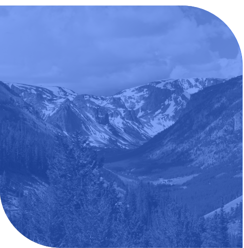

Carbon County Healthy Communities

Community Health Improvement Plan (CHIP)

FY 2024 – FY 2029

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Community Health Improvement Plan (CHIP)

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Community Health Improvement Plan (CHIP)
Executive Summary

It is a core function of the public health system, including the local public health department and its many partners, to protect and promote the public's health to the extent practicable (MCA 50-1-105). One way to do so is through continuous monitoring of the county's health status to identify and find solutions to health problems; however, that is not done without many partners and community members engaged in the process. Healthy Communities is more than simply a plan; it is a long-term process that we strive to preserve. As such, we are committed to "active stewardship" which refers to the responsible and engaged management of resources to ensure sustainability. We are also dedicated to employing measures to track and evaluate outcomes as we advance our Community Health Improvement Plan (CHIP). Additionally, we value collaboration and are dedicated to actively involving partners and community members in addressing health-related concerns through action groups that were established to focus on finding solutions.

Carbon County's Community Health Improvement Plan (CHIP) outlines how we wish to begin addressing three strategic priorities, which are specific areas of focus that we intend to intercede in. These strategic priorities were established based on the findings of a Community Health Assessment (CHA) completed in 2023. Input from the Healthy Communities Steering Committee, consisting of community members, elected representatives, and representatives from various relevant agencies, was also integral to this process.

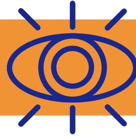
The three strategic priorities identified for FY 2024 - FY 2029 are as follows:

- Behavioral Health
- Resource Coordination
- Senior Health

The present document outlines our process and the strategies, goals, and objectives that we plan to address over the course of the next three years. Housing, which plays a role in all three of our strategic priorities, will be addressed throughout our CHIP in collaboration with other community groups already working on housing initiatives. As previously described, we are committed to implementing measures to track and evaluate outcomes that will enable us to report our progress to the community. Given the importance of collaboration as an essential value in our process, we welcome anyone who wishes to be involved in the CHIP initiative. They may get involved by contacting Carbon County's Public Health Director, Erin Cross, RN, at (406) 446-9941, or by emailing her at ecross@co.carbon.mt.us.

We look forward to the opportunity to make a measurable and lasting impact on the health and well-being of all people living in Carbon County! Come join us!

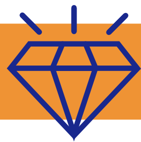
Community Health Improvement Plan (CHIP)
Vision, Mission, and Values

Vision Statement


Supporting a healthier future for Carbon County residents by promoting collaborative partnership.

Mission Statement

To improve the quality of life in Carbon County through the active stewardship of a Community Health Improvement Plan (CHIP) designed to unite communities and promote the well-being of all residents.

Core Values


1. Community
2. Health and Well-being
3. Collaboration
4. Resourcefulness

Strategic Priority
BEHAVIORAL HEALTH

What does success look like in the area of Behavioral Health?

A behavioral health coordinated system will be created to standardize and unify behavioral health support provided to residents within Carbon County. Law enforcement agencies, healthcare facilities, and other entities will utilize a standardized process so that residents in crisis can access behavioral health care when they need it. If additional services are required, this system will support the resident in the referral process to obtain specialized care. Additionally, we will work upstream and utilize this coordinated system to support and promote behavioral health care coordination for all county residents.

All Carbon County Schools will have an established behavioral health curriculum consisting of at least one substance abuse prevention program provided in each school. All schools will work collaboratively with available community resources to provide the most effective behavioral health programming.

Action Group: Carbon County Behavioral Health Crisis Coalition

Strategy 1: Work with existing behavioral health and law enforcement resources in Carbon County to create an integrated system that supports and promotes behavioral health care coordination to reduce inappropriate jail and hospital emergency room admissions due to behavioral health crises.

