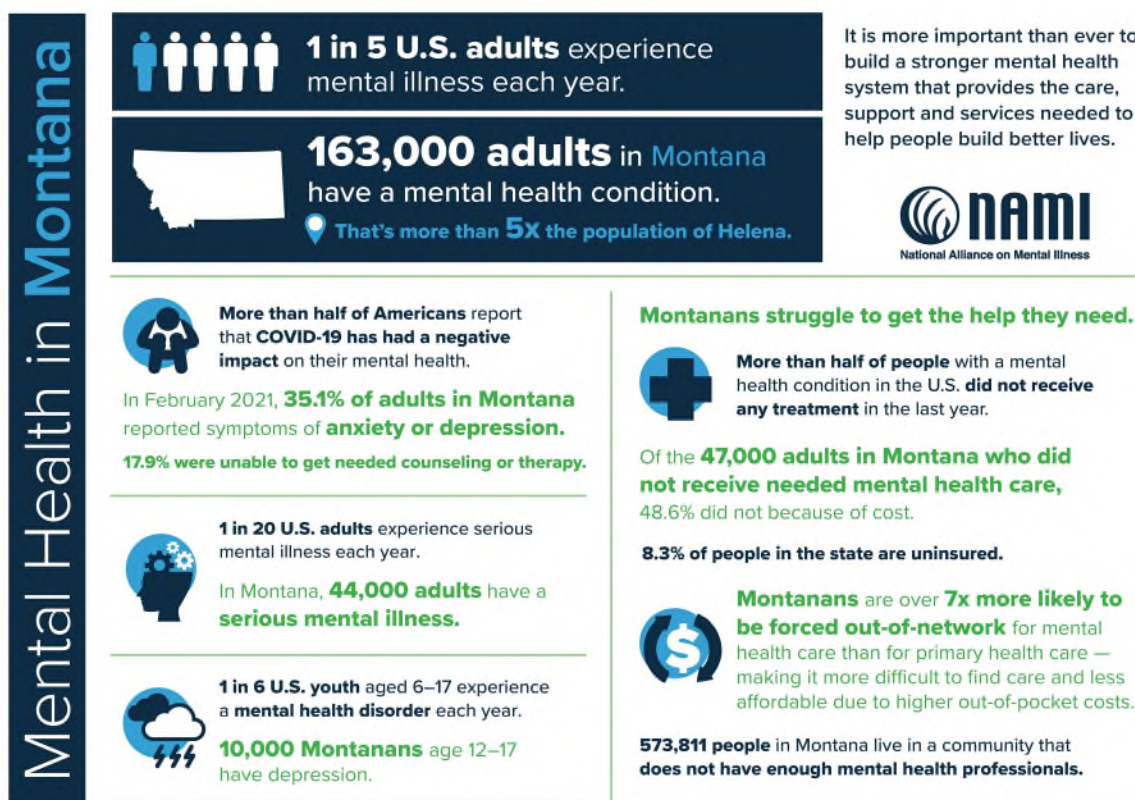
Over 40% of Montana high school students reported experiencing persistent feelings of sadness or hopelessness in the past year, marking an increase from 25% a decade ago. The 2023 Youth Risk Behavior Survey indicated that 15.1% of Montana high school students had attempted suicide in the past year. Among American Indian students, this figure was 17.6%.

Youth Suicide Rates and Prevention Efforts

In Montana, suicide is the leading cause of death among individuals aged 10–24.

Suicide is a critical public health concern among American Indian youth in Montana. While comprehensive statewide data specifying the exact percentage of suicides among American Indian children under 18 are limited, available information highlights significant disparities.

In 2022, the suicide rate for Montana youth aged 11 to 17 was 17.53 per 100,000, more than triple the national rate for the same age group. Among American Indian youth aged 11 to 24, the suicide rate was 42.82 per 100,000, over five times the statewide rate for that age group.



Montana has implemented a variety of public and private programs aimed at preventing youth suicide and promoting mental health. These initiatives encompass education, training, peer support, crisis intervention services, and efforts to promote safe firearm storage. These programs and initiatives collectively contribute to a comprehensive approach to suicide prevention and mental health promotion among youth and adults in Montana, addressing education, crisis intervention, safe firearm storage and more.

See ***Appendix B: Resources*** for key programs and resources.

Mental and Behavioral Health in Montana Schools

In Montana, several suicide prevention, mental health training programs, and screenings are in place to support youth in schools. These programs aim to increase awareness, identify at-risk students, provide appropriate support, and reduce stigma surrounding mental health.

See ***Appendix B: Resources*** for key programs and resources.

Montana Behavioral Health System for Future Generations Commission

During the 2025 Montana legislative session, significant emphasis has been placed on enhancing the state's behavioral health system, particularly focusing on implementing the Behavioral Health System for Future Generations (BHSFG) recommendations with full fidelity. The BHSFG is a comprehensive strategic plan developed to transform Montana's behavioral health services, ensuring they are effective, accessible, and sustainable.

See ***Appendix B: Resources*** for key programs and resources.

Youth and Adult Genetic Disorders and Laboratory Services

Genetic disorders and rare diseases affect a significant portion of Montana's population, particularly among children. Shodair Children's Hospital plays a vital role in providing care, genetic counseling, and specialized treatment for these patients. With the challenges posed by Montana's rural geography, telemedicine and genetic research are key components of the hospital's strategy to improve access to care for families across the state. By continuing to expand services and resources, Shodair helps ensure that children with genetic disorders or rare diseases have the care they need to thrive.

In the United States, genetic disorders and rare diseases represent significant health concerns due to their complexity, variety, and the challenges in diagnosis and treatment.

Genetic disorders and rare diseases affect a significant portion of the U.S. population, with tens of millions of Americans impacted either directly or through family connections. Advances in genetic testing, research, and treatments have improved the diagnosis and care of those affected, but challenges remain in providing timely and effective treatments, especially for rare diseases. Early intervention, awareness, and genetic counseling are key to improving outcomes for affected individuals.

Prevalence of Genetic Disorders in the U.S.

According to the Centers for Disease Control and Prevention (CDC), about 1 in 33 babies born in the U.S. has a genetic disorder. These disorders can range from mild to severe and may be inherited or result from mutations that occur during pregnancy.

About 1 in 4 people in the U.S. is a carrier for a genetic disorder, meaning they carry one copy of a gene mutation that could be passed on to their children.

Rare Diseases in the U.S.

A disease is considered "rare" if it affects fewer than 200,000 people in the U.S. As of recent estimates, it is believed that approximately 25-30 million Americans are living with one of the more than 7,000 rare diseases that exist today. This means that roughly 1 in 10 Americans is affected by a rare disease.

It is estimated that 30% of children with rare diseases will not live to see their 5th birthday, highlighting the critical need for early diagnosis and treatment options.

Genetic Disorders and Birth Defects

The CDC estimates that 1 in 33 babies is born with a birth defect each year, many of which are due to genetic causes. Some common genetic disorders include Down syndrome, cystic fibrosis, sickle cell disease, and muscular dystrophy.

Newborn screening programs in the U.S. test for more than 30 genetic disorders, aiming for early detection and intervention.

Diagnosis and Treatment

The use of genetic testing has increased significantly in recent years, with the number of tests ordered rising from 50,000 annually in 2000 to millions of tests per year in recent times. This is primarily due to advancements in genomic medicine, allowing for more precise diagnoses.

The development of rare disease treatments is growing, but it remains challenging. Only about 5% of rare diseases have an FDA-approved treatment, although efforts like the Orphan Drug Act of 1983 have accelerated drug development for these conditions.

Economic Impact

The economic burden of genetic disorders and rare diseases in the U.S. is substantial, affecting not only the healthcare system but also the families of those affected. The total cost of rare diseases to the U.S. healthcare system is estimated at over \$1 trillion

annually, considering both direct medical costs and indirect costs such as lost productivity.

Genetic Counseling and Risk Assessment

- Genetic Counseling: An estimated 1 in 10 people will be referred for genetic counseling at some point in their lives, particularly when there is a family history of genetic disorders, birth defects, or infertility.
- More couples are seeking genetic counseling before pregnancy to understand the risks of passing genetic conditions to their children.

Prevalence of Genetic Disorders in Montana

Like the rest of the U.S., Montana sees a similar rate of genetic disorders in its population. Approximately 1 in 33 babies born in Montana are affected by a genetic disorder, which includes conditions such as Down syndrome, cystic fibrosis, and other congenital disabilities. Shodair Children's Hospital plays a key role in diagnosing and treating these conditions, offering specialized care for children affected by genetic disorders. The hospital participates in Montana's newborn screening programs, which test for a wide range of genetic conditions in infants.

As with national trends, about 1 in 4 people in Montana may be carriers of genetic disorders. Shodair Children's Hospital provides genetic counseling services to help families understand the risks of passing on genetic conditions and how they can manage or mitigate these risks.

Rare Diseases in Montana

While Montana's population is smaller, it is estimated that around 25,000 to 30,000 Montanans are living with one of the 7,000 known rare diseases. Shodair Children's Hospital is a critical resource for pediatric patients with rare diseases, offering specialized diagnostics and treatments. Many children in Montana are referred to

Shodair's genetic services for rare disease management, particularly when local providers are not equipped to handle complex genetic cases.

Due to Montana's rural geography, individuals with rare diseases face challenges accessing specialized care. Shodair Children's Hospital offers a centralized location for genetic testing and rare disease treatment, serving as a hub for families from across the state. The hospital also leverages telehealth services to connect families in remote areas with specialized care and advice.

Newborn Screening in Montana

Montana participates in the Newborn Screening Program, which tests all newborns in the state for a wide range of genetic disorders and birth defects. Shodair Children's Hospital plays a key role in the follow-up and treatment of infants diagnosed through this program. It screens for more than 30 conditions, such as phenylketonuria (PKU) and cystic fibrosis, and provides essential early intervention for children diagnosed with these disorders, improving their long-term outcomes.

Genetic Counseling in Montana

Genetic Counseling Services: With Montana's rural landscape, accessing genetic counseling can be difficult. Shodair Children's Hospital provides essential genetic counseling services to help families understand the implications of genetic disorders and provide guidance on managing hereditary conditions. Through telemedicine, Shodair connects families to genetic specialists and counselors, ensuring that even those in remote areas of Montana have access to this vital service.

Rare Disease Research in Montana

While Montana has fewer specialized research institutions compared to urban centers, Shodair Children's Hospital is actively involved in research collaborations on genetic disorders and rare diseases. The hospital is involved in national efforts to study conditions like muscular dystrophy, cystic fibrosis, and other rare genetic diseases. These efforts help improve the understanding and treatment options for patients in Montana.

Impact on Children in Montana

Like the national trend, genetic and rare diseases are a leading cause of chronic health conditions in Montana's children. It is estimated that 3,000 to 4,000 children in Montana are living with genetic disorders that require ongoing medical care and treatment. Shodair Children's Hospital provides specialized pediatric care for these children, offering services ranging from genetic testing and diagnosis to ongoing management and treatment of conditions like cystic fibrosis and muscular dystrophy.

Challenges in Access to Genetic Services

Due to Montana's vast and rural nature, many families with children who have genetic disorders or rare diseases face challenges accessing timely and specialized care. Shodair Children's Hospital serves as a central hub for genetic services, including diagnostics, treatment, and counseling. Additionally, the hospital's telehealth services provide a solution for patients in rural areas, offering remote consultations with genetic specialists to overcome geographical barriers to care.

Insurance and Cost Barriers

Many families face insurance challenges or high out-of-pocket costs for treatments and genetic testing. Shodair Children's Hospital works with families to navigate insurance coverage and provide access to care. Additional support includes in-house financing options and discounted costs through the ShoCare program.

Assessment of Health Needs

Assessing Health Needs

Studies indicate that approximately 47,000 Montana adults needed but did not receive mental health care, with cost being a significant barrier. These statistics underscore the urgent need for enhanced mental health services and support systems for children and adolescents in Montana.

Recent studies have highlighted a significant increase in psychiatric emergency department (ED) visits among youth in the United States over the past decade.

Overall Trend

- Between 2011 and 2015, psychiatric ED visits for U.S. youth aged 6 to 24 increased by 28%, rising from 31.3 to 40.2 visits per 1,000 individuals.
- From 2011 to 2020, the proportion of pediatric ED visits for mental health reasons approximately doubled.

Demographic Insights

- Adolescents experienced a 54% increase in psychiatric ED visits from 2011 to 2015.
- During the same period, African American and Hispanic youth saw increases of 53% and 91%, respectively, in psychiatric ED visits.

Suicide-Related Visits

- Suicide-related ED visits among adolescents more than doubled, increasing from 0.9% to 4.2% of all pediatric ED visits between 2011 and 2020.

Seasonal Variations

- ED visits for mental and behavioral health conditions among children aged 10–17 years tend to increase during the fall school semester and remain elevated throughout the spring semester, with visits up to twice as high during school periods compared to summer.

These trends underscore the growing need for accessible mental health services and interventions tailored to the unique challenges faced by youth populations.

2024 Shodair Community Health Needs Assessment

- **Primary Data:** Shodair's 2024 state-wide online survey and references to national and Montana studies and assessments that seek to identify trends and disparities.
- **Qualitative Research:** Engaging with community members, healthcare providers, and educators through interviews and outreach to gain deeper insights.

Primary Data

Shodair Children's Hospital is deeply committed to understanding and addressing the health challenges faced by Montana's youth. Results of a 2024 survey highlight concerning trends in the overall health of young people across the state, with over 80% of respondents describing Montana's youth as either "Somewhat healthy" or "Unhealthy." The most urgent health concerns identified include mental health issues, substance abuse, child abuse and neglect, depression and anxiety, and trauma related to adverse childhood experiences.

The survey was distributed to a network of medical, behavioral health, children's welfare and regulatory leaders across the state. Partners and entities ranging from public health officers to University research divisions completed and shared the survey invitation with colleagues including:

Mental Health Professionals

- Psychiatrists and Psychologists who specialize in child and adolescent mental health.
- Clinical Social Workers and Licensed Professional Counselors with experience in pediatric or adolescent behavioral health.
- Psychiatric Nurse Practitioners who work with children and adolescents in clinical settings.

Healthcare Providers

- Pediatricians and Family Medicine Doctors who regularly address mental health concerns as part of comprehensive healthcare for children and families.
- Emergency Department staff or hospital administrators with experience in managing pediatric mental health crises.

Mental Health Program Managers or Coordinators

- Individuals who oversee mental health programs in hospitals, clinics, or community organizations, particularly those focused on youth mental health.

School Counselors or School Psychologists

- Experts working directly with students and families to address mental health issues in educational settings, especially those who can provide insights on mental health services in schools.

Public Health Officials

- Individuals working in state or local public health departments with expertise in youth mental health trends and needs in the community.

Non-Profit and Advocacy Organization

- Representatives from organizations focused on mental health services, youth advocacy, and support for children, such as mental health nonprofits or social services providers.

Community Mental Health Providers

- Those involved in community-based mental health services, particularly in rural or underserved areas, who can offer valuable insights into local mental health needs.

The 2024 Shodair survey reveals significant barriers to accessing healthcare. Half of the respondents reported that someone in their household had faced difficulties in obtaining necessary health services, citing reasons such as long wait times, unaffordability, and a lack of available providers. This underscores the need for Shodair's continued efforts to provide specialized care for youth facing mental health challenges.

As a leader in pediatric mental health care, Shodair plays a critical role in addressing these concerns, especially as respondents highlighted the need for expanded mental health services, affordable housing, parent education, community involvement, and substance abuse programs. The increasing use of telehealth services, with 66% of respondents accessing mental health care remotely, signals a shift toward more accessible services—something Shodair can build upon to expand outreach and support to even more families across Montana.

Genetics

Medical genetics research is not just a tool for diagnosis and treatment—it is a pathway to transforming how Shodair addresses the complex and diverse health needs of Montana's children and adults. By integrating genetics into the clinical care model, Shodair can ensure that its patients receive the most innovative, precise, and comprehensive care available, driving better outcomes for patients in Montana and beyond.

Advancing Early Detection and Diagnosis

Genetic research allows for earlier identification of genetic disorders or predispositions to certain conditions, including rare diseases and developmental issues. Early diagnosis is key to providing timely interventions and improving long-term health outcomes. For example, by identifying genetic markers for autism, intellectual disabilities, or metabolic disorders.

Supporting Rural and Underserved Populations

Montana is home to many rural and underserved communities, where access to specialized healthcare is limited. By investing in medical genetics research, Shodair can continue to be a hub for advanced genetic testing and counseling, bringing cutting-edge care to these communities. Additionally, through telemedicine, Shodair can offer genetic consultations and services to families in remote areas, breaking down barriers to access.

Building Expertise and Leadership

As one of the few hospitals in Montana dedicated to providing specialized care for children, Shodair has a unique opportunity to lead in the field of medical genetics. By pursuing genetic research, Shodair can expand its reputation as a regional leader in pediatric genetic medicine, attracting talent, research funding, and partnerships with academic institutions, which ultimately benefits the children and families served.

Contributing to National and Global Advances in Pediatric Genetics

Research conducted at Shodair could have national and even global implications. By contributing to the broader scientific community, Shodair can help shape the future of pediatric genetics and medicine. This could involve participating in multi-center studies, collaborating with academic institutions, and offering valuable insights into genetic disorders that disproportionately affect youth in rural and underserved regions.

