

2024 - 2026

COMMUNITY HEALTH IMPROVEMENT PLAN

Providence St. Patrick Hospital

Missoula, Montana



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EXECUTIVE SUMMARY

Providence continues its Mission of service in Missoula County through Providence St. Patrick Hospital. Providence St. Patrick Hospital is regional tertiary care hospital with 253 licensed beds, founded in 1873 and located in Missoula, Montana. The hospital's service area is the entirety of Missoula, Montana with a population of about 121,000 people.

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 people experiencing social inequities and health disparities. In 2022, driven by our Mission to care for our community, Providence Montana, which includes Providence St. Joseph Medical Center, Providence Medical Group, as well as St. Patrick Hospital in Missoula, invested more than \$22 million in our communities.

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 results of the CHNA are used to 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 and listening sessions with community members, and hospital utilization data.

Providence St. Patrick Hospital Community Health Improvement Plan Priorities

As a result of the findings of our [2023 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence St. Patrick Hospital will focus on the following areas for its 2023-2025 Community Benefit efforts:

MENTAL HEALTH

Mental health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. In Missoula County, key informants emphasized the need for mental health and substance use/misuse treatment services, more crisis services and case management.

HOMELESSNESS

Homelessness is defined as any individual or family who lacks a fixed, regular, and adequate nighttime residence; an individual or family who will imminently lose their primary nighttime residence; and any individual or family who is fleeing, or is attempting to flee, domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing. Health and homelessness are inextricably linked. Health problems can cause a person's homelessness as well as be exacerbated by the experience. Housing is key to addressing the health needs of people experiencing homelessness. Key informants in Missoula County identified the financial pressure from the area's high

cost of living as a contributing factor to housing instability. People who experience chronic homelessness need more opportunities for permanent supportive housing.

SUBSTANCE USE/MISUSE

Substance use/misuse, occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco. Key informants noted the need for medical detox and more access to naloxone, as well as peer support services.

ACCESS TO CARE

Access to care goes beyond medical care, and includes dental, vision, primary care, transportation, culturally appropriate care, and care coordination. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Community members and key informants shared there is a need for more in-home primary care and support services for older adults and people with disabilities.

Providence St. Patrick Hospital will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2024-2026 CHIP will be approved and made publicly available no later than May 15, 2024.

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 and employs more than 2,200 employee caregivers, over 200 of whom are Providence Medical Group providers.

Major programs and services offered to the community include the Providence Heart Institute, Montana Cancer Center, da Vinci Surgical System, a Level II Trauma Center, inpatient adult and adolescent neurobehavioral health and many specialty areas of medicine.

Our Commitment to Community

Providence’s vision of “Health for a Better World” starts with our commitment to understanding and serving the needs of the community, especially those who are poor and vulnerable. With each investment we make and partnership we develop, we find ways to best address and prioritize our region’s most challenging needs as identified through our CHNA. In 2022, driven by our Mission to care for our community, Providence Montana, which includes St. Patrick Hospital in Missoula, Providence St. Joseph Medical Center, and Providence Medical Group, invested more than \$22 million in Community Benefit¹ in our communities. Together with our partners, we are building communities that promote and transform health and well-being.

