

# IMPLEMENTATION PLAN

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## *Addressing Community Health Needs*



***Red Lodge, Montana***

***2022-2025***

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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 Beartooth Billings Clinic’s (BBC) 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 Carbon 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 key informant interviews (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 ([beartoothbillingsclinic.org/about-us-beartooth-billings-clinic/community-health-needs-assessments](https://beartoothbillingsclinic.org/about-us-beartooth-billings-clinic/community-health-needs-assessments)).

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 BBC’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:

- **Mental and behavioral health**
- **Access to healthcare services**
- **Chronic disease management and prevention**

In addressing the aforementioned issues, BBC seeks to:

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

**Mission:** We save lives and promote healthy living.

**Vision:** Beartooth Billings Clinic will be a National Leader for Excellence in Integrated Rural Health Care. You are the difference.

**Brand Values:** Integrity, Accountability / Stewardship, Innovation, Passion for Excellence, Love, Compassion.

**Core Essence:** Everything in our power.

**Implementation Planning Committee Members:**

- Abby Lotz, CEO – Beartooth Billings Clinic (BBC)
- Bridgett Chartier, CNO – BBC
- Linda Harris, Director of Foundation & Finance – BBC
- Holly Lucara, Community Relations Manager – BBC
- Brandi Mains, Director of Operations & IT – BBC
- Trish Hilderman, Director of Facilities & Children's Center – BBC

## 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. BBC's Existing Presence in the Community

- Beartooth Billings Clinic participates in an annual CTE Career Fair for approximately 600 area high school students.
- The Wellness Trail, located on the BBC campus, is a segment of the greater Red Lodge area Rocky Fork Trail System offering safe pedestrian travel which will connect the campus with downtown Red Lodge once MDT's highway reconstruction project is completed in 2024. Beartooth Billings Clinic has an award-winning worksite wellness program (Silver Award Winner for the 2012 Excellence in Worksite Health Promotion Awards) for improving health outcomes for its employees.
- Staff members from Beartooth Billings Clinic provide free diabetes management education to local citizens.
- The facility runs the "Slide Safe, Dress Smart" program, which provides snow sports safety/injury prevention education for regional school students.
- Beartooth Billings Clinic sponsors free CPR/First Aid training to incoming eighth and tenth graders.
- The facility provides staff for six area schools' sports physicals, where all fees collected are donated back to the schools.
- Sports medicine staff members at Beartooth Billings Clinic provide their services at home athletic events as well as concussion management education to school athletes in the area.
- Beartooth Billings Clinic provides various cancer screenings (i.e., colon cancer, mammography, etc.) to low-income and underinsured populations.

- Beartooth Billings Clinic also provides financial support to several organizations in the area, including: the Beartooth Children’s Center and other youth mentoring programs, Domestic and Sexual Violence Services (DSVS), Red Lodge Fire Rescue, Red Lodge Area Community Foundation.
- The Beartooth Children’s Center provides nutritious meals for those who cannot afford them. It continues to provide early childhood development and education providing scholarships to families in need.
- The facility participates in the WWAMI program and hosts medical students interested in practicing in rural areas as a part of the Rural/Underserved Opportunities Program (R/UOP).
- Beartooth Billings Clinic is an active participant in the Carbon County Local Emergency Planning Committee (LEPC) to improve emergency response for the community.
- Beartooth Billings Clinic’s Trauma Services Coordinator provides education on the “Stop the Bleed” awareness campaign throughout the county.

