

	A	B	C	D	E	F
1	SEWER DEBT SERVICE RESERVE REQUIREMENTS				11/17/2016	
2	FY 2016-2017			2016-2017		
3						
4	NET OPERATING REVENUE (NOR)			Projected w/gf transfer	Projected w/o gf transfer	
5	1. Operating Revenue		2016-17 budget	561,610	473,161	
6	2. Operating Expenses		2016-17 budget	488,061	488,061	
7	4. Capital Outlay - Multi Modal		2016-17 budget	21,000	21,000	
8	3. Net Operating Revenue (NOR)			52,549	(35,900)	
12	SRF-2001 453,000	34,120				
13	SRF-2009 359,300	20,550				
14	SRF-2009 623,000	45,585				
15	USDA-2013 1,634,299	22,063				
16	SRF-2016 636,800 (Phase 1) 4th cell	-				
17	Total Required Net Operating Revenue	122,318				
32	Revenue over/(under) w/ gf transfer	(69,769)				
33	Revenue over/(under) w/o gf transfer	(158,218)				
34						
35	4. Additional Capital Outlay Budgeted	37,208				
36	5. 4th Cell would be financed SRF	4,200,000				
37						

	A	B	C	D	E	F
1	SEWER DEBT SERVICE RESERVE REQUIREMENTS				11/17/2016	
2	FY 2017-2018			2017-2018		
3						
4	NET OPERATING REVENUE (NOR)			Projected w/gf transfer	Projected w/o gf transfer	
5	1. Operating Revenue		17-18 est. w/ increase	729,610	641,161	
6	2. Operating Expenses		17-18 est.	488,061	488,061	
7	4. Capital Outlay - Multi Modal		n/a	0	0	
8	3. Net Operating Revenue (NOR)			241,549	153,100	
12	SRF-2001 453,000	17,170				
13	SRF-2009 359,300	22,261				
14	SRF-2009 623,000	44,685				
15	USDA-2013 1,634,299	62,262				
16	SRF-2016 636,800 (Phase 1) 4th cell	-				
17	Total Required Net Operating Revenue	146,378				
32	Revenue over/(under) w/ gf transfer	95,171				
33	Revenue over/(under) w/o gf transfer	6,722				
34						
35	4. Additional Capital Outlay Budgeted	15,000				
36	5. 4th Cell would be financed SRF	4,200,000				
37						

	A	B	C	D	E	F
1	SEWER DEBT SERVICE RESERVE REQUIREMENTS				11/17/2016	
2	FY 2018-19			2018-19		
3						
4	NET OPERATING REVENUE (NOR)			Projected w/gf transfer	Projected w/o gf transfer	
5	1. Operating Revenue		18-19 est.	729,610	641,161	
6	2. Operating Expenses		18-19 est.	488,061	488,061	
7	4. Capital Outlay - Multi Modal		n/a	0	0	
8	3. Net Operating Revenue (NOR)			241,549	153,100	
12	SRF-2001 453,000	-				
13	SRF-2009 359,300	21,947				
14	SRF-2009 623,000	45,770				
15	USDA-2013 1,634,299	80,424				
16	SRF-2016 636,800 (Phase 1) 4th cell	-				
17	Total Required Net Operating Revenue	148,141				
32	Revenue over/(under) w/ gf transfer	93,408				
33	Revenue over/(under) w/o gf transfer	4,959				
34						
35	4. Additional Capital Outlay Budgeted	15,000				
36	5. 4th Cell would be financed SRF	4,200,000				
37						

	A	B	C	D	E	F
1	SEWER DEBT SERVICE RESERVE REQUIREMENTS				11/17/2016	
2	FY 2019-20			2019-20		
3						
4	NET OPERATING REVENUE (NOR)			Projected w/gf transfer	Projected w/o gf transfer	
5	1. Operating Revenue		19-20 est. w/ increase	956,610	868,161	
6	2. Operating Expenses		19-20 est.	488,061	488,061	
7	4. Capital Outlay - Multi Modal		n/a	0	0	
8	3. Net Operating Revenue (NOR)			468,549	380,100	
12	SRF-2001 453,000	-				
13	SRF-2009 359,300	21,632				
14	SRF-2009 623,000	44,810				
15	USDA-2013 1,634,299	80,424				
16	SRF-2016 4th Cell 4,200,000 estimate	<u>227,000</u>				
17	Total Required Net Operating Revenue	373,866				
32	Revenue over/(under) w/ gf transfer	94,683				
33	Revenue over/(under) w/o gf transfer	6,234				
34						
35	4. Additional Capital Outlay Budgeted	15,000				
36	5. 4th Cell would be financed SRF	4,200,000				
37						

