

— 2021 - 2023 —

COMMUNITY HEALTH IMPROVEMENT PLAN

Providence St. Patrick Hospital

Missoula, Montana



To provide feedback on this CHIP or obtain a printed copy free of charge, please email Hollie Timmons at Hollie.Timmons@providence.org.

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EXECUTIVE SUMMARY

Providence Health & Services continues its Mission of service in Missoula County through Providence St. Patrick Hospital. Providence St. Patrick Hospital is a regional tertiary care hospital founded in 1873 and located in Missoula, Montana. The hospital has 253 licensed beds, serving 17 counties in western Montana.

Providence St. Patrick Hospital, Providence St. Joseph Medical Center, and Providence Medical Group together make up Providence Montana. The Providence Montana service area dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of marginalized populations. In 2020, Providence Montana provided \$26 million¹ in Community Benefit² in response to unmet needs and to improve the health and well-being of those we serve in western Montana, including \$4.8 million in free and low-cost care for people who are underinsured or uninsured.

The Community Health Needs Assessment (CHNA) is an opportunity for Providence St. Patrick Hospital to engage the community every three years with the goal of better understanding community strengths and needs. The CHNA allows Providence Montana to target our investments to areas of greatest need, including to addressing health disparities by race, particularly in our American Indian communities. Factors of race and poverty have long impacted health and health care in Montana as elsewhere, and the COVID-19 pandemic further emphasized this crisis as Providence observed higher infection rates and loss of life among people of color as compared to white Montanans.

The results of the CHNA guide and inform efforts to better address the needs of the community. Through a mixed-methods approach using quantitative and qualitative data, the CHNA process relied on several sources of information: state and national public health data, qualitative data from interviews with community stakeholders, primary data from a community survey, and hospital utilization data. We hope to continue to build relationships and gain insights from those who experience health disparities, particularly our American Indian population. A significant and exciting part of the CHIP is the creation of new and better ways to reach and support this population, designed *by* and *for* communities most impacted by racism and poverty.

¹Data is consolidated based on unaudited financial reporting.

²A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives: a. Improves access to health services; b. Enhances public health; c. Advances increased general knowledge; and/or d. Relieves government burden to improve health. Note: Community benefit includes both services to the economically poor and broader community. To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

Providence St. Patrick Hospital Community Health Improvement Plan Priorities

As a result of the findings of our [2020 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence St. Patrick Hospital, in conjunction with community partners, will focus on or advance efforts in the following areas for its 2021-2023 Community Benefit efforts:

PRIORITY 1: ACCESS TO MENTAL HEALTH SERVICES

Access to mental health and behavioral health services, including for children and adolescents, regardless of payer source or ability to pay for services, as well as rapid access for people experiencing a mental health crisis.

PRIORITY 2: SAFE AND AFFORDABLE HOUSING

Safe and affordable housing allows households to pay for other nondiscretionary expenses that are integral to good health, like healthy food, health care, and education.

PRIORITY 3: ACCESS TO SUBSTANCE ABUSE DISORDER TREATMENT SERVICES

Access to both outpatient and inpatient alcohol and drug treatment and detox, regardless of payer source or ability to pay, as well as expanded treatment models, such as medication-assisted treatment and peer support programs.

PRIORITY 4: ADDRESSING HOMELESSNESS

Collaborate with community partners to work toward ending homelessness, including housing retention support services for people housed following a period of homelessness.

Reducing health disparities requires service providers to learn from the populations impacted by racism and poverty. Conversations, human-centric designs, and innovative interventions will be part of the above focus areas, with an emphasis on American Indian voice and novel interventions.

