

IMPLEMENTATION PLAN

Addressing Community Health Needs



Plentywood, Montana

2025-2028

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Disclaimer: The Montana Office of Rural Health strongly encourages an accounting professional's review of this document before submission to the IRS. As of this publishing, this document should be reviewed by a qualified tax professional. Recommendations on its adequacy in fulfillment of IRS reporting requirements are forthcoming.

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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 2025 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).

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 of services and resources
- Access to healthcare services

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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
- David Shahbodaghi – SMHA, Medical Director
- Kirk Beasley – SMHA, Chief Nursing Officer
- Jessica Brusven – SMHA, Director of Clinical Operations
- 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.
- Sheridan County Fair informational booth.
- SMHA assists Chamber of Commerce events and maintains community property.
- SMHA representation on various community boards/coalitions.
- SMHA provides community health education and support services.
- SMHA provides outreach and education at various events such as: EMS and trauma training, Sheridan County Health Fair, Physical, Occupational, and Speech therapy support at local schools

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

- Sheridan County Care
 - Pioneer Manor – Maryha Fasching
 - 406-765-1400
 - pioneermanor@gmail.com
 - LaCasa Personal Care – Ben Richardson or Leah Richardson
 - 406-765-1669
 - lacasapersonalcare@yahoo.com
 - Glenwood Inc – Ann Hoye
 - 406-765-2040
 - Glenwood1@nemont.net
 - Plentywood Rexall Drug – Marv Eberling
 - 406-765-1810
 - pwddrug@nemont.net
 - Sheridan County Behavioral Health Coalition – Cheryl Duncan
 - 406-765-1410
 - scbhcoalition@nemont.net
 - Sheridan County Council on Aging – Angie Manley
 - 406-765-3412
 - amanley@sheridancountymt.gov
 - Sheridan County Public Health Coordinator – Cheryl Duncan
 - 406-765-3410
 - cduncan@sheridancountymt.gov
 - Hi-Line Home Program, Plentywood, MT - Christina Kahrs
 - 406-765-1282
- City/County Officials
 - City of Medicine Lake – Kory Opp
 - 406-765-7081
 - townofml@nemont.net
 - City of Plentywood – Randy Rice

- 406-765-1700
 - ctypwood@nemont.net
 - City of Westby – Jeff Eckness
 - 406-385-2445
 - townofwestby@nemont.net
 - Sheridan County Sheriff – Lonnie Johnson
 - 406-765-1200 x471
 - ljohnson@sheridancountymt.gov
 - County Commissioner – Liselle Reed
 - 406-765-3445
 - lreed@sheridancountymt.gov
 - County Commissioner – Jon Bolstad
 - 406-765-3445
 - jbolstad@sheridancountymt.gov
 - County Commissioner – Chris Westergard
 - 406-765-3445
 - cwestergard@sheridancounty.mt.gov
- Sheridan County School Officials
 - Medicine Lake School – Aaron Webster
 - 406-789-2211
 - awebster@medicinelake.k12.mt.us
 - Plentywood School – Nate Olson
 - 406-765-1803
 - Nate.olson@plentywood.k12.mt.us
 - Westby School – Dylan MacLean
 - 406-385-2225
 - dmaclean@westbyschool.k12.mt.us
 - Sheridan County Mental Health Services
 - Turning Leaf Counseling – Gina Aasheim

- 406-765-1277
 - turningleaf@nemont.net
- Eastern Montana Community Mental Health – Sheri Hilyard
 - 406-765-2550
 - shilyard@emcmhc.org
- Debbie Johnson, MSW Clinical Psychologist Plentywood Schools
 - 406-765-1803
 - johnsond@plentywood.k12.mt.us
- Pastor Tammy Craker, PrT Coaching Life Loss Grief
 - 406-765-1371 or 605-765-4043
- Transportation Services
 - Quality Transport, Plentywood Montana
 - 406-765-1018
- Food Assistance
 - Harvest Food Pantry
 - 406-478-1016
 - Sheridan County Food Bank
 - 406-765-2040

3. Sheridan County Indicators

Population Demographics

- 93.3% of Sheridan County’s population white, and 2.5% identifies as American Indian or Alaska Native.
- 15.8% of Sheridan County’s population has disability status.
- 25.6% of Sheridan County’s population is 65 years and older.
- 6.2% of Sheridan County’s population has Veteran status.
- 34.3% of Sheridan County’s population are a “high school graduate (includes equivalency)” as their highest degree attained; 24.3% have “some college, no degree.”

