

# IMPLEMENTATION PLAN

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## *Addressing Community Health Needs*



***Plentywood, Montana***

***2022-2025***

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## The Implementation Planning Process

The implementation planning committee – comprised of Sheridan Memorial Healthcare Association’s (SMHA) leadership team– participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through their community health needs assessment (CHNA) process.

The Community Health Services Development (CHSD), community health needs assessment was performed in the spring of 2022 to determine the most important health needs and opportunities for Sheridan County, Montana. The CHSD project is administrated by the Montana Office of Rural Health (MORH) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant. “Needs” were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups (see page 12 for a list of “Needs Identified and Prioritized”). For more information regarding the needs identified, as well as the assessment process/approach/methodology, please refer to the facility’s assessment report, which is posted on the facility’s website ([sheridanmemorial.net](https://sheridanmemorial.net)).

The community steering and implementation planning committees identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives of the broad interest of the community, including those with public health expertise (see page 10 for additional information regarding input received from community representatives).

The implementation planning committee reviewed the priority recommendations provided by the community steering committee and determined which needs or opportunities could be addressed considering SMHA’s parameters of resources and limitations. The committee then prioritized the needs/opportunities using the additional parameters of the organizational vision, mission, and values, as well as existing and potential community partners. Participants then created a goal to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e., staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures).

The prioritized health needs as determined through the assessment process and which the facility will be addressing relates to the following healthcare issues:

- **Awareness and access to healthcare services**
- **Mental and behavioral health**

In addressing the aforementioned issues, SMHA seeks to:

- a) Improve access to healthcare services
- b) Enhance the health of the community
- c) Advance medical or health knowledge

**Facility Mission:** Providing quality care to improve the health and well-being of the people and communities we serve.

**Facility Vision:** SMHA endeavors to be a leader and innovator in providing high quality, cost effective healthcare services.

**Implementation Planning Committee Members:**

- Kody Nelson – Sheridan Memorial Hospital Association (SMHA), CEO
- Kathleen Tangedal – SMHA, Chief Nursing Officer
- Jessica Brusven – SMHA, Clinic Manager
- Roxy Kleppen – SMHA, Human Resources (HR) Director

## Prioritizing the Community Health Needs

The steering and implementation planning committees completed the following to prioritize the community health needs:

1. Reviewed the facility's presence in the community (i.e., activities already being done to address community need)
2. Considered organizations outside of the facility which may serve as collaborators in executing the facility's implementation plan
3. Assessed the health indicators of the community through available secondary data
4. Evaluated the feedback received from consultations with those representing the community's interests, including public health

### 1. SMHA's Existing Presence in the Community

- Provides EMS standby/first aid services at local events: Rodeo, Bump n Run, Mud Run, Sporting Events, 5K Runs, Sheridan County Fair
- Sheridan County Fair informational booth
- SMHA representation on various community boards/coalitions: Chamber of Commerce, Council on Aging
- SMHA provides free monthly grief counseling in group or private sessions
- SMHA provides free monthly Alzheimer's/dementia counseling in group or private sessions
- SMHA provides outreach and education at various events such as: EMS training course, Sheridan County Safety Fair, Physical and Occupational therapy support at local schools