	A	B	C	D	E	F
1	SEWER DEBT SERVICE RESERVE REQUIREMENTS				11/17/2016	
2	FY 2020-21			2020-21		
3						
4	NET OPERATING REVENUE (NOR)			Projected w/gf transfer	Projected w/o gf transfer	
5	1. Operating Revenue		20-21 est.	956,610	868,161	
6	2. Operating Expenses		20-21 est.	488,061	488,061	
7	4. Capital Outlay - Multi Modal		n/a	0	0	
8	3. Net Operating Revenue (NOR)			468,549	380,100	
12	SRF-2001 453,000	-				
13	SRF-2009 359,300	21,587				
14	SRF-2009 623,000	44,850				
15	USDA-2013 1,634,299	80,424				
16	SRF-2016 4th Cell 4,200,000 estimate	<u>227,000</u>				
17	Total Required Net Operating Revenue	373,861				
32	Revenue over/(under) w/ gf transfer	94,688				
33	Revenue over/(under) w/o gf transfer	6,239				
34						
35	4. Additional Capital Outlay Budgeted	15,000				
36	5. 4th Cell would be financed SRF	-				
37						
38						

Current Water Rates

Minimum Meter Charges:

3/4 or 5/8 inch meter	\$ 43.00 per month (0 to 2,000 gals)
1 or 1¼ inch meter	\$ 50.00 per month (0 to 3,000 gals)
1½ inch meter	\$ 62.00 per month (0 to 6,974 gals)
2 inch meter	\$ 92.05 per month (0 to 18,675 gals)
3 inch meter	\$112.55 per month (0 to 29,670 gals)
4 inch meter	\$182.10 per month (0 to 79,240 gals)

Monthly Metered Rates for

Users above the

Minimum Meter Charges:

First 2,000 gallons	\$ 21.50 per 1,000 gallons
Next 1,000 gallons	\$ 7.00 per 1,000 gallons
Next 7,000 gallons	\$ 3.02 per 1,000 gallons
Next 10,000 gallons	\$ 2.41 per 1,000 gallons
	Increase from \$2.41 to \$4.41 per 1,000 gallons
Next 25,000 gallons	\$ 1.79 per 1,000 gallons
	Increase from \$1.79 to \$3.79 per 1,000 gallons
Over 45,000 gallons	\$ 1.23 per 1,000 gallons
	Increase from \$1.23 to \$3.23 per 1,000 gallons

Irrigation Rates:

\$.73 per 1,000 gallons

IF WE INCREASE THE USAGE RATE AS DEPICTED ABOVE, REVENUE WOULD INCREASE BY THE FOLLOWING DUE TO NEW BULK WATER SALES TO NCMRWA.

NCMRWA 400,000/PER DAY = \$464,233 PER YEAR

WE COULD REDUCE BASE RATE BY \$10-15 TO OFFSET INCREASED SEWER FEES

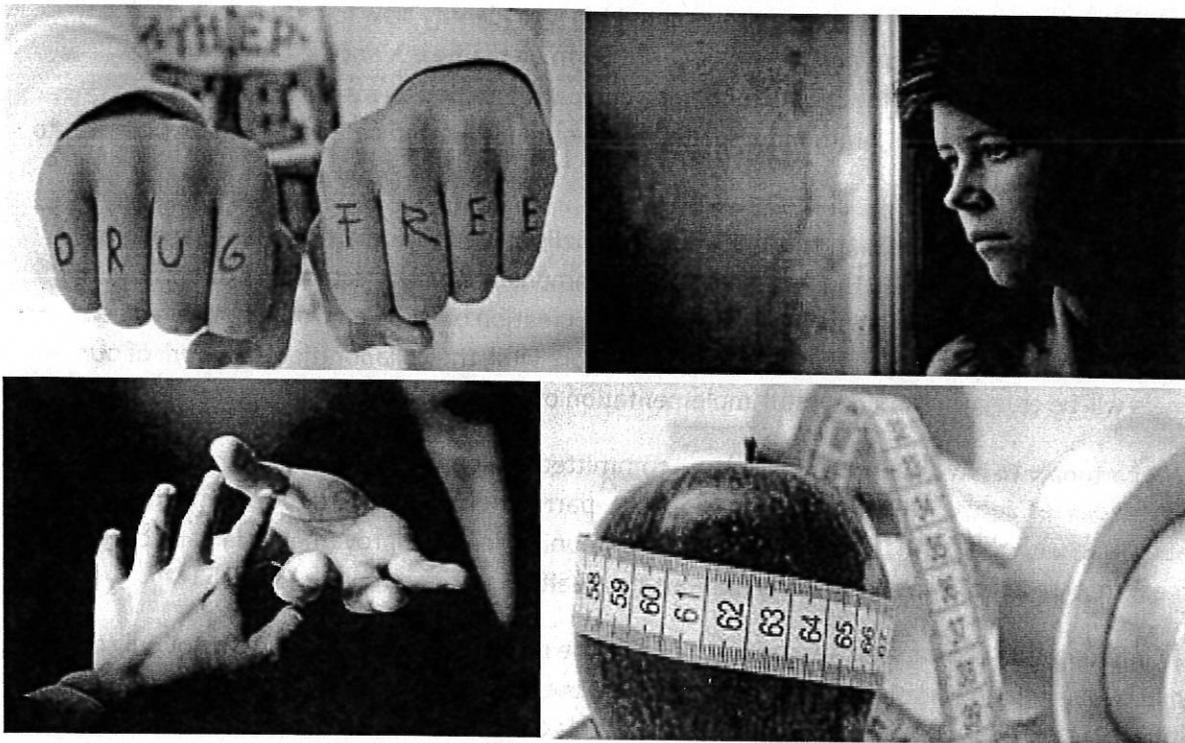
WITH NO INCREASE IN USAGE RATE THE NCMRWA REVENUE WOULD BE \$171,804.