INTRODUCTION

Who We Are

- Our Mission** As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
- Our Vision** Health for a Better World.
- Our Values** Compassion — Dignity — Justice — Excellence — Integrity

Providence St. Patrick Hospital is a regional tertiary care hospital founded in 1873 and located in Missoula, Montana. The hospital has 253 licensed beds, serving 17 counties in western Montana. Providence St. Patrick Hospital employs 2,200 employee caregivers, over 200 of whom are Providence Medical Group providers. Major programs and services offered to the community include the International Heart Institute, the Montana Cancer Center, da Vinci Surgical System, a Level II trauma center, inpatient neurobehavioral health, and many specialty areas of medicine.

Our Commitment to Community

Providence St. Patrick Hospital dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During 2020, Providence Montana provided \$26 million in Community Benefit in response to unmet needs and to improve the health and well-being of those we serve in western Montana, including \$4.8 million in free and low-cost care for people who are underinsured or uninsured. Our region includes Providence St. Patrick Hospital, Providence Medical Group, including 11 outpatient primary care clinics and 14 specialty clinics, as well as Providence St. Joseph Medical Center in Polson, a critical access hospital.

Health Equity

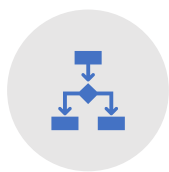
At Providence St. Joseph Health, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all communities to thrive. We acknowledge that racism can be a contributing factor to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

The CHIP is an important process for identifying strategies for addressing these inequities within the communities we serve and building upon the strengths and assets identified in the CHNA.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the most promising and innovative practices that each of our hospitals will implement when completing a CHIP. Learning from and design with those most affected by racial and economic injustice is central to this framework. These practices include, but are not limited to the following:

Figure 1. Framework for Centering Equity in the CHIP



Address root causes of inequities by utilizing evidence-based and leading practices



Explicitly state goal of reducing health disparities and social inequities



Reflect our values of justice and dignity



Leverage community strengths by learning and designing together

Community Benefit Governance

Providence St. Patrick Hospital further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration to address community identified needs. Providence St. Patrick Hospital is responsible for ensuring compliance to the Federal 501(r).

Providence Montana has dedicated staff focused on community benefit throughout the year, as well as during the three-year CHNA and CHIP cycle. Community benefit staff worked with a committee that included members of Providence Montana's Community Mission Board to review the CHNA, prioritize needs to address in the CHIP, and to identify strategies to address those needs. The Community Mission Board reviewed and approved the final CHIP document and is committed to regular review of the progress and challenges to the priorities and strategies.

Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Providence St. Patrick Hospital has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

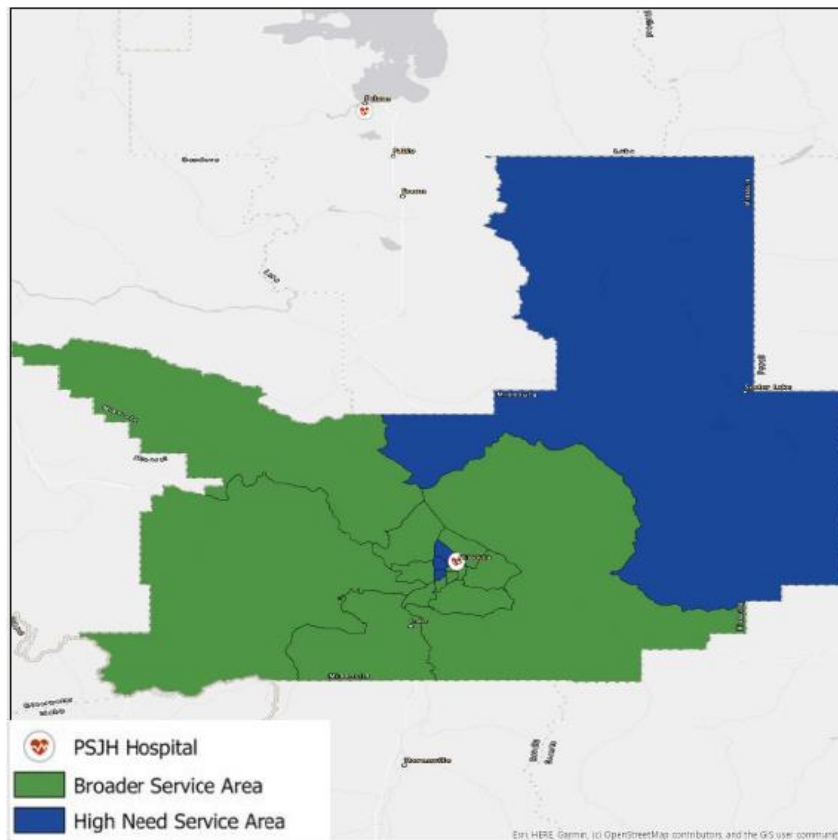
One way Providence St. Patrick Hospital informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program click [here](#).