## 2. List of Available Community Partnerships and Facility Resources to Address Needs

- List organizations of existing and potential partnerships. Please update list as appropriate:
- Sheridan County Care
  - Pioneer Manor – Joni Brensdal
    - 406-765-1400
    - [pioneermanor@gmail.com](mailto:pioneermanor@gmail.com)
  - LaCasa Personal Care – Ben or Leah Richardson
    - 406-765-1669
    - [lacasapersonalcare@yahoo.com](mailto:lacasapersonalcare@yahoo.com)
  - Glenwood Inc – Ann Hoyer
    - 406-765-2040
    - [Glenwood1@nemont.net](mailto:Glenwood1@nemont.net)
  - Plentywood Rexall Drug – Marv Eberling
    - 406-765-1810
    - [pwddrug@nemont.net](mailto:pwddrug@nemont.net)
  - Sheridan County Behavioral Health Coalition – Joan Nelson
    - 406-765-1410
    - [scbhcoalition@nemont.net](mailto:scbhcoalition@nemont.net)
  - Sheridan County Council on Aging – Vicki Ruby
    - 406-765-3412
    - [vruby@co.sheridan.mt.us](mailto:vruby@co.sheridan.mt.us)
  - Sheridan County Public Health – Luann Tangedal
    - 406-765-3410
    - [ltangedal@co.sheridan.mt.us](mailto:ltangedal@co.sheridan.mt.us)
- City/County Officials
  - City of Medicine Lake – Kory Opp
    - 406-765-7081
    - [townofml@nemont.net](mailto:townofml@nemont.net)
  - City of Plentywood – Randy Rice
    - 406-765-1700
    - [ctypwood@nemont.net](mailto:ctypwood@nemont.net)
  - City of Westby – Jeff Eckness

- 406-385-2445
  - [townofwestby@nemont.net](mailto:townofwestby@nemont.net)
- Sheridan County Sheriff – Heidi Visocan
  - 406-765-1200 x471
  - [hvisocan@co.sheridan.mt.us](mailto:hvisocan@co.sheridan.mt.us)
- County Commissioner – Jessica Shackelford
  - 406-765-3445
  - [jshackelford@co.sheridan.mt.us](mailto:jshackelford@co.sheridan.mt.us)
- County Commissioner – Jon Bolstad
  - 406-765-3445
  - [jbolstad@co.sheridan.mt.us](mailto:jbolstad@co.sheridan.mt.us)
- County Commissioner – Chris Westergard
  - 406-765-3445
  - [cwestergard@co.sheridan.mt.us](mailto:cwestergard@co.sheridan.mt.us)
- Sheridan County School Officials
  - Medicine Lake School – Aaron Webster
    - 406-789-2211
    - [awebster@medicinelake.k12.mt.us](mailto:awebster@medicinelake.k12.mt.us)
  - Plentywood School – Rob Pedersen
    - 406-765-1803
    - [pederr@plentywood.k12.mt.us](mailto:pederr@plentywood.k12.mt.us)
  - Westby School – Dylan MacLean
    - 406-385-2225
    - [dmaclean@westbyschool.k12.mt.us](mailto:dmaclean@westbyschool.k12.mt.us)
- Sheridan County Mental Health Services
  - Turning Leaf Counseling – Gina Aasheim
    - 406-765-1277
    - [turningleaf@nemont.net](mailto:turningleaf@nemont.net)
  - Eastern Montana Community Mental Health – Sheri Hilyard
    - 406-765-2550
    - [shilyard@emcmhc.org](mailto:shilyard@emcmhc.org)
  - Debbie Johnson, MSW Clinical Psychologist Plentywood Schools

- 406-765-1803
  - [johnsond@plentywood.k12.mt.us](mailto:johnsond@plentywood.k12.mt.us)
- Kristin McColly, NP, PLLC
  - 406-648-5432
  - [admin@montana-hope.com](mailto:admin@montana-hope.com)
- State resources
  - Montana Hospital Association
  - Montana Office of Rural Health and Area Health Education Center



### 3. Sheridan County Indicators

#### Population Demographics

- 98.5% of Sheridan County’s population white, and 3.0% identifies as American Indian or Alaska Native.
- 14.0% of Sheridan County’s population has disability status.
- 23.2% of Sheridan County’s population is 65 years and older.
- 8.9% of Sheridan County’s population has Veteran status.
- 32.1% of Sheridan County’s population are a “high school graduate (includes equivalency)” as their highest degree attained; 27.9% have “some college, no degree.”

#### Size of County and Remoteness

- 3,483 people in Sheridan County
- 2.0 people per square mile

#### Socioeconomic Measures

- 11.2% of children live in poverty
- 10.1% of persons are below the federal poverty level
- 12.0% of adults (age<65) are uninsured; 10.0% of children less than age 18, are uninsured
- 6.3% of the population is enrolled in Medicaid

#### Select Health Measures

- 36.0% of adults are considered obese
- 31.0% of the adult population report physical inactivity
- 41% of adults living in frontier Montana report two or more chronic conditions
- Montana’s veteran’s suicide rate (per 100,000 population) is 65.7 compared to 13.9 for the U.S.