Toole County Community Health Improvement Plan: 2017-2019

The vision of the Toole County Health Department is "healthy people living in a healthy community", and the work they perform on a daily basis supports that vision. Beginning in November of 2015, the Toole County Health Department has been diligently working in partnership with community members, local groups and organizations on a Community Health Improvement Plan whose purpose is to identify how to strategically and collaboratively address community priority areas to improve the health and well-being of our community. Working together, a plan has been created that aligns healthcare organizations and other partners in our community to work strategically to improve the health of the people who live, work and play here. From the 2013 Community Needs Assessment, the committee determined mental health; youth risk behavior; and obesity prevention/nutrition and physical activity as the top health priorities within our community and the focus of the improvement plan.

The committee is now in the process of presenting the plan to community members. They have planned presentations to the Shelby Area Chamber of Commerce, Shelby City Council, Sunburst Town Council, School Districts, Marias Medical Center & Marias Health Care staff and boards, Kiwanis, and other interested parties. Please be looking for meeting information in the Shelby Promoter and on KSEN Radio. If you would like to view the plan, please go to the Toole County website (www.toolecountymt.gov), City of Shelby website (www.shelbymt.com), or Marias Medical Center website (www.mmcmmt.org). If you have additional questions, please feel free to call Toole County Health Department Director, Kristi Aklestad at (406) 424-5169.

TOOLE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN: 2017-2019



Public Health
Prevent. Promote. Protect.

TOOLE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN: 2017-2019

INTRODUCTION

"Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has." Margaret Mead

The vision of the Toole County Health Department is "healthy people living in a healthy community", and the work that we perform on a daily basis supports that vision. Health is influenced by many factors which include: age, genetics, health behaviors, access to medical care, and the environment where we live. Additionally, health is influenced by other social and economic factors such as education, health insurance, income, employment, and housing. While the health department can influence some of the factors that affect the health of the population, we acknowledge that we need partnerships within the community to create a healthy community.

The purpose of a Community Health Improvement Plan is to identify how to strategically and collaboratively address community priority areas to improve the health and well-being of our community. Community members, stakeholders, and partners used an assessment process to formulate the Toole County Community Health Improvement Plan and determine health priorities to address in our county.

Working with these individuals and organizations, we believe we have created a plan that aligns healthcare organizations and other partners in our community to work strategically to improve the health of the people who live, work, and play here. The creation of this plan would not have been possible without our partners in Toole County; even more vital, the collaboration and work of our partners will be crucial in the successful implementation of our plan.

We are fortunate to have many thoughtful and committed citizens who collaborate to create greater health for our residents. The Toole County Health Department looks forward to continued collaboration with the partners identified in the Community Health Improvement Plan and other partners that we discover as we work to improve the health of our community.

We all influence the community we live in. We invite the residents of Toole County to not only embrace their individual health and the health of their families, but also work with us to make Toole County a healthier place to live, work, and play. We hope that this Community Health Improvement Plan will not just be a document, but rather a strategic plan to make Toole County an even better place to live.

Kristi Aklestad, RN

Toole County Health Department

ACKNOWLEDGEMENTS

The Toole County Health Department would like to acknowledge the work of the community partners who collaborated to create a vision of health in our community, and in doing so, created this Community Health Improvement Plan. Without the partnerships in our community and their vision of health, we would not be able to achieve greater health outcomes for our community.

Additionally, we would like to thank the Montana Department of Public Health and Human Services Public Health and Safety Division and the Montana Healthcare Foundation for their assistance.

The following individuals, representing many organizations, have contributed to the creation of this Community Health Improvement Plan:

