

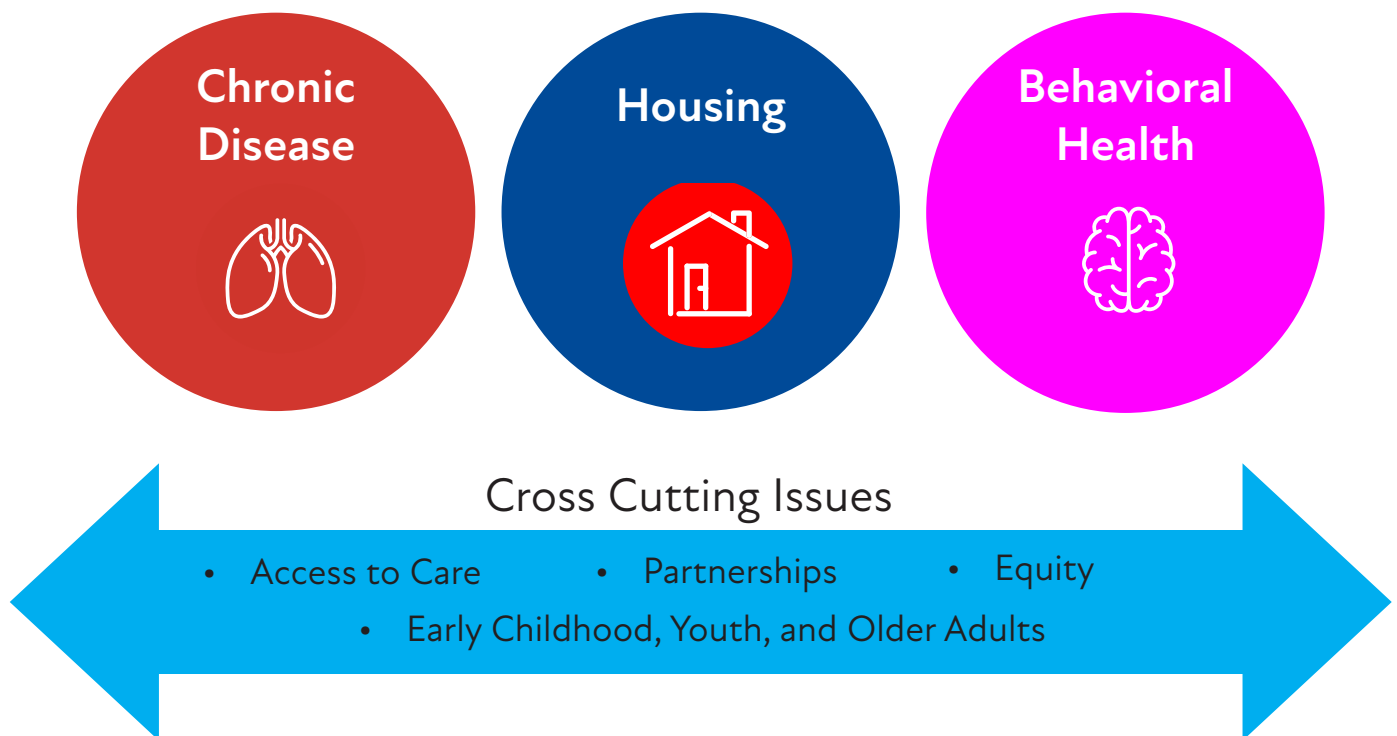
Community Health Improvement Plan



Community Health Improvement Plan 2022

In the spring of 2022, Lewis and Clark Public Health and Healthy Together convened a group of stakeholders to create our community's fourth Community Health Improvement Plan (CHIP). The plan outlines strategies to improve the health of all county residents over the next three years.

For the purposes of planning, Healthy Together leadership selected three priority areas based on the results of the Community Health Assessment: 1) Chronic Disease 2) Behavioral Health and 3) Housing. The leadership team also selected a number cross cutting issues that impact all priority areas. These include health equity, access to care and services, partnerships, and lifespan concerns for children in early childhood, youth and older adults. Within each priority area, the plan outlines targeted strategies designed to improve the health of all county residents, with a focus on increasing partnerships, access and equity while considering evidence based supports for all county residents across the lifespan.



Healthy Together believes that implementing these strategies will help us achieve our vision for a healthy community.

We envision a healthy community where every person is safe, connected, and engaged and has the resources they need to reach their full potential.

The CHIP Process

The CHIP process was led by Healthy Together, a community partnership dedicated to improving the health of all residents of Lewis and Clark County by working together to focus energy and resources. Healthy Together was founded in October 2017 by leaders from Lewis and Clark Public Health, PureView Health Center, Rocky Mountain Development Council, St. Peter's Health, and United Way of the Lewis and Clark Area. These individuals serve as the Healthy Together Steering Committee.



The Healthy Together Steering Committee

Lori Ladas

Executive Director: Rocky Mountain Development Council, Inc.

Amy Emmert

Senior Director of Population Health: St. Peter's Health

Haylie Wisemiller

Population Health and Community Education Specialist: St. Peter's Health

Emily McVey

Executive Director: United Way of the Lewis and Clark Area

Jill Steeley

CEO: PureView Health Center

Drenda Niemann

Health Director/Health Officer: Lewis and Clark Public Health

Jolene Jennings

Behavioral Health Systems Improvement Specialist: Lewis and Clark Public Health

Dorota Carpenedo

COVID-19 Epidemiologist: Lewis and Clark Public Health

Damian Boudreau

Communications Specialist: Lewis and Clark Public Health

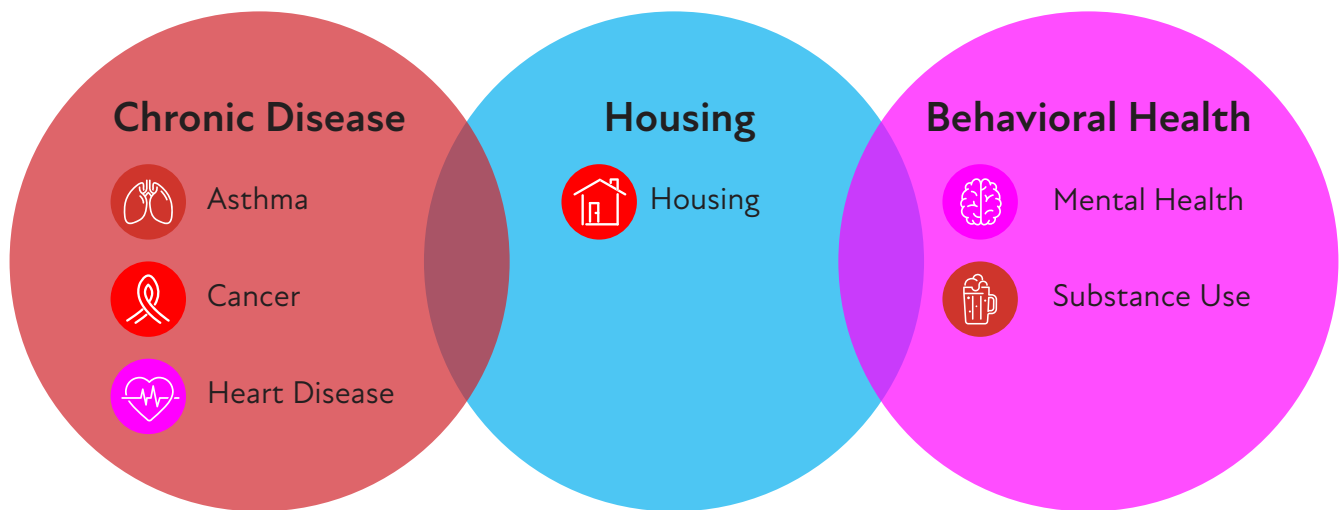
The Community Health Report (CHR)

The CHIP process relies on data to inform which priority areas and strategies are selected. In late 2021, Lewis and Clark Public Health and Heathy Together partners released the fourth Community Health Report for Lewis and Clark County. The report provides a snapshot of our community on various health conditions, health behaviors, systems, and social determinants of health. Since 2011, Lewis and Clark Public Health has partnered with St. Peter's Health to produce this community health report which includes all available population level primary and secondary data to describe the health of our community. The CHR identified 6 key areas of highest concern for health in our community: asthma, cancer, heart disease, housing, mental health and substance use.