#### Nearest Major Hospital

- Trinity Health in Minot, North Dakota – 174 miles from Sheridan Memorial Hospital Association
- Although Trinity Health is the closest facility, SMHA refers a majority of its patients to Billings Clinic in Billings, Montana which is 355 miles away.

#### 4. Public Health and Underserved Populations Consultation Summaries

##### Name/Organization

Kody Nelson – Sheridan Memorial Hospital Association (SMHA), CEO

February 17, 2022

Connie Anderson –SMHA, Marketing Director

Vicky Ruby – Sheridan County Public Health and Coordinator for the Council on Aging

Brenda Nee – Sheridan County Public Health

Kathleen Tangedal – SMHA, Chief Nursing Officer

Jessica Brusven – SMHA, Clinic Manager

Roxy Kleppen – SMHA, Human Resources (HR) Director

Luanne Tangedal – Sheridan County Public Health, Public Health Nurse

Dr. David Shahbodaghi – SMHA, Chief Medical Officer

Leana Kolbeck – SMHA, Rehab Director

##### Public and Community Health

- Median income seems skewed given that we have a big section of our population that works in the service industry. But if this was 2019 data, it might be taking into account and influenced by those working in the oil fields.
- The HPV up-to-date rate seem low for Sheridan County considering we recently asked providers if they are encouraging/providing education on vaccination with their patients. They said they provide education consistently, so it's odd that our rate for Sheridan County is so low.
- The local pharmacy is now doing vaccinations, which is a service they never offered before this year.
- I would like to increase the survey distribution from 600 individuals to 800 to hopefully capture more community members who would be willing to fill out the survey.
- It is very difficult for those who cannot drive to get to a specialty care appointment out of town. Because of this, I would like to see a response option for transportation services outside of the county.

- If we would like to capture more of the veteran population, I think we should add “VA clinic” as a response for question 6 asking about utilized community health resources.
- We would like to see a privacy/confidentiality option for the question asking about reasons for delaying healthcare services.
- Also, out of area follow up appointments can be a big issue for community members as they may not be able to find transportation for each appointment.

Population: Low-Income, Underinsured

- Our Office of Public Assistance (OPA) was recently moved out of our county since we were too small. The next closest office is Sidney, Wolf-Point, or Glasgow. It has been a huge loss for this area!

Population: Seniors

- La Casa Personal Care is a fantastic community health resource that should be included on the survey.

Population: Youth

- With our school psychiatrist retiring, parents will likely have to travel outside of the area to access counseling for their kids. This is not an easy task though – it can be financially problematic, cause kids to miss school, etc.

## Needs Identified and Prioritized

### Prioritized Needs to Address

1. 56.1% of survey respondents rated their community's health as "Somewhat healthy," 36.0% rated the community's health as "Healthy."
2. Survey respondents' top health concerns for the community included: "Alcohol/substance abuse" (66.3%), "Cancer" (43.6%), "Mental health issues" (25.6%), "Overweight/obesity" (23.3%), and "Lack of access to healthcare" (22.1%).
3. Survey respondents identified the top components of a healthy community as "Access to healthcare and other services" (62.5%), "Good jobs and a healthy economy" (35.2%), and "Healthy behaviors and lifestyles" (31.8%).
4. 23.1% of survey respondents indicated interest in "Mental health" classes or programs.
5. 21.0% of survey respondents were interested in "Diabetes" classes or programs.
6. 29.7% of respondents rated their knowledge of health services available through Sheridan Memorial Hospital Association as fair or poor.
7. The top choices among survey respondents for improving the community's access to healthcare included "More primary care providers" (65.5%) and "More specialists" (42.7%).
8. 17.5% of survey respondents thought that "Greater health education services" would improve the community's access to healthcare.
9. Key informant interview participants discussed a concern for mental health, including a lack of local providers and substance use as relevant subthemes.
10. 93.2% of survey respondents desire "Eye/Vision Clinic" services locally.
11. 16.3% of survey respondents indicated interest in "Obstetrics/Pediatrics" services locally.
12. 67.7% of survey respondents describe their stress level in the past year as moderate or high.
13. When asked to rate how they would describe their mental health in general considering stress, anxiety, depression, and emotional problems, 19.9% rated it as "Fair" and 2.8% rated their mental health as "Poor."
14. 31.0% of survey respondents shared that "More information about available services" would improve the community's access to healthcare.
15. Key informant interview participants shared a desire for improved access to healthcare services, particularly through consistent local providers and alleviating the burdens associated with traveling out of the area for care.
16. 38.7% of survey respondents delayed healthcare in the last three years. The top reasons shared for delaying care included "Qualified provider not available" (34.9%), "It cost too much" (30.2%), and "Could not get an appointment," "Scheduling difficulty due to pandemic," and "Too long to wait for an appointment" (19.0%, each).