Size of County and Remoteness

- 3,498 people in Sheridan County
- 2.1 people per square mile

Socioeconomic Measures

- 10.4% of children live in poverty
- 10.0% of persons are below the federal poverty level
- 11.0% of adults (age<65) and 10.1% of children (age<18) are uninsured
- 19.8% of the population is enrolled in Medicaid

Select Health Measures

- 33% of adults are considered obese
- 23% 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

January 30, 2025

Connie Anderson –SMHA, Marketing Director

Jessica Brusven – SMHA, Clinic Manager

Roxy Kleppen – SMHA, Human Resources (HR) Director

Angie Manley – Sheridan County Aging Services

Chad Sylvestre – CAH, SMHA

Public and Community Health

- We think of having a geriatric community but 53.7% are 18-64 and that's encouraging
- It would be interesting to see what population/age numbers now
- Still older population than state and nation, but feels older than maybe it actually is
- Patient volumes and patients seen are definitely older
- Hospital deals with lots of geriatric needs, but also full spectrum family care
- Medicare is 42%
- Younger don't use hospital as much
- What is 18-64 looking for for care? What will draw them in?
- Truly surprised about 74 households without a vehicle; thankful for Quality Transit (recently extended hours); probably here in town, or in Westby; probably not out in the country
- QT is busy; will take folks to Watford, Williston, Wolf Point, Sidney
- There is a fee for out of town; people can carpool and share cost (\$25 to Will/Sid, \$50 to Watford)
- QT used by folks of all ages
- Low HPV vaccination rates
- MT is high in alcohol consumption
- Poverty at 10% but people receiving SNAP/FRL is 40%
- Poverty rate is higher than the 10% given, probably 20-25%
- Lower Medicaid population here; 8-10% would qualify for Medicaid (even w expansion, 1-2% more, not super significant)
- Have had to increase self-pay adjustments because of lack of insurance
- 2 food banks here
- Low Hep C rates is probably not true; not a huge issue though
- Mental health is not great here; need for mental health providers has increased
- Need for counselors, LCSW, psychiatrists
- IBH program set up 3 years ago
- LCSW in house now
- Added counseling at the school
- Counseling turns people away because they're so full

Population: Low-Income, Underinsured

- Need OPA
- Can't get answer from Medicare ever

Population: Seniors

- Go to Scobey for eye clinic; vision is high need
- We have optometrist in town but she won't set up anything here
- Hard to navigate Medicare and Medicaid overlap

Population: Youth

- Teen drinking rates are probably right – state data probably counts here
- Extracurriculars (4H, FFA, FBP, sports) and church groups are it for teens; there used to be a lot more (roller rink, pool, racquetball courts)
- Vaping is an issue, it's the cool thing to do
- School is getting new all-weather track
- Not sure lack of childcare is issue here; haven't heard a ton about it after move to 4 day school week