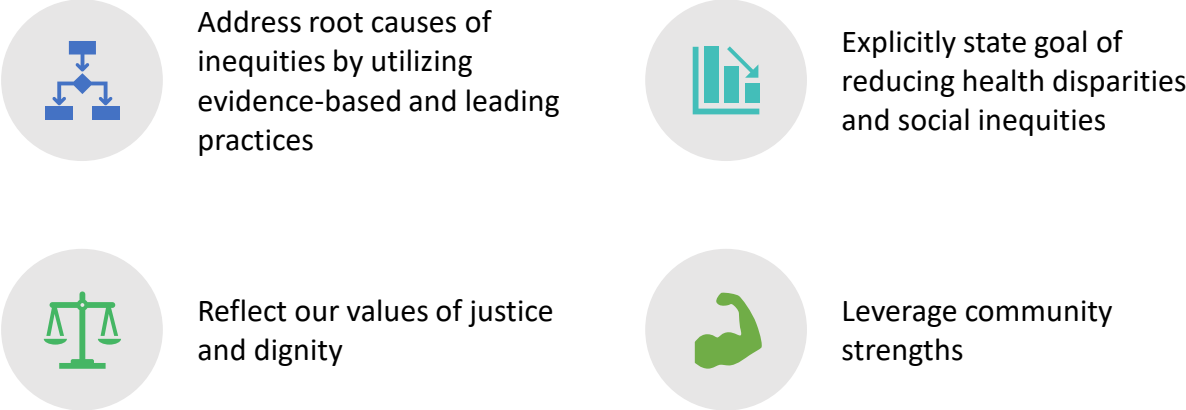
Health Equity

At Providence, 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.

¹ Per federal reporting and guidelines from the Catholic Health Association.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospital will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP



Community Benefit Governance

Providence St. Patrick Hospital in Missoula demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration with community partners. St. Patrick Hospital is responsible for coordinating implementation of State and Federal 501(r) requirements.

Providence Montana has dedicated staff focused on community benefit throughout the year, as well as throughout the CHNA and CHIP cycle. Community benefit staff worked with a committee that included members of the ad hoc CHNA committee of the Providence Montana Community Mission Board to review the CHNA, prioritize needs to address in the CHIP, and to identify strategies to address those needs. The Providence Montana Community Mission Board reviewed the final CHIP document and recommended it for approval to the Providence Montana Community Mission Board 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 Montana 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 in Missoula, Montana serves as a regional care center in western Montana. Based on the availability of data and geographic access to the facility, Missoula County serves as the boundary for the hospital service area.



Figure 1. Map of Western Montana with Missoula County highlighted in yellow

Aside from Missoula, population centers within Missoula County include the towns of Bonner, Clinton, Condon, Frenchtown, Huson, Lolo, Milltown and Seeley Lake. With a population of 121,041², Missoula County is the third most populous county in Montana; the population has grown by 2.6% since the 2020 CHNA.

In Missoula County, roughly 37% of people 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% FPL compared to census tracts across the county. For reference, in 2023, 200% FPL represents an annual household income of \$60,000 for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

² U.S. Census Bureau. QuickFacts Population Estimates, July 1, 2022

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

In Missoula County, people ages 18-34 have the most representation in the High Need Area, with nearly one in three (33%) of people in the High Need Area in that age group. Population by sex is nearly equally distributed across the service areas, with males slightly over-represented in the high need and females in the broader service areas.

POPULATION BY RACE AND ETHNICITY

People identifying as Hispanic or Two or More Races are disproportionately represented in the high need service area in Missoula County, comprising 5.1% and 5.7% of the high need service area respectively, compared to 3.5% and 4.6% of the total population, respectively. White people are slightly more likely to live in the broader service area, comprising 90.2% of the broader service area compared to 89.8% of the total population.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Missoula County Service Area

Health Indicator	Montana	Missoula County	Missoula County High Need Area	Missoula County Broader Need Area
Household Median Income <small>Data Source: 2021 American Community Survey, 5-year estimate</small>	\$60,456	\$61,344	\$51,348	\$65,204
Percent of Renter Households with Severe Housing Cost Burden <small>Data Source: 2021 American Community Survey, 5-year estimate</small>	19.3%	23.0%	22.7%	17.4%

Median income in Missoula County is drastically different between the High Need Area and Broader Need Area, with the High Need Area being around 79% of the median income of the Broader Need Area. The higher median income of the Broader Need Area is tied to a lower percentage of households with severe housing cost burden compared to the High Need Area and Lake County.

Full demographic and socioeconomic information for the service area can be found in the 2023 CHNA for [Providence St. Patrick Hospital](#).

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

At Providence, the CHNA process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

Through a mixed-methods approach, using quantitative (see Appendix 1: Quantitative Data of the [2023 CHNA](#)) and qualitative data (see Appendix 2: Community Input of the [2023 CHNA](#)), we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, and hospital-level data.