OUR COMMUNITY

Description of Community Served

Providence St. Patrick Hospital provides communities in western Montana with access to advanced care and advanced caring. Due to the level of care provided at this hospital, Providence St. Patrick Hospital sees patients from surrounding counties, although for the purposes of this CHNA, the hospital service area is Missoula County. Those surrounding areas extend from Lake and Sanders Counties in the north, Ravalli, Granite, Deer Lodge and Silver Bow counties in the south, Powell and Lewis and Clark counties in the east and Mineral county in the west. The total service area, Missoula County, includes a population of approximately 122,000 people.

Figure 2. Providence St. Patrick Hospital Total Service Area



Of the over 122,370 permanent residents of Missoula County, roughly 48,722 live in the “high need” area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% federal poverty level (FPL) compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of \$52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

For the most part, the age distribution is roughly proportional across Missoula County geographies, with those aged between 18 and 34 slightly more likely to live in a high need area, likely young families and those in and around college towns.

The male-to-female ratio is approximately equal across geographies.

POPULATION BY RACE AND ETHNICITY

Of the Missoula County area, more than 91% of residents are white, with 2.6% identifying as American Indian and 3.38% identifying as two or more races. The American Indian population is more likely to live in a high need area, while the white population is less likely to live in a high need area.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Missoula County Service Area

Indicator	Broader Service Area	High Need Service Area	Missoula County
Median Income Data Source: American Community Survey Year: 2019	\$65,203	\$41,081	\$53,890
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	23.87%	29.74%	27.07%

The median household income in the high need service area is substantially lower than Missoula County overall, with the high need service area being almost \$13,000 lower. The difference in median household income between the broader service area and the high need service area is even greater, with the high need service area being over \$24,000 lower.

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. On average, approximately 27% of households in Missoula County are severely housing cost burdened. This is slightly lower than the high need areas in which 30% of renter households are severely housing cost burdened.

Full demographic and socioeconomic information for the service area can be found in the [2020 CHNA for Providence St. Patrick Hospital](#).

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

Through a mixed-methods approach using quantitative and qualitative data, the CHNA process used several sources of information to identify community needs. Across Missoula County, information collected includes public health data regarding health behaviors, hospital utilization data, input from key community stakeholders, and surveys of target neighborhoods.

QUANTITATIVE DATA

Public Health Data

Quantitative data used to identify community needs included community data from County Health Rankings and Esri data and mapping.

Hospital Utilization Data

Hospital utilization data used to identify community needs included avoidable emergency department visits and avoidable hospitalizations. Hospital utilization data for July 2019 – June 2020 was used for the 2020 CHNA.

A summary of quantitative data can be found starting on page 40 of the [2020 CHNA](#) for Providence St. Patrick Hospital.

QUALITATIVE DATA

Stakeholder Interviews

Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people who have low incomes, have chronic conditions, and/or are medically underserved. Providence St. Patrick Hospital aimed to engage stakeholders from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives.

Surveys of Households in Target Neighborhoods

In July 2020, the hospital mailed out postcard invitations with a link and QR codes to an online survey. The postcards were mailed to households with median income of \$35k or less in zip codes 59801 and 59802. To specifically invite participation from our Native community, survey invitations were also mailed in partnership with All Nations Health Center in September. The survey links were shared by Providence staff and partner organizations in the community. 227 total responses were received.