- **Goal 1.1:** Utilize the newly created card system to increase the use of the Crisis Intervention process (see Attachment A) to appropriately and efficiently utilize the available Behavioral Health Coordinator services available in Carbon County.
  - **Target population:** Law enforcement and similar agencies
  - **Measure(s):** # of new referral sources; # of referrals from cards; # of cards used
- **Goal 1.2:** Regular meetings with law enforcement will lead to more resource officers stationed in area schools.
  - **Target population:** Carbon County Schools K-12
  - **Measure(s):** % of schools in Carbon County that have a Resource Officer; # of meetings; # of individuals in attendance
- **Goal 1.3:** Create a 3-year funding plan to support available mental health, crisis intervention, and essential public health functions by utilizing sources such as the Opioid Abatement Trust Fund, the Crisis Diversion Grant, and other public health funding opportunities adequate to sustain CHIP projects and all county health and mental health efforts.
  - **Target population:** Carbon County residents and funding sources
  - **Measure(s):** Amount of funding raised; # of new programs funded with new grant funds; a funding plan

Strategy 2: The Fromberg School System will be implementing behavioral health programming during their 2024-2025 academic year. Carbon County Public Health will help to promote their programming to the county and will assist in the evaluation of their efforts. To continue centralized efforts, the town of Fromberg will become a pilot program for community residents seeking additional behavioral health support. This process will encourage outreach and promote referrals for behavioral health care. There will be a central location within Fromberg that will serve as a location for residents' mental health visits with clinicians via in-person or telehealth means. This location will also provide resources for those looking for behavioral health care.

Goal 2.1: Support and promote behavioral health programming in Fromberg schools. Collaborate and support the Fromberg school superintendent in promoting and evaluating behavioral health programming.

Target population: Fromberg school students K-12
Measure(s): # of suicide prevention trainings offered in the schools; # of trainers trained for the school and community

Goal 2.2: Support and promote a mental health referral process for Fromberg students and community members by using the Care Coordination role to promote referrals and follow-ups to residents in need.

Target population: Fromberg residents and Fromberg students K-12
Measure(s): # of trainings offered; # of referrals made; # of program policies implemented within Fromberg School; # of positive evaluations of the program; # of community referrals

Goal 2.3: Fromberg school and other Fromberg entities will be given standardized informational cards that include steps to follow during a behavioral health crisis. The card will remind the support person of proper protocol and provide the individual in need with an emergency mental health provider as well as the contact information of the Care Coordinator for follow-up purposes.

Target population: Fromberg residents
Measure(s): # of resource cards used by Fromberg Schools; # of staff trained on protocol; # of crisis policies written; # of policies implemented

Goal 2.4: Engage more schools in the Carbon County Behavioral Health Crisis Coalition by supporting the Fromberg Superintendent in meeting with all 7 schools in Carbon County to share successes and challenges with the behavioral health-related pilot program described above.

Target population: Carbon County school superintendents
Measure(s): # of meetings; # of schools (other than Fromberg) that participate in the Crisis Coalition; # of schools that implement CHIP programs in their schools

Goal 2.5: Create a 3-year funding plan to support available mental health, crisis intervention, and essential public health functions by utilizing sources such as the Opioid Abatement Trust Fund, the Crisis Diversion Grant, and other public health

funding opportunities adequate to sustain CHIP projects and all county public health and prevention efforts.

Target population: Carbon County residents, schools, and funding sources
Measure(s): # of meetings; # of schools (other than Fromberg) that participate in the Crisis Coalition; # of schools that implement CHIP programs in their schools

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Strategic Priority
RESOURCE COORDINATION

What does success look like in the area of Resource Coordination?

A system will exist in Carbon County that will maintain information regarding all resources available to county residents. The system will be clearly organized and recognized by all county entities. All agencies in the county will participate in the maintenance of the system's information. All county residents will be made aware of the system and will utilize it as needed. During emergency situations, this system will be used to mobilize resources.

Action Group: Carbon County Local Emergency Preparedness Committee

Strategy 1: Establish a reliable, county-wide system for informing county agencies and residents about emergency and non-emergency resources, including existing resources and how to access them, and how to mobilize necessary resources during emergencies.

Goal 1.1: Create an official county-wide resource coordination protocol to follow in emergencies and non-emergencies, which may include updating resources, mobilization, protocol testing, exercises, etc.