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

- Domestic and Sexual Violence Services (DSVS) serves individuals, families, and communities impacted by physical, sexual, and emotional abuse; and promotes healthy, equitable, and violence-free relationships.
- The Carbon County Public Health Department knits together numerous rural communities by establishing a common theme of health awareness, disease prevention, and access to care.
- The Carbon County Mental Health Center satellite provides professional and confidential services to individuals in Red Lodge and surrounding areas, who experience symptoms of mental health, addiction, and co-occurring disorders.
- Carbon Beta Jail Alternatives, Inc. promotes public safety and challenges offenders to become responsible, productive citizens through firm, fair, and consistent supervision, treatment, and education.
- Several support groups/services specific to addiction issues are present in Carbon County: Alcoholics Anonymous, MT Council on Problem Gambling, Narcotics Anonymous, MT Quit Line Tobacco Prevention.
- Program through the Mental Health Center, Al-Anon, Alateen, and the Rimrock Foundation.
- Resource, Support, and Development, Inc. (Beartooth Industries) in Red Lodge provides an array of community-based support and services to adult citizens with special needs, specifically those with developmental and physical disabilities.
- BareTooth Cupboards is dedicated to reducing hunger in Carbon County by providing nutritious food to individuals in need and engaging in outreach and advocacy.
- Implementing monthly visits to Carbon County Boys & Girls Club with the Beartooth Cub Clinic program of healthcare activities and education for 5 – 10-year-olds.
- The Red Lodge Senior Citizen’s Center provides activities and education for seniors in the community, as well as blood pressure checks and the Beartooth Billings Clinic Home Health foot clinic. Affordable lunches are offered three days a week.
- The Carbon County Local Emergency Planning Committee (LEPC) works to improve emergency response throughout the County.
- Beartooth Billings Clinic operates the Beartooth Children’s Center, one of the few licensed childcare centers in Carbon County offering a “Pre School” or Pre-Kindergarten program to children ages 3 – 5.
- The Red Lodge Area Community Foundation serves the community by helping donors meet community needs through an endowment fund, grants, and other avenues of giving; funding projects in arts and culture, education, environment, health and social services, and supporting other nonprofits through training, leadership, and sponsoring the annual Red Lodge Fun Run for Charities.
- STEP Support and Techniques for Empowering People Inc provides services and support to persons with developmental disabilities and their families.

- The Red Lodge Adult Education program provides low-cost classes for adults to learn new skills or complete a GED.
- The Rural Employment Opportunities (REO) operates programs and services aimed at assisting seasonal agricultural workers prepare for permanent, full-time careers.
- The Carbon County schools provide education, services, and programs to students.
- Montana Nutrition and Physical Activity program (NAPA) of DPHHS assists with initiatives associated with health and wellness.
- The Agency for Healthcare Research & Quality (AHRQ) provides research to assist providers and patients with making informed healthcare decisions and improving the quality of healthcare services.
- Montana Office of Rural Health/Area Health Education Center (MORH/AHEC) provides technical assistance to rural health systems and organizations.
- The Montana Department of Public Health and Human Services (MT DPHHS) works to protect the health of Montanans.
- WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) serves as a model program for training physicians and other health professionals for rural areas.
- Montana Hospital Association
- The Willows St. John's United
- Red Lodge Fire Rescue / Community Care Program
- Carbon County Commissioners
- Red Lodge City Council
- Red Lodge Police Department (LEPC)
- Carbon County Sheriff (LEPC)
- Red Lodge Area Food Partnership Council
- RiverStone Health
- Carbon County Attorney
- Carbon Stillwater Community & Senior Programs
- Rural & Agricultural Council of America (Beartooth Fertilizer, Chris Skorupa, Owner)
- Rocky Mountain Trauma System Symposium
- Red Lodge Mountain Ski Patrol



### 3. Carbon County Indicators

#### Population Demographics

- 97.7% of Carbon County’s population white, and 2.0% identifies as American Indian or Alaska Native.
- 17.2% of Carbon County’s population has disability status.
- 25.0% of Carbon County’s population is 65 years and older.
- 12.6% of Carbon County’s population has Veteran status.
- 31.1% of Carbon 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

- 10,597 people in Carbon County
- 5.1 people per square mile

#### Socioeconomic Measures

- 11.0% of children live in poverty
- 9.7% of persons are below the federal poverty level
- 13.0% of adults (age<65) are uninsured; 9.0% of children less than age 18, are uninsured
- 7.7% of the population is enrolled in Medicaid

#### Select Health Measures

- 24.0% of adults are considered obese
- 22.0% 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

- Billings Clinic- Billings, MT- 58 miles from Beartooth Billings Clinic

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

##### Name/Organization

Abby Lotz - CEO, Beartooth Billings Clinic (BBC)