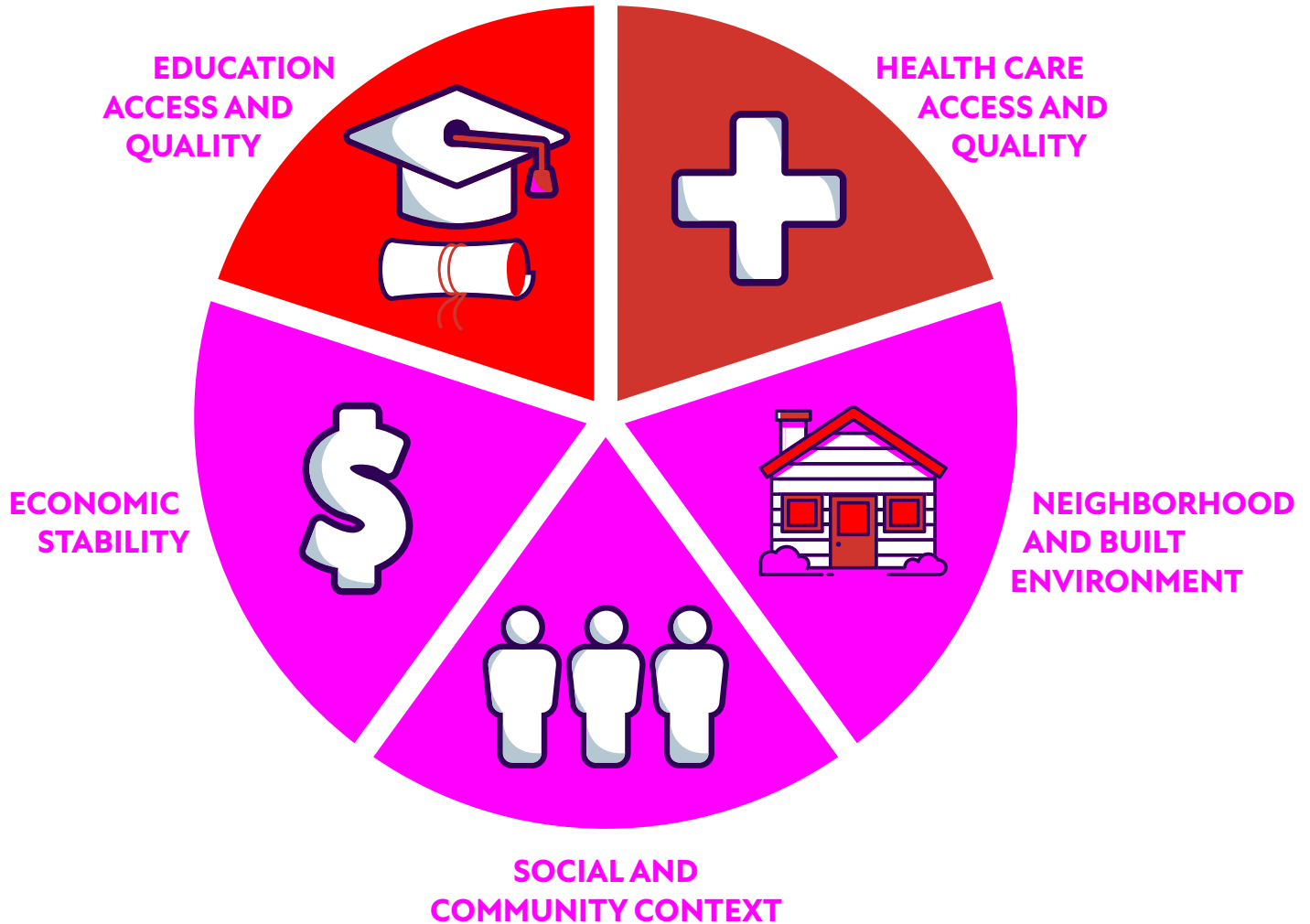
Based on this data, the Healthy Together steering committee proposed three areas of focus for the 2022 Community Health Improvement Plan.



Priority Areas of Highest Concern



SOCIAL DETERMINANTS OF HEALTH



Data Source: U.S. Department of Health and Human Services

To develop this plan, the Healthy Together steering committee convened three virtual meetings in the spring of 2022 with health partners from a variety of sectors to create the Community Health Improvement Plan. Stakeholders used the CHR data, research on best practices and their own expertise to select key strategies for improving health in our three key areas for action. Participants were also instructed to consider the social determinants of health when considering priorities for collective action.