17. Survey respondents indicated to what degree their life has been negatively affected a little by their own or someone else's substance abuse issues, including alcohol, prescription, or other drugs: "A little" (22.4%), "Somewhat" (18.4%), and "A great deal" (8.6%).
18. Key informant interview participants indicated an interest in opportunities encouraging healthy lifestyles, such as diabetes education.

### **Needs Unable to Address**

*(See page 26 for additional information)*

1. 9.7% of survey respondents indicated they had difficulty getting a prescription or taking their medication regularly due to cost in the last year.
2. 4.0% of survey respondents were concerned about not having enough food to eat in the last year.
3. 36.0% of survey respondents feel that the community does not have adequate and affordable housing options available.

## Executive Summary

The following summary briefly represents the goals and corresponding strategies and activities which the facility will execute to address the prioritized health needs (from page 12). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 16.

### Goal 1: Improve awareness of and access to healthcare services throughout Sheridan County.

**Strategy 1.1:** Enhance SMHA's presence in the community as a resource for health education and partnerships.

- 1.1.1.** Enhance Sheridan Memorial Healthcare Association's (SMHA) presence in the community as a vital partner to advance population health efforts regionally. This includes, but is not limited to providing staff representatives to participate and support efforts of the local Council on Aging, etc.
- 1.1.2.** Increase SMHA's outreach throughout the region, highlighting providers and available services. Create a community outreach and education campaign that leverages existing tools such as social media, community events, etc.
- 1.1.3.** Sustain SMHA's post-acute care utilization. Specifically, by tracking patient transfers for local follow up, tracking referrals to surgical services (i.e., to an orthopedic surgeon for joint replacement, etc.), requesting providers to sustain referrals to SWS services at time of consultation referral, and featuring the rehabilitation department and SWS program in an outreach campaign. The possibility of transporting swing bed patient back to SMH. The revenue of a patient in house outweighs the cost of transportation.
- 1.1.4.** Nurture SMHA's relationship with the Sheridan County Public Health Nurse to sustain and continually align local efforts that advance population health.
- 1.1.5.** Continue to advance telehealth services locally in order to reduce the travel and coordination burden experienced by Sheridan County residents traveling out of the area to access routine and preventive services. This includes developing an education and outreach plan intended to communicate how community members can access and utilize services.

**Strategy 1.2:** Explore opportunities that enhance access to healthcare services and resources locally.

- 1.2.1.** Stay apprised of additional funding sources that would improve health services and resources locally.
- 1.2.2.** Continue to work with community partners to explore the feasibility of a local vision clinic thereby reducing the travel burden experienced by Sheridan County residents traveling out of the area to access these routine and preventive services.

- 1.2.3. Explore the integration of diabetes education at SMHA to improve chronic disease prevention and management locally.
- 1.2.4. Enhance services for area women and children by conducting a feasibility study of implementing pediatric and/or obstetric services locally.
- 1.2.5. Explore the enhancement of care coordination activities through SMHA (i.e., tobacco cessation, referral protocols, etc.).
- 1.2.6. Support continuous provider recruitment and retention efforts at SMHA based on the feasibility and needs of the service area.
- 1.2.7. Develop and implement the Patient/Family Engagement Program to involve community members to serve as volunteers on a hospital committee, such as the Quality Committee or Safety Committee.

