



# Community Health Improvement Plan

Blackfeet Tribal Health Department

---

2018



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# CREDITS AND ACKNOWLEDGEMENTS

## Blackfeet Tribal Health Department Community Health Improvement Plan August 2018

### CHIP Planning Group

#### **Rosemary Cree Medicine, Director, Blackfeet Tribal Health Department**

Michelle Brown, Southern Piegan Health Center  
Dorothy Champine, Blackfeet WIC Program  
Katelin Conway, Mountain Pacific Quality Health  
Leland Crawford, Northern Winds Recovery Center  
Danny Edwards, Northern Winds Recovery Center  
Kayla Gilham, Northern Winds Recovery Center  
Aubrey Ground, Blackfeet Head Start  
Cheryl Ground, CHR Program  
Andi Hall, Northern Winds Recovery Center  
Nikki Hannon, Browning Public Schools  
Louella Heavy Runner, Crystal Creek Lodge  
Hailie Henderson, Browning High School Student  
Jade Heather Lepotokisi, Honor Your Life (BTHD)  
Angela Malatare, Blackfeet Community College  
Dr. Georgia Matt, Indian Health Services  
Terry Michell, CHR Program  
Kate Mitchell, Indian Health Services  
Kiana Nalui, Northern Winds Recovery Center  
Kimberlee Ollinger, Browning High School Student  
Roy Old Person, T-HIP Program

Tara Peterson, Indian Health Services  
Patricia Running Crane, Indian Health Services  
Sharon Silvas, Indian Health Services  
Ashton Smith, Good Medicine Program (BPS)  
Sienna Speicher, Tamarack Grief Recovery Center  
Kimberly Tatsey-McKay, Good Medicine Program (BPS)  
Erica Toppen, Four Winds Church  
Patty Welch, CHR Program  
Herman Whitegrass, Crystal Creek Lodge  
Nonie Woolf, FAST Blackfeet  
Cissy Worth, Planned Parenthood of Montana  
Bernadette Yellow Owl, Honor Your Life (BTHD)

### CHEER Team

**Anne Merewood**, Boston University  
**Jacqueline Berger**, Consultant, Boston Medical Center  
**Cinda Burd** (*Blackfeet*), Consultant, Boston Medical Center  
**Mike Geboe** (*Chippewa Cree/Northern Arapaho*)  
Consultant, Boston Medical Center  
**Kirsten Krane**, Boston University  
**Amanda Ozee**, Boston University



Photo by Rosemary Cree Medicine

On behalf of the Blackfeet Tribal Health Department, I would like to extend thanks to all of the people and organizations who participated in the many hours it took to create this Community Health Improvement Plan (CHIP). The focus areas of this CHIP organically arose from community interest and priority health concerns. The plans were thoughtfully designed by many different organizations which were dedicated to working across programs and silos to get this important work done. I am so humbled and thankful to everyone involved, especially to Kirsten Krane for her hard work and dedication to the Blackfeet people.

**Rosemary Cree Medicine**  
Blackfeet Tribal Health Department (August 2018)

This Community Health Improvement Plan represents a collaborative effort on behalf of the Blackfeet Tribal Health Department and the Center for Health Equity, Education, and Research (CHEER) at Boston Medical Center (BMC) between September 2017 and August 2018. Funding was provided by the Rocky Mountain Tribal Leaders Council's Good Health and Wellness in Indian Country and the State of Montana's Department of Health and Human Services in partnership with the Montana Healthcare Foundation.

# EXECUTIVE SUMMARY

This Community Health Improvement Plan (CHIP) was created to guide the collaborative priorities and work of the Blackfeet Tribal Health Department (BTHD) over the next five years (Aug 2018 – Aug 2023). With the support of the BTHD, our community partners will lead the efforts in the different areas of the CHIP based on their strengths and organizational capacity to create a healthier Blackfeet community. The priority areas in this CHIP are based off of the priorities set through the Blackfeet Community Health Assessment (CHA) which was conducted in 2016-2017. Three priority areas were chosen for the focus of this CHIP to improve the likelihood of successful implementation of all identified interventions over the next five years. For each priority area, the Planning Team identified goals, objectives, intervention strategies, outcome measures, action plans, and plans to monitor and evaluate the progress of the CHIP's implementation.

The health priorities of focus in this CHIP are:

- Substance Use
- Mental Health
- Breastfeeding

## **Priority Area: Substance Use**

**GOAL 1:** Increase collaboration and partnerships among substance use prevention and treatment services.

**Objective 1:** Establish an online directory and calendar of events for substance use prevention and treatment programs.

**Objective 2:** All organizations working in substance use prevention and treatment in Blackfeet will refer participants from one organization to another using the secure Blackfeet Connect platform.

**Objective 3:** Consistently collect and monitor youth substance use rates across Blackfeet and disseminate to SUD prevention and treatment organizations.

**GOAL 2:** Increase access to SUD treatment.

**Objective 1:** Offer Medication Assisted Treatment to 250 people with Opioid Use Disorders through a tribal partnership with Community Medical Services by 2023.

**Objective 2:** Enroll at least 200 pregnant and postpartum women in Family Spirit annually by 2023.

**Objective 3:** Expand support groups to increase additional treatment options from 75 people to 275 people with SUD by 2023.

# EXECUTIVE SUMMARY

## **Priority Area: Mental Health**

**GOAL 1:** Increase access to mental health professionals throughout the Blackfeet Nation.

**Objective 1:** By 2023, have 10 Licensed Clinical Professional Counselors (LCPC) and Licensed Clinical Social Workers (LCSW) providing mental health services in Blackfeet.

**Objective 2:** By 2023, 50 tribal employees will have utilized counseling services through a tribal employee worksite wellness program.

**GOAL 2:** Improve youth mental health on the Blackfeet Nation.

**Objective 1:** Provide mental health support services to 400 students in the school setting each school year from 2018-19 through 2022-23.

**Objective 2:** Train 100 people from a combination of SPHC, BCH IHS, and employees of Tribal programs in Youth Mental Health First Aid by 2023.