Target population: emergency and non-emergency professionals/entities County Commissioners

Measure(s): # of policies reviewed and created

Goal 1.2: Write a 3-year funding plan to ensure that the resource coordination protocols are sustainable. Note: the resource coordination protocols are a process rather than a resource manual.

Target population: emergency and non-emergency professionals/entities and County Commissioners

Measure(s): # of partners contributing; amount of resources allocated

Strategy 2: Increase community and partners' awareness of the resource coordination protocols described above.

Goal 2.1: Creation and distribution of promotional materials that increase awareness of and encourage the usage of the resource coordination protocols.

Target population: Carbon County residents; emergency and non-emergency professionals/entities; County Commissioners

Measure(s): # of promotional materials created, # of promotional materials distributed

Continue to next page

Strategic Priority

SENIOR HEALTH

What does success look like in the area of Senior Health?

Seniors living in Carbon County will have access to healthcare services, health education, and prevention services or other supports that enable them to maintain their independence while fostering their well-being.

Action Group: a collaborative effort of various organizations and community members interested in senior health (i.e. Senior Health Action Group)

Strategy 1: Create an Aging Services Plan for Carbon County.

Goal 1.1: Create a collaborative action group (i.e. Senior Health Action Group) of entities and community members interested in senior health in Carbon County.

Target population: entities interested in senior health and community members
interested in senior health

Measure(s): # of meetings; # of entities and individuals attending

Goal 1.2: Develop a work plan for creating a comprehensive Aging Services 5-Year Plan for addressing senior health in Carbon County.

Target population: the Senior Health action group

Measure(s): # of meetings, # of agencies attending

Goal 1.3: Increase the coordination of outreach efforts of engaged partners providing senior health services in Carbon County.

Target population: Carbon County residents

Measure(s): # of new programs; # of new revenue sources; # of seniors assisted with resource coordination protocols

Goal 1.4: Gage the feasibility for senior housing in Carbon County as part of the Aging Services Plan.

Target population: service providers interested in senior housing and community members interested in senior housing

Measure(s): results from goals 1.1-1.3 related to housing

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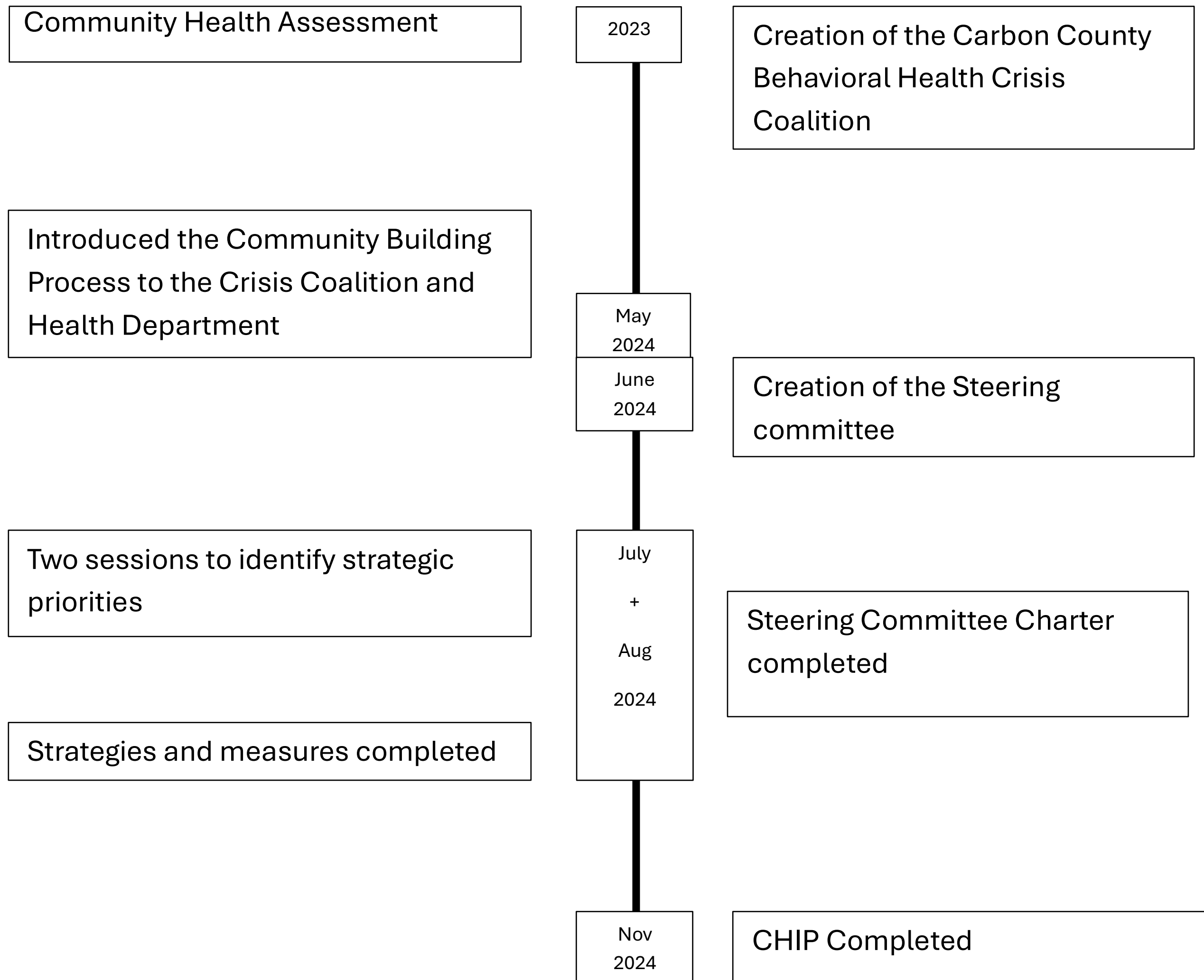
PROCESS TIMELINE