Participants

- A.C. Rothenbuecher, Community Health Promotion Division Administrator, LCPH
- Andy Hunthausen, Lewis and Clark County Commission
- Ben McGaugh, Project Manager, PureView Health Center
- Brandi Thomas, Provider Services Supervisor, Child Care Connections
- Bray Holmes, Zero to Five Community Coordinator, St. Peter's Health
- Brett Lloyd, PHEP Coordinator, LCPH
- Bruce Tyler, St. Peter's Health
- Cassie Drynan, Rocky Head Start and Senior Nutrition and Kids Nutrition Coalition
- Chloe Lundquist, SNAP-Ed Instructor, MSU Extension
- Damian Boudreau, Communications Specialist, LCPH
- Dawn Sullivan, Admin Asst II, LCPH
- Donna Breitbart, Director of Marketing & Communication, Helena College
- Dorota Carpenedo, Epidemiologist, LCPH
- Drenda Niemann, Health Officer, LCPH
- Emily Burton, RN Account Manager, Mountain-Pacific Quality Health
- Emily McVey, Executive Director, United Way of the Lewis and Clark Area
- Gina Boesdorfer, Executive Director, The Friendship Center
- Haylie Wisemiller, Population Health & Community Education Specialist, St. Peter's Health
- Heather Hundtoft, Clinical Director of Addiction Services, Boyd Andrew Community Services
- Jackie Girard, HUD
- Jake Henderson, AWARE
- Jeannie Ferriss, Library Director, Whitehall Community Library
- Jeff Buscher, Community Impact Coordinator, United Way of Lewis & Clark Area
- Jennifer McBroom, Water Quality Protection District, LCPH
- Jennifer Whitfield, LCPC, Chief Clinical Officer, Center for Mental Health
- Jess Hegstrom, Suicide Prevention Coordinator, LCPH
- Jill Steele, CEO, PureView Health Center
- Jolene Helgerson, LCPH
- Jolene Jennings, Behavioral Health Systems Improvement Specialist
- Julie Bir, CONNECT Referral and Systems Improvement Specialist, LCPH
- Kara Snyder, Housing Coordinator, City of Helena
- Kathy Marks, Operations Director, Rocky Mountain Development Council, Inc.
- Kathy Moore, Environmental Division Administrator, LCPH
- Kayla Morris, Supervisor of Community Based Services- St. Peter's Health
- Kellie McBride, Department of Criminal Justice Services, Lewis and Clark County
- Kim Dale, Program Operations Director, Helena Food Share
- Kim Lloyd, Harvest of the Month Community Coordinator, St. Peter's Health
- Kristie Whitaker, LCPH
- Laurel Riek, Disease Control and Prevention Administrator, LCPH
- Lisa Lee, Director, Montana No Kid Hungry & Lead of the Kids Nutrition Coalition
- Lisa Troyer, Health Promotion and Wellness Manager, Pacific Source
- Lois Fitzpatrick, Advocate Emeritus, American Cancer Society Cancer Action Network
- Mary Sparks, Home Visiting Supervisor, LCPH
- Melissa Baker, Cancer Screening, Lewis and Clark Public Health
- Mindy Diehl, Senior Nutrition and Transportation Director, Rocky Mountain Development Council
- Nancy Andersen, Outreach Director, AARP Montana
- Nik Griffith, Strategy Manager, PureView Health Center
- Patty Kosednar, Account Manager, Mountain Pacific Quality Health
- Paula Wright, COO, PureView Health Center
- Rebecca Hargis, Chair, Elevate Montana Helena Affiliate
- Ron Wiens, Director of Business Development, Shodair Children's Hospital
- Sandy Bauman, Dean/CEO, Helena College
- Sarah Elliott, Director of Complex Care, St. Peter's Health
- Sarah Sandau, Prevention Programs Supervisor, LCPH
- Shari Hagengruber, Community Relations Coordinator, St. Peter's Health
- Sydney Blair, CEO, Center for Mental Health
- Taylore Dinsdale, Tobacco Prevention Health Educator, LCPH
- Theresa Ortega, Executive Director, Good Samaritan Ministries

2022 Lewis and Clark County CHIP

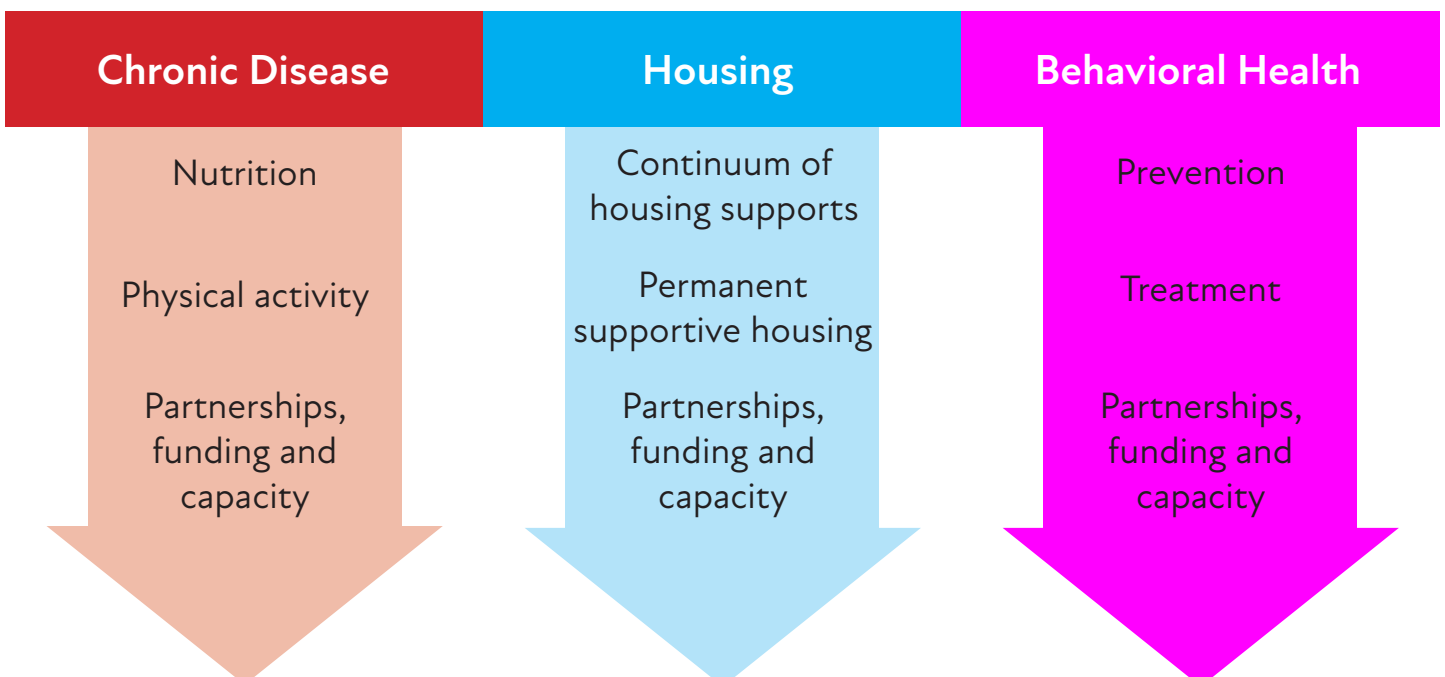
What is Health?

Health is an all-encompassing state of well-being in mind, body, and spirit that characterizes thriving individuals, families, and communities.

Our Vision for a Healthy Community

We envision a healthy community where every person is safe, connected, and engaged and has the resources they need to reach their full potential.

CHIP - Priorities Within Focus Areas



Priority Area | Chronic Disease

Chronic diseases assets and resources in Lewis and Clark County

As part of the CHIP process, participants were asked to create a map of the assets and resources that currently exist to address chronic disease in our county utilizing the CDC’s four domains of chronic disease prevention framework.¹

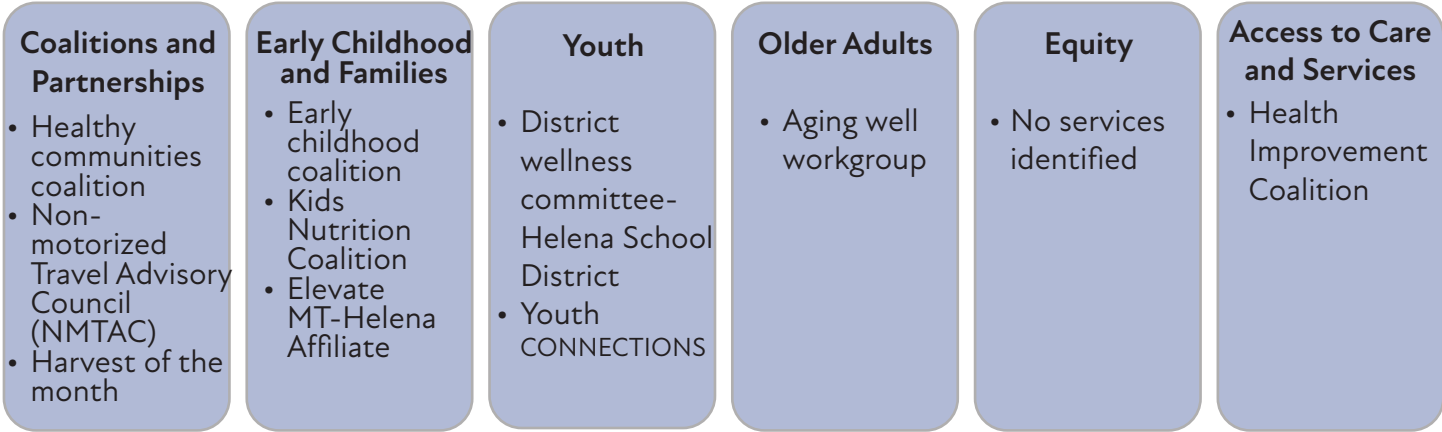
CDC’s Four Domains of Chronic Disease Prevention Framework



The map of the Chronic Disease assets and resources in Lewis and Clark County as of spring 2022 that CHIP participants created is on the following page.