Population: Veterans

- 120 here
- VA satellite here

Needs Identified and Prioritized

Prioritized Needs to Address

1. 11.1% of survey respondents consider their community to be “unhealthy.”
2. Top health concerns were “Alcohol substance use” (61.3%), “Cancer” (39.2%), and “Mental and behavioral health issues” (28.7%).
3. Top components of a healthy community are “Access to healthcare services” (61.1%), “Healthy behaviors and lifestyles” (*38.9%), and “Good jobs and a healthy economy” (37.2%).
4. 57.5% of respondents rated their knowledge of health services as “Good” and 17.7% said “Fair.” 72.1% of respondents said they learned of health services through “Family/friends,” 62.3% through a “Healthcare provider,” and 55.2% through “Word of mouth/reputation.”
5. 91.0% of respondents utilized the “Local pharmacy” in the last three years, and 62.1% had been to the “Dental Clinic.”
6. What would improve access to healthcare: “More primary care providers” (42.1%), “More specialists” (39.2%), “Transportation assistance (out of Sheridan County)” (31.6%), and “More information about available services” (30.4%).
7. Respondents were most interested in education around “Women’s health” (43.0%), “Health and wellness” (40.5%), and “Weight loss” (36.1%).
8. 69.1% of respondents had utilized “Routine blood pressure check” in the last year, 67.4% had utilized a “Routine health checkup,” and 64.1% a “Dental check.”
9. 31.1% of respondents indicated that they delayed or did not received medical services they thought they needed. Top reasons cited were “It cost too much” (29.4%), “Too long to wait for an appointment” (25.5%), and “Could not get an appointment” (23.5%).
10. 97.8% of respondents saw a primary care provider in the past three years, and 65.2% saw that provider in Plentywood. Top reasons for provider selection were “Closest to home” (55.4%), “Clinic/provider’s reputation for quality” (42.9%), and “Appointment availability” (39.5%).
11. 64.8% of respondents received hospital care in the last three years, and 35.7% went to SMH. Top reasons for hospital selection were “Closest to home” (50.9%), “Referred by provider” (36.2%), and “Emergency, no choice” (33.6%).
12. 80.7% of respondents saw a specialist in the last three years; 64.1% of them went to Billings for that care. 42.7% of people saw an “Optometrist,” 26.6% a “Dentist,” and 25.9% (each) an “Ophthalmologist” and an “Orthopedic surgeon.”
13. “Therapy (physical, occupational, speech)” received the highest rating of all SMH services at 3.7 out of 4.0; “Counseling (behavioral/metal health)” and “VA Clinic” received the lowest rating at 3.1 out of 4.0.

14. 13.3% of respondents indicated they felt period of depression in the past three years. 50.0% said they felt isolated to some extent in the past year. 16.6% reported “High” stress in the last year, and 16.8% reported “Fair” or “Poor” mental health.
15. 48.3% of respondents indicated their lives were negatively impacted by substance use in some capacity.
16. 5.0% of respondents indicated they were concerned about having enough food to eat in the last year.
17. Most respondents rated the statement “I can get the healthcare I need in Sheridan County” as a 2.9 out of 4.0.
18. 27.9% of respondents said their health insurance only covered a “Fair” or “Poor” portion of their healthcare costs. Cost was a top reason why respondents did not have healthcare.
19. Interviewees identified decreasing stigma around mental health as a top health need.

Needs Unable to Address

(See page 26 for additional information)

1. 7.9% of survey respondents indicated they had difficulty getting a prescription or taking their medication regularly due to cost in the last year.
2. 34.5% of respondents indicate they got adequate physical activity only 3-5 times per month or less.
3. 37.6% of respondents said they did not think there was adequate and affordable housing available in the community.

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 health services and resources available through Sheridan Memorial Hospital.

Strategy 1.1: Conduct marketing campaign to educate service area about SMH’s services and resources.

- 1.1.1. Highlight providers at SMH, especially Advanced Practice providers, to make patients more familiar with their care providers.
- 1.1.2. Extend marketing and awareness efforts into communities outside of Plentywood to educate wider service area about available resources.
- 1.1.3. Highlight services available through SMH to ensure the community is aware of what is offered locally.
- 1.1.4. Be receptive to the community and improve public relations.
- 1.1.5. Advertise educational programming available through SMH or community organizations.
- 1.1.6. Update SMH website to improve and clarify user experience.

Strategy 1.2: Utilize SMH’s platform and network to improve education and awareness of mental and behavioral health.

- 1.2.1. Increase awareness of locally-available providers and services.
- 1.2.2. Work to decrease stigma associated with seeking mental health care.

Strategy 1.3: Continue to collaborate with and support local organizations working towards a healthier community.

- 1.3.1. Help increase awareness of local food bank.
- 1.3.2. Continue to collaborate with Council on Aging and other local organizations.

Goal 2: Increase access to healthcare services in Sheridan County.

Strategy 2.1: Increase services available through SMH.

- 2.1.1. Explore feasibility of adding optometry services through feasibility study and cost estimates.
- 2.1.2. Continue to grow mental and behavioral health services in the community.
- 2.1.3. Evaluate feasibility of increasing OB outreach services.
- 2.1.4. Continue to expand dietician services to promote health and wellness in the community.

Strategy 2.2: Explore transportation options to ensure the community can access healthcare services.