Summary of Findings

These findings provide a clear call to action for Shodair to continue enhancing services, reducing barriers to care, and prioritizing genetic and mental health in our mission to support the well-being of Montana.

Shodair 2024 Survey Data Key Insights

A. General Impressions of Health for Montana's Youth

- (1) Greater than 80% of survey respondents described the general health of Montana's youth as "Somewhat healthy" or "Unhealthy".
- (2) The top responses for most serious health concerns for Montana's youth are as follows:
 - a. Mental health issues
 - b. Alcohol/substance abuse
 - c. Child abuse/neglect
 - d. Depression/anxiety
 - e. Trauma/adverse childhood experiences
- (3) 50% of respondents experienced a time where someone in their household needed health care services but did not get it or were delayed receiving care. Top reasons why are as follows:
 - a. Could not get an appointment.
 - b. Too expensive
 - c. Too long to wait for an appointment
 - d. Ability to access care.
 - e. Qualified provider unavailable

- (4) The top responses for what the community should focus on most to improve the health of Montana's youth are as follows:
- a. Mental health services
 - b. Affordable housing
 - c. Parent education
 - d. Community involvement
 - e. Drug or alcohol abuse programs
- (5) 66% of respondents have utilized telehealth / virtual health to access mental or behavioral health services.

B. Behavioral and Mental Health in Montana's Youth

- (1) The top responses for what most affects the quality of behavioral and mental health care for youth are follows:
- a. Limited availability of specialized mental healthcare providers
 - b. Lack of parental support or awareness
 - c. Limited number of highly skilled and competent providers / use of evidence-based practices
 - d. Lack of access to services in rural areas
 - e. Cost of care
- (2) The top responses for what most affects the access of behavioral and mental health care for youth are follows:
- a. Lack of awareness among youth and families about available mental health resources
 - b. Limited mental health education in schools for students, teachers, and parents
 - c. Social stigma around mental health issues, particularly among youth and their peers
 - d. Families living in unstable or unsafe housing, adding stressors that deter mental health care
 - e. Family financial strain reducing access to mental health care for youth

- (3) The top responses for what specific mental health service needs should be prioritized are as follows:
- a. School-based services
 - b. Outpatient therapy
 - c. Outpatient psychiatrist services
 - d. Intensive outpatient services
 - e. Inpatient services

C. Personal Health in Montana

- (1) Dissimilar to A.1 results above, greater than 80% of respondents rated their personal health as “Good” or “Very Good.”
- (2) Similar to B.1 above, greater than 80% of respondents rated their personal mental health as “Good” or “Very Good.”
- (3) According to survey results, only 4% of respondents are active smokers.
- (4) The top challenges for personal health challenges are as follows:
- a. Obesity or weight gain
 - b. Mental health
 - c. Women’s health
 - d. High blood pressure
 - e. Chronic pain
- (5) The top responses as to where respondents get health information are as follows:
- a. Doctor or healthcare professional
 - b. Internet
 - c. Health department
 - d. Social Media
 - e. Employee or job
- (6) In the last year, 20% of respondents have had someone in their household require mental health services and have not been able to receive them.
- (7) When asked on a scale of 1-5, how satisfied were you with the quality of care in your community, 9% responded either 1 or 2 and 66% responded either 4 or 5.

D. Personal Health in Montana

- (1) 86% of respondents identify as female.
- (2) 57% of respondents are from Helena.
- (3) 80% of respondents live in single family homes.
- (4) The leading age cohort is the 35-44 age range at 30% of all respondents.
- (5) 94% of respondents are white.
- (6) 75% of respondents are parents.
- (7) 79% of respondents have received a college degree.
- (8) The leading household income cohort is between \$100,000 and \$149,999 at 28% of all respondents.
- (9) 84% of respondents are covered by insurance provided by employer.

Qualitative Research

Outreach and Collaboration Across Montana

As a statewide nonprofit hospital dedicated to advancing pediatric mental health and genetic services, Shodair Children's Hospital actively engaged with educational institutions, healthcare providers, and public health organizations across Montana during the development of the 2024 CHNA. Through strategic outreach efforts, Shodair's executive leadership—bringing over 50 years of combined experience—worked to gain insight via partners and statewide leaders. This network will be critical to improving access to specialized care, enhance community-based support systems, and to addressing critical health needs for Montanans.

Shodair's leadership team collaborates with schools, hospitals, behavioral health centers, state agencies, and local nonprofits to provide education, consultation, and direct service integration. By engaging with Montana's diverse communities, Shodair ensures that children and families across the state benefit from evidence-based interventions, early screenings, and coordinated treatment pathways. These outreach initiatives are designed to identify gaps in care, particularly in underserved and rural regions, while also fostering a stronger statewide network of mental health and primary care providers.

Shodair's commitment to its mission of delivering comprehensive and accessible healthcare solutions to Montana, ensuring that every child has the opportunity to thrive regardless of geographic location or socioeconomic status, is at the core of this outreach.

Alluvion Health

AWARE, Inc.

Barrett Hospital & HealthCare

Big Sky Behavioral Health

Community Hospital of Anaconda

Court Appointment Special Advocates
(CASA)

Deer Lodge Medical Center

Discovery Family Services

Green Apple Counseling, Inc.

Great Falls Clinic, P.C.

Helena Area Healthy Together Steering
Committee

Helena Indian Alliance

Indian Family Health Clinic

Intermountain Health

Intermountain Residential

Lewis and Clark Public Health, a division
of Lewis and Clark County

Montana Department of Health and
Human Services

MSU, Montana Office of Rural Health &
Area Health Education Center

Northwest Physician Group

Premier Pediatrics

PureView Health Center

Rocky Front Counseling

Rocky Mountain Development Council,
Inc.

Shodair Children's Hospital

St. James Healthcare

St. Peter's Health

United Way

We Care Behavioral Health



Priority Health Issues

In this section:

Criteria for Prioritization

List of Top Health Concerns Identified

Alignment with State and National Health Objectives

Role of Schools and Educational Institutions

Non-Profit and Community-Based Organizations

State and Local Government Initiatives

Criteria for Prioritization

Identifying the most pressing health challenges facing Montana's children and families is essential for guiding targeted interventions and resource allocation. This section summarizes key findings from qualitative and quantitative surveys conducted in 2024, highlighting the top health concerns identified by healthcare professionals, educators, and community stakeholders.

The criteria for prioritization were established based on factors such as prevalence, severity, disparities among vulnerable populations, and alignment with evidence-based strategies for improvement. These priorities also reflect state and national health objectives, ensuring that Shodair Children's Hospital and its partners contribute to broader public health efforts.

Addressing these health challenges requires collaboration across multiple sectors, including schools and educational institutions, which play a critical role in prevention, early intervention, and access to mental and behavioral health resources. Non-profit and community-based organizations further support youth and families through outreach programs, advocacy, and direct services. Additionally, state and local government initiatives provide essential policy and funding frameworks to sustain long-term health improvements.

By identifying and prioritizing these key health issues, Shodair aims to drive meaningful change in Montana's healthcare landscape, ensuring that all children and families have access to the care and support they need to thrive.

Shodair CHNA findings underscore the collective efforts required to address Montana's priority health concerns. Montana can build a more resilient and healthier future for its communities by leveraging the strengths of healthcare systems, educational institutions, non-profits, and government agencies.

Criteria for Prioritization

The prioritization of health concerns in Montana is based on a combination of qualitative and quantitative data collected from surveys conducted in 2024. Key criteria for prioritization include:

- **Prevalence and Severity:** The impact of health issues on the population, particularly among vulnerable groups such as children and rural communities.
- **Community Perception: Concerns identified as critical by respondents from various sectors, including healthcare, education, and social services.**
- **Resource Availability:** The current capacity to address these health concerns through existing programs and services.
- **Alignment with State and National Goals:** Consistency with objectives outlined in Montana's state health initiatives and national public health strategies.
- **Feasibility of Intervention:** The potential for successful intervention based on evidence-based practices and available funding.

List of Top Health Concerns Identified

The following health concerns emerged as the most pressing issues for Montana's youth and communities:

- Mental health issues, including anxiety, depression, and suicide risk
- Substance use and abuse, particularly among adolescents
- Adverse childhood experiences (ACEs) and trauma
- Access to healthcare, including behavioral health and specialty services
- Chronic disease prevention and management
- Housing insecurity and its impact on health outcomes

Alignment with State and National Health Objectives

The identified health priorities align with both Montana's public health initiatives and national health improvement strategies, including:

- **Healthy People 2030** goals focusing on mental health, substance use prevention, and chronic disease management.
- **Montana's State Health Improvement Plan (SHIP)**, which prioritizes behavioral health, access to care, and social determinants of health.
- **CDC and SAMHSA guidelines** for improving youth mental health and addressing substance use disorders.

Role of Schools and Educational Institutions

Schools and educational institutions play a vital role in addressing these health concerns by:

- Implementing mental health education and early intervention programs
- Providing school-based counseling and crisis response services
- Collaborating with healthcare providers for referrals and support services
- Integrating trauma-informed care and behavioral health training for educators
- Encouraging safe and supportive learning environments for students

Non-Profit and Community-Based Organizations

Non-profits and community organizations contribute to addressing Montana's health challenges by:

- Offering direct services such as crisis intervention, mental health support, and addiction recovery programs
- Advocating for policy changes and increased funding for health initiatives
- Partnering with schools and healthcare providers to expand access to services

- Conducting outreach and education campaigns to reduce stigma around mental health

State and Local Government Initiatives

Montana's state and local governments are actively engaged in improving public health through:

- Expansion of Medicaid and behavioral health services
- Implementation of suicide prevention programs targeting youth and high-risk populations
- Investment in rural healthcare infrastructure to improve access to medical and mental health care
- Collaboration with law enforcement and social services to address substance abuse and family welfare issues
- Promotion of policies that enhance healthcare equity and social determinants of health



Community and National Data Resources, Assessments, and Plans

Better Understanding Mental Health Needs in Montana

To better understand mental health needs in Montana, it's important to look at both local and national data. This chapter highlights key sources of information that help Shodair Children's Hospital identify trends, gaps in services, and areas for improvement. By using data on mental health challenges and available resources, Shodair can align its work with broader community and national efforts. This section also includes references to important reports and assessments that guide mental health planning in the state. The goal is to use this information to improve access to care and support the well-being of children, adolescents, and families across Montana.

References to Relevant Montana and National Data

1. Trends in Psychiatric Emergency Department Visits Among Youth and Young Adults in the U.S.
 - **Publication:** JAMA
Date: April 2023
Summary: This study analyzed data from 2011 to 2020, revealing that the proportion of pediatric ED visits for mental health reasons nearly doubled over the decade. Notably, suicide-related visits increased fivefold, underscoring the urgent need to enhance crisis and emergency mental health services for young individuals.
2. Social Determinants and Treatment of Mental Disorders Among Children
 - **Publication:** Psychiatric Services
Date: June 2022
Summary: Utilizing data from the 2019 National Survey of Children's Health, this study examined how various SDOH factors correlate with the need for and access to psychiatric treatment among U.S. children. The findings highlight the significant impact of socioeconomic factors on children's mental health outcomes and access to care.

3. Social Determinants of Health and Child Mental Health, Cognition, and Physical Health

- **Publication:** JAMA Pediatrics

Date: October 2022

Summary: This cohort study identified patterns of SDOH and estimated their associations with U.S. children's mental health, cognitive development, and physical health. The research emphasizes the profound influence of social factors on various aspects of child development.

4. Seasonal Trends in Emergency Department Visits for Mental and Behavioral Health Conditions Among Children

- **Publication:** Morbidity and Mortality Weekly Report (MMWR)

Date: September 2022

Summary: The Centers for Disease Control and Prevention (CDC) reported seasonal increases in ED visits for specific mental and behavioral health conditions among school-aged children. The study suggests a link between these trends and the challenges associated with the school environment.

5. National Trends in Mental Health–Related Emergency Department Visits Among Children, Adolescents, and Young Adults

- **Publication:** JAMA Pediatrics

Date: May 2023

Summary: This study estimated annual trends in mental health–related ED visits among U.S. youths aged 6 to 24 years between 2011 and 2020, highlighting significant increases and emphasizing the need for improved mental health services.

The Montana Local Plans Database

Identifying top health concerns within each jurisdiction.

<https://chronicdiseasedata.org/Dashboard>

Montana State Health Improvement Plan: 2024-2028 (Draft)

The [draft 2024 State Health Improvement Plan](#) (SHIP) is the latest iteration in a five-year cycle of collaborative planning that identifies shared health priorities for improving the health of Montanans.

- *Description:* This draft outlines Montana's health priorities and strategies for the upcoming five years.
- *Source:* Montana Department of Public Health and Human Services (DPHHS)

The [2019-2023 Montana State Health Improvement Plan](#) highlights shared statewide priorities for improving the health of Montanans. It includes objectives for monitoring improvement over time and proposed prevention and health promotion, clinical, policy, and health equity strategies for driving improvement.

- [2019 SHIP Annual Report](#)
- [2020 SHIP Annual Report](#)

This work is informed by [Healthy People 2030](#), a program maintained by the federal government to set data-driven national objectives to improve health and well-being over the next decade. The A Healthier Montana Program proudly led the effort for the Public Health and Safety Division to be recognized as a Healthy People 2030 champion because of the ongoing work to align and monitor health improvement in Montana with national goals and measures.

- Healthy People 2030 literature reviews
 - [Economic stability](#)
 - [Education access and quality](#)

- [Health care access and quality](#)
- [Neighborhood and built environment](#)
- [Social and community context](#)

Social Determinants of Health

Engaging in conversation around the many different factors which shape our health can be a complicated process.

The social determinants of health have long been well-established in academic circles, and a subject of considerable study. At the same time, it has also been challenging to translate the concept in a way that effectively communicates how factors such as education, income and housing affect our health, and why our nation overall is not as healthy as it could be.


In 2006, the Robert Wood Johnson Foundation (RWJF) engaged Olson Zaltman Associates and Public Opinion Strategies to support an in-depth research and communications project focused on one primary question: How can we help expand views about health in America to include how our health is influenced by where we live, learn, work and play?

Insights from this research provided a framework for discussion and outreach related to multiple issues addressed by the [RWJF Commission to Build a Healthier America](#). It also resulted in our guide, [A New Way to Talk About the Social Determinants of Health](#).

Social Determinants of Health



Social Determinants of Health
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 Healthy People 2030

Lewis and Clark County

2022 Community Health Improvement Plan (CHIP):

Developed by the Healthy Together partnership—which includes agencies like St. Peter's Health, Rocky Mountain Development Council, and Lewis and Clark Public Health—the 2022 CHIP outlines strategies to enhance the health of county residents over a three-year period. The plan focuses on three priority areas: chronic disease, behavioral health, and housing.

2024 Community Health Assessment (CHA):

Published on December 11, 2024, this assessment provides a comprehensive analysis of public health needs in the county. It serves as a foundation for future health improvement initiatives and is available through the Healthy Together Steering Committee.

Yellowstone County

2022 Community Health Needs Assessment (CHNA):

Description: Conducted collaboratively by Billings Clinic, RiverStone Health, and St. Vincent Healthcare, the 2022 CHNA evaluates the health status and needs of Yellowstone County residents. Key findings highlight mental health, substance abuse, access to healthcare, and physical activity/nutrition/weight as top priority areas. The assessment also addresses issues of inclusion and discrimination within the community.

These assessments and improvement plans provide valuable insights into the health challenges and priorities within Lewis and Clark and Yellowstone Counties, guiding efforts to enhance community well-being.

2022 Missoula City-County Community Needs Assessment

This assessment gauges community interests and funding priorities within Missoula County.

Existing Montana Facilities and Agencies

Hospitals & Behavioral Health Centers

- Montana State Hospital (Adult psychiatric care)
- Community hospitals with behavioral health services (e.g., Billings Clinic, St. Patrick Hospital)
- Determining the exact number of licensed psychiatric beds in Montana, categorized by adult and child/adolescent services, is challenging due to limited publicly available data.

Estimated Adult Psychiatric Beds

- Montana State Hospital (Warm Springs): Licensed capacity 174 acute psychiatric beds
- St. Peter's Health inpatient Behavioral Health Unit with 22 beds
- Benefis Health System Inpatient Behavioral Health Unit with 18 beds
- Billings Clinic Psychiatric Center (Billings): Operates 44 inpatient psychiatric

Child and Adolescent Psychiatric Beds

- Shodair 78 beds at full capacity
- Billings Clinic Psychiatric Center (Billings) 15 beds

Please note that these figures are based on available reports and may not reflect current capacities.

Community Mental Health Centers (CMHCs)

Comprehensive List of Community Mental Health Centers (CMHCs) in Montana

Western Montana Mental Health Center

Provides mental health and substance use disorder services across western Montana, including Missoula, Kalispell, and Butte.

Many Rivers Whole Health (formerly Center for Mental Health)

Serves central Montana, including Great Falls, Havre, Boulder, and Whitehall, offering outpatient and crisis services.

Eastern Montana Community Mental Health Center

Covers eastern Montana, providing behavioral health services in locations such as Miles City, Glendive, and Sidney.

Sunburst Community Services

Operates in northwestern Montana, offering mental health services, case management, and outreach programs.