CHIP participants also mapped the crosscutting lifespan services that exist for addressing chronic disease in Lewis and Clark county. These included:

Cross Cutting Lifespan Services for Chronic Disease



After the assessment of current assets and resources, participants were asked to identify any gaps in the current system and consider how to improve our response to chronic disease prevention in our community.

Based on this in-depth assessment, which included a review of the chronic disease data in the 2021 Community Health Report (CHR), group members outlined an overarching goal along with metrics and strategies for improving Chronic Disease outcomes in Lewis and Clark County, all of which are outlined on the following pages.

¹<https://www.cdc.gov/chronicdisease/center/nccdphp/how.htm>



Data and Surveillance

- Community Health Report
- State Health Improvement Plan
- State epidemiologists
- Healthy People 2030
- 
 Today's Air DEQ
 Montana tumor registry
- LCPH epidemiologist
- Sources: Behavioral Risk Factor Surveillance Survey (BRFSS), Youth Risk Behavior Survey (YRBS), Insurance Data, EHR, Vital stats

Environmental Approaches

- Active living Wayfinding Plan
- Tobacco free policies Clean Indoor Air Act (CIAA), parts, point of sale
- Community gardens
- Harvest of the month: Schools and Community
- Helena Food Program
- 
 Air quality monitoring
 Asthma monitoring in schools
- Complete Streets
- WIC Farmer's Market
- Double snap dollars for produce
- Senior food vouchers at farmers market/senior commodities
- School Meal Program

Community programs linked to clinical services

- Diabetes prevention program and self management education
- reACT Tobacco prevention in schools
- St. Peter's Health (SPH)- Food Rx, Food is Care, Food Pharmacy
- Chronic disease self management courses
- 
 Asthma home visiting
- 
 Health Coaches for Hypertension
- Worksite wellness programs
- Tobacco cessation courses
- SNAP Ed Nutrition Classes
- Peer breast feeding supports
- Helena schools District wellness committee

Healthcare System Interventions

- SPH Dieticians
- Culinary Medicine SPH
- 
 SPH Cancer Navigators
 Breast and Cervical Health Program
- Arthritis movement classes

Chronic Disease Metrics



Metric 1	Cancer incidence and mortality for female breast and colorectal cancers
Metric Target Numerator	Long Term – 3 years Number of people diagnosed with the disease Number of people who have died from the disease
Denominator Reporting Type Unit of Analysis	Number of people Age adjusted incidence and mortality rates per 100,000 population Individuals
Data Sources	Montana Central Tumor Registry and the Office of Vital Statistics, Montana Department of Public Health and Human Services Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI), U.S. Decennial Census
Data Frequency Data Notes	Annual, based on 3 years of latest available data Stratify by race, gender, age groups
Metric 2	Asthma hospital admissions and emergency room visits
Metric Target Numerator	Long Term – 3 years Number of asthma hospital admissions Number of asthma emergency room visits
Denominator	Number of hospital admissions Number of emergency room visits
Reporting Type	Age adjusted hospital admissions and emergency department visits rates per 100,000 population
Unit of Analysis	Hospital Stay Emergency Department Visit
Data Sources	St. Peter’s Health, U.S. Decennial Census
Data Frequency	Annual, based on 3 years of latest available data
Data Notes	Stratify by race, gender, age group
Metric 3	Cardiovascular disease mortality
Metric Target Numerator	Long Term – 3 years Number of people who have died from the disease
Denominator Reporting Type Unit of Analysis	Number of people Age-adjusted mortality rates per 100,000 population Individuals
Data Sources	National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.
Data Frequency Data Notes	Annual, based on 3 years of latest available data Stratify by race, gender, age group

Overarching Chronic Disease Goal

Design culturally responsive policies, systems and environments in Lewis and Clark County for making the healthy choice the easy choice so that all community members can thrive in a culture that sustains health and prevents chronic disease.

Chronic Disease Focus Area 1

Support the development of a healthy, accessible, and affordable food system.

Strategy	Lead	Timeline
Increase nutrition security for school aged kids and families	<ul style="list-style-type: none">District Wellness CommitteeKids Nutrition CoalitionHarvest of the Month	Ongoing
Support and expand the partnership for senior meals (for example the commodities program, Meals on Wheels, Congregate Meals, Community Gardens, senior farmers market vouchers, etc.)	<ul style="list-style-type: none">Aging Well Workgroup	Ongoing
Increase food knowledge and skills through a campaign or strategy grounded in cultural humility and healthy food choices. Gather feedback in those specific communities, including lived experts and community food program experts	<ul style="list-style-type: none">Healthy Communities CoalitionKids Nutrition CoalitionEnvironment Health Specialists-Licensed Establishments	Ongoing
Promote the importance of local foods through new partnerships, education, and access	<ul style="list-style-type: none">Harvest of the MonthHelena Community GardensAeroMSU Extensions	Ongoing

Chronic Disease Focus Area 2

Ensure that every Lewis and Clark resident can access and engage in physical activity.

Strategy	Lead	Timeline
<p>Collaborate and coordinate county wide physical activity initiatives and culturally competent campaigns. Working with lived experts and gathering feedback in those specific communities</p>	<p>Healthy Communities Coalition</p>	<p>Ongoing</p>
<p>Collaborate and coordinate county wide physical activity initiatives and culturally competent campaigns. Working with lived experts and gathering feedback in those specific communities</p>	<p>For the City of Helena:</p> <ul style="list-style-type: none"> • Helena Non-Motorized Travel Advisory Council • District Wellness Committee <p>For Lewis and Clark County, there is currently no lead known. The Prevention Programs Supervisor at Lewis and Clark Public Health (LCPH) will start reaching out to the following groups to see their interest:</p> <ul style="list-style-type: none"> • County School PTAs • Law Enforcement • Augusta/Lincoln/Wolf Creek Schools and School Boards • Lincoln walkability/downtown group 	<p>Ongoing</p>
<p>Support and coordinate locally generated fall prevention efforts</p>	<p>Aging Well Workgroup</p>	<p>Ongoing</p>

Chronic Disease Focus Area 3

Support and sustain chronic disease efforts with effective partnerships, evidence based training, and robust data collection and evaluation.