Despite these tactics, the response to surveys from American Indians in Missoula County was insufficient. Our desire is to continue to work in partnership with our community's American Indian leaders and population to gain further data and insight.

A summary of qualitative data can be found starting on page 54 of the [2020 CHNA](#) for Providence St. Patrick Hospital.

IMPACTS OF COVID-19

The 2020 Community Health Needs Assessment and 2021 Community Health Improvement Plan processes were disrupted by the SARS-COV-2 virus and COVID-19, which has impacted all of our communities. While our communities have focused on crisis response, it has required concentration of resources and reduced community engagement, which impacted survey fielding and community listening sessions. Additionally, the impacts of COVID-19 are likely to affect community health and well-being beyond what is currently captured in secondary and publicly available data. We have made efforts to engage the community as directly as possible in prioritizing needs and will continue to engage with our partners on an ongoing basis to ensure we are addressing those needs.

Significant Community Health Needs Prioritized

As Providence, we understand there are clear disparities, including racial, across these prioritized areas that we will be diligent in addressing as we seek and implement solutions.

The list below summarizes the rank ordered significant health needs identified through the 2020 Community Health Needs Assessment process:

PRIORITY 1: ACCESS TO MENTAL HEALTH SERVICES

Access to mental health and behavioral health services, including for children and adolescents, regardless of payer source or ability to pay for services, as well as rapid access for people experiencing a mental health crisis.

PRIORITY 2: SAFE AND AFFORDABLE HOUSING

Safe and affordable housing allows households to pay for other nondiscretionary expenses that are integral to good health, like healthy food, health care, and education.

PRIORITY 3: ACCESS TO SUBSTANCE ABUSE DISORDER TREATMENT SERVICES

Access to both outpatient and inpatient alcohol and drug treatment and detox, regardless of payer source or ability to pay, as well as expanded treatment models, such as medication-assisted treatment and peer support programs.

PRIORITY 4: ADDRESSING HOMELESSNESS

Collaborate with community partners to work toward ending homelessness, including housing retention support services for people housed following a period of homelessness.

Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. We are committed to collaborating with partner organizations in the community to address the needs identified in our CHNA, with full acknowledgment that these needs are among the most challenging to address in any

community, and require long-term focus and investment from all levels of community stakeholders. We will collaborate with community partners to advance efforts to address the prioritized needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

Community benefit staff worked with a committee that included members of Providence Montana's Community Mission Board to review the CHNA and to prioritize needs to address in the CHIP. We identified strategies to address those needs, as well as strategy measures, baseline data, and targets to reach by the end of the CHIP cycle in 2023.

The 2021-2023 Community Health Improvement Plan (CHIP) process was impacted by the SARS-CoV-2 virus and COVID-19, which has impacted all of our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2020 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways. Serving communities, specifically people of color, requires an authentic "doing with" approach.

Providence St. Patrick Hospital anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Providence St. Patrick Hospital in this CHIP.

Addressing the Needs of the Community: 2021- 2023 Key Community Benefit Initiatives and Evaluation Plan

COMMUNITY NEED ADDRESSED #1: ACCESS TO MENTAL HEALTH SERVICES

Population Served

People in need of mental health therapy or counseling; people experiencing mental health crisis; people whose mental wellness has been impacted by COVID-19 pandemic, with an emphasis on those who are marginalized.

Long-Term Goal(s) / Vision

To ensure equitable access to high-quality, culturally responsive, and linguistically appropriate mental health services, especially for populations with low incomes.

An improved workforce of mental health professionals that is representative of the community served and can effectively and compassionately respond to the community's mental health and substance use needs.