South Central Montana Regional Mental Health Center (MHC)

Serves south-central Montana, including Billings and surrounding rural communities, with outpatient and crisis intervention services.

Cedar Creek Integrated Health

Located in St. Ignatius and Ronan, providing outpatient therapy, case management, peer support, and crisis stabilization.

Federally Qualified Health Centers (FQHCs), Urban Indian Health Programs & Tribal Health Programs

As of January 2025, Montana has 57 Federally Qualified Health Center (FQHC) service sites located in rural areas.

Regarding Urban Indian Health Programs, Montana is home to several Urban Indian Organizations (UIOs) that provide health services to Native American populations in urban settings.

- All Nations Health Center in Missoula
- Billings Urban Indian Health and Wellness Center in Billings
- Helena Indian Alliance in Helena
- Butte Native Wellness Center in Butte

These organizations are part of the Montana Consortium for Urban Indian Health (MCUIH), which supports UIOs across the state.

Tribal Health Programs Operated by Individual Tribal Nations

Blackfeet Nation

Blackfeet Tribe

Headquarters: Browning

Fort Belknap Indian Community

Assiniboine Tribe

Gros Ventre Tribe

Headquarters: Harlem

Fort Peck Assiniboine and Sioux Tribes

Assiniboine Tribe

Sioux Tribe

Headquarters: Poplar

Northern Cheyenne Tribe

Northern Cheyenne Tribe

Headquarters: Lama Deer

Crow Tribe

Crow Tribe

Headquarters: Crow Agency

Rocky Boy's Indian Reservation (Chippewa Cree Tribe)

Chippewa Cree Tribe

Headquarters: Box Elder

Little Shell Chippewa Tribe

Little Shell Chippewa Tribe

Headquarters: Great Falls

Crisis & Emergency Services

Montana 988 Suicide & Crisis Lifeline

Local Crisis Stabilization Units (CSUs)

Mobile Crisis Response Teams

Support Organizations & Advocacy Groups

National Alliance on Mental Illness (NAMI) Montana

Mental Health America of Montana

Montana Chapter of the American Foundation for Suicide Prevention (AFSP)

Substance Use & Dual Diagnosis Treatment Facilities

Rimrock Foundation (Billings)

Recovery Centers of Montana

Tribal Recovery Programs



Strategic Implementation Plan

Community Health Improvement Plan

Development of a Community Health Improvement Plan (CHIP) will rely on partnering with local health departments, school systems, and nonprofit organizations to ensure a well-rounded implementation approach.

The CHIP will include:

- Goals and Objectives
- Proposed Strategies and Interventions
- Partnerships and Collaborative Efforts
- Timeline and Milestones
- Evaluation and Monitoring
- Performance Metrics and Indicators
- Data Collection and Reporting Methods
- Continuous Improvement Processes
- Call to Action for Stakeholders
- Future Directions and Next Steps

Impact of Actions Taken on Prior CHNAs and CHIPs

Shodair Children's Hospital has made significant strides in addressing the mental health needs of children and adults in Montana, particularly in response to the priorities outlined in previous CHNA and the CHIPs. These efforts reflect Shodair's ongoing commitment to improving access to care, enhancing service delivery, and supporting the mental health and well-being of young people throughout the state. Shodair has strengthened its impact both locally and statewide, by fostering partnerships, engaging in outreach, and actively participating in collaboratives, conferences, and public and nonprofit working groups.

Key Actions:

- Opening the new hospital building in February 2023, including opening units that serve high acuity patients.
- Expanding telehealth outpatient services to reach more rural communities.
- Growth of genetics outreach clinics to serve more rural communities in Montana.
- Increased communication with hospital ERs, especially rural hospitals, facilitating improved patient access for mental health services.
- Expanding trauma-informed education and support to community partners, educators, and Shodair staff including contract nursing staff.
- Engagement in interim studies and proposals to the Montana State Legislature to stabilize the behavioral health system.
- Leadership in development and improvement of comprehensive clinical and laboratory genetic services, including but not limited to cytogenetics, DNA, and special chemistry, to all areas of the state and all segments of the Montana population.

Appendices

Included in this section:

Appendix A: Detailed Data Tables and Charts

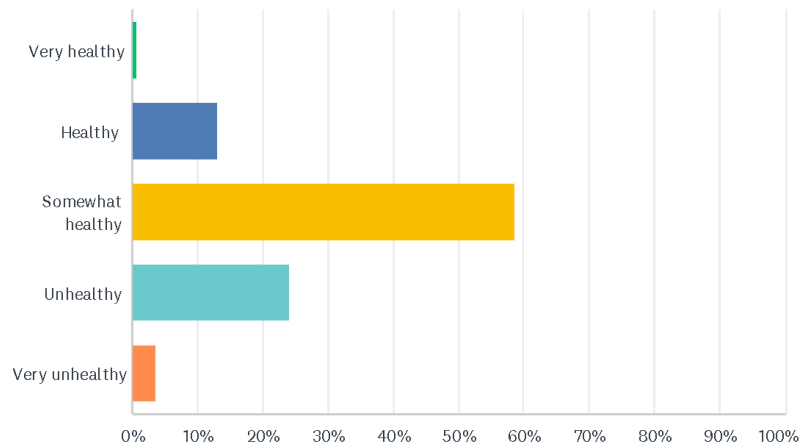
Appendix B: Resources

Appendix D: CHNA Best Practices

Appendix A: Detailed Data Tables and Charts

Q1 What is your impression of the general health of youth in Montana?

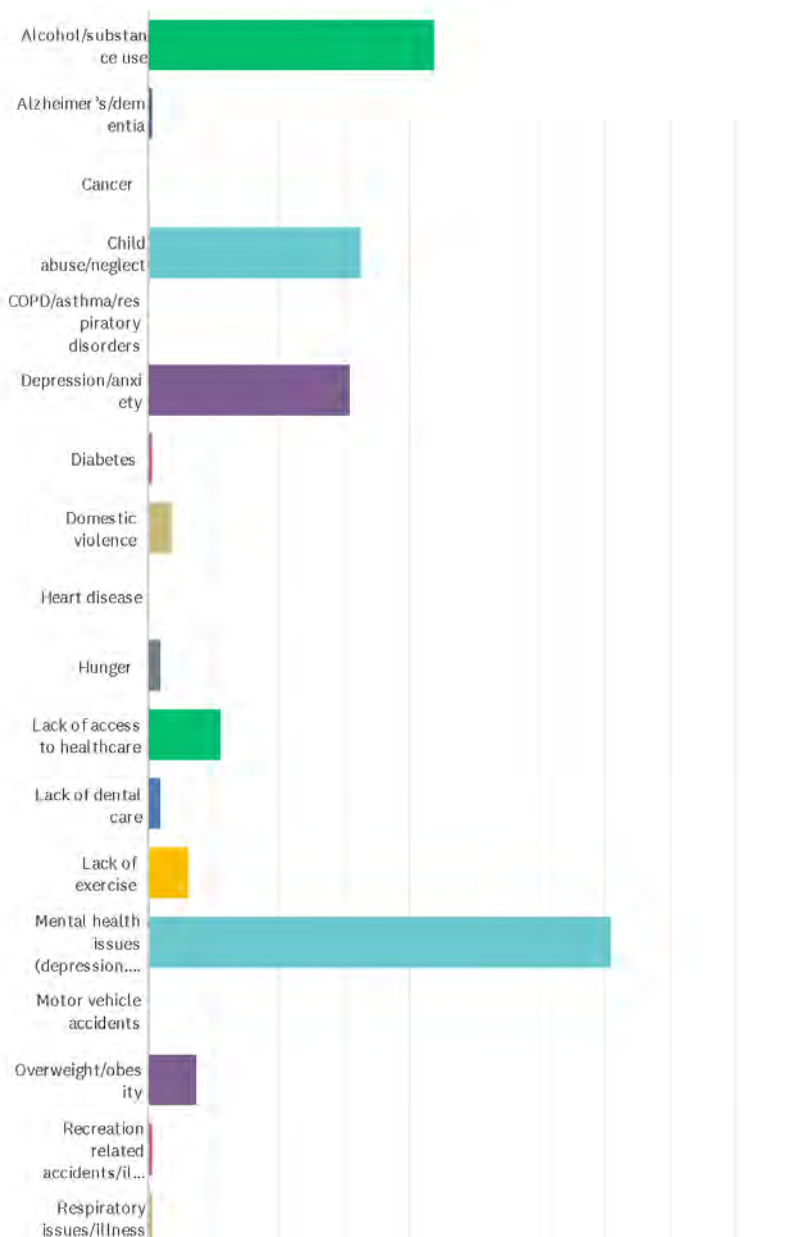
Answered: 162 Skipped: 0

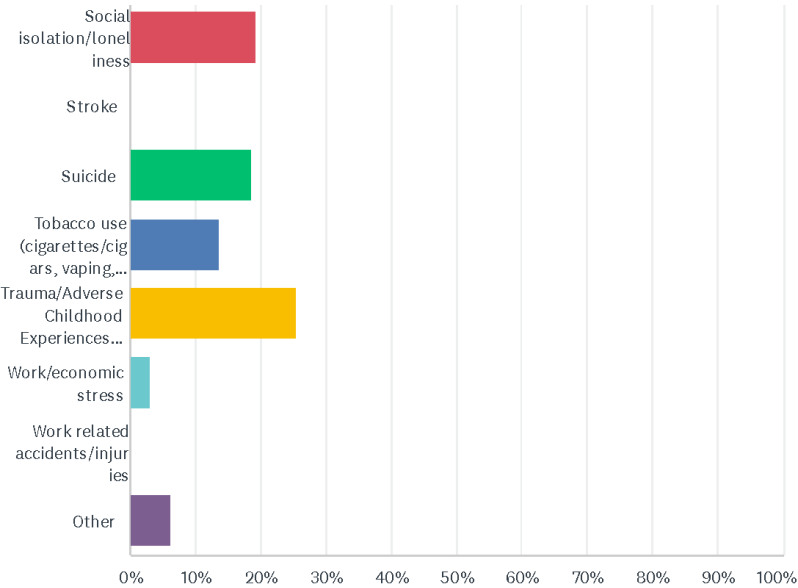


ANSWER CHOICES		RESPONSES	
Very healthy		0.62%	1
Healthy		12.96%	21
Somewhat healthy		58.64%	95
Unhealthy		24.07%	39
Very unhealthy		3.70%	6
TOTAL			162

Q2 What do you feel are the three most serious health concerns for youth in your community? (Select Three)

Answered: 162 Skipped: 0

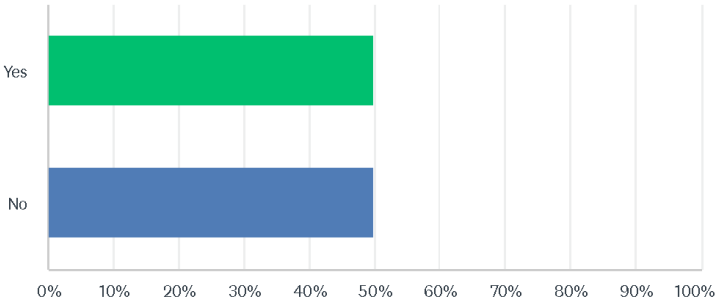




ANSWER CHOICES	RESPONSES	
Alcohol/substance use	43.83%	71
Alzheimer's/dementia	0.62%	1
Cancer	0.00%	0
Child abuse/neglect	32.72%	53
COPD/asthma/respiratory disorders	0.00%	0
Depression/anxiety	30.86%	50
Diabetes	0.62%	1
Domestic violence	3.70%	6
Heart disease	0.00%	0
Hunger	1.85%	3
Lack of access to healthcare	11.11%	18
Lack of dental care	1.85%	3
Lack of exercise	6.17%	10
Mental health issues (depression, Anxiety, PTSD, etc.)	70.99%	115
Motor vehicle accidents	0.00%	0
Overweight/obesity	7.41%	12
Recreation related accidents/illness	0.62%	1
Respiratory issues/illness	0.62%	1
Social isolation/loneliness	19.14%	31
Stroke	0.00%	0
Suicide	18.52%	30
Tobacco use (cigarettes/cigars, vaping, smokeless)	13.58%	22
Trauma/Adverse Childhood Experiences (ACES)	25.31%	41
Work/economic stress	3.09%	5
Work related accidents/injuries	0.00%	0
Other	6.17%	10
Total Respondents: 162		

Q3 In the past 12 months, was there a time when you or a member of your household thought you needed health care services but DID NOT get it or DELAYED getting services?

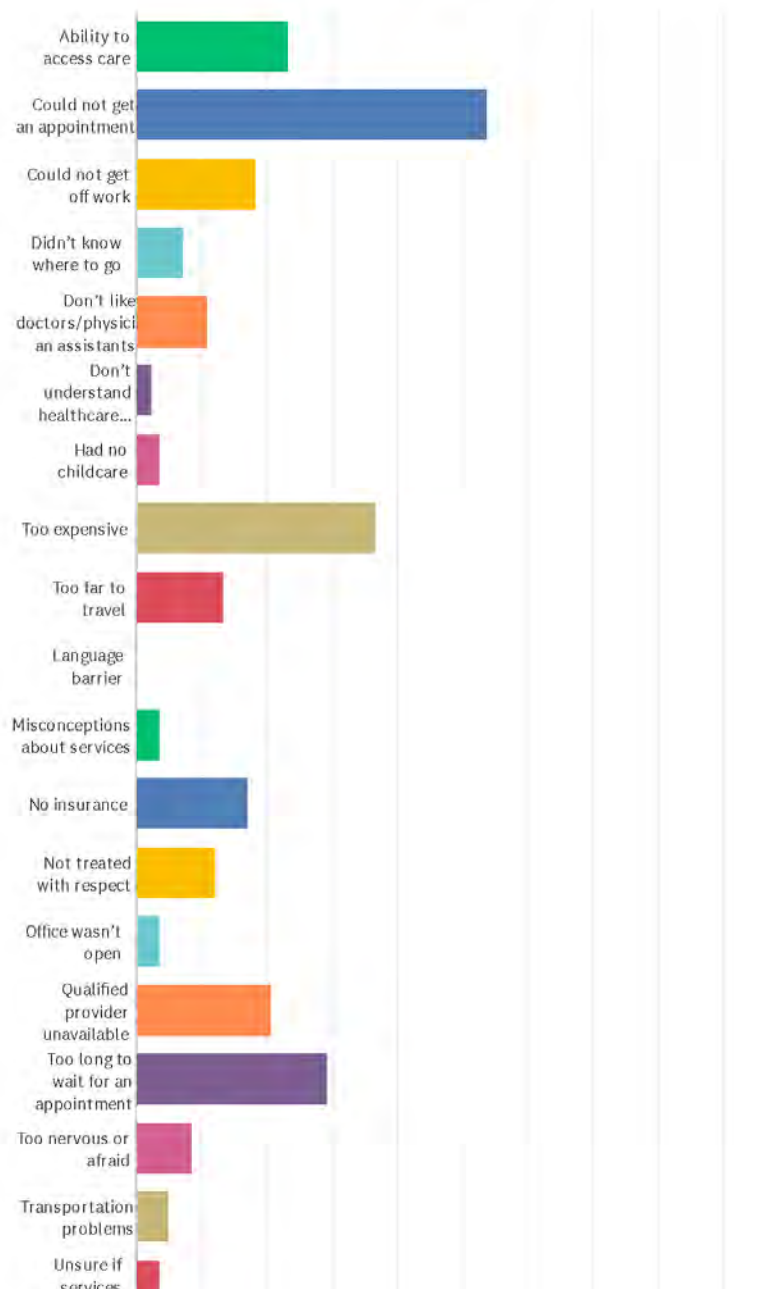
Answered: 162 Skipped: 0

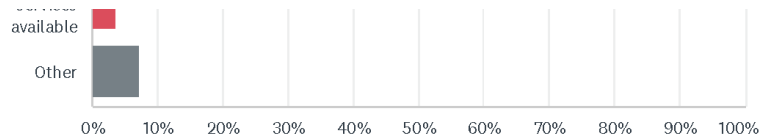


ANSWER CHOICES	RESPONSES	
Yes	50.00%	81
No	50.00%	81
TOTAL		162

Q4 If Yes: What was the reason? (select all that apply)