Strategy	Lead	Timeline
<p>○ Create a dashboard to track chronic disease measurables. Look at common metrics amongst programs and surveys</p>	<p>→ • Lewis and Clark Public Health (LCPH)</p>	<p>→ Year 1, then updated annually</p>
<p>○ Analyze, educate, and train healthcare providers for needs of specific populations (LGBTQI+, American Indian, People living with disabilities, Low income, seniors, etc.)</p>	<p>→ • Healthy Communities Coalition</p>	<p>→ Ongoing</p>
<p>○ Assist in chronic disease asset mapping efforts and looking at the SDOH factors that go into the different sections. Help search for fund development that assists with these efforts</p>	<p>→ • Healthy Communities Coalition</p>	<p>→ Ongoing</p>
<p>○ Develop and implement a Clean Room Campaign</p>	<p>→ • Healthy Communities Coalition</p>	<p>→ Year 1 developed, Year 2 implemented and evaluated</p>

Priority Area | Behavioral Health

Behavioral Health Assets and Resources in Lewis and Clark County

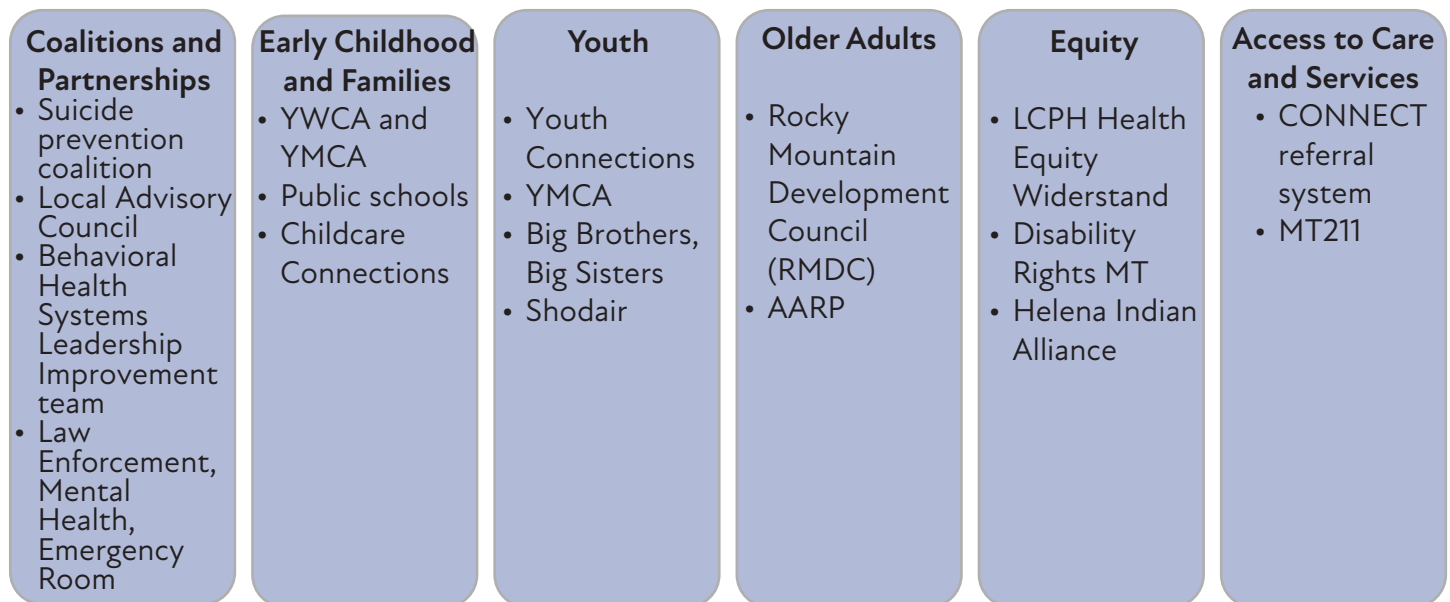
As part of the CHIP process, participants were asked to create a map of the assets and resources that currently exist to address behavioral health in our county utilizing a modified version of the Institute of Medicine's Behavioral Health Continuum of Care framework. ²



The map of the behavioral health assets and resources in Lewis and Clark County as of spring 2022 that CHIP participants created is on the following page.

CHIP participants also mapped the crosscutting lifespan services that exist for addressing behavioral health in Lewis and Clark County. These included:

Cross Cutting Lifespan Services

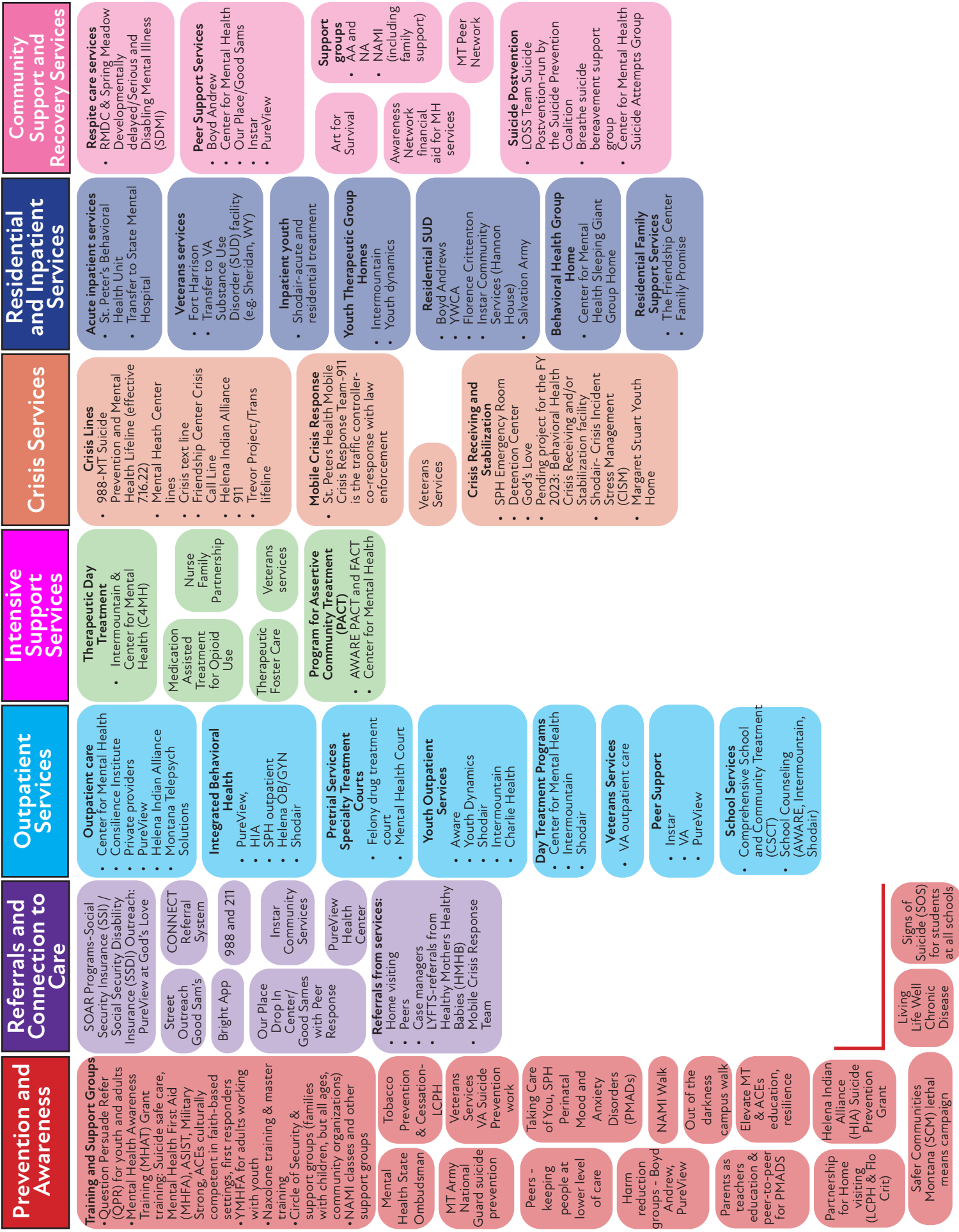


After the assessment of current assets and resources, participants were asked to identify any gaps in the current system and consider how to improve our prevention, promotion and treatment of behavioral health concerns in our community.