**GOAL 3:** Improve suicide aftercare on the Blackfeet Nation.

**Objective 1:** Employ a Suicide Response Team to support families and victims in 100% of known suicides and suicide attempts in 2023.

## **Priority Area: Breastfeeding**

**GOAL 1:** Improve access to lactation professionals.

**Objective 1:** Have 10 people living and working in Blackfeet who are current in their certification as an Indigenous Breastfeeding Counselors (IBC) and/or Certified Lactation Consultants (CLC) by 2023.

**GOAL 2:** Improve community support for breastfeeding.

**Objective 1:** By 2023, 15 worksites on the reservation that maintain a policy supporting women to take time to breastfeed or express their breastmilk throughout the day.

**Objective 2:** By 2023, 10 worksites on the reservation will provide a private space (not a bathroom) where women can breastfeed or express their breastmilk throughout the work day.

**Objective 3:** Serve 60 women with breastfeeding peer support through a peer support specialist or support group by 2023.

This CHIP was created through deliberate and thoughtful, community-driven input and direction. The CHIP was created with the knowledge that this plan is as alive and as subject to change as the community for which it was designed. Therefore, we will review the plan as a Planning Team at least annually and make any course corrections as necessary at those times.

The Blackfeet Tribal Health Department believes that because of the collaborative nature of the plan and the dedication of our community partners to conduct high quality work, we will notably improve the health and well-being of the people of the Blackfeet Nation over the next five years.

# PART 1

## BLACKFEET RESERVATION

### Background and Community Health Resources

- History of the Blackfeet People
- Establishment of the Blackfeet Reservation
- Present-Day Community
- Blackfeet Government
- Community Health Resources

# BACKGROUND

## HISTORY OF THE BLACKFEET PEOPLE



Blackfeet community leaders Denise Juneau, Earl Old Person, and Harry Barnes at 2016 Native American Indian Days in Browning, MT.

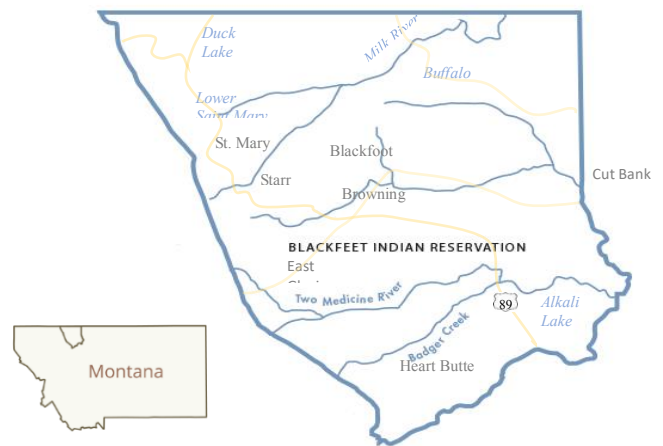
For the last 10,000 years, the Blackfeet people have lived in the Rocky Mountain region. Primarily nomadic, the Blackfeet previously occupied large areas of the northern plains, tracking the seasonal migration of buffalo herds (*BF CULTURE 2016*). Following the introduction of horses to the plains in the 18<sup>th</sup> century, the Blackfeet were one of the most powerful tribes of the region. The Blackfoot Confederacy or Niitsitapi (“the real people”) is historically composed of four bands: the North Piegan, the South Piegan, the Blood, and the Siksika (*BF CULTURE 2016*). In modern times, the North Piegan, the Blood, and the Siksika reside in Canada, and are recognized as First Nation governments by Canadian law. Members of the Blackfeet Nation in the United States are primarily descendants of the South Piegan or Piikani, and reside in Montana (*BF CULTURE 2016*).

## ESTABLISHMENT OF THE BLACKFEET RESERVATION

Home to the Blackfeet Nation in the United States, the Blackfeet Indian Reservation is located in northwest Montana. Following the encroachment of Europeans and the large-scale destruction of buffalo herds in the 19<sup>th</sup> century, the Blackfeet were confined to an increasingly smaller territory. Established through the 1855 Blackfeet Treaty, the original Blackfeet Reservation encompassed most of the northern half of Montana (*BF LANDS 2016*). The 1895 “Agreement” further decreased Blackfeet land holdings, and failed to include ownership of the Badger-Two Medicine area, long considered sacred by the Blackfeet people. Though the Blackfeet Nation has continued to have reserved hunting and fishing rights to this area, recent efforts have only partially protected the sacred land from energy development (*BADGER-TWO MEDICINE 2017*).

## PRESENT-DAY COMMUNITY

One of the largest in the United States, the current Reservation spans approximately 1.5 million acres or 3,000 square miles. The Reservation is bordered to the west by Glacier National Park, to the north by the Canadian province of Alberta, and Cut Bank Creek and Birch Creek form parts of the eastern and southern borders. Home to many species of fish and wildlife, the Reservation has more than 518 miles of streams and 180 bodies of water, including 8 large lakes (*BF LANDS 2016*). Communities on the Reservation include Browning, Blackfoot, East Glacier, Heart Butte, Babb, St. Mary, Starr School, and Seville. The population of the Reservation was estimated to be 11,392 people as of 2014 (*US CENSUS BUREAU 2015*). For the purpose of the Tribal CHA, the “community” refers to all individuals residing within the confines of the Blackfeet Reservation.



Map of the Blackfeet Reservation including major roadways, towns, and water ways; created by the CHA team based on a map from the Blackfeet Nation website, [blackfeetnation.com](http://blackfeetnation.com).