February 22, 2022

Holly Lucara - Community Relations Coordinator, BBC

Linda Harris - Director of Foundation and Finance, BBC

Dianna LeBrun - Senior Center Business Office Manager

Tesla Palmatier - Youth Programs Director, Red Lodge Area Community Foundation (RLACF)

Don Redfoot - Age Friendly Community

Amy Queen - Eastern Montana Area Health Education Center (AHEC) Director, Riverstone Health

Eric Allen - Workforce Housing/Habitat for Humanity, RLACF

Lanette Dalley - BBC

Sandy Moe - Registered Dietician, BBC

Jean Atherly - Tobacco Prevention

##### Public and Community Health

- It's my pet peeve when secondary data are reported per 100,000. It exaggerates the numbers for a county of 10,000 and makes some issues look worse. I think it would be better to use a percentage.
- I'm concerned that a mailed survey may not reach enough people, in a previous job I've held, these surveys were given out on street corners and in public buildings to reach more people. I'm concerned about low response rates.
- In question 2, will people know what is meant by "our community": county, town, neighborhood, church etc. Can or should we make it more specific? This service area has some diverse populations. For example, Red Lodge has a very active community compared to other smaller towns within the service area. This might be resolved by the demographic information at the end.
- I think its appropriate to add respiratory illnesses on question 2 of the survey. I'm unsure if people will make the connection between this and COVID, which could skew the data. It might be worth specifying if this includes COVID or not.

- If COVID is included or called out on the survey and that is one of the top issues reported, I'm not sure if BBC's approach to COVID would change.
- Food affordability and access can be a challenge around here so I think we should ask about it on the survey.
- Domestic violence continues to be a challenge in this area, so I think we need to include it in the survey.

#### Population: Low-Income, Underinsured

- I think we have some good options for low-income individuals and families locally. The Foundation maintains several resources for the area, such as the Carbon County Area Ride and Transit (CART).
- Habitat for Humanity is building houses which really supports workforce, but also helps to build the community.
- In Joliet, there is an organization that offers a free bag of food regularly with no questions asked.
- We lost our Office of Public Assistance (OPA) which has been a big deal for this area. If you need to access things like Medicaid or Supplemental Nutrition Assistance Program (SNAP), you now have to drive to Billings if you can find a ride or time off work. A lot of this responsibility is now falling to our local organizations to try and help navigate the assistance programs.

#### Population: Seniors

- Although we have a fairly active community, we do have a significant aging population that inherently comes with illnesses.

## Needs Identified and Prioritized

### Prioritized Needs to Address

1. 50.7% of survey respondents rated their community's health as "Somewhat healthy," 46.5% rated the community's health as "Healthy," and 2.8% rated the community's health as "Unhealthy."
2. Survey respondents' top health concerns for the community included: "Alcohol/substance abuse" (54.9%), "Cancer" (28.5%), "Mental health issues" (22.2%), "Overweight/obesity" and "Work/economic stress" (20.1%, each).
3. Survey respondents identified the top components of a healthy community as "Access to affordable health insurance" (43.8%), "Affordable housing" (41.1%), "Good jobs and a healthy economy" (34.2%), "Access to healthcare services" (29.5%), and "Healthy behaviors and lifestyles" (24.7%).
4. 15.4% of respondents rated their knowledge of health services available in the community as "Fair" and 63.1% rated their knowledge as "Good."
5. The top choices among survey respondents for improving the community's access to healthcare included "Low-cost preventive/screening services" (60.8%), "Payment assistance programs (healthcare expenses)" (37.8%), and "More specialists" (35.7%).
6. 30.1% of survey respondents thought "More information about available services" would improve the community's access to healthcare.
7. Key informant interview participants shared a concern for mental health, including a lack of local providers and substance use as relevant subthemes.
8. Top desired local health services among survey respondents included "Ophthalmologist (eye)" 51.3% and "Audiologist (hearing)" (37.4%).
9. 58.1% of survey respondents describe their stress level in the past year as moderate or high.
10. When asked to rate how they would describe their mental health in general considering stress, anxiety, depression, and emotional problems, 16.8% provided the rating of "Fair."
11. Key informant interview participants shared a desire for improved access to specialty care services, particularly through sustaining the services already provided, adding others as needs arise, and alleviating the burdens associated with traveling out of the area for care.
12. 29.9% of survey respondents delayed healthcare in the last three years. The top reasons shared for delaying care included "It cost too much" (34.1%), "Choose to manage it on my own" and "Too long to wait for an appointment" (19.5%, each), and "It was too far to go," "My insurance did not cover it," and "Qualified provider not available" (14.6%, each).

13. Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else's substance abuse issues including alcohol, prescription, or other drugs. 25.2% indicated they were "A little" affected, 16.3% said "Somewhat," and 8.8% said they were "A great deal" affected by their own or someone else's substance abuse issues.
14. 25.8% of survey respondents were not aware of programs that help people pay for healthcare expenses.

### ***Needs Unable to Address***

*(See page 30 for additional information)*

1. 8.8% of survey respondents indicated they had difficulty getting a prescription or taking their medication regularly due to cost in the last year.
2. 77.7% 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 17.

### Goal 1: Enhance mental and behavioral health services in Carbon County.

**Strategy 1.1:** Expand and sustain mental and behavioral health services available locally.

- 1.1.1.** Expand BBC's integrated behavioral health model in the clinic setting to meet the increasing demand among children and young adults by hiring a licensed clinical social worker (LCSW).
- 1.1.2.** Foster relationships with schools in the service area to enhance access to behavioral health services for area youth and adolescents. Explore opportunities to support one another, disseminate outreach materials, and improve overall awareness of local behavioral health resources.
- 1.1.3.** Sustain BBC's active participation on the local Mental Health Advisory Council. Provide regular updates of the Council to the leadership team.
- 1.1.4.** Continue to implement suicide screening protocols in the emergency department. Regularly train and equip BBC staff of all levels with the tools and knowledge to be prepared to adequately respond to mental and behavioral health patients (i.e., presenting in crisis, resources, routine care, etc.).
- 1.1.5.** Expand the employee assistance program (EAP) for employees and their families to meet the increased demand, providing timely mental health services. As the area's largest employer, it is vital to sustain this resource considering the socioeconomics and recent environmental impacts of the service area.

**Goal 2: Improve access to healthcare services in Carbon County.**

**Strategy 2.1:** Expand access to specialty care services locally to alleviate barriers associated with travel faced by area residents.

- 2.1.1. Explore the feasibility of expanding dermatology services to being offered multiple times per month through additional satellite clinics.
- 2.1.2. Explore the feasibility of offering surgical services locally (i.e., endoscopy, general surgery, orthopedic surgery, etc.).
- 2.1.3. Continue to expand the outpatient infusion services that are offered through BBC.
- 2.1.4. Explore the feasibility of offering additional specialty services locally including, but not limited to ophthalmology, audiology, etc.

**Strategy 2.2:** Enhance awareness of health services and resources in Carbon County.

- 2.2.1. Explore opportunities to develop protocol for linking patients to community resources (i.e., leverage the EHR to facilitate presumptive eligibility status for programs such as Medicaid, Medicare, 340B program, etc.). Develop methodology and protocol to disseminate financial assistance resources with the community. Ensure that all outreach is developed with health literacy in mind.
- 2.2.2. Develop a local network of partners to align and champion funding opportunities for resources such as community health workers and community health initiatives, etc.
- 2.2.3. Enhance the outreach and awareness campaign associated with Obstetrics/Gynecological (OB/GYN) and pediatric services that are currently available through Beartooth Billings Clinic.

**Goal 3: Improve chronic disease prevention and management in Carbon County.**

**Strategy 3.1:** Enhance Beartooth Billings Clinic’s efforts in chronic care management.

- 3.1.1.** Continue expanding the chronic care management services available through BBC (i.e., other components of chronic disease included).
- 3.1.2.** Sustain the stroke rehabilitation services locally to reduce patients need to travel out of the area, which includes a full complement of therapists (PT, OT, Speech pathologist, dietician, LCSW, etc.).
- 3.1.3.** Develop an intake process for the acute stroke management program, with the ultimate long-term goal of working towards becoming an accredited stroke intake facility. Sustain a taskforce to champion this intake process.
- 3.1.4.** Explore adding tele-neurology services locally.
- 3.1.5.** Support and engage in community education, awareness and outreach activities relating to stroke management and care. This includes programming such as a Stroke Camp, which allows space for caregivers and survivors to connect and support one other.