(Figure 1)

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COMMUNITY HEALTH ASSESSMENT

A Community Health Assessment was completed in 2023. This assessment took a "community led, and community driven" approach in interviewing key informants and conducting an online survey of Carbon County residents. The assessment prioritized assessing residents outside of the county seat to obtain a sample was representative as possible. The Community Health Needs Assessment was conducted in collaboration with Piedmont Research Strategies, Inc (PRS)
The Carbon County Health Department (CCHD) was the lead agency for this project. CCHD aims to promote, improve and protect the health and well-being of the people of Carbon County. To work with individuals, families and the community through a variety of programs, services and education to prevent and control disease and injury.

Top Public Health Concerns Among 323 Carbon County residents, top public health concerns covered four main themes consisting of:
access and affordability of healthcare, mental health, housing and the increasing cost of living, and care for seniors (key words can be found in the adjacent word cloud).
More specifically, residents noted that access to and affordability of healthcare included not only primary care, but also specialty care. Within Carbon County, residents reported that they are lacking vision and dental care facilities, as well as care related to specific medical conditions like cancer, obesity, diabetes, asthma, chronic diseases, and nutrition.
Mental health emerged as one of the major concerns among residents in the county. Residents reported significant concerns with stress, anxiety, depression, and suicide. They expressed interest in affordable and accessible mental health care, telehealth, trauma-informed care, as well as substance abuse resources. Carbon County residents indicated that substance use and abuse was a major concern, specifically related to alcohol, marijuana, and methamphetamines. Residents noted an interest in support groups and community support for these issues. Residents within Carbon County have also consistently noted the rising cost of living is not commensurate to living wages. The housing market within the county has also seen a dramatic influx of home rentals (e.g. AirBnb, VRBO) that reallocate housing away from long-term residents and employees within the county and provide temporary housing to visitors. While there are some housing options, they are often not affordable and force some residents to fully relocate. Residents also noted significant

concern surrounding the county's elderly population. Following the recent closure of the last assisted living facility in the county, seniors are now being forced to find new accommodations, or fully relocate outside of Carbon County. Residents reported major concerns surrounding availability of living facilities, affordable food, transportation, hospice care, home health care, and senior programs for those over the age of 60. Additionally, residents expressed a need for respite care for those responsible for caring for this aging population.

A detailed explanation of the process and results can be found on the Carbon County website and as a hard copy in the Carbon County Public Health office.

A **community building process** will be utilized to maintain a continuous assessment, planning, and evaluation of the community challenges and proposed solutions that will engage the communities in a collaborative manner to ensure there is meaningful and measurable collective impact.