# BACKGROUND

## BLACKFEET GOVERNMENT

The Blackfeet Nation is governed by the Blackfeet Tribal Business Council, which oversees the management of tribal lands, resources, businesses, programs, and services. Consisting of nine members, the Council is responsible for all powers of government as defined by the Blackfeet Constitution and By-laws. Representing four districts, members are elected by the tribe to serve four-year terms. The terms are staggered and elections are held in June of every even-numbered year (*BF GOVERNMENT 2016*). The Blackfeet Tribal Health Department administers many of the health-related programs on the Reservation, and is overseen by the Health and Human Services Committee, a committee of the Blackfeet Tribal Business Council. A list of council members, as well as the constitution and historic treaties, are available on the tribal website: [www.blackfeetnation.com/government/](http://www.blackfeetnation.com/government/)

## COMMUNITY HEALTH RESOURCES

**Blackfeet Community College** *Various health programs, associate degree programs in nursing and community health, USDA Extension Agent, health research projects* [bfcc.edu](http://bfcc.edu)

**Blackfeet Community Health Representatives** *Services for all ages, home visitation, transportation, screenings, Family Spirit Program*

**Blackfeet Head Start and Early Head Start** *Parenting classes, health screening and service coordination, child nutrition program* [inaksim.com/index.html](http://inaksim.com/index.html)

**Blackfeet Long-term Care Center** [www.blackfeetcarecenter.com](http://www.blackfeetcarecenter.com)

**Blackfeet Tribal Health Department** *Programs for various health issues: domestic violence prevention, tobacco prevention, suicide prevention, bullying prevention, diabetes prevention, youth capacity building*

**Browning Public Schools** *School nurses, mental health programs and counseling, child nutrition programs, school-community garden site in Browning, Backpack Program, Families in Transition Program* [www.bps.k12.mt.us](http://www.bps.k12.mt.us)

**Crystal Creek Lodge and Treatment Center** *Inpatient treatment of alcohol dependency* [www.blackfeetcd.org](http://www.blackfeetcd.org)

**Eagle Shields Senior Center** *Senior independent living, Senior congregate meal site*

**Heart Butte Senior Center** *Senior congregate meal site*

**Heart Butte Public Schools** *Mental health programming, child nutrition programs*

**Indian Health Service Blackfeet Service Unit** *Hospital in Browning and satellite clinic in Heart Butte. Primary care, emergency and inpatient services, dental, optometry, nutrition, physical therapy* [www.ihs.gov/billings/healthcarefacilities/blackfeet/](http://www.ihs.gov/billings/healthcarefacilities/blackfeet/)

**Northern Winds Recovery Center** *Outpatient mental health counseling for individuals and groups, substance abuse counseling and program support* [nwrecoverycenter.wixsite.com/nwrc](http://nwrecoverycenter.wixsite.com/nwrc)

**Southern Piegan Diabetes Project** *Diabetes prevention and education, fitness center*

**Southern Piegan Health Clinic and School-based Health and Wellness Center** *Primary care services*

**Special Supplemental Nutrition Program for Women Infants and Children (WIC)** *Nutrition counseling, breastfeeding support, food security*



## BLACKFEET RESERVATION

### Priority Areas

- **Substance Use**
  - Background and Rationale
  - Goals and Objectives Framework
  - Action Plans
  - Monitoring and Evaluation
- **Mental Health**
  - Background and Rationale
  - Goals and Objectives Framework
  - Action Plans
  - Monitoring and Evaluation
- **Breastfeeding**
  - Background and Rationale
  - Goals and Objectives Framework
  - Action Plans
  - Monitoring and Evaluation

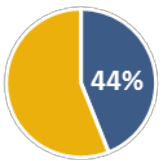
# SUBSTANCE USE: Background and Rationale

## Substance Use

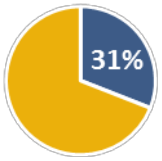
The 2017 Blackfeet Community Health Assessment (CHA) 2017 Blackfeet CHA, identified substance abuse as the biggest health concern on the Blackfeet Reservation. A wide range of substances are misused, often in combination with one another. Substance abuse has devastating consequences on individuals, families, and the community at large.

According to qualitative input from well-informed community members, methamphetamine and opioids are the most commonly abused illicit drugs in the community. In the 2017 Blackfeet CHA survey, 71% of people indicated that they had a close friend or family member using illicit drugs at the time of the survey (including marijuana), and 51% indicated they had a close friend or family member who was using an illicit substance other than marijuana (*BF CHA SURVEY 2017*). On the Preventive Needs Assessment Survey, 42% of Browning High School students reported that a family member has severe drug or alcohol problems (*BF PNA 2016*). Chart reviews of prenatal and birth records from the IHS Blackfeet Community Hospital indicated that almost one-third of women were using opioids at the time of giving birth. (*IHS BAOR 2017*)

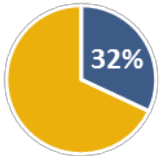
### IHS BCH DELIVERY CHART REVIEW DATA: METHAMPHETAMINE USE



21 out of 67 pregnant women tested for illicit substances tested positive for methamphetamine.



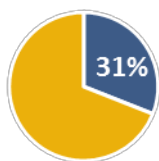
25 out of 71 women tested for illicit substances at delivery tested positive for methamphetamine.



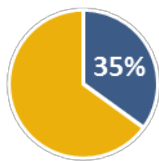
25 out of 143 total women giving birth tested positive for methamphetamine at delivery.

*IHS BAOR 2017*

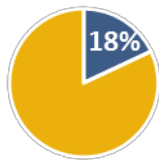
### IHS BCH DELIVERY CHART REVIEW DATA: OPIOID USE



29 out of 67 pregnant women tested for illicit substances tested positive for opioid use.



44 out of 143 women delivering at IHS BCH tested positive for opioids at delivery.



46 out of 143 infants delivered showed signs of neonatal abstinence syndrome (NAS) during their stay.

*IHS BAOR 2017*



A quarter of Browning High School students think it would be somewhat or very easy to get access to methamphetamines.

*BF PNA 2016*

Among all adults who completed the survey conducted for the 2017 Blackfeet CHA, 12% had indicated that they have used methamphetamines at some point in their lifetime, 43% have used marijuana in their lifetimes and 11% indicated that they used it within the past 30 days. Additionally, 33% of Browning 8<sup>th</sup> graders and 20% of Browning 10<sup>th</sup> graders indicated they had used marijuana in the 30 days prior to when they completed the MT DPHHS Preventative Needs Assessment in 2016. Alcohol abuse is also common on the Blackfeet Reservation. It was the 2<sup>nd</sup> leading ER diagnosis among all individuals admitted between the ages of 13-45 years old (*IHS BSU ER 2016*). Among Browning 8<sup>th</sup> graders, 25% indicated they binge drank in the past two weeks, 14% of Browning 10<sup>th</sup> graders, and 29% of adults who completed the 2017 Blackfeet CHA survey indicated they had done the same in the past month (*BF PNA 2016, BF CHA SURVEY 2017*).