Table 2. Strategies and Strategy Measures for Addressing Access to Mental Health Services

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Integrated mental health care in primary care setting	People in need of mental health services	# of patients served # PMG MT patients with depression treatment response in 12 months	2020: 255 patients	300 patients 25% of patients with treatment response will be American Indian
2. Form a committee to design experimental mental health approaches with a health equity lens, including representation from American Indian community	American Indian patients and other underserved populations	Experimental approach designed, implemented and tested	n/a	Create and implement one new strategy to test Community surveys will reach 35% response rate from American Indian population
3. Advocacy for continued mental health services via telehealth and telepsychiatry in response to effects of COVID-19 pandemic	People in need of mental health services; people better served through telehealth than in-person services	# telehealth sessions	2020: 9,590 behavioral telehealth sessions completed	1% increase
4. Workforce development to increase access to health care, including mental health care	People in need of mental health services	Internship development, including development of job descriptions, onboarding and training plans	2020: No standardized workforce development program	Established workforce development program

<p>5. Increased regional coordination for acute mental health services</p>	<p>Adults and youth in need of acute mental health care</p>	<p># of patients served in Neurobehavioral Inpatient unit</p> <p>Wait time for placement</p>	<p>2020: 587 adults 89 adolescents*</p> <p><i>*New unit opened on 8/31/20</i></p> <p>2020 decision to admit <4 hours: 95.5%</p> <p>2020 ED arrival to depart <4 hours: 21.5%</p>	<p>2020: 587 adults 89 adolescents*</p> <p><i>*New unit opened on 8/31/20</i></p> <p>2020 decision to admit <4 hours: 95.5%</p> <p>2020 ED arrival to depart <4 hours: 21.5%</p>
<p>6. Montana Service Area Health Disparity Intervention in support of American Indian population</p>	<p>Patients who identify as American Indian and who need resources and treatment for mental health and substance use disorder</p>	<p>Implicit Bias training completed by core leaders and providers</p> <p>Decreased Avoidable ED Use (AED) for Mental Health and Substance Use Disorder diagnosis groups</p>	<p>2020: 0%</p> <p>2019: 1,802 AED for Mental Health and Substance Use Disorder diagnosis groups</p>	<p>Completion rate of at least 50% by core leaders and providers</p> <p>2% reduction in AED for Mental Health and Substance Use Disorder diagnosis groups</p>

Evidence Based Sources

[Behavioral health primary care integration](#)

[Culturally adapted health care](#)

[Telemental health services](#)

[Mental health benefits legislation](#)

[Behavioral Health Services for American Indians and Alaska Natives: For Behavioral Health Service Providers, Administrators, and Supervisors](#)

Resource Commitment

Providence Montana is committed to investing in serving the mental health needs of our communities. Providence St. Patrick Hospital’s Neurobehavioral Inpatient Medicine unit is a 38-bed unit, 14 beds of which are dedicated to adolescent inpatient treatment. Providence St. Patrick Hospital also has an outpatient psychiatry clinic and adolescent partial hospitalization unit. Providence St. Patrick Hospital is committed to collaborating with community partners to support the mental health needs of residents of Missoula County.

Key Community Partners

[All Nations Health Center](#)

[Behavioral Health Alliance of Montana](#)

[National Alliance on Mental Illness](#)

[Open Aid Alliance](#)

[Partnership Health Center](#)

[University of Montana Clinical Psychology Center](#)

[University of Montana Curry Health Center](#)

[Western Montana Mental Health Center](#)

[Winds of Change](#)

COMMUNITY NEED ADDRESSED #2: SAFE AND AFFORDABLE HOUSING

Population Served

People experiencing housing instability and at risk of being unsheltered or homeless or houseless; people with low incomes experiencing housing instability.

Long-Term Goal(s) / Vision

To end homelessness by reaching functional zero, which means that the system will not have more individuals enter than exit from the homelessness system at any given time.

A sufficient supply of safe, affordable housing units to ensure that all people in the community have access to a healthy place to live that meets their needs.