**Implementation Plan Grid**

**Goal 1:** Enhance mental and behavioral health services in Carbon County.

**Strategy 1.1:** Expand and sustain mental and behavioral health services available locally.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
1.1.1. Expand BBC’s integrated behavioral health model in the clinic setting to meet the increasing demand among children and young adults by hiring a licensed clinical social worker (LCSW).	Clinic manager, CNO, LCSW	6/30/2023	Clinic manager, CNO	Not applicable	Potential exists to expand IBH services to pediatric and young adults as evidenced by full capacity of current LCSW and per diem SWLC. There is potential to expand per diem SW position to 30 hours per week if demand continues to increase. Budgetary constraints need to be assessed.
1.1.2. Foster relationships with schools in the service area to enhance access to behavioral health services for area youth and adolescents. Explore opportunities to support one another, disseminate outreach materials, and improve overall awareness of local behavioral health resources.	CNO & CEO in collaboration with LCSWs	December 31, 2024	CEO	Local schools	Resources in IBH to support demand

<p>1.1.3. Sustain BBC’s active participation on the local Mental Health Advisory Council. Provide regular updates of the Council to the leadership team.</p>	<p>LCSW</p>	<p>Currently occurring; updates to be shared with leadership</p>	<p>LCSW, clinic manager</p>	<p>Carbon County Public Health Dept.</p>	<p>Capacity of LCSW to attend meetings; determine where to share updates (in what forum)</p>
<p>1.1.4. Continue to implement suicide screening protocols in the emergency department. Regularly train and equip BBC staff of all levels with the tools and knowledge to be prepared to adequately respond to mental and behavioral health patients (i.e., presenting in crisis, resources, routine care, etc.).</p>	<p>LCSW, clinic manager</p>	<p>6/30/2023</p>	<p>Clinic manager</p>	<p>Clinic IBH program</p>	<p>Staffing can change quickly; need to determine ongoing plan for training</p>
<p>1.1.5. Expand the employee assistance program (EAP) for employees and their families to meet the increased demand, providing timely mental health services. As the area’s largest employer, it is vital to sustain this resource considering the socioeconomics and recent environmental impacts of the service area.</p>	<p>Human Resources</p>	<p>1/1/2023</p>	<p>Director of HR</p>	<p>Billings Clinic Occupational Health &amp; EAP, CuraLinc</p>	<p>Resource limitations</p>

**Needs Being Addressed by this Strategy:**

- 1. 50.7% of survey respondents rated their community's health as "Somewhat healthy," 46.5% rated the community's health as "Healthy," and 2.8% rated the community's health as "Unhealthy."
- 2. Survey respondents' top health concerns for the community included: "Alcohol/substance abuse" (54.9%), "Cancer" (28.5%), "Mental health issues" (22.2%), "Overweight/obesity" and "Work/economic stress" (20.1%, each).
- 3. Survey respondents identified the top components of a healthy community as "Access to affordable health insurance" (43.8%), "Affordable housing" (41.1%), "Good jobs and a healthy economy" (34.2%), "Access to healthcare services" (29.5%), and "Healthy behaviors and lifestyles" (24.7%).
- 4. 15.4% of respondents rated their knowledge of health services available in the community as "Fair" and 63.1% rated their knowledge as "Good."
- 6. 30.1% of survey respondents thought "More information about available services" would improve the community's access to healthcare.
- 7. Key informant interview participants shared a concern for mental health, including a lack of local providers and substance use as relevant subthemes.
- 9. 58.1% of survey respondents describe their stress level in the past year as moderate or high.
- 10. When asked to rate how they would describe their mental health in general considering stress, anxiety, depression, and emotional problems, 16.8% provided the rating of "Fair."
- 13. Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else's substance abuse issues including alcohol, prescription, or other drugs. 25.2% indicated they were "A little" affected, 16.3% said "Somewhat," and 8.8% said they were "A great deal" affected by their own or someone else's substance abuse issues.