# SUBSTANCE USE: Background and Rationale

## SUBSTANCE USE

Blackfeet Reservation Goals	Montana Goals	Healthy People 2020 Goal <i>(HP2020)</i>
<p><b>GOAL 1: INCREASE COLLABORATION AND PARTNERSHIPS AMONG SUBSTANCE USE PREVENTION AND TREATMENT SERVICES.</b></p>	<p><b>Addressing Substance Use Disorder in Montana, Strategic Plan: Interim Draft Report 2017-2019 (MTDPHHS SUD SP 017)</b></p> <ul style="list-style-type: none"> <li>Support ongoing cross sector meetings between stakeholders working to address substance use disorder.</li> </ul> <p><b>DPHHS “A Healthier Montana”: Strengthening the Public health and Health Care System (MTDPHHS SIG 2018)</b></p> <ul style="list-style-type: none"> <li>F.1 Strengthen partnerships between the health care sector and public health agencies.</li> </ul>	<p><b>HC/HIT-13:</b> Increase social marketing in health promotion and disease prevention</p>
<p><b>GOAL 2: INCREASE ACCESS TO SUD TREATMENT</b></p>	<p><b>“2018-2022 Montana State Health Improvement Plan (SHIP) Priority Areas” (MTDPHHS SHIP 2018)</b></p> <ul style="list-style-type: none"> <li>Identifies “Behavioral Health: Prevention, Treatment, and Recovery Services: <i>This priority area will focus on prevention of and treatment for alcohol, illicit drug use, and opioid abuse. Focus will be on access to care and suicide prevention as well.</i>”</li> </ul> <p><b>DPHHS “A Healthier Montana”: Strengthening the Public health and Health Care System (MTDPHHS SIG 2018)</b></p> <ul style="list-style-type: none"> <li>F.6 Promote the use of evidence-based interventions and practice guidelines across the public health and health care systems.</li> </ul>	<p><b>SA-8:</b> Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year.</p> <p><b>MHMD-10:</b> Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders</p> <p><b>ECBP-10.5:</b> Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services substance abuse</p>



# SUBSTANCE USE: Goals and Objectives Framework

**Goal 1: Increase collaboration and partnerships among substance use prevention and treatment services.**

**Objective 1: Establish an online directory and calendar of events for substance use prevention and treatment programs.**

**Intervention Strategy:**

1. Identify organizations and individuals working in substance use prevention and treatment in Blackfeet through the Blackfeet Resource Directory. End product will be an online Geographic Information System for the Blackfeet Nation including substance use prevention and treatment, along with other community assets identified. A virtual calendar will also help link participants to resources needed in the community.

**LEAD:** Mountain-Pacific Quality Health (MPQH)

**Outcome Measure(s):**

1. All SUD organizations in Blackfeet, will be represented with up-to-date information on the Blackfeet Resource Directory.

**Objective 2: All organizations working in substance use prevention and treatment in Blackfeet will refer participants from one organization to another using the secure Blackfeet Connect platform.**

**Intervention Strategies:**

1. Ensure all prevention and treatment programs are enrolled in Browning Connect and are utilizing the platform to send and receive referrals.

**LEAD:** Good Medicine Program

**Outcome Measure(s):**

1. Percent of SUD organizations who are enrolled in Blackfeet Connect.
2. Percent of SUD organizations who use Blackfeet Connect to send referrals.

**Objective 3: Consistently collect and monitor youth substance use rates across Blackfeet and disseminate to SUD prevention and treatment organizations.**

**Intervention Strategies:**

1. Collaborate with Browning Public Schools (BPS) and Heart Butte Schools (HBS) to encourage participation in the YRBS and PNA surveys and collect results annually.

**LEAD:** Honor Your Life

**Outcome Measure(s):**

1. Number of years of participation of BPS and HBS in YRBS and PNA from 2019 through 2023.
2. Number of years that BTHD disseminates the results of YRBS and PNA to SUD service providers.



# SUBSTANCE USE: Goals and Objectives Framework

## Goal 2: Increase Access to SUD Treatment

**Objective 1:** Offer Medication Assisted Treatment to 250 people with Opioid Use Disorders through a tribal partnership with Community Medical Services by 2023.

**Intervention Strategies:**

1. Establish a MAT Clinic to serve people with Opioid Use Disorders.

**LEAD:** SPHC and BTHD

**Outcome Measure(s):**

1. Number of people with Opioid Use Disorders who receive MAT services through the SPHC from 2018 to 2023.

**Objective 2:** Enroll at least 200 pregnant and postpartum women in Family Spirit annually by 2023.

**Intervention Strategies:**

1. Re-establish the Family Spirit Program as a Tier 2 intervention under T-HIP in collaboration with the CHRs.

**LEAD:** T-HIP and CHRs

**Outcome Measure(s):**

1. Number of eligible pregnant and postpartum women who are enrolled in the Family Spirit program annually.

**Objective 3:** Expand support groups to increase additional treatment options from 75 people (2018 at NWRC) to 275 people with SUD by 2023.

**Intervention Strategies:**

1. Determine barriers and incentives to attending support groups in the Blackfeet community before re-launching in community-coordinated approach.

**LEAD:** BTHD and NWRC

**Outcome Measure(s):**

1. Number of support groups offered in the Blackfeet Community that relate to SUD treatment.
2. Number of people served through SUD treatment support groups in the Blackfeet Community.