Answered: 82 Skipped: 80

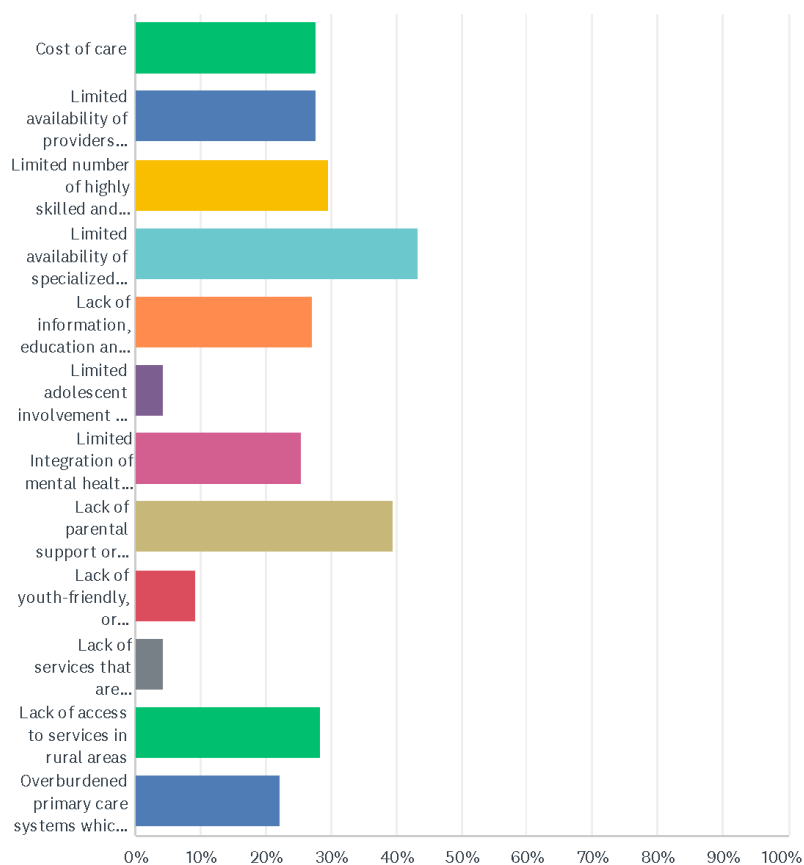




ANSWER CHOICES	RESPONSES	
Ability to access care	23.17%	19
Could not get an appointment	53.66%	44
Could not get off work	18.29%	15
Didn't know where to go	7.32%	6
Don't like doctors/physician assistants	10.98%	9
Don't understand healthcare system	2.44%	2
Had no childcare	3.66%	3
Too expensive	36.59%	30
Too far to travel	13.41%	11
Language barrier	0.00%	0
Misconceptions about services	3.66%	3
No insurance	17.07%	14
Not treated with respect	12.20%	10
Office wasn't open	3.66%	3
Qualified provider unavailable	20.73%	17
Too long to wait for an appointment	29.27%	24
Too nervous or afraid	8.54%	7
Transportation problems	4.88%	4
Unsure if services available	3.66%	3
Other	7.32%	6
Total Respondents: 82		

Q5 What do you think most affects the quality of behavioral and mental health care for youth in your community? (Select Three)

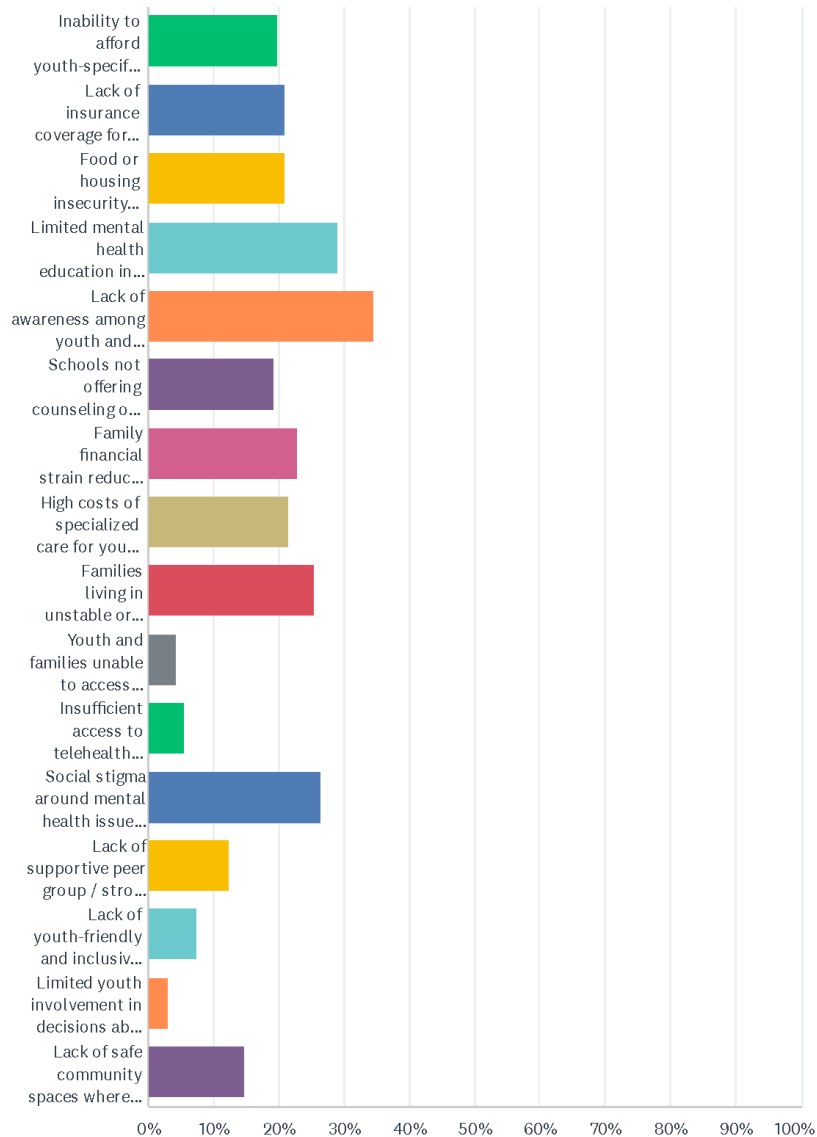
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Cost of care	27.78%	45
Limited availability of providers accepting Medicaid	27.78%	45
Limited number of highly skilled and competent providers / use of evidence-based practices	29.63%	48
Limited availability of specialized mental healthcare providers	43.21%	70
Lack of information, education and engagement from the health system to the community about adolescent mental health services and promotion of adolescent mental health literacy	27.16%	44
Limited adolescent involvement in decisions about their own treatment and care plans	4.32%	7
Limited Integration of mental health services in schools	25.31%	41
Lack of parental support or awareness	39.51%	64
Lack of youth-friendly, or patient-centered, services that ensure privacy and confidentiality	9.26%	15
Lack of services that are non-judgmental and free of embarrassment.	4.32%	7
Lack of access to services in rural areas	28.40%	46
Overburdened primary care systems which make it hard to integrate adolescent mental health services	22.22%	36
Total Respondents: 162		

Q6 What factors related to the vital conditions for health and well-being most impact access to mental health care for youth in your community?
(Select Three)

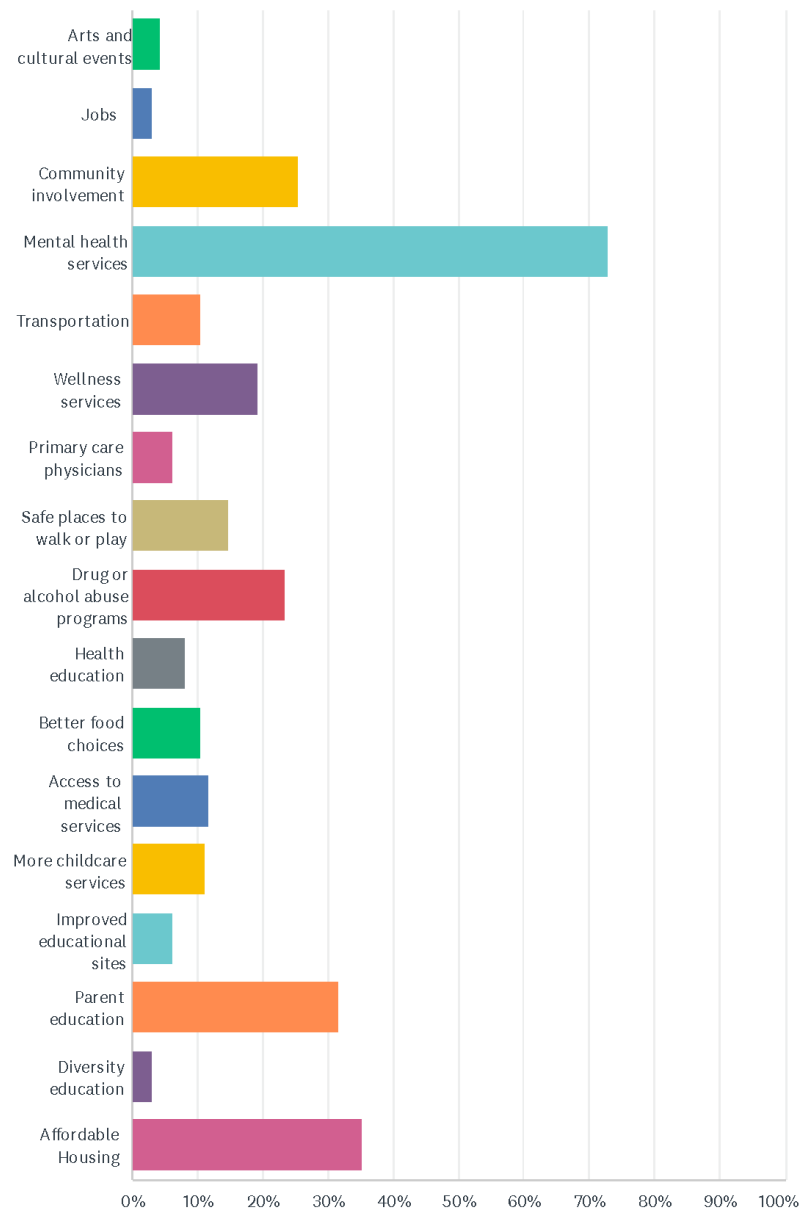
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Inability to afford youth-specific mental health services	19.75%	32
Lack of insurance coverage for pediatric or adolescent mental health care	20.99%	34
Food or housing insecurity impacting youth and their families	20.99%	34
Limited mental health education in schools for students, teachers, and parents	29.01%	47
Lack of awareness among youth and families about available mental health resources	34.57%	56
Schools not offering counseling or mental health support services	19.14%	31
Family financial strain reducing access to mental health care for youth	22.84%	37
High costs of specialized care for youth (e.g., therapy, psychiatry)	21.60%	35
Families living in unstable or unsafe housing, adding stressors that deter mental health care	25.31%	41
Youth and families unable to access transportation to care facilities	4.32%	7
Insufficient access to telehealth services for youth or limited technology literacy among youth or families	5.56%	9
Social stigma around mental health issues, particularly among youth and their peers	26.54%	43
Lack of supportive peer group / strong sense of community	12.35%	20
Lack of youth-friendly and inclusive mental health services that ensure confidentiality and privacy	7.41%	12
Limited youth involvement in decisions about their own care	3.09%	5
Lack of safe community spaces where youth can feel supported and connected	14.81%	24
Total Respondents: 162		

Q7 What should your community focus on to improve its health for youth?
(Select Three)

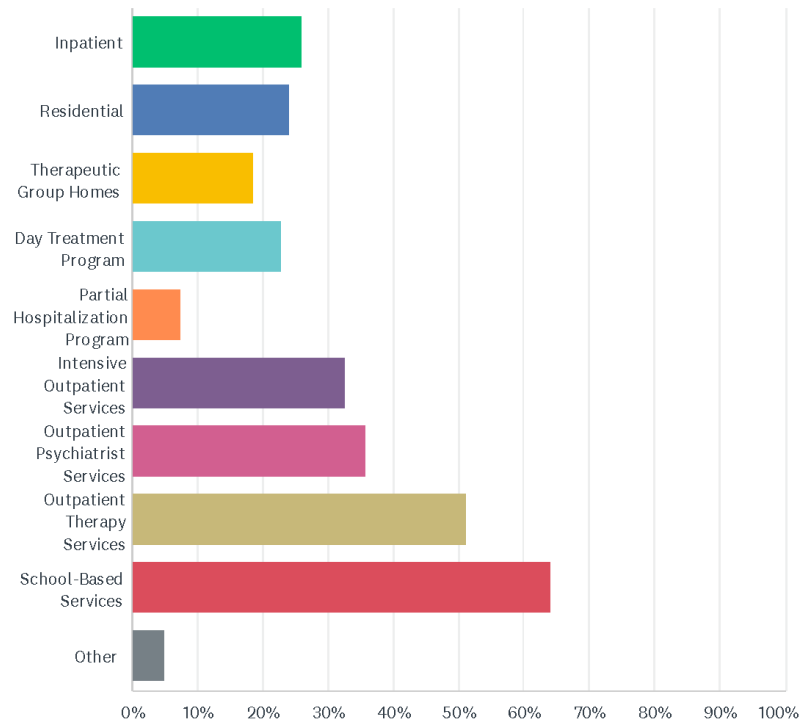
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Arts and cultural events	4.32%	7
Jobs	3.09%	5
Community involvement	25.31%	41
Mental health services	72.84%	118
Transportation	10.49%	17
Wellness services	19.14%	31
Primary care physicians	6.17%	10
Safe places to walk or play	14.81%	24
Drug or alcohol abuse programs	23.46%	38
Health education	8.02%	13
Better food choices	10.49%	17
Access to medical services	11.73%	19
More childcare services	11.11%	18
Improved educational sites	6.17%	10
Parent education	31.48%	51
Diversity education	3.09%	5
Affordable Housing	35.19%	57
Total Respondents: 162		

Q8 If you had to prioritize the top three mental health service needs of children and youth in your community, what would they be? (Select Three)

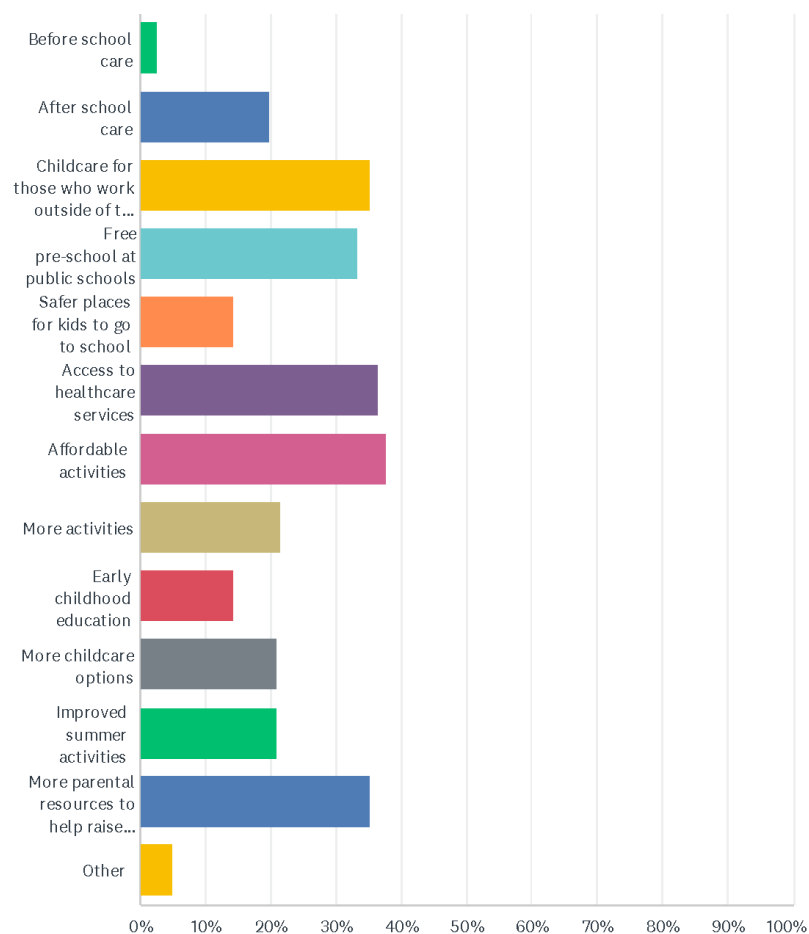
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Inpatient	25.93%	42
Residential	24.07%	39
Therapeutic Group Homes	18.52%	30
Day Treatment Program	22.84%	37
Partial Hospitalization Program	7.41%	12
Intensive Outpatient Services	32.72%	53
Outpatient Psychiatrist Services	35.80%	58
Outpatient Therapy Services	51.23%	83
School-Based Services	64.20%	104
Other	4.94%	8
Total Respondents: 162		

Q9 What are the top three things you believe should be improved to make your community a better place to raise children? (Select Three)