To actively engage the community, we conducted listening sessions that included people who are from diverse communities, who have lived experience with substance use disorder, have low-incomes, and/or are medically underserved. We also conducted ten key informant interviews with representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. The hospital included the Executive Director from All Nations Health Center and the Director of Innovations from Missoula City-County Health Department's Partnership Health Center as key informants to ensure the input from a state, local, tribal, or regional governmental public health department.

Through the Community Input process, high priority unmet health-related needs were identified as behavioral health challenges and access to care (mental health and substance use/misuse) and homelessness and housing instability; medium priority unmet health-related needs include access to health care services, racism and discrimination, economic insecurity and food insecurity and chronic diseases. Quantitative data affirmed community input findings.

The CHNA ad hoc committee reviewed the quantitative data and community input and met July 31, 2023 to discuss the findings. The committee voted by online poll to prioritize need areas for the 2023 CHNA, with each participant selecting their three highest priority need areas. The Montana Service Area Community Mission Board met October 24, 2023 to review the CHNA, which was approved by the Montana Service Area Community Mission Board on October 24, 2023.

Significant Community Health Needs Prioritized

MENTAL HEALTH

Mental health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. In Missoula County, key informants emphasized the need for mental health and substance use/misuse treatment services, more crisis services and case management.

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ACCESS TO CARE

Access to care goes beyond medical care, and includes dental, vision, primary care, transportation, culturally appropriate care, and care coordination. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Community members and key informants shared there is a need for more in-home primary care and support services for older adults and people with disabilities.

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 continuing our Mission through collaboration with partner organizations in the community to address the needs identified in the 2023 CHNA, with full acknowledgement 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.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

A working group that included Providence Montana’s Director of Behavioral Health and Community Health Investment staff met in October 2023 to develop the 2024-2026 CHIP. The working group reviewed existing strategies and initiatives as well as proposed new opportunities to implement strategies to address prioritized health needs in the CHIP.

The Providence Montana Community Mission Board met October 24, 2023 to review and approve the final CHNA document and to approve implementation strategies to address the prioritized needs in the 2024-2026 CHIP.

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 the enclosed CHIP.

Addressing the Needs of the Community: 2024- 2026 Key Community Benefit Initiatives and Evaluation Plan

COMMUNITY NEED ADDRESSED #1: MENTAL HEALTH

Population Served

People in need of mental health therapy or counseling; people experiencing mental health crisis; youth in need of mental health support, from college-age to young children.

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.

A reduction in deaths of despair in the community.

Table 2. Strategies and Strategy Measures for Addressing Mental Health

Strategy	Population Served	Strategy Measure	Baseline	2026 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	2022: Avg. 24.7% treatment response	Depression treatment response: 5 percentage points increase
2. Increase inpatient treatment access	Adults and youth in need of acute mental health care	# of patients served at Providence St. Patrick Hospital Neurobehavioral Inpatient Unit (NBMI) and Adolescent Inpatient Units (AIU) Wait time for placement	2022: MHP Evals: • ED Decision to Admit <4hrs: 93% • ED Arrival to Depart <4hrs: 14.75% Admissions • NBMI: 695 • Admissions AIU: 252	TBD
3. Collaboration with community partners to improve mental health crisis response (e.g.	People experiencing mental health crisis	Behavioral Health ED visits / Avoidable Mental Health ED rate	2022: MH ED visits 9.3% of all ED visits; 70% avoidable October 2023: Crisis Receiving Center	Decrease to 65% avoidable MH ED visits TBD data from MST

Strategic Alliance, MST)		Utilization data from Mobile Support Team Utilization data from Crisis Receiving Center	anticipated opening November 2023	TBD data from Crisis Receiving Center
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Evidence Based Sources

[Behavioral health primary care integration](#)

[Trauma-informed health care](#)

[Culturally adapted health care](#)