## Goal 2: Enhance access to mental and behavioral health services in Sheridan County.

**Strategy 2.1:** Support local and regional efforts that address the mental and behavioral health needs throughout Sheridan County.

- 2.1.1. Participate in regional behavioral health activities and initiatives by sustaining SMHA's active participation on the regional Behavioral Health Coalition. This includes, but is not limited to providing staff representatives to participate and support efforts of the Coalition, disseminating community outreach and education, etc.
- 2.1.2. Continue to implement the crisis management intake questionnaire (PHQ-9) throughout SMHA's clinic and hospital settings. Monitor the utilization of the questionnaire and provider routine education to SMHA staff and providers to ensure consistent usage.
- 2.1.3. Train and equip SMHA staff of all levels with the tools and knowledge so they are prepared to adequately respond to mental and behavioral health patients (i.e., presenting in crisis, resources, routine care, etc.).
- 2.1.4. Explore substance abuse prevention and resources based on the needs of the region (i.e., partnership with the local behavioral health coalition, utilizing stigma reduction messaging, educational campaigns, etc.).

### Implementation Plan Grid

**Goal 1:** Improve awareness of and access to healthcare services throughout Sheridan County.

**Strategy 1.1:** Enhance SMHA's presence in the community as a resource for health education and partnerships.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
1.1.1. Enhance Sheridan Memorial Healthcare Association's (SMHA) presence in the community as a vital partner to advance population health efforts regionally. This includes, but is not limited to providing staff representatives to participate and support efforts of the local Council on Aging, etc.	Social Services Admin / Long Term Care Director of Nursing (DON)	1 to 3 years Jan. 1, 2023 to build team	CEO	Council On Aging	Sources of funding and barriers resulting from COVID-19. Schedule conflicts.
1.1.2. Increase SMHA's outreach throughout the region, highlighting providers and available services. Create a community outreach and education campaign that leverages existing tools such as social media, community events, etc.	Foundation Director	Kick off Jan. 1, 2023	Director of Clinic Operations	Local schools	Staffing



1.1.3. Sustain SMHA's post-acute care utilization. Specifically, by tracking patient transfers for local follow up, tracking referrals to surgical services (i.e., to an orthopedic surgeon for joint replacement, etc.), requesting providers to sustain referrals to SWS services at time of consultation referral, and featuring the rehabilitation department and SWS program in an outreach campaign. The possibility of transporting swing bed patient back to SMH. The revenue of a patient in house outweighs the cost of transportation.	Hospital DON/ Acute Care Admin; swing bed care coordinator	Jan. 1, 2023/ end of Fiscal year	Chief Nursing Officer	Montana Health Network	SMHA's location. Grants for care coordination.
1.1.4. Nurture SMHA's relationship with the Sheridan County Public Health Nurse to sustain and continually align local efforts that advance population health.	Director of Clinic Operations	Jan. 1	CEO/ Chief Medical Officer	Local Public Health Dept.	Staff changes/ communications
1.1.5. Continue to advance telehealth services locally in order to reduce the travel and coordination burden experienced by Sheridan County residents traveling out of the area to access routine and preventive services. This includes developing an education and outreach plan intended to communicate how community members can access and utilize services.	Director of Clinic Operation/ CAH/ Hospital DON	June 30, 2024	CEO	Billings Clinic, Montana Health Network, Inter Mountain Health, and EMTN	Funding/ Payer Concern Sources/ Equipment
<b>Needs Being Addressed by this Strategy:</b> <ul style="list-style-type: none"> <li>1. 56.1% of survey respondents rated their community's health as "Somewhat healthy," 36.0% rated the community's health as "Healthy."</li> </ul>					