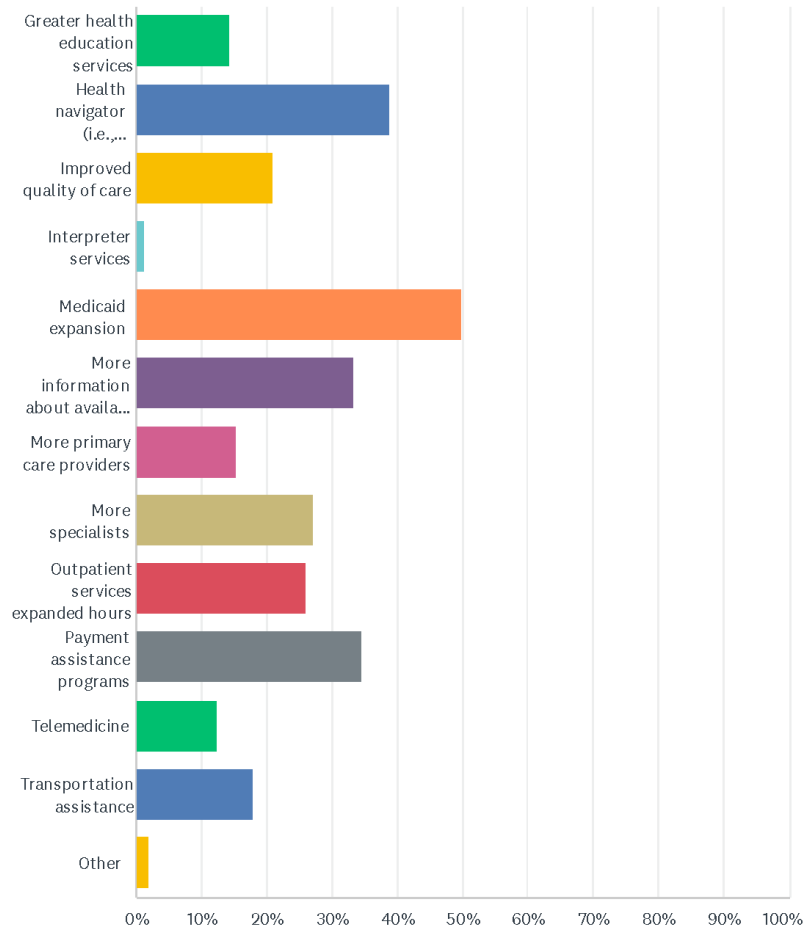
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Before school care	2.47%	4
After school care	19.75%	32
Childcare for those who work outside of the 8-5 work day	35.19%	57
Free pre-school at public schools	33.33%	54
Safer places for kids to go to school	14.20%	23
Access to healthcare services	36.42%	59
Affordable activities	37.65%	61
More activities	21.60%	35
Early childhood education	14.20%	23
More childcare options	20.99%	34
Improved summer activities	20.99%	34
More parental resources to help raise children	35.19%	57
Other	4.94%	8
Total Respondents: 162		

Q10 In your opinion, what do you think are the 3 most important items to improve your community's access to behavioral and mental healthcare services? (Select Three)

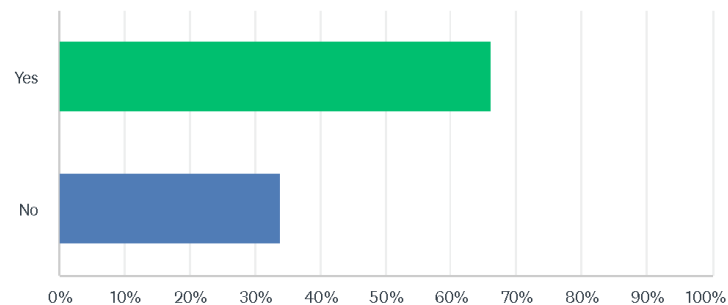
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Greater health education services	14.20%	23
Health navigator (i.e., assistance signing up for insurance, Medicare, or Medicaid)	38.89%	63
Improved quality of care	20.99%	34
Interpreter services	1.23%	2
Medicaid expansion	50.00%	81
More information about available services	33.33%	54
More primary care providers	15.43%	25
More specialists	27.16%	44
Outpatient services expanded hours	25.93%	42
Payment assistance programs	34.57%	56
Telemedicine	12.35%	20
Transportation assistance	17.90%	29
Other	1.85%	3
Total Respondents: 162		

Q11 Have you or anyone in your household ever utilized telehealth / virtual healthcare to access mental or behavioral health services such as therapy or counseling?

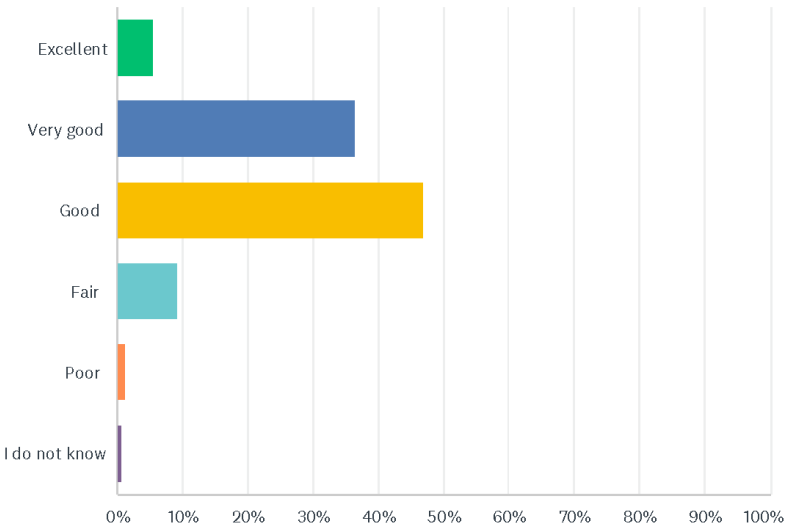
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	66.05%	107
No	33.95%	55
TOTAL		162

Q13 How would you rate your personal health?

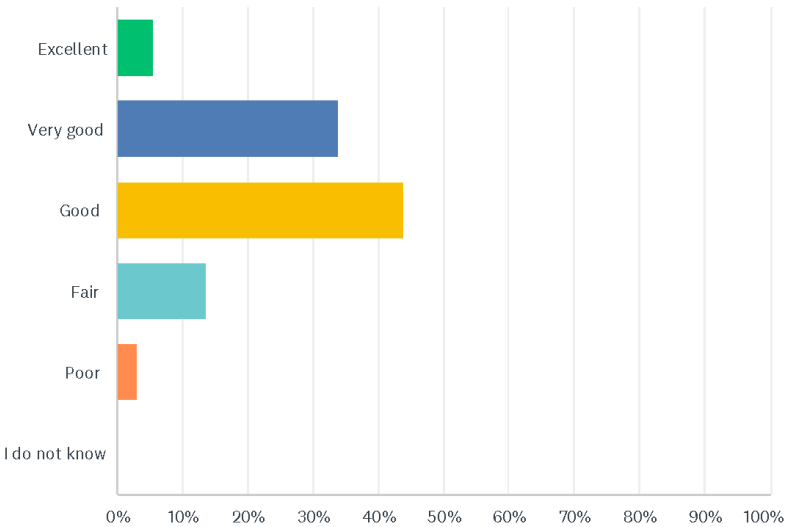
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	5.56%	9
Very good	36.42%	59
Good	46.91%	76
Fair	9.26%	15
Poor	1.23%	2
I do not know	0.62%	1
TOTAL		162

Q14 How would you rate your mental health?

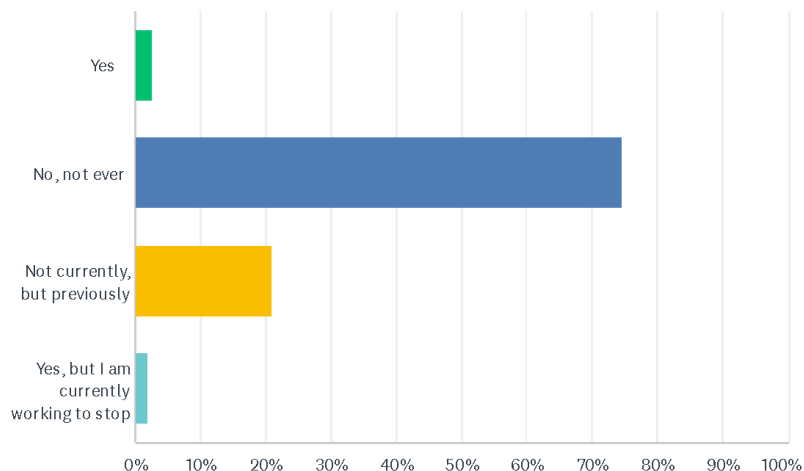
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	5.56%	9
Very good	33.95%	55
Good	43.83%	71
Fair	13.58%	22
Poor	3.09%	5
I do not know	0.00%	0
TOTAL		162

Q15 Are you a smoker?

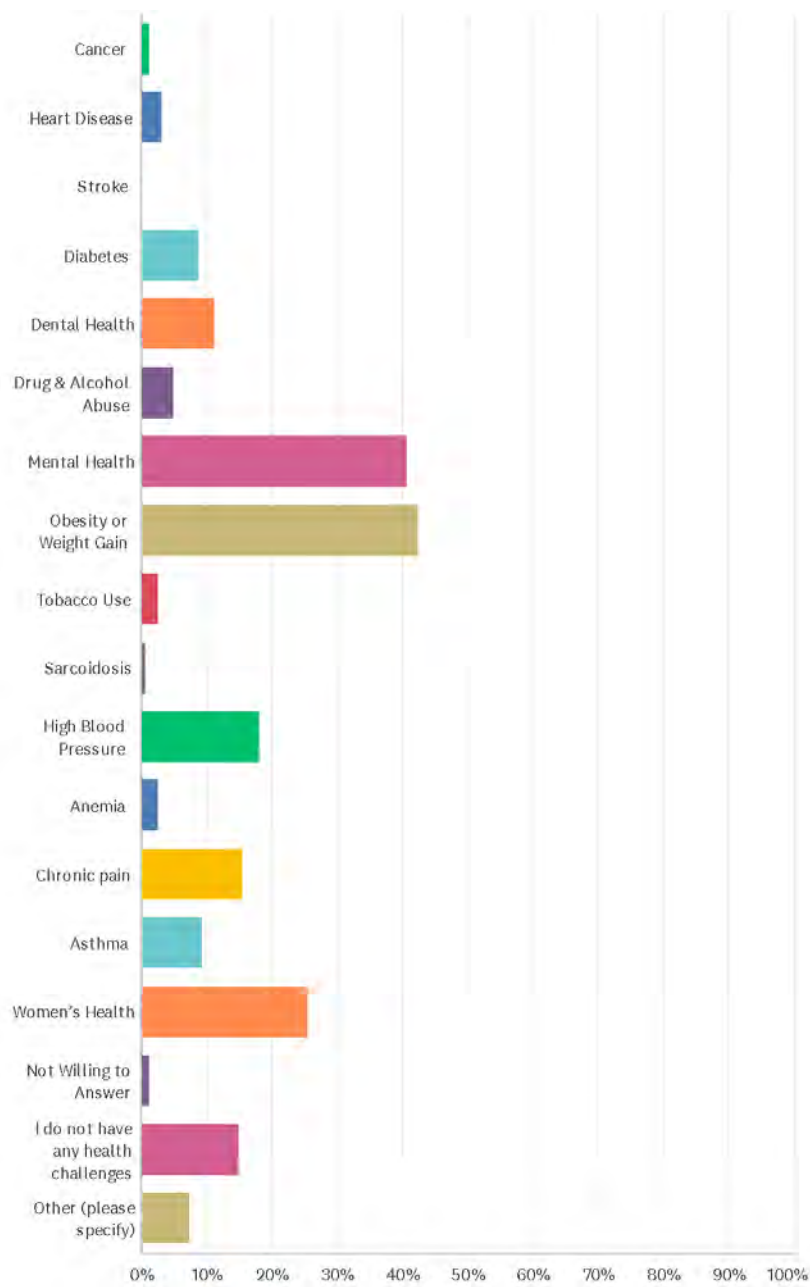
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	2.47%	4
No, not ever	74.69%	121
Not currently, but previously	20.99%	34
Yes, but I am currently working to stop	1.85%	3
TOTAL		162

Q16 What are the top health challenges you face? (Choose all that apply)
Please note that all information will remain confidential.

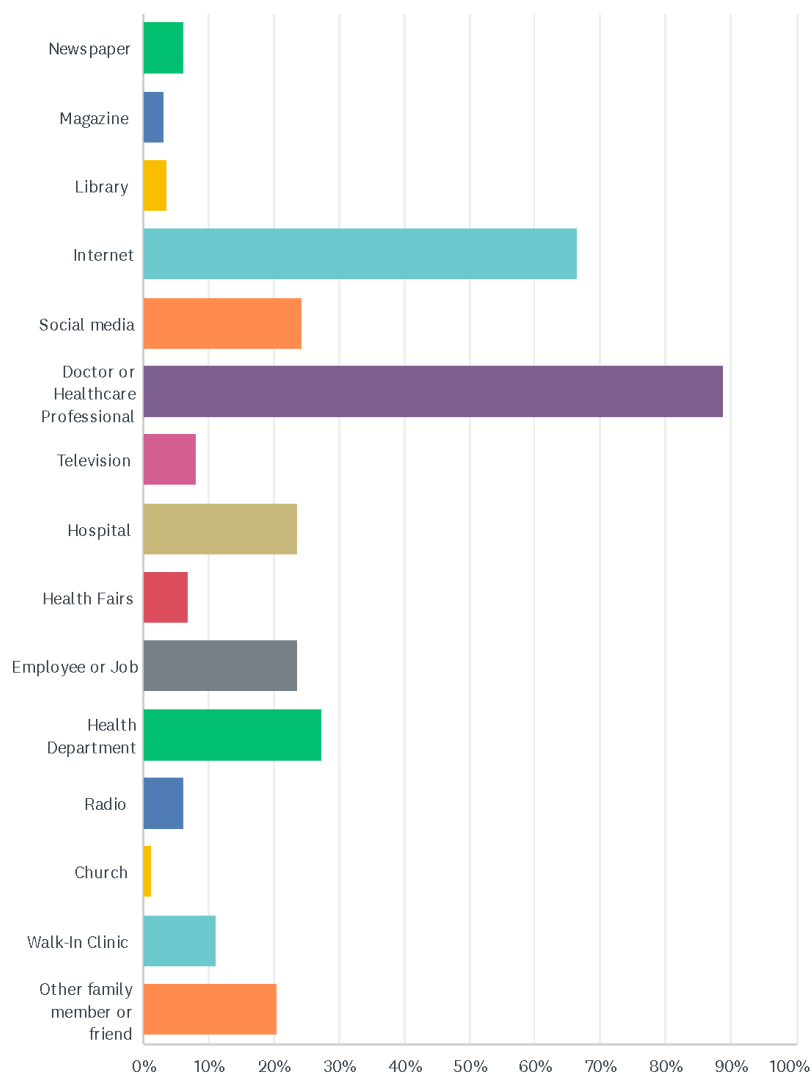
Answered: 160 Skipped: 2



ANSWER CHOICES	RESPONSES	
Cancer	1.25%	2
Heart Disease	3.13%	5
Stroke	0.00%	0
Diabetes	8.75%	14
Dental Health	11.25%	18
Drug & Alcohol Abuse	5.00%	8
Mental Health	40.63%	65
Obesity or Weight Gain	42.50%	68
Tobacco Use	2.50%	4
Sarcoidosis	0.63%	1
High Blood Pressure	18.13%	29
Anemia	2.50%	4
Chronic pain	15.63%	25
Asthma	9.38%	15
Women's Health	25.62%	41
Not Willing to Answer	1.25%	2
I do not have any health challenges	15.00%	24
Other (please specify)	7.50%	12
Total Respondents: 160		

Q17 Where do you or your family get health information? (Check all that apply)

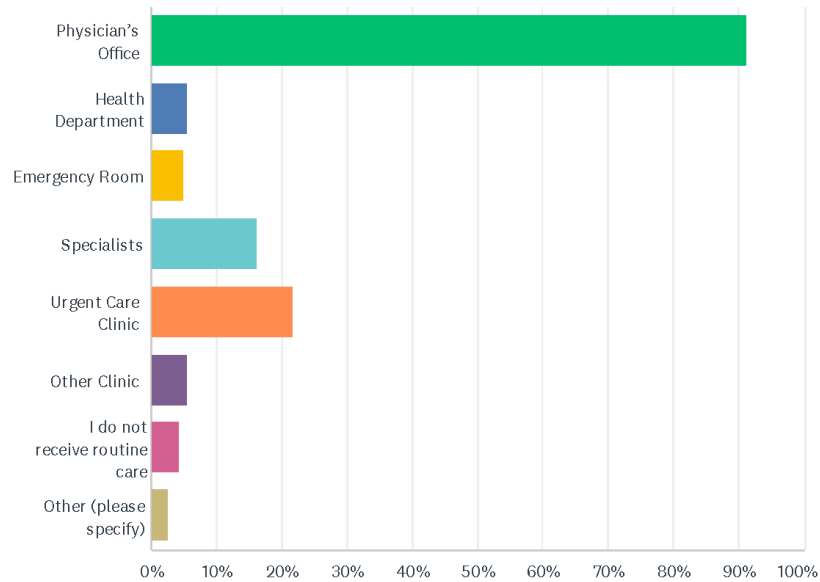
Answered: 161 Skipped: 1



ANSWER CHOICES	RESPONSES	
Newspaper	6.21%	10
Magazine	3.11%	5
Library	3.73%	6
Internet	66.46%	107
Social media	24.22%	39
Doctor or Healthcare Professional	88.82%	143
Television	8.07%	13
Hospital	23.60%	38
Health Fairs	6.83%	11
Employee or Job	23.60%	38
Health Department	27.33%	44
Radio	6.21%	10
Church	1.24%	2
Walk-In Clinic	11.18%	18
Other family member or friend	20.50%	33
Total Respondents: 161		

Q18 Where do you go for routine medical care? (Check all that apply)

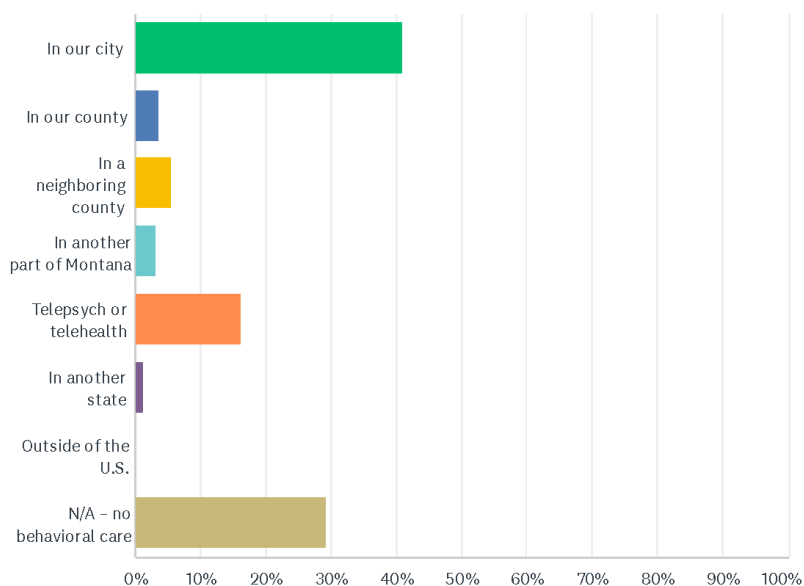
Answered: 161 Skipped: 1



ANSWER CHOICES	RESPONSES	
Physician's Office	91.30%	147
Health Department	5.59%	9
Emergency Room	4.97%	8
Specialists	16.15%	26
Urgent Care Clinic	21.74%	35
Other Clinic	5.59%	9
I do not receive routine care	4.35%	7
Other (please specify)	2.48%	4
Total Respondents: 161		

Q19 Where do you access behavioral healthcare such as counseling, therapy, and addiction?