- 2.2.1. Continue to work with MHN in Billings in their efforts to acquire local transport vehicles.
- 2.2.2. Explore patient volume needed for helicopter services.

Strategy 2.3: Increase educational offerings for the community through SMH and other organizations.

- 2.3.1. Design quarterly educational opportunities for the community about topics of interest such as nutrition, fitness, wellness, mental health education, and suicide prevention.
- 2.3.2. Continue to provide and support classes such as Stop the Bleed, _____.
- 2.3.3. Incorporate education for specific groups in the community, e.g. end of life financial planning assistance.

Strategy 2.4: Evaluate options for facility and logistical improvement at SMH.

- 2.4.1. Continue to explore how to increase access to care.
- 2.4.2. Conduct investigation into audit rates of comparable facilities.
- 2.4.3. Explore the ability for SMH to provide space for new providers and services.

Implementation Plan Grid

Goal 1: Improve awareness of health services and resources available through Sheridan Memorial Hospital.

Strategy 1.1: Conduct marketing campaign to educate service area about SMH’s services and resources.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Highlight providers at SMH, especially Advanced Practice providers, to make patients more familiar with their care providers.	Penni Benkler	Ongoing	Kody Nelson	SMH Leadership	Limited Opportunity to Promote through Facebook and Newspaper
Extend marketing and awareness efforts into communities outside of Plentywood to educate wider service area about available resources.	Penni Benkler	Ongoing	Kody Nelson	SMH Leadership	Distance from other Outside Communities
Highlight services available through SMH to ensure the community is aware of what is offered locally.	Penni Benkler	Ongoing	Kody Nelson	SMH Leadership	Limited Opportunity to Promote through Facebook and Newspaper
Be receptive to the community and improve public relations.	SMH Leadership and Board	Ongoing	Kody Nelson	All Staff	SMHA is only able to share limited information with public
Advertise educational programming available through SMH or community organizations.	Penni Benkler	Ongoing	Kody Nelson	SMH Leadership	Limited Resources to promote within facility

Update SMH website to improve and clarify user experience.	Penni Benkler	Ongoing	Kody Nelson	SMH Leadership Kinetic Marketing	Communication
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Needs Being Addressed by this Strategy:

- 3. Top components of a healthy community are “Access to healthcare services’ (61.1%), “Healthy behaviors and lifestyles” (38.9%), and “Good jobs and a healthy economy” (37.2%).
- 4. 57.5% of respondents rated their knowledge of health services as “Good” and 17.7% said “Fair.” 72.1% of respondents said they learned of health services through “Family/friends,” 62.3% through a “Healthcare provider,” and 55.2% through “Word of mouth/reputation.”
- 6. What would improve access to healthcare: “More primary care providers” (42.1%), “More specialists” (39.2%), “Transportation assistance (out of Sheridan County)” (31.6%), and “More information about available services” (30.4%).
- 7. Respondents were most interested in education around “Women’s health” (43.0%), “Health and wellness” (40.5%), and “Weight loss” (36.1%).
- 10. 97.8% of respondents saw a primary care provider in the past three years, and 65.2% saw that provider in Plentywood. Top reasons for provider selection were “Closest to home” (55.4%), “Clinic/provider’s reputation for quality” (42.9%), and “Appointment availability” (39.5%).
- 11. 64.8% of respondents received hospital care in the last three years, and 35.7% went to SMH. Top reasons for hospital selection were “Closest to home” (50.9%), “Referred by provider” (36.2%), and “Emergency, no choice” (33.6%).
- 13. “Therapy (physical, occupational, speech)” received the highest rating of all SMH services at 3.7 out of 4.0; “Counseling (behavioral/metal health)” and “VA Clinic” received the lowest rating at 3.1 out of 4.0.
- 17. Most respondents rated the statement “I can get the healthcare I need in Sheridan County” as a 2.9 out of 4.0.

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 provider highlights
- Track marketing and awareness efforts
- Track engagement with SMH social media postings
- Document website changes
- Track educational programming

Measure of Success: Improve website traffic by 10%. Include health related education in advertisement one week per quarter. Host a student night for High School students to introduce them to possible healthcare career paths.

Goal 1: Improve awareness of health services and resources available through Sheridan Memorial Hospital.