- 2. Survey respondents' top health concerns for the community included: "Alcohol/substance abuse" (66.3%), "Cancer" (43.6%), "Mental health issues" (25.6%), "Overweight/obesity" (23.3%), and "Lack of access to healthcare" (22.1%).
- 3. Survey respondents identified the top components of a healthy community as "Access to healthcare and other services" (62.5%), "Good jobs and a healthy economy" (35.2%), and "Healthy behaviors and lifestyles" (31.8%).
- 6. 29.7% of respondents rated their knowledge of health services available through Sheridan Memorial Hospital Association as fair or poor.
- 8. 17.5% of survey respondents thought that "Greater health education services" would improve the community's access to healthcare.
- 14. 31.0% of survey respondents shared that "More information about available services" would improve the community's access to healthcare.
- 15. Key informant interview participants shared a desire for improved access to healthcare services, particularly through consistent local providers and alleviating the burdens associated with traveling out of the area for care.
- 16. 38.7% of survey respondents delayed healthcare in the last three years. The top reasons shared for delaying care included "Qualified provider not available" (34.9%), "It cost too much" (30.2%), and "Could not get an appointment," "Scheduling difficulty due to pandemic," and "Too long to wait for an appointment" (19.0%, each).
- 18. Key informant interview participants indicated an interest in opportunities encouraging healthy lifestyles, such as diabetes education.

#### **Anticipated Impact(s) of these Activities:**

- Increase access to healthcare services
- Building local capacity
- Reduce disease burden
- Improved health outcomes
- Service, policy, and resources development
- Improve access to high quality, coordinated care
- Reduced burden/barriers to accessing necessary care

#### **Plan to Evaluate Anticipated Impact(s) of these Activities:**

- Track SMHA's participation in regional population health initiatives.
- Track the creation of an outreach and education campaign.

- Track the dissemination and engagement with the outreach and education campaign.
- Track post-acute care utilization.
- Track the advancement of telehealth services and outreach/education plan.
- Track the awareness of health services on subsequent CHNA.

**Measure of Success:** SMHA's will sustain presence in the community as a trusted resource for health education and partnerships.

**Goal 1:** Improve awareness of and access to healthcare services throughout Sheridan County.

**Strategy 1.2:** Explore opportunities that enhance access to healthcare services and resources locally.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
1.2.1. Stay apprised of additional funding sources that would improve health services and resources locally.	Foundation Director/ CEO	April 1, 2023	CEO/ Senior Leadership	Montana Health Network and Billings Clinic	Availability of Grants/ Community median income is too high
1.2.2. Continue to work with community partners to explore the feasibility of a local vision clinic thereby reducing the travel burden experienced by Sheridan County residents traveling out of the area to access these routine and preventive services.	CEO	June 30, 2025	CEO/ Senior Board/ SMH Board	Chamber of Commerce	Space constraints. Resource limitations. Actual provider recruitment
1.2.3. Explore the integration of diabetes education at SMHA to improve chronic disease prevention and management locally.	Director of Clinic Operations	June 30, 2024	CEO	Montana Health Network and Billings Clinic	Resources/ Funding
1.2.4. Enhance services for area women and children by conducting a feasibility study of implementing pediatric and/or obstetric services locally.	BC/ MSA	June 30, 2023	CEO	Montana Health Network and Billings Clinic	Resources/ Funding
1.2.5. Explore the enhancement of care coordination activities through SMHA (i.e., tobacco cessation, referral protocols, etc.).	Director of Clinic Operations	June 30, 2023	CEO	Montana Health Network, Billings Clinic, and MORH/AHEC	Finances

1.2.6. Support continuous provider recruitment and retention efforts at SMHA based on the feasibility and needs of the service area.	CEO	Ongoing	SMH Board	Montana Health Network and Billings Clinic	Funding/ Recruitment
1.2.7. Develop and implement the Patient/Family Engagement Program to involve community members to serve as volunteers on a hospital committee, such as the Quality Committee or Safety Committee.	Volunteers	June 30, 2023	Chief Nursing Officer	N/A	Finding Volunteers