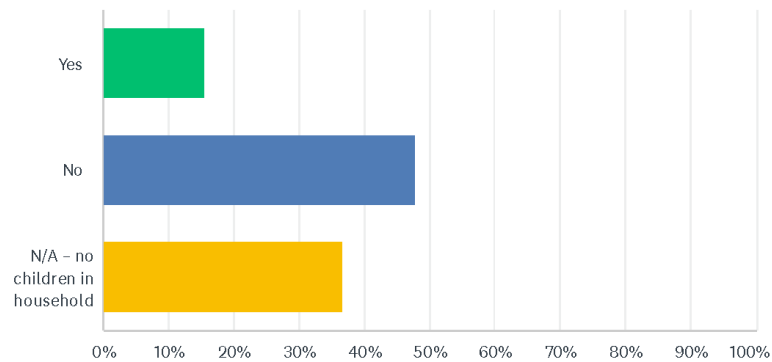
Answered: 161 Skipped: 1



ANSWER CHOICES	RESPONSES	
In our city	40.99%	66
In our county	3.73%	6
In a neighboring county	5.59%	9
In another part of Montana	3.11%	5
Telepsych or telehealth	16.15%	26
In another state	1.24%	2
Outside of the U.S.	0.00%	0
N/A – no behavioral care	29.19%	47
TOTAL		161

Q20 In the past 12 months, has there been any barriers to accessing healthcare services for children in your household?

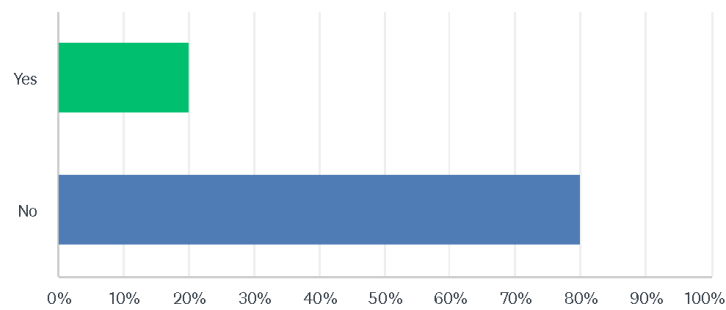
Answered: 161 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	15.53%	25
No	47.83%	77
N/A – no children in household	36.65%	59
TOTAL		161

Q22 In the past 12 months, has anyone in your household needed mental or behavioral health services and not been able to get them?

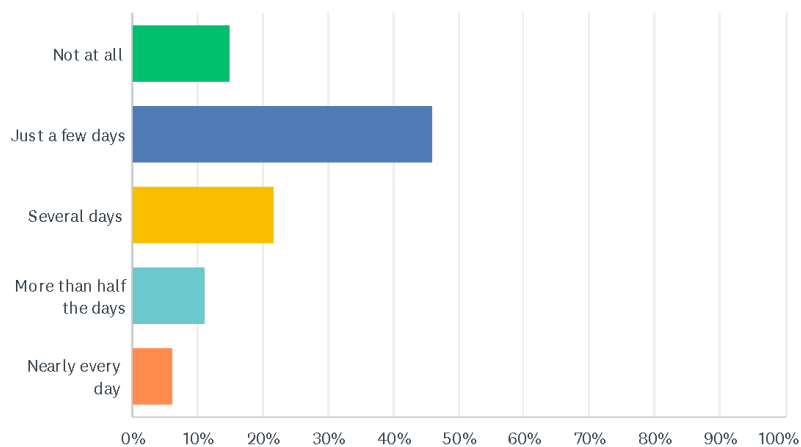
Answered: 160 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	20.00%	32
No	80.00%	128
TOTAL		160

Q24 Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

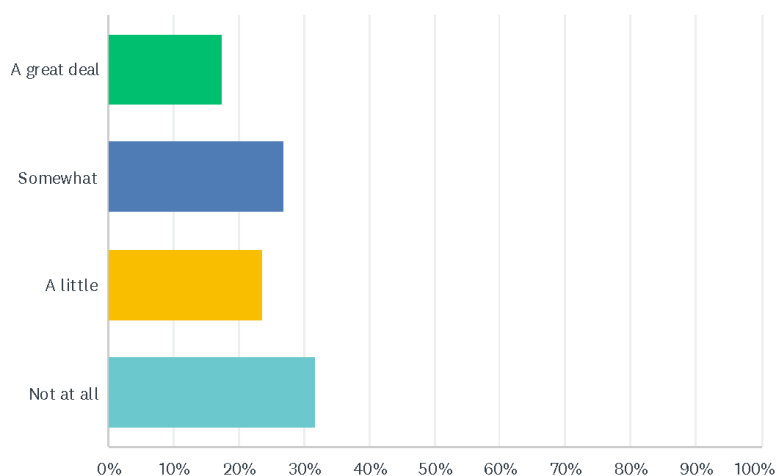
Answered: 161 Skipped: 1



ANSWER CHOICES	RESPONSES	
Not at all	14.91%	24
Just a few days	45.96%	74
Several days	21.74%	35
More than half the days	11.18%	18
Nearly every day	6.21%	10
TOTAL		161

Q25 To what degree has your life been negatively affected by your own or someone else's substance use issues, including alcohol, prescription, or other drugs?

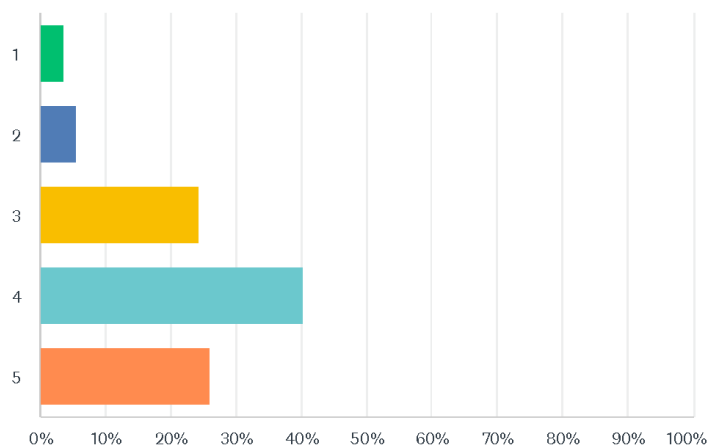
Answered: 160 Skipped: 2



ANSWER CHOICES		RESPONSES	
A great deal		17.50%	28
Somewhat		26.88%	43
A little		23.75%	38
Not at all		31.87%	51
TOTAL			160

Q26 On a scale of 1 to 5 (1 – Low and 5 – High), how satisfied were you or someone in your household with the quality of physician care (or other health care provider) received in your community?

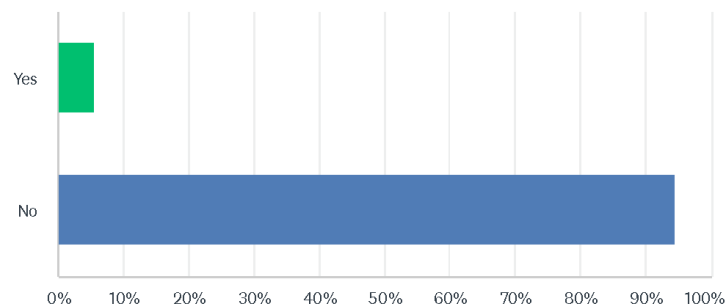
Answered: 161 Skipped: 1



ANSWER CHOICES	RESPONSES	
1	3.73%	6
2	5.59%	9
3	24.22%	39
4	40.37%	65
5	26.09%	42
TOTAL		161

Q27 In the past 12 months, has anyone in your household needed genetic counseling or laboratory services and not been able to get them?

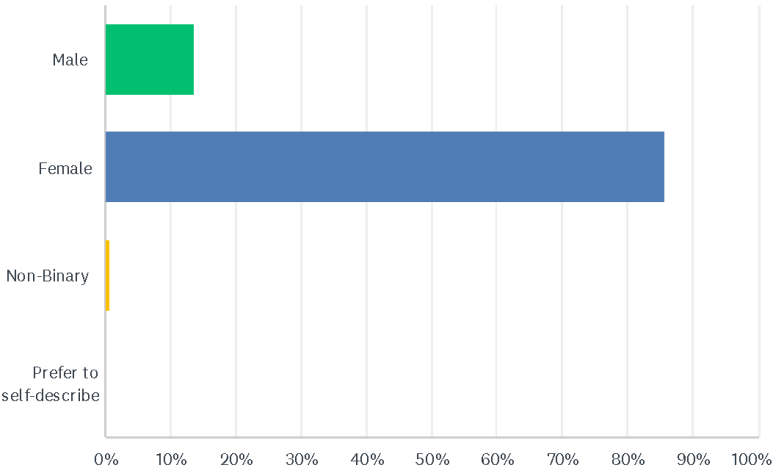
Answered: 161 Skipped: 1



ANSWER CHOICES		RESPONSES	
Yes		5.59%	9
No		94.41%	152
TOTAL			161

Q28 I am

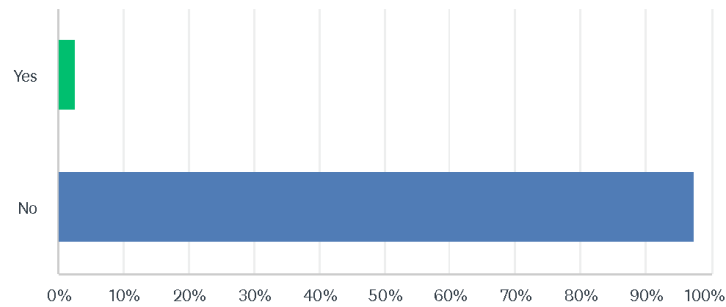
Answered: 161 Skipped: 1



ANSWER CHOICES	RESPONSES	
Male	13.66%	22
Female	85.71%	138
Non-Binary	0.62%	1
Prefer to self-describe	0.00%	0
TOTAL		161

Q31 Are you a tribal member?

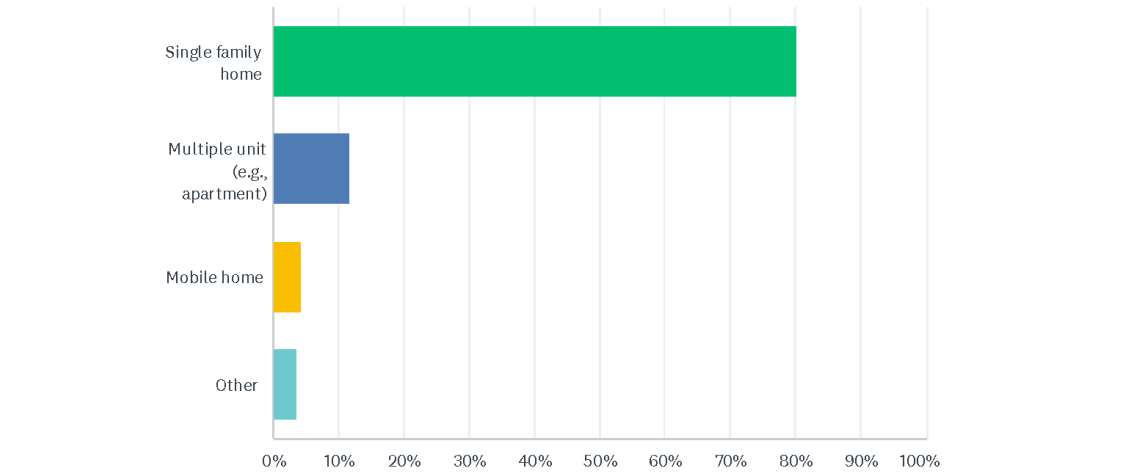
Answered: 161 Skipped: 1



ANSWER CHOICES		RESPONSES	
Yes		2.48%	4
No		97.52%	157
TOTAL			161

Q32 What best describes the type of home your household lives in?

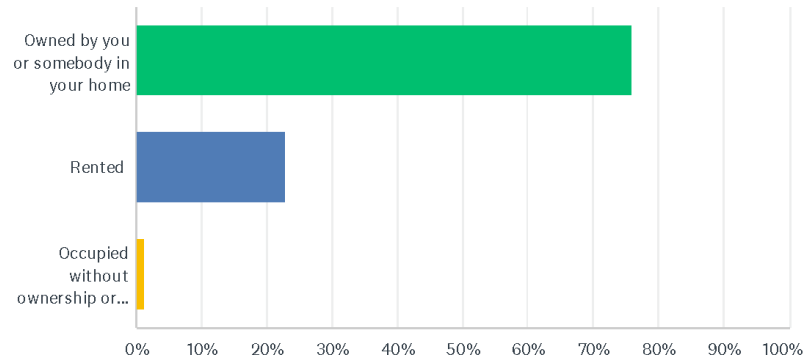
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Single family home	80.25%	130
Multiple unit (e.g., apartment)	11.73%	19
Mobile home	4.32%	7
Other	3.70%	6
TOTAL		162

Q33 Do you currently own or rent your primary residence?

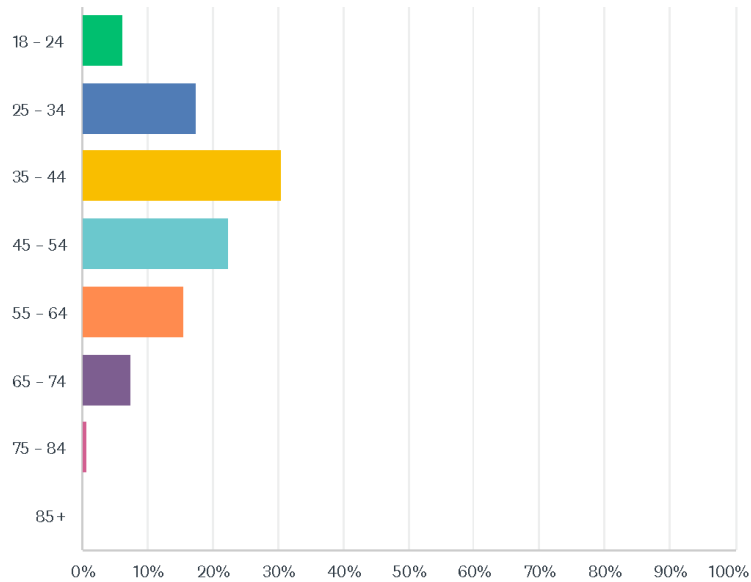
Answered: 162 Skipped: 0



ANSWER CHOICES		RESPONSES	
Owned by you or somebody in your home		75.93%	123
Rented		22.84%	37
Occupied without ownership or rent		1.23%	2
TOTAL			162

Q34 What age range represents you?