- Rikki James, Toole County Health Department
- Courtney Hovland, Toole County Health Department
- Steve Osgood, Toole County Health Department
- Kristi Aklestad, Toole County Health Department
- Angela Lamb, Toole County Health Department
- Donna Whitt, Toole County Sheriff's Department
- Deb Brandon, Toole County Commission
- Jessica Brusven, Marias Medical Center
- Dave Sibert, Marias Medical Center
- Tracy Richman, Marias Healthcare
- Erica Allen, Shelby School District
- Merilee Klieber, Shelby School District
- Lisa Clark, Shelby School District
- Lydia Bessette, Gateway Prevention
- Barbara Bessette, Gateway Prevention
- Lorette Carter, City of Shelby
- Alice Burchak, MSU Extension
- Jodi Duncan, MSU Extension
- Brenda Gilmore, Marias Medical Center
- Kristen Russell, Marias Medical Center
- Judy Richman, Marias Heritage Center
- Ann Verplogen, Big Sky Cooperative
- Scott Kiehn, Lutheran Church of Sunburst
- Jamie Brownell, Marias Healthcare
- Richard Hambly, Community Member
- Robyn Hambly, Community Member
- Rhonda Davidson, Center for Mental Health
- Jerry Puffer, Mental Health Advisory Board
- Sue Kasper, Mental Health Advisory Board
- Chad Scarborough, First Baptist Church

- Dana Hellinger, Youth Dynamics Inc.
- Vicky Warilla, Youth Dynamics, Inc.
- Susan Carlstrom, Youth Dynamics, Inc.
- Jodi Habets, Marias Healthcare
- Tracy Bartosh, Opportunities, Inc. Headstart

VISION OF HEALTH IN TOOLE COUNTY

A safe and connected community where everyone has access to all types of healthcare and includes the following:

- Access to preventive health services
- Access to mental healthcare
- Access to local healthcare services
- A community where members do not feel isolated
- A community with a sense of volunteerism and social mentoring
- Inclusion of members of the community
- Safe housing
- Youth with involved parents and other adults
- Healthy places to spend time
- A community that cares for its elderly

MISSION STATEMENTS

TOOLE COUNTY HEALTH DEPARTMENT MISSION:

In partnership with the communities we serve, Toole County, and the Montana Department of Public Health and Human Services, the mission of the Toole County Health Department is to enhance, protect and improve the health of the people in Toole County through evidence-based, public health related services, education, emergency preparation and policy support. We will provide services efficiently and without bias.

MARIAS MEDICAL CENTER MISSION:

Marias Medical Center will be the leader in providing primary, assisted living and select specialty care to the people in north central Montana. We will set the standard for quality and technology in our service area and continue to develop new services to meet the needs of all people in the communities we serve.

MARIAS HEALTHCARE MISSION:

Marias Healthcare Services, Inc. is dedicated to being a leader in providing and promoting quality health and wellness to our surrounding area.

COMMUNITY DESCRIPTION

Toole County is approximately 1,916 square miles of water and land with a population of 5,324. Of Toole County's population, 3,301 people live in Shelby, the county seat; while 2,023 live in the more rural areas of the county, which includes the communities of Ethridge, Galata, Kevin, Oilmont, Sunburst, and Sweetgrass. Toole County borders Glacier County to the west, Liberty County to the east, Pondera County to the south, and Canada to the north. One of the largest Montana/Canada border crossings is located in northern Toole County at Sweetgrass. Industry in Toole County is largely agricultural, though oil, wind energy, the border crossing, and a private prison housing state and federal inmates also contribute to the economic base of the county.

Healthcare plays a significant role within Toole County. The small rural population is served by a small health department with between four and five FTE. In addition, health services are provided by Marias Medical Center, Marias Care Center, Marias Healthcare Services, Marias Heritage Center, Center for Mental Health, Youth Dynamics, and other private providers, dentists, and doctors of optometry. Collaboration between public health, organizations, agencies, and service providers is a long standing tradition in Toole County.

COMMUNITY HEALTH IMPROVEMENT PLAN METHODOLOGY

The Toole County Community Health Improvement Plan began with an invitation to a number of stakeholders in the summer of 2015. The first steering committee meeting was held in November 2015 with 30 people attending representing 16 organizations. At the first meeting the vision of a healthy community and the priorities for health were determined, as well as how the group would work together over the next year to write a community health improvement plan.

The Steering Committee used the data from the Community Health Assessment completed in 2014 and the Community Needs Assessment completed in 2015 to determine the following priorities: Mental Health, Youth Risk Behavior, and Obesity Prevention. The committee also determined that the first priority that would be addressed was Youth Risk Behavior. In December 2015, a group of six people representing MSU Extension, the Toole County Health Department, Youth Dynamics, the Ministerial Association, and Shelby Public Schools met twice to determine the priorities health outcomes for Youth Risk Behavior, and the goals, objectives and strategies to achieve those outcomes. The group decided to focus on: suicide, adolescent mental health, adolescent reproductive health and risk reduction, and bullying. In January 2016, the Steering Committee met again to discuss the recommendations to address Youth Risk Behavior.

The Toole County Mental Health Advisory Board met in January, February and March of 2016 to determine priorities for the mental health portion of the Community Health Improvement Plan. The board completed a SWOT analysis of the current state of mental health care and knowledge of mental health in Toole County. After determining the top priorities, the board analyzed each to determine both feasibility of addressing and the importance of each. At the conclusion of that task, the following priorities were determined: increase awareness of mental health and mental health services in professionals, increase awareness of mental health in the general public, and increase the number of people screened for depression. In February and March 2016, the board determined strategies to

address these issues and board members volunteered to be responsible to lead the implementation of these strategies.