**Needs Being Addressed by this Strategy:**

- 1. 56.1% of survey respondents rated their community's health as "Somewhat healthy," 36.0% rated the community's health as "Healthy."
- 2. Survey respondents' top health concerns for the community included: "Alcohol/substance abuse" (66.3%), "Cancer" (43.6%), "Mental health issues" (25.6%), "Overweight/obesity" (23.3%), and "Lack of access to healthcare" (22.1%).
- 3. Survey respondents identified the top components of a healthy community as "Access to healthcare and other services" (62.5%), "Good jobs and a healthy economy" (35.2%), and "Healthy behaviors and lifestyles" (31.8%).
- 5. 21.0% of survey respondents were interested in "Diabetes" classes or programs.
- 6. 29.7% of respondents rated their knowledge of health services available through Sheridan Memorial Hospital Association as fair or poor.
- 7. The top choices among survey respondents for improving the community's access to healthcare included "More primary care providers" (65.5%) and "More specialists" (42.7%).
- 8. 17.5% of survey respondents thought that "Greater health education services" would improve the community's access to healthcare.
- 10. 93.2% of survey respondents desire "Eye/Vision Clinic" services locally.
- 11. 16.3% of survey respondents indicated interest in "Obstetrics/Pediatrics" services locally.
- 14. 31.0% of survey respondents shared that "More information about available services" would improve the community's access to healthcare.

- 15. Key informant interview participants shared a desire for improved access to healthcare services, particularly through consistent local providers and alleviating the burdens associated with traveling out of the area for care.
- 16. 38.7% of survey respondents delayed healthcare in the last three years. The top reasons shared for delaying care included “Qualified provider not available” (34.9%), “It cost too much” (30.2%), and “Could not get an appointment,” “Scheduling difficulty due to pandemic,” and “To long to wait for an appointment” (19.0%, each).
- 18. Key informant interview participants indicated an interest in opportunities encouraging healthy lifestyles, such as diabetes education.

**Anticipated Impact(s) of these Activities:**

- Increase access to healthcare services
- Reduce disease burden
- Improved health outcomes
- Service, policy, and resources development
- Improve access to high quality, coordinated care
- Enhanced community engagement

**Plan to Evaluate Anticipated Impact(s) of these Activities:**

- Monitor relevant funding opportunities to improve local services and resources.
- Track the progress towards determining the feasibility of a local vision clinic.
- Monitor the implementation of diabetes education at SMHA.
- Track the progress of the feasibility study of pediatric and/or obstetric services.
- Track the progress of activities aimed at improving provider retention and recruitment.
- Track the enhancements of the care coordination activities.
- Track the subsequent utilization and efficacy of the enhanced care coordination activities.
- Track the development of a Patient/Family Engagement Program.
- Track participation in the Patient/Family Engagement Program.

**Measure of Success:** Sheridan County residents will experience enhanced access to healthcare services and resources locally.

**Goal 2:** Enhance access to mental and behavioral health services in Sheridan County.

**Strategy 2.1:** Support local and regional efforts that address the mental and behavioral health needs throughout Sheridan County.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
2.1.1. Participate in regional behavioral health activities and initiatives by sustaining SMHA's active participation on the regional Behavioral Health Coalition. This includes, but is not limited to providing staff representatives to participate and support efforts of the Coalition, disseminating community outreach and education, etc.	Social Services Admin/ Director of Clinic Operations	Ongoing	CEO	Behavioral Health Coalition and Billings Clinic	Funding/ Qualified Staff
2.1.2. Continue to implement the crisis management intake questionnaire (PHQ-9) throughout SMHA's clinic and hospital settings. Monitor the utilization of the questionnaire and provider routine education to SMHA staff and providers to ensure consistent usage.	CAH/ DON/ Director of Clinic Operations	June 30, 2024	CEO	Billings Clinic	Staff education/ Work flow
2.1.3. Train and equip SMHA staff of all levels with the tools and knowledge so they are prepared to adequately respond to mental and behavioral health patients (i.e., presenting in crisis, resources, routine care, etc.).	All Staff	Ongoing	CEO/ Chief Nursing Officer	Relias, Billings Clinic, and Montana Health Network	Staff Turnover

2.1.4. Explore substance abuse prevention and resources based on the needs of the region (i.e., partnership with the local behavioral health coalition, utilizing stigma reduction messaging, educational campaigns, etc.).