# SUBSTANCE USE: Monitoring and Evaluation

## SUBSTANCE USE: Monitoring and Evaluation Chart

PRIORITY AREA: SUBSTANCE USE							
Goal 1: Increase collaboration and partnerships among substance use prevention and treatment services.							
Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
1.1.1 All SUD organizations in Blackfeet, will be represented with up-to-date information on the Blackfeet Resource Directory.	0%	100%	June 2019	Annually	Blackfeet Resource Directory Website		
1.2.1 Percent of SUD organizations who are enrolled in Blackfeet Connect.	TBD	100%	Jan 2019	Annually	Good Medicine Program Enrollment		
1.2.2 Percent of SUD organizations who use Blackfeet Connect to send referrals.	0%	100%	Jan 2019	Annually	Good Medicine Program Enrollment		
1.3.1 Number of years of participation of BPS and HBS in YRBS and PNA from 2019 through 2023.	0	5	Sept 2023	Annually	Blackfeet Tribal Health Department		
1.3.2 Number of years that BTHD disseminates the results of YRBS and PNA to SUD service providers.	0	5	Sept 2023	Annually	Blackfeet Tribal Health Department		

# SUBSTANCE USE: Monitoring and Evaluation, Continued

## SUBSTANCE USE: Monitoring and Evaluation Chart

PRIORITY AREA: SUBSTANCE USE							
Goal 2: Increase Access to SUD Treatment							
Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
2.1.1 Number of people with Opioid Use Disorders who receive MAT services through the SPHC from 2018 to 2023.	0	250	Sept 2023	Annually	MAT Clinic Participation Roster		
2.2.1 Number of eligible pregnant and postpartum women who are enrolled in the Family Spirit program annually.	UNKNWN	200 Annually	Sept 2023	Annually	Family Spirit Participation Roster		
2.3.1 Number of support groups offered in the Blackfeet Community that relate to SUD treatment.	UNKNWN	20	Sept 2023	Annually	NWRC, MAT Clinic, CCTC Support Group Logs		
2.3.2 Number of people served through SUD treatment support groups in the Blackfeet Community.	75	275	Sept 2023	Annually	NWRC, MAT Clinic, CCTC Support Group Participation Rosters		



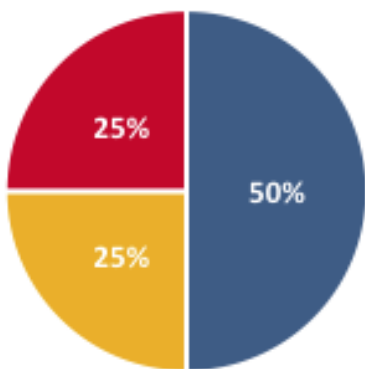
# MENTAL HEALTH: Background and Rationale

## Mental Health

Historical trauma, racism, and poverty, as well as geographic isolation and lack of access to care all play into the complex issues surrounding mental health on the Blackfeet Reservation. During the 2017 Blackfeet CHA Report Feedback Meeting, participants also pointed to the lack of mental health professionals who practice on the Blackfeet Reservation. In the 2017 Blackfeet CHA Survey, 1 in 4 adults reported experiencing 4 or more Adverse Childhood Events (ACE). *(BF CHA SURVEY 2017)* Additionally, one-third of adults indicated they felt sad or depressed most days over the past year. *(BF CHA SURVEY 2017)*

### BLACKFEET ACE SCORES

Percent of CHA Survey respondents in each ACE Score category:



■ 0-1 ■ 2-3 ■ 4+  
*BF CHA SURVEY 2017*

Suicide is also a common concern among Blackfeet health leaders. The 2017 Blackfeet CHA Survey showed that 6% of adults who participated in the survey had attempted suicide in the past year. According to the 2016 Preventative Needs Assessment, 33% of Browning Middle School students attempted suicide in the previous year along with 8% of Browning High School students. *(BF PNA 2016)*

### DEPRESSION

The CHA Survey asked the same question about depression that Browning Middle and High School students receive on Montana's Preventive Needs Assessment Survey. Here are those results compared to the results from Browning and Montana Public Schools:

**In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?"**

Answers: "YES! Yes, No, NO!"	% YES! or Yes
Adults (18+ Years) in Blackfeet	33%
8 <sup>th</sup> Grade Browning Middle School	60%
8 <sup>th</sup> Grade MT Middle School	42%
10 <sup>th</sup> Grade Browning High School	37%
10 <sup>th</sup> Grade MT High School	43%

*MTDPHHS PNA 2016, BF PNA 2016, BF CHA SURVEY 2017*

**40%** of survey respondents reported experiencing anxiety symptoms that make daily life at least somewhat difficult or more. In comparison, only 18% of adults in the United States experience anxiety.

*KESSLER 2005*





# MENTAL HEALTH: Goals and Objectives Framework

MENTAL HEALTH		
Blackfeet Reservation Goals	Montana Goals	Healthy People 2020 Goal (HP2020)
<p><b>Goal 1: Increase access to mental health professionals throughout the Blackfeet Nation</b></p>	<p><b>“2018-2022 Montana State Health Improvement Plan (SHIP) Priority Areas” (MTPHHS SHIP 2018)</b></p> <ul style="list-style-type: none"> <li>Behavioral Health: Prevention, Treatment, and Recovery Services. <i>This priority area will focus on prevention of and treatment for alcohol, illicit drug use, and opioid abuse. Focus will be on access to care and suicide prevention as well.</i></li> </ul> <p><b>“MHA Montana Health Improvement Strategic Plan” 2015 (MHA SP 2015)</b></p> <ul style="list-style-type: none"> <li>Develop a workforce with focus toward improving access to mental health (pg 18)</li> </ul>	<p><b>MHMD-4:</b> Reduce the proportion of persons who experience major depressive episodes (MDEs)</p> <p><b>MHMD-9:</b> Increase the proportion of adults with mental health disorders who receive treatment</p> <p><b>PHI-4:</b> Increase the number of public health or related graduate degrees, post-baccalaureate certificates, and bachelor’s degrees awarded</p> <p><b>ECBP-8:</b> (Developmental) Increase the proportion of worksites that offer an employee health promotion program to their employees</p>
<p><b>Goal 2: Improve youth mental health on the Blackfeet Nation</b></p>	<p><b>“Montana Native Youth Suicide Reduction Strategic Plan. January 2017” Updated for 2018. (MT NY SRP 2017)</b></p> <ul style="list-style-type: none"> <li>Pillar 2: Support local community healing and transformation                             <ul style="list-style-type: none"> <li>Target resources to train local staff and community in best practices.</li> <li>Initiate community partnerships.</li> </ul> </li> </ul>	<p><b>MHMD-2:</b> Reduce suicide attempts by adolescents</p> <p><b>MHMD-6:</b> Increase the proportion of children with mental health problems who receive treatment</p> <p><b>ECBP-2:</b> Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity</p>
<p><b>Goal 3: Improve suicide aftercare on the Blackfeet Nation</b></p>	<p><b>“2018-2022 Montana State Health Improvement Plan (SHIP) Priority Areas” (MTPHHS SHIP 2018)</b></p> <ul style="list-style-type: none"> <li>Behavioral Health: Prevention, Treatment, and Recovery Services. <i>This priority area will focus on prevention of and treatment for alcohol, illicit drug use, and opioid abuse. Focus will be on access to care and suicide prevention as well.</i></li> </ul>	<p><b>MHMD-1:</b> Reduce the suicide rate</p> <p><b>ECBP-10.3:</b> Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services mental illness</p>