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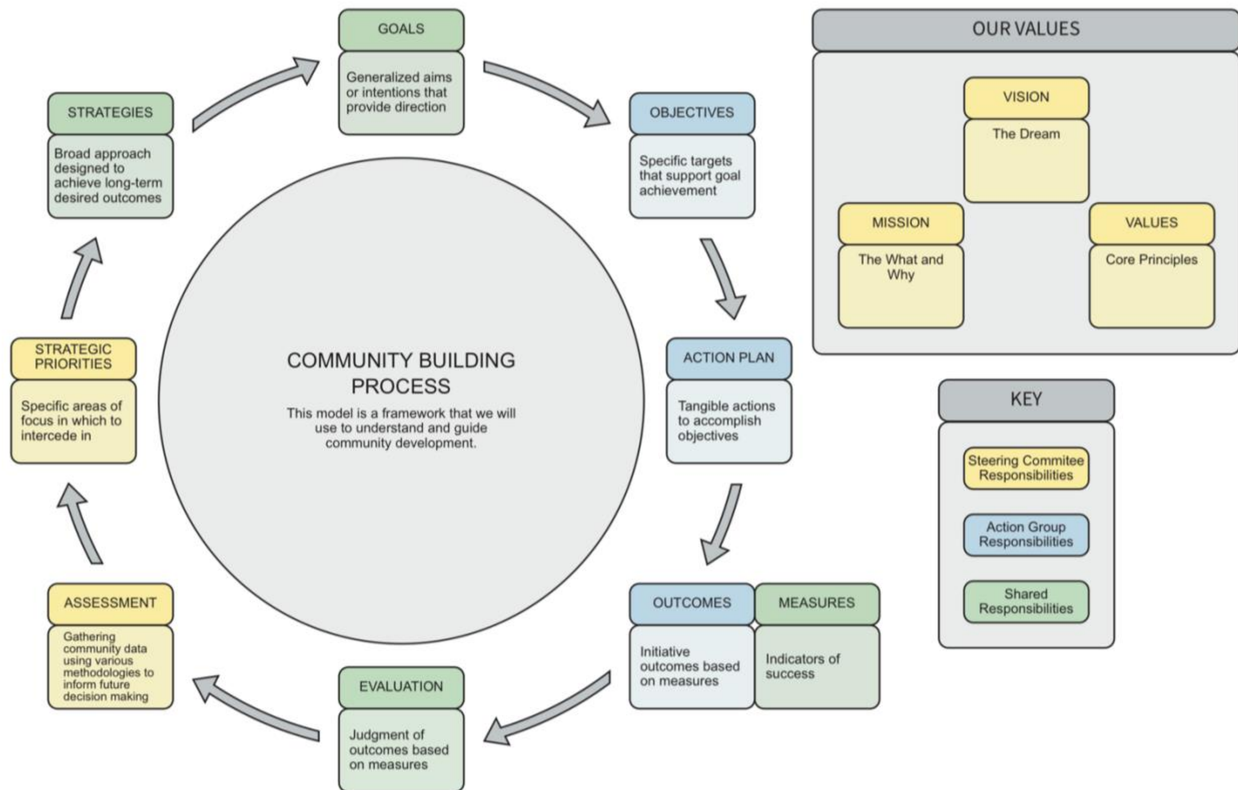
COMMUNITY BUILDING PROCESS



(Figure 2)

The purpose of the **Community Building Process (Figure 2)** is to assist the Carbon County Healthy Communities Steering Committee and its associated **action groups** in organizing efforts pertaining to identified Strategic Priority areas. The various aspects of the Community Building process include:

Strategic Priorities: specific areas of focus. These are identified by the community assessment and various collaborative processes.

Strategies: Establish broad approaches for each identified strategic area that are designed to achieve long-term desired outcomes. Creating these strategies is a shared responsibility between the Steering Committee and individual action groups.
With each strategy there is a set of **Goals** and **Objectives** that are developed by the various action groups. This is a very collaborative process that takes into account input from many sources including the target population when possible.

COLLABORATION/ACTION GROUPS

Collaboration will be guided through the **steering committee** and the **action groups** formed to address each specified strategic priority. The Carbon County Healthy Communities Steering Committee's scope is guided by the Community Building Process model (see Figure 2).