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

- Improve mental health of community by increasing awareness, services, and provider capacity.
- 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:**

- Continue to monitor IBH capacity and need for expansion for pediatric and young adult population.
- Education of staff to occur at least once in the spring and fall related to suicide screening, responding to patients in crisis, and routine care
- Track mental and behavioral health measures on subsequent CHNA.

**Measure of Success:** Increase in patient encounters for IBH providers from previous year; education to staff monitored

**Goal 2:** Improve access to healthcare services in Carbon County.

**Strategy 2.1:** Expand access to specialty care services locally to alleviate barriers associated with travel faced by area residents.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
2.1.1. Explore the feasibility of expanding dermatology services to being offered multiple times per month through additional satellite clinics.	Clinic Manager and CNO	Currently occurring	Clinic Manager and CNO	Billings Clinic Dermatology, Dr. Abbott	Scheduling conflicts
2.1.2. Explore the feasibility of offering surgical services locally (i.e., endoscopy, general surgery, orthopedic surgery, etc.).	OR Manager, CNO, CEO	Currently underway; Ongoing for 1-3 years	CEO & CNO	Billings Clinic Regional Team; Regional Affiliates; Dr. Rieb; Dr. Schmidt	<ol style="list-style-type: none"> <li>1. Investment capital</li> <li>2. Recruitment of vital resources</li> <li>3. Availability of surgeons</li> </ol>

2.1.3. Continue to expand the outpatient infusion services that are offered through BBC.	Outpatient Services Manager, CNO	December 31, 2023	CEO & CNO	Not applicable	<ol style="list-style-type: none"> <li>1. Volume/need of patients</li> <li>2. Investment or financial landscape for hospital</li> </ol>
2.1.4. Explore the feasibility of offering additional specialty services locally including, but not limited to ophthalmology, audiology, etc.	Clinic Manager, CNO, CEO	TBD	Clinic Manager, CNO, CEO	Billings Clinic	Capacity of specialty providers – currently podiatry is unable to perform outreach due to limited staffing at Billings Clinic

**Needs Being Addressed by this Strategy:**

- 1. 50.7% of survey respondents rated their community’s health as “Somewhat healthy,” 46.5% rated the community’s health as “Healthy,” and 2.8% rated the community’s health as “Unhealthy.”
- 3. Survey respondents identified the top components of a healthy community as “Access to affordable health insurance” (43.8%), “Affordable housing” (41.1%), “Good jobs and a healthy economy” (34.2%), “Access to healthcare services” (29.5%), and “Healthy behaviors and lifestyles” (24.7%).
- 5. The top choices among survey respondents for improving the community’s access to healthcare included “Low-cost preventive/screening services” (60.8%), “Payment assistance programs (healthcare expenses)” (37.8%), and “More specialists” (35.7%).
- 8. Top desired local health services among survey respondents included “Ophthalmologist (eye)” 51.3% and “Audiologist (hearing)” (37.4%).
- 11. Key informant interview participants shared a desire for improved access to specialty care services, particularly through sustaining the services already provided, adding others as needs arise, and alleviating the burdens associated with traveling out of the area for care.
- 12. 29.9% of survey respondents delayed healthcare in the last three years. The top reasons shared for delaying care included “It cost too much” (34.1%), “Choose to manage it on my own” and “Too long to wait for an appointment” (19.5%, each), and “It was too far to go,” “My insurance did not cover it,” and “Qualified provider not available” (14.6%, each).

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

- Increase capacity of outreach specialists who serve Carbon County.
- Increase access to healthcare services
- 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:**

- Continue to monitor next available appointment for specialty providers.
- Monitor the feasibility of expanding specialty services.
- Track the utilization of expanded specialty services.
- Track specialty service utilization on subsequent CHNA.