# MENTAL HEALTH: Action Plans

## Goal 1: Increase access to mental health professionals throughout the Blackfeet Nation

**Objective 1:** By 2023, have 10 Licensed Clinical Professional Counselors (LCPC) and Licensed Clinical Social Workers (LCSW) providing mental health services in Blackfeet.

<p><b>Intervention Strategies:</b></p> <ol style="list-style-type: none"> <li>1. Tribal council support to make Master’s level counseling education options more attainable through improved funding assistance, and additional hours for tribal employees to spend on higher education. <b>LEAD:</b> BTHD and SPHC</li> <li>2. Tribal council support to create a new wage scale for professionals that could offer competitive pay for medical professionals. <b>LEAD:</b> SPHC</li> </ol>	<p><b>Outcome Measure(s):</b></p> <ol style="list-style-type: none"> <li>1. Number of Master’s degree level counselors who are providing mental health services.</li> </ol>
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**Objective 2:** By 2023, 50 tribal employees will have utilized counseling services through a tribal employee worksite wellness program.

<p><b>Intervention Strategy:</b></p> <ol style="list-style-type: none"> <li>1. Create a worksite wellness program for tribal employees that would include access to counseling services for tribal employees. <b>LEAD:</b> T-HIP</li> </ol>	<p><b>Outcome Measure(s):</b></p> <ol style="list-style-type: none"> <li>1. Number of tribal employees who utilize counseling through the tribal employee worksite wellness program.</li> </ol>
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## Goal 2: Improve youth mental health on the Blackfeet Nation

**Objective 1:** Provide mental health support services to 400 students in the school setting each school year from 2018-19 through 2022-23.

<p><b>Intervention Strategies:</b></p> <ol style="list-style-type: none"> <li>1. Preserve the Good Medicine Program so that it can serve up to 350 students per year. <b>LEAD:</b> Good Medicine Program and BTHD</li> <li>2. Expand the Honor Your Life MSPI program to serve 50 students per year by 2022 - 2023 school year. <b>LEAD:</b> Honor Your Life MSPI Program</li> <li>3. Involve youth as stakeholders in community mental health program design and improvement efforts. <b>LEAD:</b> Good Medicine Program and BTHD</li> </ol>	<p><b>Outcome Measure(s):</b></p> <ol style="list-style-type: none"> <li>1. Number of students who receive mental health support services through Browning Good Medicine Program.</li> <li>2. Number of students who receive mental health support services through Honor Your Life MSPI mentor groups.</li> </ol>
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# MENTAL HEALTH: Action Plans

**Objective 2:** Train 100 people from a combination of SPHC, BCH IHS, and employees of Tribal programs in Youth Mental Health First Aid by 2023.

**Intervention Strategies:**

1. Provide regular training opportunities, at least annually, in Youth Mental Health First Aid to tribal employees.  
**LEAD:** Good Medicine Program and BTHD
2. Provide regular training opportunities, at least annually, in Youth Mental Health First Aid to BCH IHS employees.  
**LEAD:** Good Medicine Program and BTHD

**Outcome Measure(s):**

1. Number of tribal employees who attend Youth Mental Health First Aid training.
2. Number of BCH IHS employees who attend Youth Mental Health First Aid training.

**Goal 3: Improve suicide aftercare on the Blackfeet Nation**

**Objective 1:** Employ a Suicide Response Team to support families and victims in 100% of known suicides and suicide attempts in 2023.

**Intervention Strategies:**

1. Establish a suicide response team to serve individuals who attempt and serve family and friends of those who complete.  
**LEAD:** Tamarak Grief Resource Center

**Outcome Measure(s):**

1. Number of individuals served by the proposed suicide response team in 2019-2023.
2. Percent of suicide attempts and completions for which the suicide response team provided care coordination.
  - 2.1. a. Number of suicide attempts and completions documented on the Blackfeet Nation.
  - 2.2. b. Number of suicide attempts and completions for which the suicide response team provided care coordination.