Based on this in-depth assessment, which included a review of the behavioral health data in the CHR, group members selected the following goals, metrics and strategies for improving behavioral health outcomes in Lewis and Clark County.

² <https://prevention.nd.gov/files/pdf/parentslead/ContinuumofCareModel.pdf>

Behavioral Health Services Map | Lewis and Clark County



Behavioral Health Metrics



Metric 1

Suicide mortality

Metric Target	Long Term – 3 years
Numerator	Number of people who have died by suicide
Denominator	Number of people
Reporting Type	Age-adjusted mortality rates per 100,000 population
Unit of Analysis	Individuals
Data Sources	National Center for Health Statistics, Centers for Disease Control and Prevention.
Data Frequency	Annual, based on 3 years of latest available data
Data Notes	Stratify by race, gender, age group

Metric 2

Binge drinking among adults aged 18 years and older

Metric Target	Long Term – 3 years
Numerator	Number of adults reporting having 4 (women), 5 (men) or more drinks, within a couple of hours on one or more days in the last month
Denominator	Number of people
Reporting Type	Percent
Unit of Analysis	Individuals by alcohol utilization units
Data Sources	Behavioral Risk Factor Surveillance System (BRFSS), Montana Department of Public Health and Human Services
Data Frequency	Annual, based on 3 years of latest available data
Data Notes	Stratify by race, gender, age group

Metric 3

Tobacco use among adults aged 18 years and older

Metric Target	Long Term – 3 years
Numerator	Number of adults who are current smokers
Denominator	Number of people
Reporting Type	Percent
Unit of Analysis	Individuals by tobacco use status
Data Sources	Behavioral Risk Factor Surveillance System (BRFSS), Montana Department of Public Health and Human Services
Data Frequency	Annual, based on 3 years of latest available data
Data Notes	Stratify by race, gender, age group

Metric 4

Depressive disorders among adolescents and adults aged 18 years and older

Metric Target	Long Term – 3 years
Numerator	Number adults diagnosed with depressive disorders Number of high school students that felt sad or hopeless almost every day for two weeks or more in a row that stopped doing some usual activity.
Denominator	Number of people
Reporting Type	Percent
Unit of Analysis	Individuals
Data Sources	Youth Risk Behavior Survey (YRBS), Office of Public Instruction (OPI) and Behavioral Risk Factor Surveillance System (BRFSS), Montana Department of Public Health and Human Services and CDC
Data Frequency	Annual, based on 3 years of latest available data Every other year
Data Notes	Stratify by race, gender, age group

Metric 5

Marijuana, alcohol, vapor products and any illegal drug use among adolescents and adults aged 18 years and older

Metric Target	Long Term – 3 years
Numerator	Number of adults reporting substance use Number of high school students who reported using substance at least once in the past month
Denominator	Number of people
Reporting Type	Percent
Unit of Analysis	Individuals
Data Sources	Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance System (BRFSS), Montana Department of Public Health and Human Services PRC Community Health Survey, LCPH Behavioral Analysis
Data Frequency	Every other year or latest available data
Data Notes	Stratify by race, gender, age group

Overarching behavioral health goal

Create an environment in Lewis and Clark County in which the mental wellness of every resident is supported and all are empowered to live free from substance misuse or abuse.



Dr. Abentroth, Surgery, in conversation with patient. Photo from St. Peter's Health.

Behavioral health focus area 1

Build and sustain a robust and evidence-based mental health promotion and substance use prevention culture.

Strategy	Lead	Timeline
<p>Prevention/Education- Suicide Prevention and mental health training (Adult and Youth)</p>	<ul style="list-style-type: none"> LCPH Suicide Prevention Program NAMI Helena School districts (SOS, QPR, Youth Aware of Mental Health [YAM]) Montana Health Research & Education Foundation / South Central Montana Area Health Education Center (MHREF/SC MT AHEC) 	<p>Ongoing</p>
<p>Postvention</p>	<ul style="list-style-type: none"> LOSS Team 	<p>Ongoing</p>
<p>Early prevention: Alcohol, Vaping and Drug Abuse Awareness and Education (Adults and 13 – 17 years old)</p>	<ul style="list-style-type: none"> LCPH Tobacco Education Specialist Youth Connections Prevention Specialist Helena Indian Alliance 	<p>Ongoing</p>
<p>Mental Health and Substance Abuse Assessment for Primary Care, Behavioral Health, Specialty Care Providers, and Schools - Suicide Safe Care Tools (Zero Suicide)</p>	<ul style="list-style-type: none"> LCPH Suicide Prevention Program And trained facilitators DPHHS 	<p>Ongoing</p>
<p>Digital resources and accurate information easily accessible by youth, with pushes on prevention messaging; use of platforms they access already (tik Tok, snap chat, Let's Talk App-OPI)</p>	<ul style="list-style-type: none"> OPI Lead needed and trained facilitators DPHHS 	<p>Ongoing</p>

Behavioral Health Focus Area 2

Build and sustain the continuum of behavioral health care across the lifespan.

Strategy	Lead	Timeline
<p>New Crisis Facility with 24/7 no wrong door access for Mental Health and Substance Abuse services at Journey Home location</p>	<ul style="list-style-type: none"> • LCPH Behavioral Health Systems Improvement Specialist • Behavioral Health Systems Improvement Leadership Team • Center for Mental Health 	<p>FY23</p>
<p>New funding for:</p> <ul style="list-style-type: none"> •Awareness •Advocacy – advocating as community for money for treatment services •Education •Addiction treatment services •Mental health services 	<ul style="list-style-type: none"> • BH Local Advisory Council • Awareness Network • Behavioral Health Alliance of MT 	<p>Ongoing</p>
<p>988 Suicide Prevention and Mental Health Crisis Lifeline Awareness, Promotion and Education and Reporting.</p>	<ul style="list-style-type: none"> • 988 Call Center (Voices of Hope) • BH Local Advisory Council • Suicide Prevention Coalition 	<p>Ongoing</p>
<p>Early intervention for risky behaviors with youth</p>	<ul style="list-style-type: none"> • Shodair – outpatient for co-occurring substance use disorders • Youth Connections • Schools 	<p>Ongoing</p>

Behavioral Health Focus Area 3

Support behavioral health efforts through effective partnerships, evidence based training, and robust data collection and evaluation.