[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 Medicine Inpatient service provides key acute mental health services in Montana, including adolescent inpatient and partial hospitalization. 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](#)

[NAMI \(National Alliance on Mental Illness\) Missoula](#)

[Open Aid Alliance](#)

[Partnership Health Center](#)

[Strategic Alliance for Improved Behavioral Health – Missoula County](#)

[Three Rivers Mental Health Center](#)

[University of Montana Curry Health Center](#)

[Western Montana Mental Health Center](#)

[Winds of Change Addiction and Mental Health Center](#)

COMMUNITY NEED ADDRESSED #2: HOMELESSNESS

Population Served

People experiencing housing instability and at risk of homelessness; 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 coordinated and holistic community approach to providing increased linkages to supportive services for people experiencing homelessness.

Table 3. Strategies and Strategy Measures for Addressing Homelessness

Strategy	Population Served	Strategy Measure	Baseline	2026 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 Community collaboration to serve shared defined high-need population	2023: 19 formerly chronically homeless individuals in housing or supportive care setting 2023: SPH, Partnership Health Center, Missoula County Detention Facility, Poverello Center, Missoula Police Department	30 people experiencing chronic homelessness and high service use in housing or supportive care setting
2. Collaboration in community-wide diversion/resource prioritization (Missoula Coordinated Entry System / MCES)	People experiencing homelessness or at risk of homelessness Individuals applying for housing assistance	# individuals experiencing homelessness # individuals/families newly housed Missoula Housing Authority voucher success rate	June 2023: 742 individuals active in MCES December 2022 – May 2023: 74 individuals and families 2022: 59%	10% decrease in people experiencing homelessness 25% increase in newly-housed individuals/families 75%

3. Rapid access to civil-legal assistance for housing concerns	People experiencing housing instability; people with barriers to obtaining housing	Referrals to Montana Legal Services Association (MLSA) via Providence Medical-Legal Partnership (MLP)	2022: 102 people referred for civil-legal assistance for health-harming civil legal needs	180 people referred to MLSA via Providence MLP
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Evidence Based Sources

[Housing First](#)

[Debt advice for tenants with unpaid rent](#)

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

[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

[At-Risk Housing Coalition](#)

[City of Missoula Community Development Division / Missoula Coordinated Entry System](#)

[Family Promise of Missoula](#)

[Montana Legal Services Association](#)

[Partnership Health Center](#)

[Poverello Center](#)

[YWCA Missoula](#)

COMMUNITY NEED ADDRESSED #3: SUBSTANCE USE/MISUSE

Population Served

People with a substance use disorder; people seeking substance use disorder treatment; people in need of substance misuse treatment services at different levels, from inpatient to step-down community-based care; people involved in the criminal legal system in need of supportive services.

Long-Term Goal(s)/ Vision

To reduce substance use disorders and related health conditions through evidence-based prevention, treatment, and recovery support services.³

A reduction in deaths of despair in the community.

Table 4. Strategies and Strategy Measures for Addressing Substance Use/Misuse

Strategy	Population Served	Strategy Measure	Baseline	2026 Target
1. Screening and referral for substance use disorders	People seeking treatment for substance use disorders (SUD)	# patients with SUD Population average with SUD per 1,000 # patients per 1,000 with SUD who identify as AI/AN High-school age population with SUD per 1,000	September 2023: 12,470 for Montana Service Area Population average with SUD per 1,000: 77 SUD per 1,000 patients who identify as AI/AN: 139 High-school age population with SUD per 1,000: 38	5% decrease in disease burden per 1,000 for overall population, AI/AN and high-school age population
2. Collaborate with community partners to support treatment options	People seeking treatment for substance use disorders (SUD)	Medication-assisted treatment provided in ED with referral for ongoing community-based care Medication-assisted treatment provided in Providence primary care setting	August 2023: 52 suboxone doses dispensed in prior 12 months October 2023: Integrated Medication Assisted Treatment (IMAT) Western Montana Peer Committee to be established to promote expansion of services and best practices; 1 PMG IMAT-trained provider in Missoula area	75 suboxone doses/referrals Peer Committee established; 10 PMG IMAT-trained providers in Missoula area

Evidence Based Sources

[Alcohol brief interventions](#)

³ Inspired by the Substance Abuse and Mental Health Services Strategic Plan FY2019-FY2023 (samhsa.gov)

[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](#)

[Naloxone education & distribution programs](#)

[Syringe services programs](#)

Resource Commitment

Providence Montana is committed to providing for the treatment needs of patients through supporting staff to obtain IMAT training and waivers and peer support through the Community Health Worker model.