# MENTAL HEALTH: Monitoring and Evaluation

## MENTAL HEALTH: Monitoring and Evaluation Chart

**PRIORITY AREA:** Mental Health

**Goal 1:** Increase access to mental health professionals throughout the Blackfeet Nation

Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
1.1.1 Number of Master’s degree level counselors who are providing mental health services.	TBD	10	Sept 2023	Annually	Roster of known, practicing LCPCs and LCSWs		
1.2.1 Number of tribal employees who utilize counseling through the tribal employee worksite wellness program.	0	50	Sept 2023	Annually	Employee Worksite Wellness Participant Roster		

# MENTAL HEALTH: Monitoring and Evaluation, Continued

## PRIORITY AREA: Mental Health

### Goal 2: Improve youth mental health on the Blackfeet Nation

Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
2.1.1 Number of students who receive mental health support services through Browning Good Medicine Program.	TBD	350	June 2023	Annually	Good Medicine Program Participant Roster		
2.1.2 Number of students who receive mental health support services through Honor Your Life MSPI	15	50	June 2023	Annually	Honor Your Life MSPI Mentor Program Participant Roster		
2.2.1 Number of tribal employees who attend Youth Mental Health First Aid training.	0	25	Sept 2023	Annually	Youth Mental Health First Aid Participant Roster		
2.2.2 Number of BCH IHS employees who attend Youth Mental Health First Aid training.	0	75	Sept 2023	Annually	Youth Mental Health First Aid Participant Roster		

# MENTAL HEALTH: Monitoring and Evaluation

## MENTAL HEALTH: Monitoring and Evaluation Chart

PRIORITY AREA: Mental Health							
Goal 3: Improve suicide aftercare on the Blackfeet Nation							
Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
3.1.1 Number of individuals served by the proposed suicide response team annually 2019 – 2023.	0	400	Sept 2023	Annually	Suicide Response Participant Roster		
3.1.2 Percent of suicide attempts or completions for which the Suicide Response Team coordinated care.	0%	100%	Sept 2023	Annually	Suicide Response Participant Roster and Suicide Completion/Attempt Log		
3.1.2 a Number of suicide attempts and completions documented on the Blackfeet Nation	UNKNWN	--	Sept	Annually	Suicide Completion/Attempt Log		
3.1.2 b Number of suicide attempts and completions on the Blackfeet Nation for which the Suicide Response Team	0	--	Sept	Annually	Suicide Response Participant Roster		

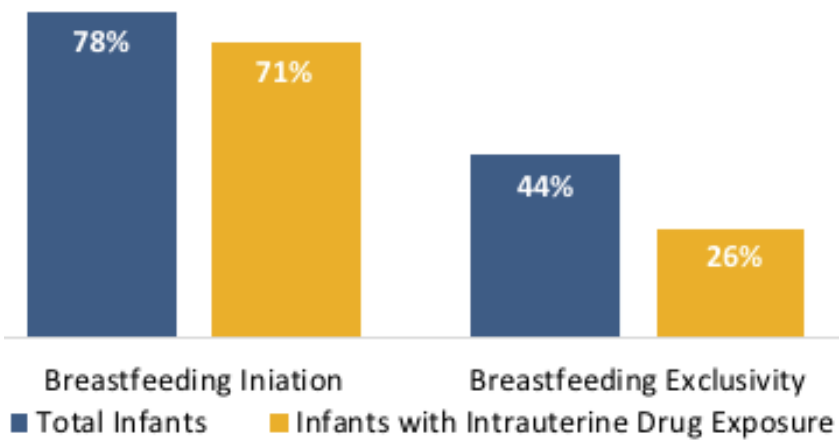
# BREASTFEEDING: Background and Rationale

## Breastfeeding

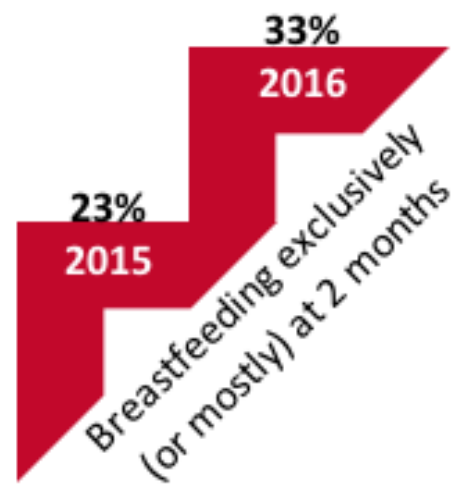
In 2014, the IHS BCH became only the second hospital in Montana to receive the World Health Organization's prestigious Baby-Friendly® designation. The hospital received the award after passing an external assessment and meeting the *Ten Steps to Successful Breastfeeding*. In 2017, the Blackfeet Tribal Health Department established a Breastfeeding Coalition to compliment and expand breastfeeding support services in the community.

Breastfeeding is largely seen as a culturally important practice that can improve the physical health of mothers and their children, the mental and social health of families through bonding. Additionally, breastfeeding will incur more far-reaching benefits, improving the economic health of families, the environment, and toward the work of the tribe's food sovereignty efforts.

### BREASTFEEDING RATES IN THE HOSPITAL



BF GPRA 2016, IHS BAOR 2017



BF GPRA 2016



# BREASTFEEDING: Goals and Objectives Framework

BREASTFEEDING		
Blackfoot Reservation Goals	Montana Goals	Healthy People 2020 Goal (HP2020)
<b>GOAL 1: IMPROVE ACCESS TO LACTATION PROFESSIONALS.</b>		<p><b>MICH-21:</b> Increase the proportion of infants who are breastfed</p> <p><b>MICH-23:</b> Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life</p>
<b>GOAL 2: IMPROVE COMMUNITY SUPPORT FOR BREASTFEEDING.</b>	<p><b>MT DPHHS Nutrition and Physical Activity Program</b> (MTDPHHS NPAP 2018)</p> <ul style="list-style-type: none"> <li>• Mother-Friendly Worksites Initiative</li> </ul>	<p><b>MICH-21.3:</b> Increase the proportion of infants who are breastfed at 1 year</p> <p><b>MICH-22:</b> Increase the proportion of employers that have worksite lactation support programs</p>