**Measure of Success:** Appointments for specialty outreach providers available 1 – 2 months from referral.

**Goal 2:** Improve access to healthcare services in Carbon County.

**Strategy 2.2:** Enhance awareness of health services and resources in Carbon County.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
2.2.1. Explore opportunities to develop protocol for linking patients to community resources (i.e., leverage the EHR to facilitate presumptive eligibility status for programs such as Medicaid, Medicare, 340B program, etc.). Develop methodology and protocol to disseminate financial assistance resources with the community. Ensure that all outreach is developed with health literacy in mind.	New clinic case manager	By June 30, 2023	Clinic Manager	Cerner (EHR)	Availability of case management activities in Cerner need to be determined; new case manager needs to onboard completely and then develop community relationships
2.2.2. Develop a local network of partners to align and champion funding opportunities for resources such as community health workers and community health initiatives, etc.	BBC & Carbon County Public Health	By January 1, 2024	CEO & Public Health Liaison	MORH/AHEC, Carbon County Public Health Dept.	Collaboration needed as this is really more of a public health function.
2.2.3. Enhance the outreach and awareness campaign associated with Obstetrics/Gynecological (OB/GYN) and pediatric services that are currently available through Beartooth Billings Clinic.	Clinic manager and community relations manager	June 30, 2023	Clinic manager	Carbon County News; Social Media	Clinic in process of improving and standardizing prenatal and well child services; one processes, and updates have



					occurred, campaign may occur
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**Needs Being Addressed by this Strategy:**

- 1. 50.7% of survey respondents rated their community’s health as “Somewhat healthy,” 46.5% rated the community’s health as “Healthy,” and 2.8% rated the community’s health as “Unhealthy.”
- 3. Survey respondents identified the top components of a healthy community as “Access to affordable health insurance” (43.8%), “Affordable housing” (41.1%), “Good jobs and a healthy economy” (34.2%), “Access to healthcare services” (29.5%), and “Healthy behaviors and lifestyles” (24.7%).
- 4. 15.4% of respondents rated their knowledge of health services available in the community as “Fair” and 63.1% rated their knowledge as “Good.”
- 5. The top choices among survey respondents for improving the community’s access to healthcare included “Low-cost preventive/screening services” (60.8%), “Payment assistance programs (healthcare expenses)” (37.8%), and “More specialists” (35.7%).
- 6. 30.1% of survey respondents thought “More information about available services” would improve the community’s access to healthcare.
- 14. 25.8% of survey respondents were not aware of programs that help people pay for healthcare expenses.

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

- Increase community awareness related to resources available in the community
- 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:**

- Outreach performed by case manager to financial resources.
- Outreach campaign occurrences related to OB/GYN and Pediatric Services.
- Track the development of protocol linking patients to community resources.
- Track awareness of local services and resources measures on subsequent CHNA.

**Measure of Success:** Outreach performed by case manager. Outreach occurrences related to OB/GYN and Pediatric Services.

**Goal 3:** Improve chronic disease prevention and management in Carbon County.

**Strategy 3.1:** Enhance Beartooth Billings Clinic’s efforts in chronic care management.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
3.1.1. Continue expanding the chronic care management services available through BBC (i.e., other components of chronic disease included).	Clinic Manager and Clinic Case Manager	June 30, 2023	Clinic Manager and ACO Team	ACO Team	Hiring of Case Manager has been delayed due to lack of applicants
3.1.2. Sustain the stroke rehabilitation services locally to reduce patients need to travel out of the area, which includes a full complement of therapists (PT, OT, Speech pathologist, dietician, LCSW, etc.).	Acute Care/ED Manager; Physician Champion; Director of Rehab; & CNO	Ongoing	CNO & Director of Rehab	Stroke Camp: <a href="http://www.strokecamp.org">www.strokecamp.org</a> ; Rehab Hospital of Montana (partner treatment facility for patient population).	Stroke Volume & Recruitment of vital resources
3.1.3. Develop an intake process for the acute stroke management program, with the ultimate long-term goal of working towards becoming an accredited stroke intake facility. Sustain a taskforce to champion this intake process.	Stroke Task Force	1-2 years	CNO	Montana Stroke Initiative: <a href="http://www.montanastroke.org">www.montanastroke.org</a> ; Mission: Lifeline Stroke Montana; American Heart Association - GTWG	Low volume of acute patients presenting to the facility.