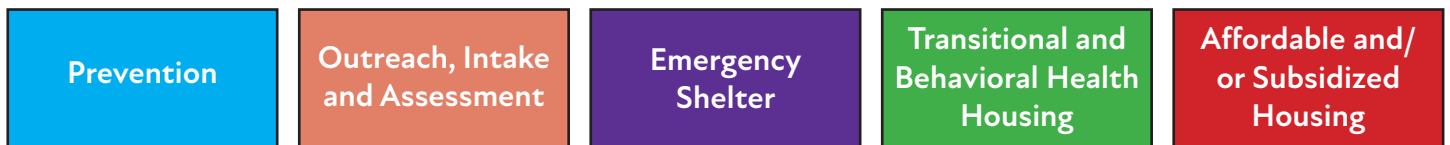
Strategy	Lead	Timeline
<p>Community Champions – who can expand the message to the general community?</p>	<ul style="list-style-type: none"> PureView Providers Hometown Helena BH Local Advisory Council Suicide Prevention Coalition 	<p>Ongoing</p>
<p>Workforce Development through Partnerships and Education</p> <ul style="list-style-type: none"> Workforce Development through Partnerships and Education (Existing and new) Recruitment strategies (look at legislative action, local efforts, etc.) Retain & educate on trauma informed care/ resiliency; support – behavioral health providers, school counselors, teachers 	<ul style="list-style-type: none"> Helena and Carroll College, Behavioral Health Provider(s), High Schools and Workforce Development Organizations 	<p>Ongoing</p>
<p>Data Dashboard including FUSE</p> <ul style="list-style-type: none"> Capturing age and other important demographic information 	<ul style="list-style-type: none"> BH Local Advisory Council (LAC) Workgroup 2 Suicide Prevention Coalition Voices of Hope United Way of LCC Connect Referral System 	<p>FY 23</p>
<p>MT211/Bright App/CONNECT REFERRAL Promotion and Education and Reporting.</p>	<ul style="list-style-type: none"> CPH 988 Call Center (Voices of Hope) United Way of LCC 911 Dispatch MCRT Montana Telecommunications Association – Geoff Feiss 	<p>Ongoing</p>
<p>Exploration of Psychological Autopsy – Suicide Mortality Review and Partnerships</p>	<ul style="list-style-type: none"> Coroner Lewis and Clark Suicide Prevention Coalition (LCSPC) / LCPH Suicide prevention LOSS Team Montana Violent Death Reporting System 	<p>1st year</p>

Priority Area | Housing

Housing Assets and Resources in Lewis and Clark County

As part of the CHIP process, participants were asked to create a map of the assets and resources that currently exist to address housing concerns in our county across a modified version of the Housing and Urban Development continuum of care.