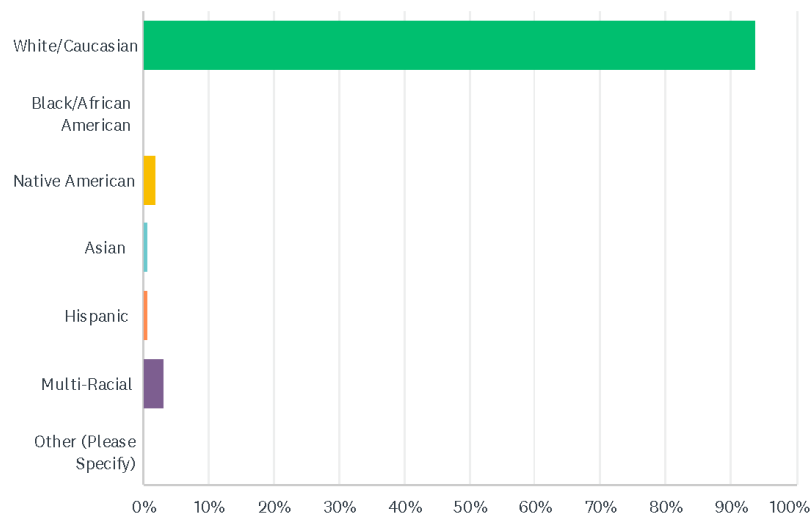
Answered: 161 Skipped: 1



ANSWER CHOICES	RESPONSES	
18 - 24	6.21%	10
25 - 34	17.39%	28
35 - 44	30.43%	49
45 - 54	22.36%	36
55 - 64	15.53%	25
65 - 74	7.45%	12
75 - 84	0.62%	1
85+	0.00%	0
TOTAL		161

Q35 My racial/ethnic identification is:

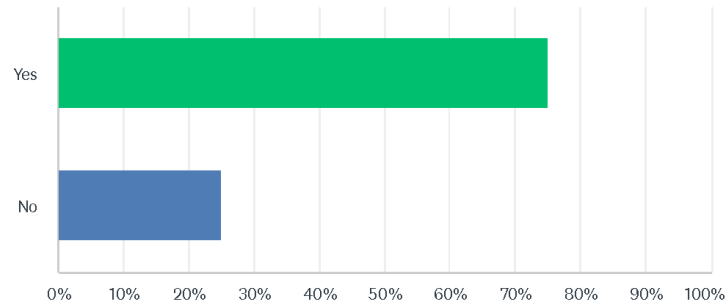
Answered: 159 Skipped: 3



ANSWER CHOICES	RESPONSES	
White/Caucasian	93.71%	149
Black/African American	0.00%	0
Native American	1.89%	3
Asian	0.63%	1
Hispanic	0.63%	1
Multi-Racial	3.14%	5
Other (Please Specify)	0.00%	0
TOTAL		159

Q36 Are you a parent?

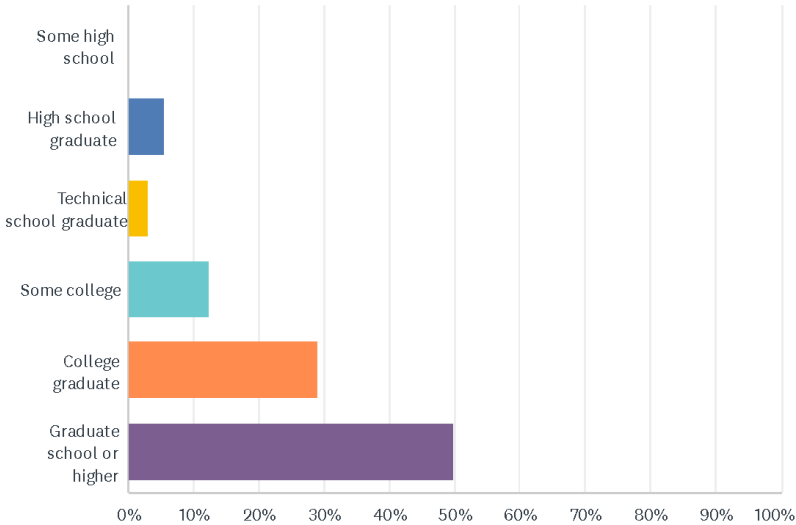
Answered: 161 Skipped: 1



ANSWER CHOICES		RESPONSES	
Yes		75.16%	121
No		24.84%	40
TOTAL			161

Q37 What is your highest level of education?

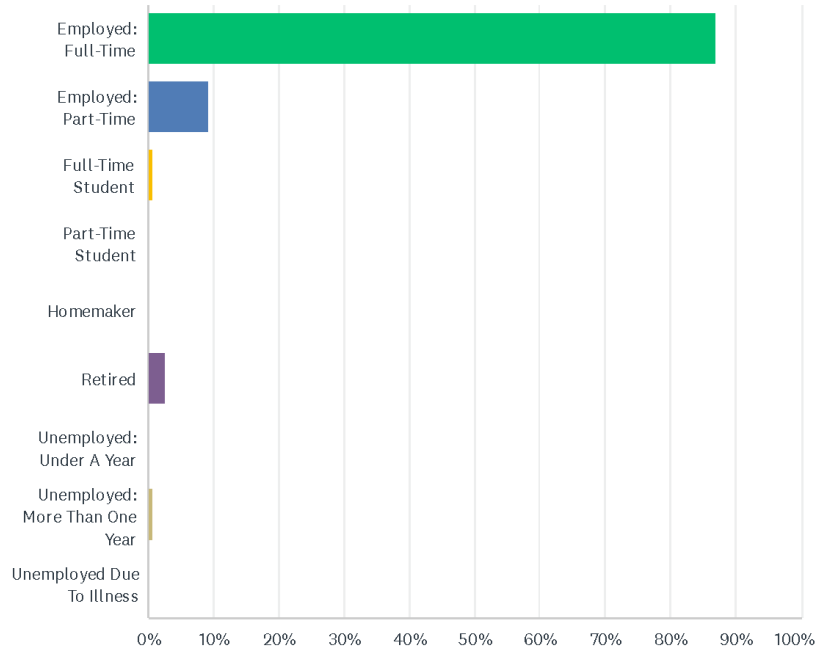
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Some high school	0.00%	0
High school graduate	5.56%	9
Technical school graduate	3.09%	5
Some college	12.35%	20
College graduate	29.01%	47
Graduate school or higher	50.00%	81
TOTAL		162

Q38 What is your current employment status?

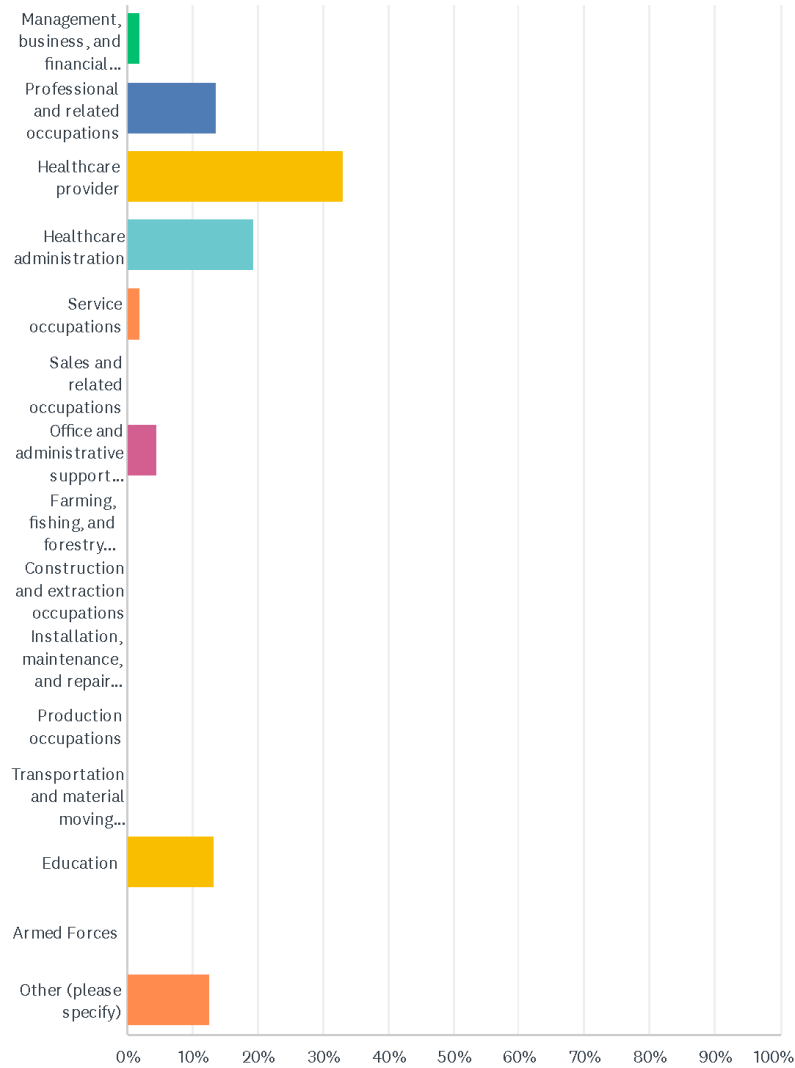
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Employed: Full-Time	87.04%	141
Employed: Part-Time	9.26%	15
Full-Time Student	0.62%	1
Part-Time Student	0.00%	0
Homemaker	0.00%	0
Retired	2.47%	4
Unemployed: Under A Year	0.00%	0
Unemployed: More Than One Year	0.62%	1
Unemployed Due To Illness	0.00%	0
TOTAL		162

Q39 Which best describes your field of occupation?

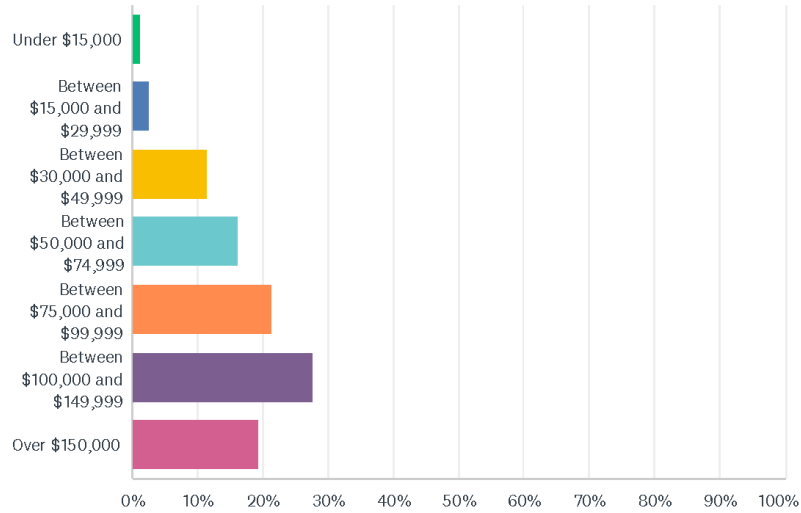
Answered: 160 Skipped: 2



ANSWER CHOICES	RESPONSES	
Management, business, and financial operations	1.88%	3
Professional and related occupations	13.75%	22
Healthcare provider	33.13%	53
Healthcare administration	19.38%	31
Service occupations	1.88%	3
Sales and related occupations	0.00%	0
Office and administrative support occupations	4.38%	7
Farming, fishing, and forestry occupations	0.00%	0
Construction and extraction occupations	0.00%	0
Installation, maintenance, and repair occupations	0.00%	0
Production occupations	0.00%	0
Transportation and material moving occupations	0.00%	0
Education	13.13%	21
Armed Forces	0.00%	0
Other (please specify)	12.50%	20
TOTAL		160

Q40 What is your total yearly household income?

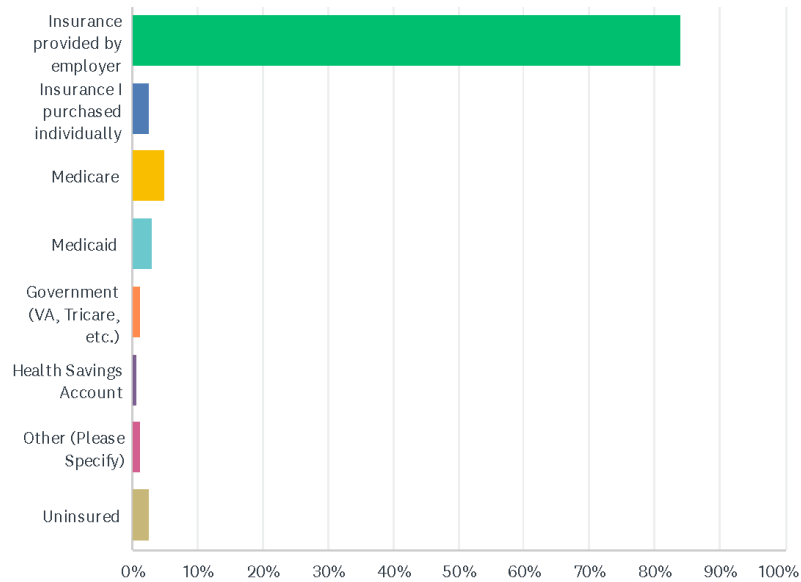
Answered: 155 Skipped: 7



ANSWER CHOICES	RESPONSES	
Under \$15,000	1.29%	2
Between \$15,000 and \$29,999	2.58%	4
Between \$30,000 and \$49,999	11.61%	18
Between \$50,000 and \$74,999	16.13%	25
Between \$75,000 and \$99,999	21.29%	33
Between \$100,000 and \$149,999	27.74%	43
Over \$150,000	19.35%	30
TOTAL		155

Q41 What is the source of your health insurance coverage?

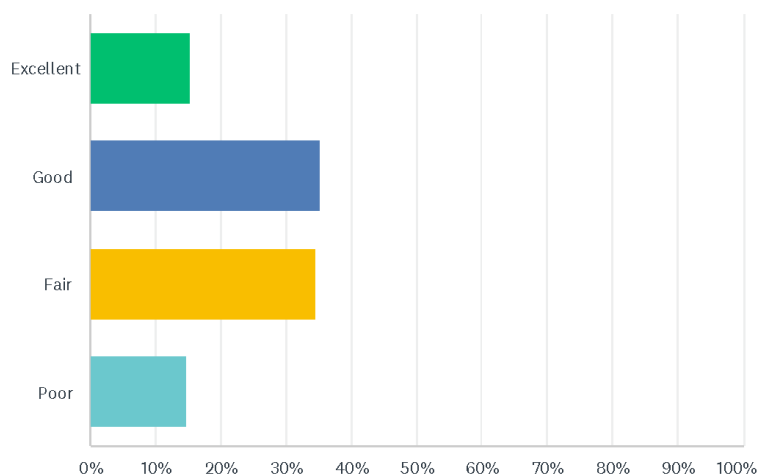
Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Insurance provided by employer	83.95%	136
Insurance I purchased individually	2.47%	4
Medicare	4.94%	8
Medicaid	3.09%	5
Government (VA, Tricare, etc.)	1.23%	2
Health Savings Account	0.62%	1
Other (Please Specify)	1.23%	2
Uninsured	2.47%	4
TOTAL		162

Q42 How do you rate your knowledge of the health services that are available though Shodair?

Answered: 162 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	15.43%	25
Good	35.19%	57
Fair	34.57%	56
Poor	14.81%	24
TOTAL		162

Appendix B: Resources

Community Profile: Common Mental Health Concerns – Key Programs and Agencies

1. **National Native Children's Trauma Center (NNCTC):** Located at the University of Montana, the NNCTC focuses on addressing trauma among Native children, families, and communities. The center collaborates with agencies to enhance trauma-focused services, respecting tribal sovereignty and incorporating traditional healing practices.
2. **Montana Office of American Indian Health:** This office serves as a bridge between Montana's tribal nations and the Department of Public Health and Human Services (DPHHS). It offers cultural insights to tailor effective and respectful outreach to American Indian communities, aiming to improve health outcomes for Native children and adolescents.
3. **Montana Sustainable Communities Project:** Collaborating with entities such as the Rocky Boy Health Board and Youth Tribal Council, this initiative organizes activities like Youth Mental Health Awareness Conferences and cultural events. These programs promote social, emotional, and physical wellness among rural and Native American youth.
4. **Shared Strategies to Support American Indian Students:** This resource emphasizes the importance of cultural connectedness in schools. It provides strategies for educators to honor and integrate cultural aspects into the educational experience, recognizing that cultural engagement varies among students.

The Montana Department of Public Health and Human Services (DPHHS) has implemented several initiatives to address the mental health needs of American Indian children:

1. Office of American Indian Health (OAIH): Established to enhance health outcomes for Montana's tribal populations, the OAIH collaborates with tribal governments and organizations to develop culturally appropriate health policies and programs, including mental health services tailored for American Indian children.
2. Children's Mental Health Bureau (CMHB): The CMHB administers state-funded mental health services for children across Montana. While not exclusively for American Indian youth, the bureau's mission includes supporting all Montana youth and families through Medicaid mental health services, ensuring access to necessary care.
3. Implementation of the Indian Child Welfare Act (ICWA): DPHHS's Child and Family Services Division is committed to serving Native American children by implementing all aspects of the ICWA. This includes collaborating with Montana's tribes to ensure that Native American children involved in the state court system due to abuse or neglect allegations receive culturally appropriate services.
4. Youth Suicide Prevention Programs: DPHHS supports programs like Youth Aware of Mental Health (YAM), an interactive initiative promoting mental health awareness and suicide prevention among adolescents. Since 2016, YAM has been implemented in 35 schools, reaching over 11,000 students.

These efforts reflect DPHHS's commitment to enhancing mental health services for American Indian children in Montana through culturally informed policies and programs.