Key Community Partners

[All Nations Health Center](#)

[Behavioral Health Alliance of Montana](#)

[Open Aid Alliance](#)

[Partnership Health Center](#)

[Strategic Alliance for Improved Behavioral Health – Missoula County](#)

[Western Montana Mental Health Center](#)

COMMUNITY NEED ADDRESSED #4: ACCESS TO CARE

Population Served

People in need of timely, affordable care, including primary and specialty care; people with limited access to care due to age, disability, or lack of culturally-responsive care options.

Long-Term Goal(s)/ Vision

To ease the way for people to access the appropriate level of care at the right time; to increase the percentage of people with insurance in the community.

Table 5. Strategies and Strategy Measures for Addressing Access to Care

Strategy	Population Served	Strategy Measure	Baseline	2026 Target
1. Medication Assistance Program	People in need of assistance to afford prescribed health- and life-sustaining medication	# people served	2022: 906 patients	1,000 patients

2. Community Resource Desk	Patients who screen positive for social determinants of health (SDOH) needs; people in need of information about resources	# people served	Launch goal of early 2024	TBD
3. Screening for needs in social determinants of health (SDOH) for admitted patients	Patients admitted to SPH	Percentage of admitted patients screened for SDOH needs	TBD; SDOH screening to be implemented 2024	75% (Providence goal) of admitted patients screened for SDOH needs <ul style="list-style-type: none"> • SPH: 85% • SJMC: 82%
4. Enrollment assistance	People in the community in need of health insurance enrollment assistance (Medicaid, Marketplace)	# community members receiving Marketplace enrollment assistance Percentage of patients without coverage at time of service who gain coverage	2022: 601 patients screened + enrollment assistance provided 2022: 15.8%	700 patients screened + enrollment assistance provided 21%

Evidence Based Sources

[Community health workers](#)

[Ensuring Access in Vulnerable Communities](#)

[Health insurance enrollment outreach & support](#)

[Telemedicine](#)

Resource Commitment

Providence St. Patrick Hospital is committed to its role as a regional tertiary care center in western Montana, including operating as a Level II Trauma Center. Providence St. Patrick Hospital will continue to provide critical mental health services, including acute inpatient, adolescent partial hospitalization, and outpatient care. Providence will continue to provide primary and specialty care, including services that would not otherwise be available in the community.

Key Community Partners

[Human Resource Council](#)

[Missoula Aging Services](#)

[Partnership Health Center](#)

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)
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
Childhood obesity	CATCH (Coordinated Approach to School and Child Health)	Evidence-based wellness curriculum for school-aged children	Low income, vulnerable, broader community
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
Abuse and assault	First Step Resource Center	Child Advocacy Center; coordinated, supportive response following abuse or assault (children, adolescents and adults); mental health care	Low income, vulnerable, broader community

2024 - 2026 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Providence Montana Service Area Community Mission Board of the hospital on October 24, 2023. The final report was made widely available by May 15, 2024.



Kirk Bodlovic
Interim Chief Executive and Chief Operating Officer, Montana Service Area
Providence

10-26-2023

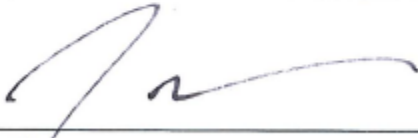
Date



Mark Williams
Chair, Providence Montana Service Area Community Mission Board

11/16/23

Date



Joel Gilbertson
Chief Executive, Central Division
Providence

11/20/23

Date

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