3.1.4. Explore adding tele-neurology services locally.	CEO	December 31, 2023	CEO	Commercial Companies; Billings Clinic	1. Cost
3.1.5. Support and engage in community education, awareness and outreach activities relating to stroke management and care. This includes programming such as a Stroke Camp, which allows space for caregivers and survivors to connect and support one other.	Stroke Task Force	Spring 2023	Stroke Task Force	Carbon County Public Health Dept.; Carbon Co. Schools; Senior Center, Churches, Police Dept., Chamber, etc.	Capacity of organizations to have guest speakers within timeframe of next spring

**Needs Being Addressed by this Strategy:**

- 1. 50.7% of survey respondents rated their community's health as "Somewhat healthy," 46.5% rated the community's health as "Healthy," and 2.8% rated the community's health as "Unhealthy."
- 2. Survey respondents' top health concerns for the community included: "Alcohol/substance abuse" (54.9%), "Cancer" (28.5%), "Mental health issues" (22.2%), "Overweight/obesity" and "Work/economic stress" (20.1%, each).
- 3. Survey respondents identified the top components of a healthy community as "Access to affordable health insurance" (43.8%), "Affordable housing" (41.1%), "Good jobs and a healthy economy" (34.2%), "Access to healthcare services" (29.5%), and "Healthy behaviors and lifestyles" (24.7%).
- 4. 15.4% of respondents rated their knowledge of health services available in the community as "Fair" and 63.1% rated their knowledge as "Good."
- 5. The top choices among survey respondents for improving the community's access to healthcare included "Low-cost preventive/screening services" (60.8%), "Payment assistance programs (healthcare expenses)" (37.8%), and "More specialists" (35.7%).
- 6. 30.1% of survey respondents thought "More information about available services" would improve the community's access to healthcare.
- 11. Key informant interview participants shared a desire for improved access to specialty care services, particularly through sustaining the services already provided, adding others as needs arise, and alleviating the burdens associated with traveling out of the area for care.
- 12. 29.9% of survey respondents delayed healthcare in the last three years. The top reasons shared for delaying care included "It cost too much" (34.1%), "Choose to manage it on my own" and "Too long to wait for an appointment" (19.5%, each), and "It was too far to go," "My insurance did not cover it," and "Qualified provider not available" (14.6%, each).

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

- Fully implement chronic care management services for patients with chronic disease conditions that warrant care management as dictated by ACO process.

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

- Increase in patient identification of patients with chronic disease needing care management.
- Improved outcomes and utilization of medical services for those with chronic diseases; decreased emergency room visits.

**Measure of Success:** Regular and consistent processes defined and carried out by clinic case manager. Improved population health based on ACO measures.

**Needs Not Addressed and Justification**

Identified health needs unable to address by BBC	Rationale
<p>1. 8.8% of survey respondents indicated they had difficulty getting a prescription or taking their medication regularly due to cost in the last year.</p>	<ul style="list-style-type: none"> <li>BBC contracts with the Red Lodge Drug Store which has a 340B program for those in need. BBC is looking to expand this service to include emergency visits and outpatient clinic visits next year.</li> </ul>
<p>2. 77.7% of survey respondents feel that the community does not have adequate and affordable housing options available.</p>	<ul style="list-style-type: none"> <li>While not included explicitly within this implementation plan, BBC provides a staff member to participate on the Red Lodge Area Community Foundation Workforce Housing Committee.</li> </ul>

## Dissemination of Needs Assessment

Beartooth Billings Clinic “BBC” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website ([beartoothbillingsclinic.org/about-us-beartooth-billings-clinic/community-health-needs-assessments](https://beartoothbillingsclinic.org/about-us-beartooth-billings-clinic/community-health-needs-assessments)) 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 BBC is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Carbon County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of BBC will be directed to the hospital’s website to view the complete assessment results and the implementation plan. BBC board members approved and adopted the plan on **January 25, 2023**. 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 Beartooth Billings Clinic Community Benefit Strategic Plan can be submitted to:

Holly Lucara, Community Relations Manager  
Beartooth Billings Clinic  
PO Box 590/2525 N Broadway, Red Lodge MT 59068

Please reach out to Beartooth Billings Clinic’s Community Relations Manager at 406-446-0616 or [HLucara@BeartoothBillingsClinic.org](mailto:HLucara@BeartoothBillingsClinic.org) with questions.