Strategy 1.2: Utilize SMH’s platform and network to improve education and awareness of mental and behavioral health.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Increase awareness of locally-available providers and services.	Penni Benkler	Ongoing	Kody Nelson	Mental Health Coalition	Limited Resources
Work to decrease stigma associated with seeking mental health care.	Penni Benkler	Ongoing	Kody Nelson	Mental Health Coalition	Limited Resources

Needs Being Addressed by this Strategy:

- 1. 11.1% of survey respondents consider their community to be “unhealthy.”
- 2. Top health concerns were “Alcohol substance use” (61.3%), “Cancer” (39.2%), and “Mental and behavioral health issues” (28.7%).
- 3. Top components of a healthy community are “Access to healthcare services’ (61.1%), “Healthy behaviors and lifestyles” *38.9%), and “Good jobs and a healthy economy” (37.2%).
- 4. 57.5% of respondents rated their knowledge of health services as “Good” and 17.7% said “Fair.” 72.1% of respondents said they learned of health services through “Family/friends,” 62.3% through a “Healthcare provider,” and 55.2% through “Word of mouth/reputation.”
- 6. What would improve access to healthcare: “More primary care providers” (42.1%), “More specialists” (39.2%), “Transportation assistance (out of Sheridan County)” (31.6%), and “More information about available services” (30.4%).

- 13. “Therapy (physical, occupational, speech)” received the highest rating of all SMH services at 3.7 out of 4.0; “Counseling (behavioral/metal health)” and “VA Clinic” received the lowest rating at 3.1 out of 4.0.
- 14. 13.3% of respondents indicated they felt period of depression in the past three years. 50.0% said they felt isolated to some extent in the past year. 16.6% reported “High” stress in the last year, and 16.8% reported “Fair” or “Poor” mental health.
- 15. 48.3% of respondents indicated their lives were negatively impacted by substance use in some capacity.
- 16. 15.0% of respondents indicated they were concerned about having enough food to eat in the last year.
- 17. Most respondents rated the statement “I can get the healthcare I need in Sheridan County” as a 2.9 out of 4.0.
- 19. Interviewees identified decreasing stigma around mental health as a top health need.

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 efforts to decrease stigma around mental health
- Track promotion of locally-available services and providers

Measure of Success: Mental health education one week per quarter. Completion and distribution of updated community resource guide with mental health coalitions.

Goal 1: Improve awareness of health services and resources available through Sheridan Memorial Hospital.

Strategy 1.3: Continue to collaborate with and support local organizations working towards a healthier community.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Help increase awareness of local food bank.	Penni Benkler	Ongoing	Kody Nelson	Department Managers	Limited Hours of Operation

				Local Food Banks	
Continue to collaborate with Council on Aging and other local organizations.	Jessica Brusven	November 2026/ Ongoing	Kody Nelson	Council on Aging	Limited Finances

Needs Being Addressed by this Strategy:

- 1. 11.1% of survey respondents consider their community to be “unhealthy.”
- 2. Top health concerns were “Alcohol substance use” (61.3%), “Cancer” (39.2%), and “Mental and behavioral health issues” (28.7%).
- 3. Top components of a healthy community are “Access to healthcare services’ (61.1%), “Healthy behaviors and lifestyles” *38.9%), and “Good jobs and a healthy economy” (37.2%).
- 7. Respondents were most interested in education around “Women’s health” (43.0%), “Health and wellness” (40.5%), and “Weight loss” (36.1%).
- 16. 15.0% of respondents indicated they were concerned about having enough food to eat in the last year.

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:

- Track promotion of food bank efforts
- Track collaboration with Council on Aging

Measure of Success: Host November Food Drive in collaboration with the County and Local Food Banks. Identify representative from SMHA at the Council of Aging Meeting

Goal 2: Enhance access to healthcare services in Sheridan County.