The Steering Committee is made up of the leadership in the community as well as community members. It is responsible for leading the community building process. The Action Groups are the collaboratives or coalitions that have been created or are currently existing that take on the job of addressing the Strategic Priorities identified through the community building process.

EVALUATION

Evaluation is a vital aspect of this process, and it is how we measure our collective impact. Below are the terms and methods we use to track our progress, report our success, and make adjustments as needed to achieve the best possible outcomes. These terms/methods can be understood in reference to the Community Building Process Model (see Figure 2).

Measures: Set indicators of success. We set measures for each goal and objective, as well as all activities we engage in.

Evaluation: Oversee the judgment of outcomes based on predetermined measures. This is included in most projects done by coalition partners.

Assessment: Participate in the gathering of community data using various methodologies to inform future decision making. Most agencies are engaged in some sort of assessment and the data that comes from such assessment will be used for evaluation. However, the Carbon County Public Health Department will complete a formal assessment every 5 years.

REPORTING

Progress and Evaluation Reports: The action groups will provide updates to the steering committee quarterly. The action groups will provide updates using a worksheet that can be found as Attachment C of the present document. This allows action groups to report on measures to ensure that the work that is being done is having an measurable impact and necessary changes can be made when appropriate. The Carbon County Healthy Communities Steering Committee will provide updates on the implementation of this plan

to the community and stakeholders at least annually. Updates may also be provided more frequently if necessary.

ACKNOWLEDGEMENTS

We would like to thank the residents of Carbon County for their assistance in completing the Community Health Assessment. It would not have been possible to create a community-driven and led health improvement plan without community involvement and input.

We would also like to thank the Carbon County Commissioners for their support and aid in gaining insight into their respective districts' needs.

We would also like to thank the Carbon County Healthy Communities Steering Committee, the Behavioral Health Crisis Coalition, Dr. Emily Beamon and Dr. Nicholas Coombs, AmeriCorps Members Brooke Springer and Campbell Pipkin, Carbon County Public Health Staff, and JDL Consulting. The CHIP process and document would not have been possible without their dedication and hard work.

ATTACHMENTS

Attachment A

Behavioral Health Care Coordination Resource Card

Attachment B

Carbon County Healthy Communities Steering Committee Members

Cyrina Allen: Carbon County DES & Bridger community member
Jinell Bal: Mental Health Center
Dr. Emily Beamon: Beamon Consulting
Ellen Blain: Mental Health Center & Joliet community member
Bill Bullock: Carbon County Commissioner & Carbon County community member
Brad Caton: Red Lodge Area Community Foundation & Red Lodge community member
Bridgett Chartier: Beartooth Billings Clinic & Luther community member
Dr. Nicholas Coombs: Coombs Consulting
Paul Cook: Carbon County community member
Erin Cross: Carbon County Public Health & Carbon County community member
Scott Deklyen: Carbon County Sheriff's Office
Jennifer Hickok: Fromberg School District & Fromberg community member
Elizabeth Hickson: Domestic and Sexual Violence Services & Red Lodge community member
Tami Hoines: Carbon County Public Health & Roberts community member
Judy Lapan: JDL Consulting & Belfry community member
Dianna LeBrun: Red Lodge Senior Center & Red Lodge community member
Kristen Linn: Fromberg School & Carbon County community member
Campbell Pipkin: AmeriCorps Member
Torsten Prahl: Red Lodge Fire Rescue
Brooke Springer: AmeriCorps Member
Jane Swanson-Web: Bearcreek community member

Attachment C

Action Group Worksheet

Date: ________________

Strategic Priority Area:	
Strategy #:	**Action Group:**
Target Population (if applicable):	
What does success look like?	
Measure(s):	

Goal #:
Measure(s):
Timeline:

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Objective Section

Objective #:	
Measure(s):	
Who/Timeline:	Update/Notes:

Objective #:	
Measure(s):	
Who/Timeline:	Update/Notes:

Objective #:
Measure(s):

Who/Timeline:	**Update/Notes:**

Objective #:	
Measure(s):	
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Objective #:	
Measure(s):	
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