A sub-group of the Steering Committee volunteered to address obesity prevention in Toole County. This group of three represented MSU Extension, Marias Healthcare, and the Toole County Health Department. After completing a SWOT analysis, the group determined the feasibility and importance of each recommendation and settled on recommendations for adults and children in Toole County.

In May and June 2016, the Toole County Health Department wrote the first draft of the Community Health Improvement Plan and scheduled the next meeting of the Steering Committee for June 2016. The first draft of recommendations for goals, objective, outcome indicators, strategies and tactics was presented to the Steering Committee for approval. After the June 2016 meeting, the Toole County Health Department completed the next draft, which was discussed at the August meeting.

COMMUNITY HEALTH PRIORITIES

Based on the Community Health Assessment performed in coordination with the North-Central Montana Health Communities Workgroup finalized in November 2013 and the Community Needs Assessment performed by Marias Medical Center in coordination with the Montana State University Office of Rural Health in July 2014, the community health improvement committee determined the following health priorities in our community:

1. Mental Health
2. Youth Risk Behavior
3. Obesity Prevention/Nutrition and Physical Activity

ASSETS AND RESOURCES

Toole County has a number of resources within the community that could support a Community Health Improvement Plan. This list is not exhaustive and is likely incomplete, as many private businesses, organizations, and individuals also contribute to the health of our community; however, it is provided to help guide the work of our community in improving health.

- Toole County Health Department
- Toole County Board of Health
- Toole County Commissioners
- Toole County Sheriff's Department
- Marias Medical Center
- Marias Healthcare, Inc.
- Marias Heritage Center
- Marias Care Center
- Healthy Toole County Coalition
- Senior Centers – Shelby, Sunburst, Kevin
- MSU-Extension
- Toole County Disaster and Emergency Services

- Shelby Public Schools
- Sunburst Public Schools
- Galata Elementary
- Toole Mental Health Advisory Board
- Youth Dynamics
- Opportunities, Inc.
- RECCS
- Shelby Area Chamber of Commerce
- Center for Mental Health
- Gateway Prevention
- City of Shelby
- City of Sunburst
- City of Kevin
- Toole County Education Foundation
- Kiwanis
- Crossroads Correction Center
- Hi-Line Help for Abused Spouses
- Toole County Ministerial Association
- Sagebrush Food Pantry
- First Baptist Church Food Pantry
- Sunburst Food Pantry

ACTION PLAN

MENTAL HEALTH

Mental health and resilience are important aspects of our overall health. Mental health is closely intertwined with physical health; an individual with mental illness is more likely to also have physical illness. Chronic disease is also associated with higher incidences of substance abuse and psychological distress (SAMSHA, 2016). It is important to incorporate the prevention, early detection, and treatment of mental health conditions in the care of a person's physical health care needs to achieve overall health and community health. According to SAMSHA (2016), "incorporating mental and emotional health development and promotion into community health and public health strategies and activities can make all health promotion more effective and help prevent other public health issues such as teen pregnancy, community and interpersonal violence, tobacco use, and homelessness" (p 2).

Toole County is designated as a mental health shortage area, meaning there are not enough mental health providers in Toole County to appropriately prevent, detect, and treat the population. Additionally, as a state, Montana, experiences a shortage in mental health providers. As a result, Toole County must address knowledge deficits and resource shortages related to mental health in order to achieve greater mental well-being.

Toole County's long term goal is to achieve greater mental health and well-being, as evidenced by a decreased suicide rate and decreased rate in the number of adolescents who report they felt sad or

depressed. In order to achieve that, Toole County will work on the short term outcomes of increasing awareness among community members of mental health resources available, increase opportunities for adolescents to interact with positive adult role models, increase the number of people screened for depression by primary care providers, and increase access to mental health services for youth.

GOAL 1: INCREASE AWARENESS AMONG COMMUNITY MEMBERS WHO MAY REFER YOUTH TO SERVICES OR RESPOND TO A MENTAL HEALTH EMERGENCY OF THE MENTAL HEALTH AND SUICIDE RESOURCES AVAILABLE.

OBJECTIVE 1:

FROM 2017-2019, THE TOOLE COUNTY MENTAL HEALTH ADVISORY BOARD WILL COORDINATE AT LEAST FOUR TRAININGS AND EDUCATE AT LEAST 200 PEOPLE ABOUT MENTAL HEALTH AND/OR SUICIDE.

Outcome Indicators:

- a. Number of trainings held.
- b. Number of organizations with staff that attend training.
- c. Percent of Sheriff’s Deputies who have increased knowledge related to mental health after Crisis Intervention Training.
- d. Percent of teachers who report increased knowledge of mental health and/or suicide after training.
- e. Number of healthcare providers who attend trainings.

Strategies:

- Provide trainings related to mental health and suicide.
- Educate school staff about mental health and suicide.
- Educate First Responders about mental health and suicide.
- Educate healthcare providers about mental health and suicide.