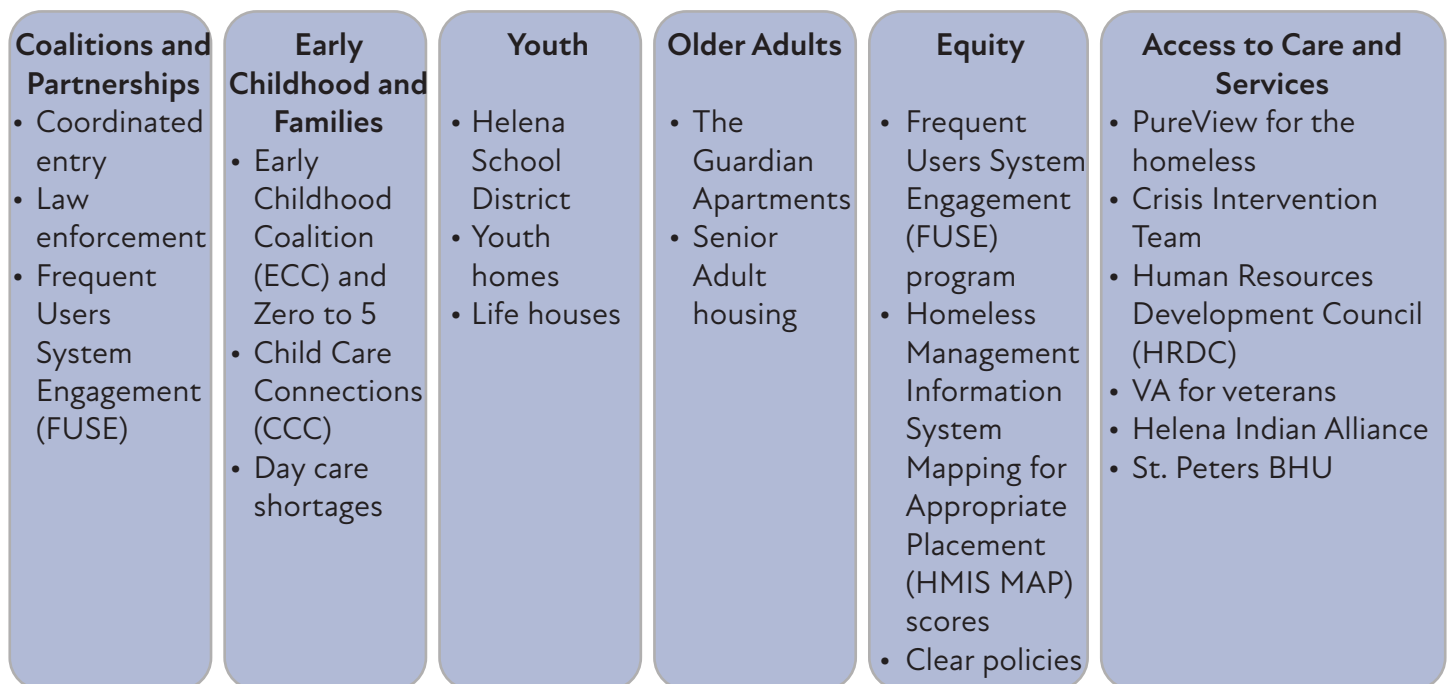
Housing Continuum of Care Framework

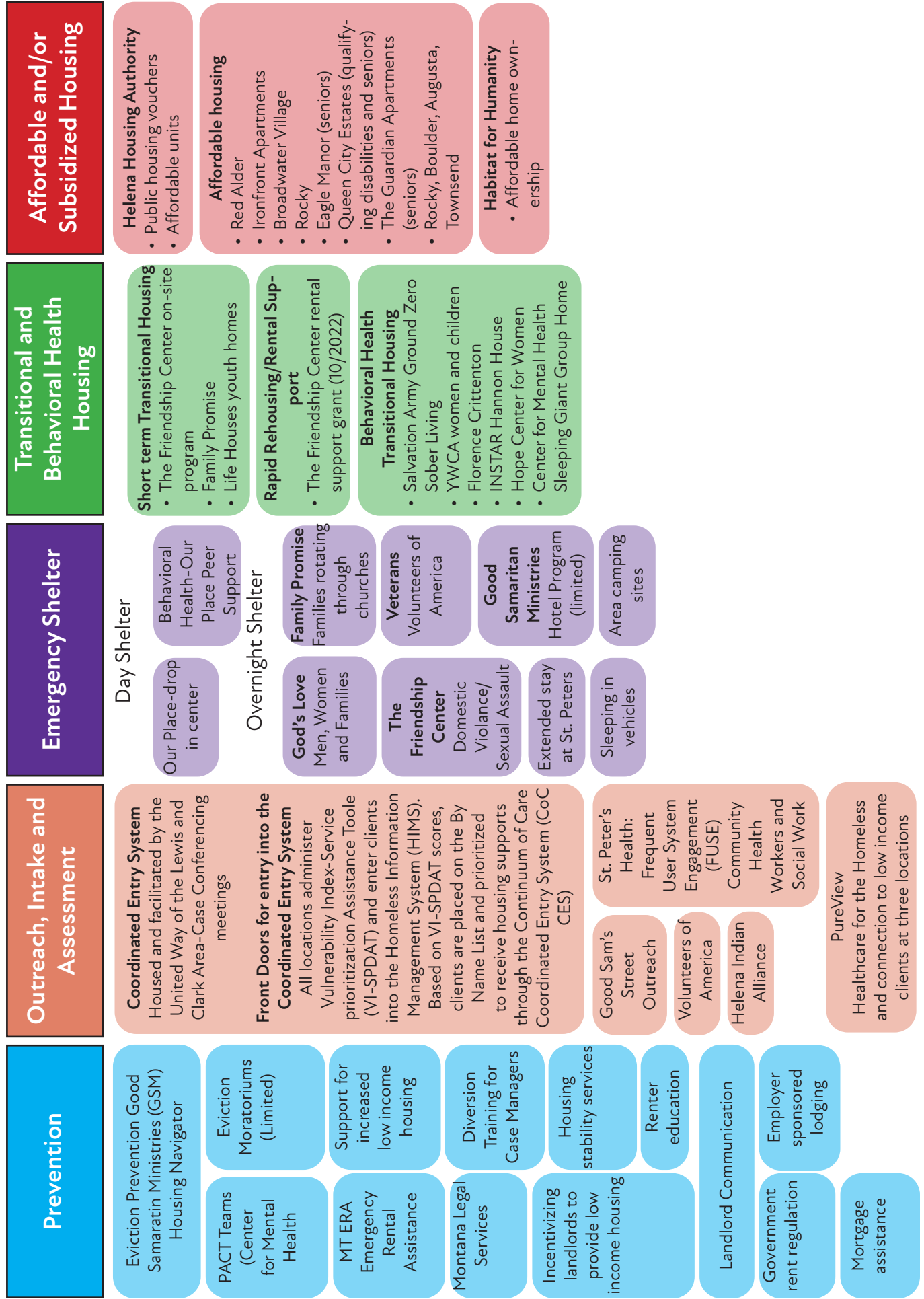


The map of the housing assets and resources in Lewis and Clark County as of spring 2022 that CHIP participants created is on the following page.

CHIP participants also mapped the crosscutting lifespan services that exist for addressing housing in Lewis and Clark County. These included:

Cross Cutting Lifespan Services





After the assessment of current assets and resources, participants were asked to identify any gaps in the current system and consider how to improve access to safe and secure housing in our county.

Housing and Services Gaps

Shortage of Affordable Housing for Low & Moderate Income Folk	No Detox	Issues with Warm Springs	Staff Shortage	Supportive Housing With Services
Resources for Homeless Youth	Not enough Government Funding for needed Programs	Lack of Funding for Nonprofits doing the work	Barriers in Application Process	LGBTQ+ Youth & Adults

Based on this in-depth assessment, which included a review of the housing data in the 2021 Community Health Report (CHR), group members outlined an overarching goal along with metrics and strategies for improving access to housing in Lewis and Clark County, all of which are outlined on the following pages.



Family biking: Photo from Pixabay.com



Helena, MT: Photo from Pixabay.com

Housing Metrics



Metric 1	Quality of rental/housing stock-HUD standards, lead free, smoke-free multi-unit housing
Metric Target	Long Term – 3 years
Numerator	Number of multi-unit housing with absence of smoke-free policies Number of multi-unit housing with presence of lead hazard
Denominator	Number of multi-unit housing
Reporting Type	Percent, number
Unit of Analysis	Multi-unit housing
Data Sources	U.S. Housing and Urban Development (HUD), Montana Tobacco Prevention Program, Program records, Surveys, other sources
Data Frequency	Annual or latest available data
Data Notes	Identify other data sources and develop tracking mechanisms for hazardous exposure. Consider addressing housing properties prior to 1978 for lead-based paint exposure.
Metric 2	Housing ownership continuum (home ownership, displacement, homelessness)
Metric Target	Long Term – 3 years
Numerator	Number of emergency shelter beds Number of transitional housing units Number of homeless individuals who transition to permanent housing
Denominator	NA
Reporting Type	Number; Ratio
Unit of Analysis	Shelter bed, housing units, ownership status, homelessness
Data Sources	U.S. Housing and Urban Development (HUD), U.S Census American Community Survey
Data Frequency	Annual or latest available data
Data Notes	U.S Census American Community Survey, U.S. Housing and Urban Development (HUD), Program records, Surveys, other sources
Metric 3	Household income spent on rent or mortgage
Metric Target	Long Term – 3 years
Numerator	Income spent on rent or mortgage
Denominator	Total household income, home cost, home value
Reporting Type	Percent (spend more than 30% of income on housing)
Unit of Analysis	Income, housing cost, home values,
Data Sources	U.S Census American Community Survey
Data Frequency	Annually, 5-year estimates
Data Notes	Stratify by race, ownership type, housing type, income level

Overarching Housing Goal

Provide opportunities for residents of Lewis and Clark County to access to safe and affordable housing.

Housing Focus Area 1

Build a robust, sustainable, continuum of care that has the capacity to offer a variety of housing to persons at-risk of or experiencing homelessness.

	Strategy	Lead	Timeline
○	Create an office and position to lead Continuum of Care efforts – Housing First →	<ul style="list-style-type: none">• United Way (UW) Continuum of Care	→ Begin work now
○	Maintain an accurate inventory of housing units across the continuum →	<ul style="list-style-type: none">• Helena Housing Taskforce (HHTF)-City of Helena• Good Samaritan Ministries	→ As group forms
○	Organize teams of partners to address and advocate for housing issues →	<ul style="list-style-type: none">• UW/HHTF	→ Initial Work 11/22

Housing Focus Area 2

Ensure that unsheltered or at-risk individuals with behavioral health concerns are provided safe housing and the services needed to move toward permanent housing.

Strategy	Lead	Timeline
<p>○ Plan for secure lodging for FUSE clients</p>	<p>→</p> <ul style="list-style-type: none"> • St. Peter’s Health • Helena Housing Authority (HHA.) • Rocky Mountain Development Council (ROCKY) 	<p>→ Current / Ongoing</p>
<p>○ Increase lodging for low income & unsheltered clients</p>	<p>→</p> <ul style="list-style-type: none"> • Helena Housing Task Force. (HHTF) 	<p>→ 3 years</p>
<p>○ Identify key social determinants of health that effect housing.</p>	<p>→</p> <ul style="list-style-type: none"> • SPH / PureView / Benefis / United Way 	<p>→ 1st Year</p>
<p>○ Increase number of case managers to meet needs of clients with housing needs</p>	<p>→</p> <ul style="list-style-type: none"> • Housing First / HHTF • Habitat / Rocky / HHA 	<p>→ 1st year</p>
<p>○ Support advocacy efforts aimed at sustaining affordable home ownership (work with landlords, income-based assistance programs, etc.)</p>	<p>→</p> <ul style="list-style-type: none"> • Helena Housing Task Force (City of Helena) 	<p>→ Ongoing</p>

Housing Focus Area 3

Support all housing efforts through effective partnerships, evidence-based training, and robust data collection and evaluation.

Strategy	Lead	Timeline
○ Recruit/identify staff to do the work	• Helena Housing Network (HHN)	→ 1st Year
○ Determine what data we need to collect and develop a housing report for Lewis and Clark County	• HHN	→ 1st Year
○ On-going training across relevant topics	• United Way Continuum of Care / Housing and Urban Development (HUD)	→ 3 Years



Overlooking portion of Downtown Helena. Photo from Adobe Stock.



A community partnership to improve health, spearheaded by these local organizations



of the Lewis and Clark Area