Strategy 2.1: Increase services available through SMH.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore feasibility of adding optometry services through feasibility study and cost estimates.	Kody Nelson	September 2026	SMHA Board of Directors	Jessica Brusven	Limited Building Space Cost
Continue to grow mental and behavioral health services in the community.	Jessica Brusven	Fall 2026	Kody Nelson	Mental Health Coalition	Resource Allocation
Evaluate feasibility of increasing OB outreach services.	Jessica Brusven	Ongoing	Kody Nelson	Dr. Millard	Providers Distance
Continue to expand dietician services to promote health and wellness in the community.	Danielle Anderson	Ongoing	Kody Nelson	Jessica Brusven	Insurance Cost of Services

Needs Being Addressed by this Strategy:

- 2. Top health concerns were “Alcohol substance use” (61.3%), “Cancer” (39.2%), and “Mental and behavioral health issues” (28.7%).
- 3. Top components of a healthy community are “Access to healthcare services” (61.1%), “Healthy behaviors and lifestyles” *38.9%), and “Good jobs and a healthy economy” (37.2%).
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- 12. 80.7% of respondents saw a specialist in the last three years; 64.1% of them went to Billings for that care. 42.7% of people saw an “Optometrist,” 26.6% a “Dentist,” and 25.9% (each) an “Ophthalmologist” and an “Orthopedic surgeon.”
- 14. 13.3% of respondents indicated they felt period of depression in the past three years. 50.0% said they felt isolated to some extent in the past year. 16.6% reported “High” stress in the last year, and 16.8% reported “Fair” or “Poor” mental health.
- 15. 48.3% of respondents indicated their lives were negatively impacted by substance use in some capacity.
- 17. Most respondents rated the statement “I can get the healthcare I need in Sheridan County” as a 2.9 out of 4.0.
- 19. Interviewees identified decreasing stigma around mental health as a top health need.

Anticipated Impact(s) of these Activities:

- Increase access to 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 efforts regarding optometry feasibility
- Track mental and behavioral services in the community
- Track efforts made to increase OB services
- Track wellness education and services

Measure of Success: Start-up cost evaluation of optometry completed by September of 2026. Communication with local resource providers for optometry by August 2026.

Goal 2: Enhance access to healthcare services in Sheridan County.

Strategy 2.2: Explore transportation options to ensure the community can access healthcare services.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue to work with MHN in Billings in their efforts to acquire local transport vehicles.	Kody Nelson	ongoing	Kody Nelson	MHN	Distance
Explore patient volume needed for helicopter services.	Chad Sylvestre	Ongoing	Kody Nelson	Lisa O’Connor Angel Med Flight	Distance Volume

Needs Being Addressed by this Strategy:

- 3. Top components of a healthy community are “Access to healthcare services’ (61.1%), “Healthy behaviors and lifestyles” (38.9%), and “Good jobs and a healthy economy” (37.2%).
- 6. What would improve access to healthcare: “More primary care providers” (42.1%), “More specialists” (39.2%), “Transportation assistance (out of Sheridan County)” (31.6%), and “More information about available services” (30.4%).
- 9. 31.1% of respondents indicated that they delayed or did not received medical services they thought they needed. Top reasons cited were “It cost too much” (29.4%), “Too long to wait for an appointment” (25.5%), and “Could not get an appointment” (23.5%).
- 11. 64.8% of respondents received hospital care in the last three years, and 35.7% went to SMH. Top reasons for hospital selection were “Closest to home” (50.9%), “Referred by provider” (36.2%), and “Emergency, no choice” (33.6%).
- 17. Most respondents rated the statement “I can get the healthcare I need in Sheridan County” as a 2.9 out of 4.0.

Anticipated Impact(s) of these Activities:

- Increase access to 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 collaboration with MHN to secure local transport vehicles
- Document patient volume
- Track documentation of helicopter feasibility

Measure of Success: Helicopter feasibility study completed by May 2026.

Goal 2: Enhance access to healthcare services in Sheridan County.

Strategy 2.3: Increase educational offerings for the community through SMH and other organizations.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Design quarterly educational opportunities for the community about topics of interest such as nutrition, fitness, wellness, mental health education, and suicide prevention.	Kody Nelson	Ongoing	Kody Nelson	Department Managers	Scheduling Budget
Continue to provide and support classes such as Stop the Bleed, SAIL, Hands Only CPR.	Lisa O'Connor Jessica Brusven	Ongoing	Kody Nelson	EMS Council on Aging	Scheduling

Incorporate education for specific groups in the community, e.g. end of life financial planning assistance.