Tactics:

TACTIC	RESOURCES NEEDED	ORGANIZATION OR PERSON RESPONSIBLE
<p>1. OFFER ASSIST TRAINING ONE TIME FROM 2017-2019</p>	<ul style="list-style-type: none"> • ASIST Trainer • Training Location • Funding for training (if not provided by DPHHS Suicide Prevention Program) • Coordination of training • Advertisement of training 	<p>Donna Whitt, Sheriff’s Department</p>

<p>2. CRISIS INTERVENTION TRAINING FOR SHERIFF'S DEPUTIES</p>	<ul style="list-style-type: none"> • Funding • Availability of training • 	<p>Donna Whitt, Sheriff's Department</p>
<p>3. OFFER QPR ONCE PER YEAR (2017, 2018, 2019)</p>	<ul style="list-style-type: none"> • QPR Trainer • Funding • Location • Coordination with organizations who work with youth (school district, YDI, Sheriff's Department, Health Department, and other youth activities) 	<p>Scott Kiehn, Ministerial Association</p>
<p>4. ONE MEMBER OF MENTAL HEALTH ADVISORY BOARD WILL ATTEND A TRAIN THE TRAINER FOR QPR.</p>	<ul style="list-style-type: none"> • Training • Funding 	<p>Scott Kiehn, Ministerial Association</p>
<p>5. OFFER MENTAL HEALTH FIRST AID TRAINING ONCE PER YEAR</p>	<ul style="list-style-type: none"> • Trainer • Funding • Coordination between organizations and individuals 	<p>Vicky Warilla, Youth Dynamics</p>
<p>6. WORK WITH SCHOOL DISTRICTS TO EDUCATE STAFF ON MENTAL HEALTH AND SUICIDE AT LEAST ONE TIME PER YEAR.</p>	<ul style="list-style-type: none"> • Time in professional development schedule • Coordination with school districts • Funding 	<p>Kristi Aklestad, Toole County Health Department</p>
<p>7. TRAIN HEALTHCARE PROVIDERS, CLINIC STAFF, AND HOSPITAL STAFF ON MENTAL HEALTH RESOURCES AVAILABLE AND HOW TO UTILIZE THEM.</p>	<ul style="list-style-type: none"> • Time with providers and staff • Coordination between organizations • Resource list • Funding 	<p>Brenda Gilmore, Marias Medical Center</p>
<p>8. CREATE AND DISTRIBUTE A MENTAL HEALTH</p>	<ul style="list-style-type: none"> • Coordination between organizations • Time to create, update and distribute the list 	<p>Brenda Gilmore, Marias Medical Center</p>

RESOURCE LIST FOR PROFESSIONALS.	<ul style="list-style-type: none"> • A list of people to distribute the resource list to. 	
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GOAL 2: INCREASE THE AWARENESS OF MENTAL HEALTH, SUICIDE, AND MENTAL HEALTH RESOURCES IN THE GENERAL PUBLIC.

OBJECTIVE 1: FROM 2017-2019, WE WILL HOLD AT LEAST THREE EVENTS AND INFORM AT LEAST 150 PEOPLE ABOUT MENTAL HEALTH, SUICIDE, AND MENTAL HEALTH RESOURCES.

Outcome Indicators:

- Number of events held.
- Number of students who attend events.
- Number of community members that attend events.
- Number of articles submitted to the local newspaper.

Strategies:

- Provide trainings to the general public regarding mental health and suicide.
- Hold events that raise awareness about mental health and suicide.
- Educate community members about mental health and suicide through media and social media outlets.

Tactics:

TACTIC	RESOURCES NEEDED	ORGANIZATION OR PERSON RESPONSIBLE
A) MENTAL HEALTH ADVISORY BOARD WILL HOLD A SUICIDE MEMORIAL WALK IN SHELBY AND SUNBURST ONE TIME PER YEAR.	<ul style="list-style-type: none"> • Location to hold event • People to assist with event • Food • Speaker • Ways to advertise event 	Scott Kiehn and Deb Brandon (Sunburst), Kristi Aklestad and Donna Whitt (Shelby)
B) MENTAL HEALTH ADVISORY BOARD AND OTHER PARTNERS WILL COLLABORATE WITH THE SCHOOL DISTRICTS TO PROVIDE A MENTAL HEALTH AWARENESS EVENT AT LEAST	<ul style="list-style-type: none"> • Funding • Time in the school schedule • Relationship with the schools to conduct event • Volunteers • Speakers 	Deb Brandon, Toole County Commissioner and DUI Taskforce