# BREASTFEEDING: Action Plans

## PRIORITY AREA 2: Breastfeeding

<b>Goal 1: Improve access to lactation professionals</b>	
<b>Objective 1:</b> Have 10 people living and working in Blackfeet who are current in their certification as an Indigenous Breastfeeding Counselors (IBC) and/or Certified Lactation Consultants (CLC) by 2023.	
<b>Intervention Strategies:</b> <ol style="list-style-type: none"> <li>1. Blackfeet Head Start to send staff from each community to CLC course or IBC courses. <b>LEAD:</b> Blackfeet Head Start</li> <li>2. All Family Spirit paraprofessionals will become IBC or CLC certified. <b>LEAD:</b> T-HIP</li> </ol>	<b>Outcome Measure(s):</b> <ol style="list-style-type: none"> <li>1. Number of practicing IBC/CLCs each year in 2019-2023.</li> <li>2. Number of individuals who attend IBC/CLC training each year in 2019-2023.</li> <li>3. Percent of Family Spirit paraprofessionals who are IBC/CLC trained each year in 2019-2023.</li> </ol>
<b>Goal 2: Improve community support for breastfeeding</b>	
<b>Objective 1:</b> By 2023, 15 worksites on the reservation that maintain a policy supporting women to take time to breastfeed or express their breastmilk throughout the day.	
<b>Intervention Strategy:</b> <ol style="list-style-type: none"> <li>1. Work with Tribal Human Resources to enact a policy that would require all tribal worksites to support breastfeeding mothers. <b>LEAD:</b> Blackfeet Breastfeeding Coalition</li> </ol>	<b>Outcome Measure(s):</b> <ol style="list-style-type: none"> <li>1. Number of worksites with a current policy to support time and space for breastfeeding employees to express breastmilk throughout the day.</li> </ol>
<b>Objective 2:</b> By 2023, 10 worksites on the reservation will provide a private space (not a bathroom) where women can breastfeed or express their breastmilk throughout the work day.	
<b>Intervention Strategies:</b> <ol style="list-style-type: none"> <li>1. Identify and assist workplaces that would like to set up breastfeeding rooms on their campus. <b>LEAD:</b> Blackfeet Breastfeeding Coalition</li> </ol>	<b>Outcome Measure(s):</b> <ol style="list-style-type: none"> <li>1. Number of worksites with a space where women can go to express their breastmilk throughout the workday, each year in 2019-2023.</li> </ol>



# BREASTFEEDING: Action Plans

**Objective 3:** Serve 60 women with breastfeeding peer support through a peer support specialist or support group by 2023.

**Intervention Strategies:**

1. WIC to secure funding through the state to employ a WIC peer counselor.  
**LEAD:** Blackfeet WIC
2. Develop a breastfeeding / parenting Facebook peer support group.  
**LEAD:** Blackfeet Breastfeeding Coalition

**Outcome Measure(s):**

1. Number of women served by a breastfeeding peer support specialist either individually or in a group setting.
2. Number of women who are members of the Facebook breastfeeding support group.

**GOAL 1:** Improve access to lactation professionals

**OBJECTIVE 1:** Have 10 people living and working in Blackfeet who are current in their certification as an Indigenous Breastfeeding Counselors (IBC) and/or Certified Lactation Consultants (CLC) by 2023.

**INTERVENTION STRATEGY 1:** Blackfeet Head Start to send staff from each community to CLC course or IBC courses.

**LEAD:** Blackfeet Head Start

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. At least one staff from the outlying Head Start centers receive the courses.	Aug 2020	Aubrey Ground, Head Start	Head Start Grant funding	Blackfeet Breastfeeding Coalition	Can send 1-2 people each year (2018, 2019, 2020) until coverage is established.  Babb-1 EastGlacier-1 Seville-1 HeartButte-1 StarrSchool
2. Two staff members from central Head Start to receive the courses.	Aug 2020	Aubrey Ground, Head Start	Head Start grant funding	Blackfeet Breastfeeding Coalition	Can send 1-2 people each year (2018, 2019, 2020) until coverage is established.



# BREASTFEEDING: Monitoring and Evaluation

## BREASTFEEDING: Monitoring and Evaluation Chart

**PRIORITY AREA:** Breastfeeding

**Goal 1:** Improve access to lactation professionals

Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
1.1.1 Number of practicing IBC/CLCs each year in 2019-2023.	UNKNOWN	10	Sept 2023	Annually	Blackfeet Breastfeeding Coalition CLC/IBC Roster		
1.1.2 Number of individuals who attend IBC/CLC training each year in 2019-2023.	0	2-3	Sept 2019	Annually	Blackfeet Breastfeeding Coalition CLC/IBC Roster		
1.1.3 Percent of Family Spirit paraprofessionals who are IBC/CLC trained each year in 2019-2023.	0%	100%	Sept 2023	Annually	Family Spirit Staff Training Files		

# BREASTFEEDING: Monitoring and Evaluation, Continued

## BREASTFEEDING: Monitoring and Evaluation Chart

### PRIORITY AREA: Breastfeeding

### Goal 2: Improve community support for breastfeeding

Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
2.1.1 Number of worksites with a current policy to support time and space for breastfeeding employees to express breastmilk throughout the day.	3	15	Sept 2023	Annually	Blackfeet Breastfeeding Coalition Roster of Worksites with Policy		
2.2.1 Number of worksites with a space where women can go to express their breastmilk throughout the workday, each year in 2019-2023	5	10	Sept 2023	Annually	Blackfeet Breastfeeding Coalition Roster of Worksite Spaces		
2.3.1 Number of women served by a breastfeeding peer support specialist either individually or in a group setting.	0	60	Sept 2023	Annually	WIC Peer Counselor Participant Roster		
2.3.2 Number of women who are members of the Facebook breastfeeding support group.	0	60	Sept 2023	Annually	Facebook Support Group Members		

## PART 3

# BLACKFEET RESERVATION

### Conclusion, References, and Appendices

- Summary and Next Steps
- References

## SUMMARY AND NEXT STEPS

The Blackfeet Tribal Health Department produced this CHIP over a year-long process of conducting community leader and stakeholder meetings. Though this CHIP lays out an ambitious amount of work, many important focus areas and intervention ideas were left out in an effort to realistically outline work that is possible based on the capacity of our Blackfeet health workforce. The absence of these priorities from this document does not negate their importance in our community, but simply calls community health leaders to prioritize these issues when they are forced to make difficult programming and resource allocation decisions.

The Blackfeet Tribal Health Department will reconvene the Blackfeet CHIP Planning and Action Team annually to reassess progress, track elements outlined in the monitoring and evaluation sections, and update the Action Plans for each Intervention Strategy.



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