Penni Benkler

Ongoing

Kody Nelson

Foundation Board

Resources

Needs Being Addressed by this Strategy:

- 1. 11.1% of survey respondents consider their community to be “unhealthy.”
- 2. Top health concerns were “Alcohol substance use” (61.3%), “Cancer” (39.2%), and “Mental and behavioral health issues” (28.7%).
- 3. Top components of a healthy community are “Access to healthcare services’ (61.1%), “Healthy behaviors and lifestyles” *38.9%), and “Good jobs and a healthy economy” (37.2%).
- 4. 57.5% of respondents rated their knowledge of health services as “Good” and 17.7% said “Fair.” 72.1% of respondents said they learned of health services through “Family/friends,” 62.3% through a “Healthcare provider,” and 55.2% through “Word of mouth/reputation.”
- 6. What would improve access to healthcare: “More primary care providers” (42.1%), “More specialists” (39.2%), “Transportation assistance (out of Sheridan County)” (31.6%), and “More information about available services” (30.4%).
- 7. Respondents were most interested in education around “Women’s health” (43.0%), “Health and wellness” (40.5%), and “Weight loss” (36.1%).

Anticipated Impact(s) of these Activities:

- Increase access to 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 educational offerings
- Document community desires for educational offerings
- Track attendance at classes and educational outreach

Measure of Success: Host a financial planning event in 2027.

Goal 2: Enhance access to healthcare services in Sheridan County.

Strategy 2.4: Evaluate options for facility and logistical improvement at SMH.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue to explore how to increase access to care.	Kody Nelson	Ongoing	Kody Nelson	SMH Board	Need more Space
Conduct investigation into audit rates of comparable facilities.	Kody Nelson	Ongoing	Kody Nelson	SMH Leadership	Resources
Explore the ability for SMH to provide space for new providers and services.	Kody Nelson	Ongoing	Kody Nelson	SMH Leadership	Budget

Needs Being Addressed by this Strategy:

- 2. Top health concerns were “Alcohol substance use” (61.3%), “Cancer” (39.2%), and “Mental and behavioral health issues” (28.7%).
- 3. Top components of a healthy community are “Access to healthcare services’ (61.1%), “Healthy behaviors and lifestyles” *38.9%), and “Good jobs and a healthy economy” (37.2%).
- 6. What would improve access to healthcare: “More primary care providers” (42.1%), “More specialists” (39.2%), “Transportation assistance (out of Sheridan County)” (31.6%), and “More information about available services” (30.4%).
- 9. 31.1% of respondents indicated that they delayed or did not received medical services they thought they needed. Top reasons cited were “It cost too much” (29.4%), “Too long to wait for an appointment” (25.5%), and “Could not get an appointment” (23.5%).
- 13. “Therapy (physical, occupational, speech)” received the highest rating of all SMH services at 3.7 out of 4.0; “Counseling (behavioral/metal health)” and “VA Clinic” received the lowest rating at 3.1 out of 4.0.
- 17. Most respondents rated the statement “I can get the healthcare I need in Sheridan County” as a 2.9 out of 4.0.
- 18. 27.9% of respondents said their health insurance only covered a “Fair” or “Poor” portion of their healthcare costs. Cost was a top reason why respondents did not have healthcare.

Anticipated Impact(s) of these Activities:

- Increase access to 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 investigation into audit rates of comparable facilities
- Document research into SMH space for new providers and services
- Document exploration of how to increase access to care

Measure of Success: Complete Pre-Application and Feasibility studies by June of 2027.

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) 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 Community Health Services Development (CHSD) 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 **DATE, 2025**. 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 2025-2028 Sheridan Memorial Hospital Association Community Benefit Strategic Plan can be submitted to:

Penni Benkler, Marketing/Foundation Director
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 pbenkler@sheridanmemorial.net with and questions.

[Please remove the following statement and the disclaimer in the footer once the planning document is finalized]

**Please note that you will need to include information specific to these requirements:*

- *You must post your community health needs assessment (CHNA) and your facility’s implementation plan publicly – both “conspicuously” on your website as well as have a hard copy available at your facility should someone request to view either/both documents.*
 - *Your documents must remain on the web until two subsequent CHNA reports have been posted*
 - *An individual must not be required to create an account or provide personally identifiable information to access the report*
 - *A paper copy must be available for public inspection without charge*
- *Your facility’s implementation plan must be approved, and the plan must document the date upon which the plan was approved/adopted*