ONCE BETWEEN 2017 AND 2019.		
C) MENTAL HEALTH ADVISORY BOARD WILL CREATE, REGULARLY UPDATE, AND DISTRIBUTE A MENTAL HEALTH RESOURCE LIST.	<ul style="list-style-type: none"> • Computer • Supplies to make copies of the list • Network to distribute the list to 	Brenda Gilmore, Marias Medical Center
D) THE MENTAL HEALTH ADVISORY BOARD WILL HOST A SPEAKER AT THE SENIOR CENTERS ON THE TOPIC OF MENTAL HEALTH AT LEAST TWICE PER YEAR.	<ul style="list-style-type: none"> • Speakers • Relationship with the local senior centers • Time 	Deb Brandon, Toole County Commissioner
E) MEMBERS OF THE MENTAL HEALTH ADVISORY BOARD WILL CONTRIBUTE ARTICLES TO THE SHELBY PROMOTER ONCE PER QUARTER ON MENTAL HEALTH TOPICS.	<ul style="list-style-type: none"> • Time • People to write the articles • Resources to write the articles on • Topic list • Relationship with the newspaper to print the articles 	Deb Brandon, Toole County Commissioner

GOAL 3: INCREASE THE NUMBER OF PEOPLE WHO ARE SCREENED FOR DEPRESSION.

OBJECTIVE 1: OVER 150 PEOPLE PER YEAR WILL BE SCREENED FOR DEPRESSION AT PRIMARY CARE, SPORTS PHYSICAL, OR WIC APPOINTMENTS, AND APPROPRIATE REFERRALS WILL BE MADE FOR POSITIVE SCREENINGS BY 2019.

Outcome indicators:

- Number of people screened for depression.
- Tracking system established for depression screening.

Strategies:

- Work with primary care providers to provide depression screening routinely at primary care or sports physical appointments.
- Work with WIC staff to provide depression screening routinely for postpartum woman WIC certifications.
- Develop a referral system for primary care providers for positive depression screenings.

- Develop a referral system for WIC staff for positive depression screenings.
- Develop a system to track number of depression screenings, rate of positive screenings, and follow up.

Tactics:

TACTIC	RESOURCES NEEDED	ORGANIZATION OR PERSON RESPONSIBLE
YEAR 1:		
A. EDUCATE HEALTHCARE PROVIDERS ON DEPRESSION SCREENING TOOLS AND RATIONALE	<ul style="list-style-type: none"> • Screening tools • Time • Space • Time in providers schedules 	Brenda Gilmore
B. EDUCATE WIC STAFF ON DEPRESSION SCREENING, RATIONALE, AND REFERRALS	<ul style="list-style-type: none"> • Educational information on depression screening • Time • Expert 	Kristi Aklestad, Toole County Health Department
C. ON-GOING ROUTINE SCREENING AT MARIAS HEALTHCARE	<ul style="list-style-type: none"> • Time 	Jamie Brownell, Marias Healthcare, Inc.
YEAR 2:		
A. DEVELOP SYSTEM FOR TRACKING DEPRESSION SCREENING THROUGH WIC CLINIC	<ul style="list-style-type: none"> • Time • Expertise in WIC software • Tools for the system 	Kristi Aklestad, Toole County Health Department
B. CONTINUE TRACKING DEPRESSION SCREENING THROUGH MARIAS HEALTHCARE, INC.	<ul style="list-style-type: none"> • Time • System of tracking 	Jamie Brownell, Marias Healthcare, Inc.
C. FURTHER DEVELOP REFERRAL AND FOLLOW UP PROCEDURES AT WIC CLINIC	<ul style="list-style-type: none"> • Time • Expertise 	Kristi Aklestad, Toole County Health Department
YEAR 3		

<p>A. IMPLEMENT TRACKING SYSTEM FOR DEPRESSION SCREENING IN WIC CLINIC</p>	<ul style="list-style-type: none"> • Time • Expertise • Developed system 	<p>Kristi Aklestad, Toole County Health Department</p>
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YOUTH RISK BEHAVIOR

Adolescence and young adulthood are generally healthy time periods in life, though several health and social problems can peak or start during those years. Some examples are: suicide, motor vehicle crashes, substance use/abuse, smoking, sexually transmitted infections, and teen or unplanned pregnancy.

Health outcomes in adolescence are linked to many environmental factors such as school and family. Academic success and achievement are strong predictors of overall adult health outcomes. Proficient academic skills are associated with lower rates of risky behaviors and higher rates of healthy behaviors. Additionally, students who graduate from high school have lower rates of health problems, risk of incarceration, and more financial stability as adults. The school social environment affects students' attendance, academic achievement, and behavior. A safe and healthy school environment promotes student engagement and protects against risky behaviors and dropping out.

Adolescents who perceive that they are bonded to an adult and have good communication are less likely to engage in risky behaviors. Often, those relationships occur within the family setting, though other adults can fill that role, whether teachers, counselors, coaches, or other adult figures. Parents who provide supervision and are involved with their adolescents' activities provide a safe environment for their adolescent to explore opportunities and grow.