Health Status of Montana's Youth and Adults: Youth Suicide Rates and Prevention Efforts – Resources

Montana Department of Public Health and Human Services (DPHHS) Suicide Prevention Program

1. The Montana DPHHS offers comprehensive suicide prevention initiatives, including the Suicide Prevention Strategic Plan which guides DPHHS goals to promote health equity and improve population health.
 - Suicide Prevention Coordinator: Karl Rosston, LCSW, leads efforts to coordinate and integrate suicide prevention activities across the state.
 - Montana Suicide Prevention and Mental Health Crisis Lifeline: A 24/7 service providing crisis intervention and support. Call, text, or chat 988 to connect.
2. Signs of Suicide (SOS) Program: A school-based initiative targeting middle and high school students, aiming to raise awareness about suicide, reduce stigma surrounding depression, and include screenings for depression and other risk factors. Currently, 77 schools across 35 school districts in Montana have implemented the SOS program.
3. Youth Aware of Mental Health (YAM): A peer-to-peer suicide prevention program with a strong research foundation, developed through the Saving and Empowering Young Lives in Europe (SEYLE) study. It has been shown to reduce risk factors and improve protective factors among adolescents. Montana State University offers the YAM program, providing training that reduces risk factors and improves protective factors to schools, mental and public health agencies, and community groups.
4. Hope Squad: An evidence-based peer-to-peer suicide prevention program recognized by the Suicide Prevention Resource Center's Best Practices Registry. It fosters human connection, community, and hope by training students to recognize signs of distress and reach out to peers in need. The program has expanded to various schools across Montana, contributing to a positive school climate and increased help-seeking behaviors.

5. **Active Minds:** A national nonprofit organization dedicated to promoting mental health among young adults through peer-to-peer dialogue and interaction. With over 600 chapters, including those in Montana, Active Minds offers programs focused on mental health awareness and education, such as the "Send Silence Packing" exhibit and the "Healthy Campus Award."
6. **Jason Flatt Act Compliance:** Montana enacted the Jason Flatt Act (HB 374) in 2015, mandating youth suicide awareness and prevention training for teachers and principals. The Office of Public Instruction provides guidance and technical assistance to schools on approved training materials, ensuring educators are equipped to identify and respond to signs of suicide risk among students.
7. **Suicide Prevention Training by the University of Montana:** The University of Montana offers training programs designed to reduce risk factors and improve protective factors related to suicide. These programs are available to schools, mental and public health agencies, and community groups, aiming to establish systems that promote resiliency and create safe, supportive environments for youth.
8. **Tamarack Grief Resource Center (TGRC):** TGRC provides suicide prevention training for youth and adults across western Montana, including Missoula, Kalispell, and Browning. These programs are designed to equip individuals with the knowledge and skills to support those struggling with mental health challenges and to foster a community of care and support.
9. **Montana Suicide Prevention & Mental Health Crisis Lifeline:** For immediate crisis intervention, the Montana Suicide Prevention & Mental Health Crisis Lifeline is available 24/7. Individuals can call, text, or chat by dialing 988 to connect with trained counselors who provide confidential support and resources.

10. **Safe Firearm Storage Initiatives:** Safe firearm storage is a critical component of suicide prevention, particularly in Montana, where firearms are commonly used in suicide attempts. While Montana does not have laws mandating specific storage practices, several initiatives promote safe storage:

- **Missoula County Public Schools Safe Storage Campaign:** In 2024, MCPS launched a campaign to provide free gun locks and educate families on safe firearm storage practices.
- **Be SMART Campaign:** A nationwide initiative emphasizing the importance of storing firearms locked, unloaded, and separate from ammunition to prevent unauthorized access by children.
- **Community Discussions and Resources:** State and local organizations, including the Montana DPHHS, collaborate to raise awareness about the risks associated with unsecured firearms and promote safe storage practices.

Health Status of Montana's Youth and Adults: Mental and Behavioral Health in Montana Schools – Key Programs and Resources

1. Signs of Suicide (SOS) Program

The Signs of Suicide (SOS) program is a school-based suicide prevention program that helps middle and high school students recognize the warning signs of suicide in themselves and others. It includes:

- Depression and Suicide Awareness: Education about signs of depression and suicide.
- Screening for Depression: Students are given brief screenings to identify those at risk of depression.
- Referral to Support Services: At-risk students are referred to mental health professionals for further evaluation. This program is widely used in Montana schools, including over 70 school districts across the state.

2. Youth Aware of Mental Health (YAM)

The Youth Aware of Mental Health (YAM) program is an evidence-based mental health education and suicide prevention program. It is aimed at high school students and focuses on:

- Increasing Awareness of Mental Health: Teaching students to recognize and address mental health issues early.
- Reducing Stigma: Helping reduce stigma around mental health problems.
- Peer Support: Promoting the development of positive peer support networks. Yam is offered in partnership with Montana State University and has been implemented in several schools across the state.

3. Hope Squad

Hope Squad is a peer-to-peer suicide prevention program that trains students to recognize signs of distress in their peers and provide initial support. The program includes:

- **Peer Support:** Students are trained to help their classmates by providing emotional support, alerting school counselors, and guiding them to professional help when needed.
- **Regular Training:** Peer leaders are trained regularly in mental health and crisis response techniques. Hope Squad is used in several Montana school districts and has been proven effective in fostering safer, more supportive school environments.

4. Montana's Jason Flatt Act

Montana's Jason Flatt Act mandates that all public school teachers, principals, and other school personnel receive annual training in youth suicide awareness and prevention.

The Act includes:

- **Annual Suicide Prevention Training:** Teachers and school staff are trained to recognize the warning signs of suicide and understand how to intervene effectively.
- **Implementation Across Schools:** The program is mandatory and is implemented statewide to ensure that every school district is equipped to identify and help at-risk students.

5. Screening for Mental Health

Montana schools often implement mental health screenings as part of suicide prevention programs. These screenings may include:

- **Behavioral Health Screenings:** Tools such as the Columbia Suicide Severity Rating Scale (C-SSRS) or other assessments to identify students at risk of suicide or self-harm.
- **Screening for Depression and Anxiety:** These screenings help identify students with mental health needs who may require further intervention or services.

6. Mental Health First Aid (MHFA)

Mental Health First Aid (MHFA) is an educational program that teaches participants how to help individuals who are developing a mental health problem or experiencing a mental health crisis. In Montana:

- **School-based MHFA Training:** Teachers, school staff, and students are trained in mental health first aid, giving them tools to identify and assist peers or students experiencing a mental health crisis.
- **Community and Parent Training:** The program also extends to parents and community members to create a network of support around youth.

In Montana public schools, "**Mental Health First Aid for Youth**" is a program that uses a unique interactive approach to teach educators, staff, and community members how to identify, understand, and respond to signs of mental health or substance use challenges in young people. One notable aspect of this program is its **game-based learning** component, which helps to engage participants in a hands-on, effective way.

The **game** is designed to simulate real-life situations, where participants are presented with different scenarios involving mental health crises or challenges faced by youth. This role-playing format helps participants practice:

- **Recognizing warning signs** of mental health issues, such as depression, anxiety, or substance abuse.
- **Engaging in supportive conversations** and knowing how to ask the right questions or offer help.
- **Identifying resources and support networks** for mental health assistance.

The Game's Benefits:

1. **Interactive Learning:** It helps teachers and school staff understand mental health issues through real-life scenarios and develop empathy and effective response strategies.
2. **Building Confidence:** It empowers educators and staff with the tools and knowledge they need to support students struggling with mental health challenges.
3. **Reducing Stigma:** By incorporating a game-based approach, the program helps break down stigma surrounding mental health by making it a more approachable topic for discussion.

The game-based portion of the **Mental Health First Aid for Youth** training is just one example of how Montana schools integrate interactive, engaging approaches to help staff effectively support the mental health and well-being of their students.

7. School-Based Mental Health Services

Many schools across Montana are also increasing their school-based mental health services, including:

- On-site Counselors and Therapists: Offering direct access to mental health services for students.
- Individual and Group Counseling: Providing one-on-one and group therapy to help students cope with stress, depression, and anxiety.

8. Crisis Text Line (MT Support)

Montana schools promote the use of the Crisis Text Line, which is available 24/7 for students who need immediate support for mental health issues, including suicide prevention. Students can text "MT" to 741741 to get connected with a trained counselor who can provide real-time help.

These programs and initiatives are crucial for supporting the mental health and well-being of youth in Montana schools. They aim to create a more supportive environment where students can openly discuss mental health challenges, get the help they need, and reduce the risk of suicide.

9. Paxis Good Behavior Game

The PAXIS Good Behavior Game (GBG) is an evidence-based program that focuses on improving students' behavior in schools, and it has been implemented in various parts of Montana, particularly in schools serving elementary-aged children. The PAXIS Good Behavior Game is part of the Promoting Alternative Thinking Strategies (**PATHS**) program, a widely recognized social-emotional learning initiative. Here's how it works and how it is implemented in Montana:

Overview of the Good Behavior Game (GBG)

The **Good Behavior Game** is a classroom management strategy aimed at reinforcing positive behaviors and reducing disruptive behaviors. It is particularly effective for

elementary school students and helps create a more supportive and positive classroom environment.

Key Features:

1. Team-Based Approach:

- Students are divided into teams within the classroom.
- Each team earns points for demonstrating appropriate behaviors, such as staying focused, following instructions, and showing respect to others.
- The game uses a reward-based system to encourage collaboration among students and promotes peer accountability.

2. Positive Reinforcement:

- Points are earned when students exhibit good behavior, such as participating in lessons, following classroom rules, or helping classmates.
- Rewards can include small incentives like extra recess time, classroom privileges, or other positive reinforcement.

3. Behavioral Focus:

- The game emphasizes self-regulation and peer support. By working together as a team, students learn to manage their emotions, control impulses, and understand the importance of following rules.

4. Structured Environment:

- The structure of the game includes specific expectations for both individual behavior and group behavior, making it clear what is expected from students at all times.
- Teachers monitor and provide ongoing feedback, helping students adjust behaviors to meet classroom expectations.

PAXIS in Montana:

The **PAXIS Good Behavior Game** is part of the state's broader initiative to improve social-emotional learning (SEL) and behavior management in schools. In Montana, this game is integrated into various schools, especially those in underserved areas, as a strategy to:

- **Reduce Disruptive Behavior:** By promoting positive behavior and reducing negative behavior, the game helps create a better learning environment for all students.
- **Improve Academic Outcomes:** Research shows that students who participate in programs like GBG tend to perform better academically, as they are more focused and engaged.
- **Foster Teamwork and Social Skills:** By working in teams, students build cooperation, communication, and empathy, which are vital for personal and academic success.

Impact in Montana:

In Montana, the program is being used as part of the broader efforts to improve school climate and student well-being. The game is particularly valuable in helping students:

- **Improve Social-Emotional Skills:** The program promotes emotional regulation, problem-solving, and teamwork, which are important for students' overall mental health and success.
- **Prevent Behavioral Issues:** Early intervention through the GBG can prevent the escalation of behavioral problems, which is especially important in maintaining a positive learning environment.

Implementation and Support:

- **Teacher Training:** Teachers in Montana schools receive training on how to implement the **Good Behavior Game** effectively in their classrooms. This

training typically covers the rules of the game, how to create teams, and how to use reinforcement strategies.

- **Community Support:** Schools and communities work together to promote and sustain the program, ensuring students have a strong support system both in and out of school.

In summary, the **PAXIS Good Behavior Game** in Montana serves as a dynamic tool for promoting positive student behavior, improving academic performance, and fostering social-emotional learning. It empowers students to take responsibility for their actions and helps create a more inclusive, supportive school culture.

Health Status of Montana's Youth and Adults: Montana Behavioral Health System for Future Generations Commission – Key Programs and Resources

1. Crisis Intervention Services Enhancement:

- Montana has adopted a national best-practice model for crisis intervention, aiming to provide immediate support and appropriate care for individuals in crisis. Effective July 1, 2023, Montana Medicaid began reimbursing mobile crisis response services, enhancing the state's crisis intervention capabilities.

HYPERLINK

"https://dphhs.mt.gov/assets/2025Legislature/BHDDPowerPointPresentationJan2125.pdf?utm_source=chatgpt.com"

2. Children's Mental Health Services Expansion:

- Efforts are underway to expand school-based behavioral health initiatives, aiming to provide mental health support within educational settings. This includes investing in programs that deliver services directly in schools, making mental health resources more accessible to students.

HYPERLINK

"https://dphhs.mt.gov/assets/2025Legislature/BHDDPowerPointPresentationJan2125.pdf?utm_source=chatgpt.com"

3. Developmental Disabilities Program Improvements:

- The state is working to enhance services for individuals with developmental disabilities, focusing on providing comprehensive support that promotes community inclusion and personal development. This includes expanding and sustaining certified community behavioral health clinics to ensure consistent and quality care.

4. Workforce Development in Behavioral Health:

- Addressing workforce shortages in the behavioral health sector is a priority. Initiatives are in place to recruit and retain professionals in this field, ensuring that individuals seeking behavioral health services receive timely and effective care.

HYPERLINK "[https://archive.legmt.gov/content/Committees/Interim/2023-2024/Children-](https://archive.legmt.gov/content/Committees/Interim/2023-2024/Children-Families/CFHHS_Meetings/2023_Sep_12/BHDD_%20Legislative%20Report.02.DG%20%281%29.pdf?utm_source=chatgpt.com)

[Families/CFHHS_Meetings/2023_Sep_12/BHDD_%20Legislative%20Report.02.DG%20%281%29.pdf?utm_source=chatgpt.com](https://archive.legmt.gov/content/Committees/Interim/2023-2024/Children-Families/CFHHS_Meetings/2023_Sep_12/BHDD_%20Legislative%20Report.02.DG%20%281%29.pdf?utm_source=chatgpt.com)"

The BHSFG recommendations are designed to be implemented with full fidelity, meaning that programs and services are delivered as intended, ensuring their effectiveness. Consistent administration of these programs over time is expected to significantly reduce the number of Montanans impacted by behavioral health issues.

Appendix C: CHNA Best Practices

By following both the **IRS requirements** and these **best practices**, a statewide hospital like Shodair can effectively conduct a CHNA that not only complies with regulations but also leads to meaningful improvements in the health and well-being of Montana's youth and broader community.

IRS Requirements for CHNA for Nonprofit Hospitals

Under the **Affordable Care Act (ACA)**, nonprofit hospitals are required to conduct a CHNA every three years. This is necessary to maintain their tax-exempt status. Key IRS requirements for the CHNA include:

Conduct the CHNA Every Three Years:

Nonprofit hospitals must conduct a CHNA at least once every three years and adopt an implementation strategy to address the needs identified in the assessment.

Involve the Community:

The CHNA process must **involve** the community and various stakeholders, including public health experts, community organizations, local government agencies, and underserved populations. The IRS expects hospitals to **consult with individuals with public health expertise** in the assessment process, which is particularly relevant when addressing mental health or other complex health concerns.

Assess Health Needs in the Community:

The CHNA must identify and assess **significant health needs** in the community, including mental health, substance abuse, chronic disease, access to care, and other social determinants of health (SDOH). This should be based on data from multiple sources, including surveys, interviews, public health data, and other local resources.

Document and Report Health Needs:

The results of the CHNA must be documented in a report, which is made publicly available. This report should include:

- A description of the **process** used to conduct the CHNA.
- A **prioritized list** of the community's significant health needs.
- The **data** and resources used to determine those needs.
- The **community input** gathered through surveys, focus groups, and interviews.

Address Identified Needs in the Implementation Strategy:

Hospitals must create an **implementation strategy** outlining how they plan to address the identified health needs. This strategy should describe what actions the hospital will take, why those actions were selected, and how they will be measured.

Collaboration with Other Healthcare Providers:

Hospitals are encouraged to **collaborate** with other community organizations and healthcare providers to improve health outcomes. This can include partnerships with public health agencies, local clinics, schools, and mental health organizations to address the broader needs of the community.

Best Practices for Conducting a CHNA by a Statewide Health Hospital

In addition to meeting the IRS requirements, following **best practices** ensures that the CHNA is impactful, comprehensive, and effective. These best practices include:

Engage a Broad Range of Stakeholders:

Involve diverse community stakeholders, including local health departments, mental health professionals, social service agencies, schools, and community organizations. It is also essential to engage underrepresented groups, such as low-income populations, rural communities, and ethnic minorities, to ensure the assessment captures the full scope of the community's needs.

Use Multiple Data Sources:

Combine quantitative data (e.g., health statistics, hospital discharge data, insurance claims data) and qualitative data (e.g., surveys, interviews, focus groups) to gain a more comprehensive understanding of community health needs. This approach helps capture both the objective health trends and the community's subjective perceptions of health needs.

Prioritize Health Needs:

After identifying health needs, prioritize them based on severity, community impact, and the hospital's ability to address them. Prioritization should consider factors such as mental health concerns, substance abuse, chronic diseases, access to care, and health disparities. Hospitals should focus on the needs that will make the most significant difference in the community's overall health.

Include Social Determinants of Health (SDOH):

Consider social, economic, and environmental factors that affect health outcomes, such as poverty, housing, education, employment, and access to healthy food. These factors often contribute to health disparities and should be considered in the CHNA process, especially when addressing issues like mental health, substance abuse, and chronic disease management.

Focus on Mental Health and Substance Abuse:

Given the increasing prevalence of mental health issues, substance abuse, and related crises among youth and adults, mental health should be a top priority in the CHNA, particularly in rural areas. This involves assessing the availability of mental health resources, identifying gaps in services, and developing strategies for improving access to care and reducing stigma.

Transparency and Community Communication:

Make the results of the CHNA publicly available and ensure that the community is informed about both the findings and the strategies that will be implemented. This transparency helps build trust between the hospital and the community and allows for continuous feedback.

Collaboration with Regional Partners:

Work with **statewide** and **regional partners**, including local health departments, schools, public health initiatives, and community organizations, to implement shared solutions. Collaboration is key to maximizing the impact of the CHNA and addressing health needs across a larger geographical area.