Table 3. Strategies and Strategy Measures for Addressing Safe and Affordable Housing

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Rapid access to civil-legal assistance for housing concerns	People experiencing housing instability; people with barriers to obtaining housing	Access to civil-legal housing assistance for Missoula County residents # people in Missoula county who have	2020: 28 individual patients referred to MLSA for housing/utility assistance via Medical-Legal Partnership 5 people served October 2020 – December 2020	50 patients referred per year to MLSA for housing/utility assistance via Medical-Legal Partnership; services can include advice, advocacy, representation

		received assistance through Montana Eviction Intervention Project		
2. Participation in community initiatives and strategy sessions to increase affordable housing options	People who are housing-cost burdened (30% of income for housing; severe burden is 50% or more of income on rent)	% of households that meet severe cost-burdened definition # community strategies Total dollars; total dollars leveraged for housing impact by community	2013-2017 ACS: <ul style="list-style-type: none">• 27.07% severe cost-burdened households in Missoula County Strategies/collaboration as of 2021 includes Affordable Housing Trust Fund; At-Risk Housing Coalition; cross-organization affordable housing development efforts for >400 units	25% severe cost-burdened households in Missoula County Continued collaboration in community initiatives and strategies as CARES and American Rescue Plan Act funding allocation
3. Explore collaboration with Providence Supportive Housing and Community Solutions Built for Zero	People with barriers to obtaining or maintaining housing	Discussion with Providence Supportive Housing about potential collaboration Discuss potential collaboration for balance of state Continuum of Care with Community Solutions Built for Zero	Providence Montana executive team has scheduled presentation with Providence Supportive Housing Assessment of viability of Built for Zero for statewide COC to be planned	TBD based on upcoming discussions, assessments

Evidence Based Sources

[Legal support for tenants in eviction proceedings](#)

[Medical-legal partnerships](#)

Resource Commitment

Providence recognizes the vital intersection between health care and housing and believe both are basic human rights. Providence Montana is committed to collaborating with community partners working in support of safe and affordable housing.

Key Community Partners

[At-Risk Housing Coalition](#)

[Community Solutions Built for Zero](#)

[Homeward](#)

[Missoula Housing Authority](#)

[NeighborWorks Montana](#)

[Providence Supportive Housing](#)

COMMUNITY NEED ADDRESSED #3: ACCESS TO SUBSTANCE USE DISORDER TREATMENT

Population Served

Patients with a substance use disorder; people seeking substance use disorder treatment.

Long-Term Goal / Vision

To reduce substance use disorders and related health conditions through evidence-based prevention, treatment and recovery support services.

Table 4. Strategies and Strategy Measures for Addressing Access to Substance Use Disorder Treatment

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Montana Service Area Health Disparity Intervention in support of American Indian population	Patients who identify as American Indian and who need resources and treatment for mental health and substance use disorder	Substance use disorder rate per 1,000 for Alaskan Indian/American Indian	2020: 169	130
		Increase IMAT-trained PMG providers	2020: 6 IMAT-trained providers on staff with PMG Montana; 1 provider in Missoula area	2023: 6 IMAT-trained providers on staff with PMG
		Diversity, Equity and Inclusion (DEI) training available	2020: DEI strategies in development	

		to all Montana Service Area staff		
2. Community partnerships in support of substance use disorder services	People with substance use disorder seeking treatment	Substance use disorder as percent of population	2020: 6% Missoula County (any substance)	5% substance use disorder
3. Collaborate with community partners in support of people with substance use disorder	People with substance use disorder seeking treatment People experiencing crisis related to substance use disorder	# incident responses provided by Mobile Support Team	November 16, 2020 – March 21, 2021: 234 incidents	

Evidence Based Sources

[Medication-assisted treatment access enhancement initiatives](#)

[Behavioral Health Services for American Indians and Alaska Natives: For Behavioral Health Service Providers, Administrators, and Supervisors](#)

Resource Commitment

Providence St. Patrick Hospital is committed to providing for the treatment needs of patients through supporting staff to obtain IMAT training and waivers. In support of our American Indian population, Providence St. Patrick Hospital will develop a culturally-competent and responsive workforce.