Chief Medical  
Officer

Ongoing

CEO

Behavioral Health  
Coalition

Staffing

**Needs Being Addressed by this Strategy:**

- 2. Survey respondents' top health concerns for the community included: "Alcohol/substance abuse" (66.3%), "Cancer" (43.6%), "Mental health issues" (25.6%), "Overweight/obesity" (23.3%), and "Lack of access to healthcare" (22.1%).
- 3. Survey respondents identified the top components of a healthy community as "Access to healthcare and other services" (62.5%), "Good jobs and a healthy economy" (35.2%), and "Healthy behaviors and lifestyles" (31.8%).
- 4. 23.1% of survey respondents indicated interest in "Mental health" classes or programs.
- 9. Key informant interview participants discussed a concern for mental health, including a lack of local providers and substance use as relevant subthemes.
- 12. 67.7% of survey respondents describe their stress level in the past year as moderate or high.
- 13. When asked to rate how they would describe their mental health in general considering stress, anxiety, depression, and emotional problems, 19.9% rated it as "Fair" and 2.8% rated their mental health as "Poor."
- 17. Survey respondents indicated to what degree their life has been negatively affected a little by their own or someone else's substance abuse issues, including alcohol, prescription, or other drugs: "A little" (22.4%), "Somewhat" (18.4%), and "A great deal" (8.6%).

**Anticipated Impact(s) of these Activities:**

- Increase access to mental and behavioral health services
- Improved health outcomes
- Strengthened local capacity
- Service, policy, and resources development
- Improve access to high quality, coordinated care



**Plan to Evaluate Anticipated Impact(s) of these Activities:**

- Track SMHA participation with the regional behavioral health activities and initiatives.
- Track the dissemination of community outreach and education.
- Track the implementation of the PHQ-9 questionnaire.
- Monitor the utilization of the PHQ-9 questionnaire.
- Track the number of mental and behavioral health training opportunities provided to SMHA staff.
- Track the participation in the mental and behavioral health training opportunities.
- Track the area's demand for expanded substance abuse prevention resources.
- Track the implementation of expanded substance abuse prevention resources.

**Measure of Success:** SMHA will support local and regional efforts that address the mental and behavioral health needs throughout the service area.

### Needs Not Addressed and Justification

Identified health needs unable to address by SMHA	Rationale
1. 9.7% of survey respondents indicated they had difficulty getting a prescription or taking their medication regularly due to cost in the last year.	While not included explicitly within this implementation plan, SMHA has a 340b program and contracts with the Plentywood Rexall Drug for those in need.
2. 4.0% of survey respondents were concerned about not having enough food to eat in the last year.	SMHA regularly provides donations and referrals for community members to the local food bank in Sheridan County.
3. 36.0% of survey respondents feel that the community does not have adequate and affordable housing options available.	While not included explicitly within this implementation plan, SMHA is committed to remaining apprised of local affordable housing conversations and participating as resources (time, workforce, etc.) allow.

### Dissemination of Needs Assessment

Sheridan Memorial Hospital Association “SMHA” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website ([sheridanmemorial.net](http://sheridanmemorial.net)) as well as having copies available at the facility should community members request to view the community health needs assessment or the implementation planning documents.

The Steering Committee, which was formed specifically as a result of the CHSD [Community Health Services Development] process to introduce the community to the assessment process, will be informed of the implementation plan to see the value of their input and time in the CHSD process as well as how SMHA is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Sheridan County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of SMHA will be directed to the hospital’s website to view the complete assessment results and the implementation plan. SMHA board members approved and adopted the plan on **December 13, 2022**. Board members are encouraged to familiarize themselves with the needs assessment report and implementation plan, so they can publicly promote the facility’s plan to influence the community in a beneficial manner.

Written comments on this 2022-2025 Sheridan Memorial Hospital Association Community Benefit Strategic Plan can be submitted to:

Marketing  
Sheridan Memorial Hospital Association  
440 West Laurel Avenue  
Plentywood, Montana 59254

Please reach out to Sheridan Memorial Hospital Association’s Marketing Specialist at 406-765-3709 or [CAnderson@SheridanMemorial.net](mailto:CAnderson@SheridanMemorial.net) with and questions.