Key Community Partners

[All Nations Health Center](#)

[Behavioral Health Alliance of Montana](#)

[Missoula Substance Abuse Disorder Connect](#)

[Open Aid Alliance](#)

[Partnership Health Center](#)

[Western Montana Mental Health Center](#)

COMMUNITY NEED ADDRESSED #4: ADDRESSING HOMELESSNESS

Population Served

People experiencing housing instability and at risk of homelessness; people with low incomes experiencing housing instability.

Long-Term Goal / Vision

To end homelessness by reaching functional zero, which means that the system will not have more individuals enter than exit from the homelessness system at any given time.

Table 5. Strategies and Strategy Measures for Addressing Homelessness

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Collaboration in FUSE (Frequent Users Systems Engagement)	People who experience chronic homelessness and have frequent contact with emergency services, law enforcement and jail	# people who are FUSE-eligible Agency collaboration to serve shared defined high-need population	2020: 21 eligible individuals (based on ED use, interactions with PD, jail) 2020: SPH, Community Medical Center, Missoula County Detention Facility, Poverello Center, Missoula Police Department	60 eligible individuals Continued collaboration, with potential additional agency involvement (e.g. DPHHS, emergency response agencies)
2. Collaboration in community-wide diversion/resource prioritization (Coordinated Entry System)	People experiencing homelessness or at risk of homelessness	Point-in-Time Count	2019: 325 total <ul style="list-style-type: none"> • 179 emergency • 83 transitional • 63 unsheltered 2020: 468 total <ul style="list-style-type: none"> • 204 emergency • 86 transitional • 178 unsheltered 	10% reduction in HUD homeless households

3. Support of city of Missoula’s Mobile Support Team	People experiencing crisis, including those who are homeless	# incident responses provided by Mobile Support Team	November 16, 2020 – March 21, 2021: 234 incidents	
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Evidence Based Sources

[Housing First](#)

[Rapid re-housing programs](#)

[Service-enriched housing](#)

Resource Commitment

Providence recognizes the vital intersection between health care and housing and believe both are basic human rights. Providence Montana is committed to collaborating with community partners working in support of safe and affordable housing and to responding to the health needs of people living without shelter or permanent housing.

Key Community Partners

[Poverello Center](#)

[Reaching Home: Missoula’s 10-Year Plan to End Homelessness](#)

[YWCA of Missoula](#)

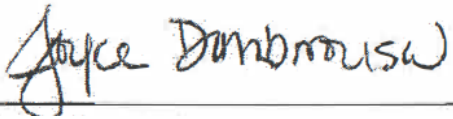
Other Community Benefit Programs

Table 6. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Health-harming civil legal needs	Medical-Legal Partnership	Partnership between Providence Montana and Montana Legal Services Association; Providence staff can directly to MLSA attorney for civil-legal intervention	Low income, vulnerable
2. Childhood obesity	CATCH	Evidence-based wellness curriculum for school-aged children	Low income, vulnerable, broader community
3. Access to care	Medication Assistance Program	Assistance for patients to obtain medications they would not otherwise be able to afford	Low income, vulnerable
4. Food insecurity, obesity, chronic disease	Prescription Produce	Medical providers can “prescribe” fresh, local produce to patients experiencing chronic disease; patients are provided with vouchers to purchase produce	Low income, vulnerable
5. Youth mental health	Work2BeWell	Empowers teens to thrive through access to mental health resources, authentic connections with peers and educators and digital platforms for resiliency	Low income, vulnerable, broader community

2021- 2023 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Providence Montana Community Mission Board of the hospital on April 27, 2021. The final report was made widely available by May 15, 2021.


5-5-21

Joyce Dombrowski
Chief Executive, Providence Montana Service Area

Date


5/5/21

Mark Williams
Chair, Providence Montana Community Mission Board

Date


5/7/2021

Justin Crowe
Senior Vice President, Community Partnerships

Date

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