Toole County wishes to be a safe place for adolescents to grow into adulthood and provide positive adult influences in adolescents' lives. Our long term goals are to decrease the number of adolescents who report feeling sad or depressed, decrease the number of adolescents who report being bullied, decrease the number of youth who report using alcohol and other substances, and decrease the number of adolescents who report sexual risk behavior. We believe it is likely that it will take more than three years to achieve these goals. In the next three years, we will work to increase knowledge of these issues in the adolescent and adult populations, ascertain we are able to continue to measure these rates, and improve relationships between organizations, agencies, and the school districts to better utilize resources.

GOAL 1: DECREASE THE NUMBER OF STUDENTS WHO FEEL SAD OR DEPRESSED, AND/OR CONSIDER SUICIDE.

OBJECTIVE 1: INCREASE OPPORTUNITIES FOR ADOLESCENTS TO INTERACT WITH POSITIVE ADULT ROLE MODELS.

Outcome Indicators:

- Number of parents engaged in school system.
- Number of parents who attend educational offerings.
- Number of parenting education sessions offered.
- Percent of parents who report increased interaction skills with their children as a result of parenting education sessions.

Strategies:

- Recruit parents to be involved in the school system.
- Offer education for parents on parenting topics including, but not limited to: sleep, nutrition, mental health, suicide, safety, and parenting.
- Coordinate a list of volunteer opportunities for adults.
- Retain qualified teachers who serve as positive role models.

TACTIC	RESOURCES NEEDED	ORGANIZATION OR PERSON RESPONSIBLE
<p>A) RECRUIT PARENTS TO BE PART OF THE MONTANA BEHAVIORAL INITIATIVE IN SHELBY SCHOOLS.</p>	<ul style="list-style-type: none"> • Time • A recruitment strategy • Network of people to help recruit • Funding 	<p>Erica Allen, Shelby School District</p>
<p>B) OFFER A STUDENT HEALTH AND WELLNESS FAIR DURING PARENT TEACHER CONFERENCES TO PROVIDE EDUCATION TO PARENTS AND STUDENTS ABOUT HEALTH AND WELLNESS.</p>	<ul style="list-style-type: none"> • Space for the fair at the school • Relationship with the schools • Volunteers to set up, present education, and clean up 	<p>Kristi Aklestad, Toole County Health Department Tracy Richman, Marias Healthcare Jodi Duncan, MSU Extension SNAP-ed</p>
<p>C) CREATE A YOUTH WELLNESS COUNCIL IN TOOLE COUNTY.</p>	<ul style="list-style-type: none"> • Time • Access to youth • Funding 	<p>Jessica Brusven, Marias Medical Center Lydia Bessette, Gateway Prevention</p>

<p>D) OFFER PARENTING CLASSES OR EDUCATION TO THE COMMUNITY</p>	<ul style="list-style-type: none"> • 	<p>Lisa Clark, Shelby School District Lydia Bessette, Gateway Prevention</p>
<p>E) CREATE A SYSTEM TO WELCOME NEW INDIVIDUALS (INCLUDING NEW TEACHERS) TO OUR COMMUNITY AND COORDINATE WAYS TO POSITIVELY ENGAGE IN THE COMMUNITY THROUGH ORGANIZATIONS AND OTHER VOLUNTEER OPPORTUNITIES.</p>	<ul style="list-style-type: none"> • Time 	<p>Alice Burchak, MSU Extension</p>
<p>F) EDUCATE VOLUNTEERS, COACHES, AND THOSE WHO WORK WITH YOUTH ON SUICIDE AND MENTAL HEALTH</p>	<ul style="list-style-type: none"> • A network to distribute information to volunteers, coaches and those who work with youth • Speakers • Space and time to hold presentations 	<p>Kristi Aklestad, Toole County Health Department</p>
<p>G) EDUCATE SCHOOL STAFF ON ADVERSE CHILDHOOD EXPERIENCES AND HOW THEY AFFECT STUDENTS</p>	<ul style="list-style-type: none"> • Speakers • Time • Possible funding 	<p>Erica Allen, Shelby School District</p>
<p>H) EDUCATE THE COMMUNITY ON ADVERSE CHILDHOOD EXPERIENCES AND HOW TO PREVENT ACES</p>	<ul style="list-style-type: none"> • Speakers • Space to hold presentations in • Time • Funding 	<p>Kristi Aklestad, Toole County Health Department</p>

OBJECTIVE 2: INCREASE KNOWLEDGE ABOUT AND ACCESS TO MENTAL HEALTH SERVICES IN THE COMMUNITY FOR YOUTH.

Outcome Indicators:

- Percentage of healthcare providers who state they have knowledge about mental health services for youth in our community.
- Percentage of school personnel who state they have knowledge about mental health services for youth in our community.

- **Strategies:**
 - Provide information to youth about mental health and suicide and community resources.
 - Provide information to the school districts about mental health, suicide, and community resources.
 - Determine the resources available for adolescent mental health and suicide for Toole County residents.
 - Create a system to address youth health for at risk students in our schools.

TACTIC	RESOURCES NEEDED	ORGANIZATION OR PERSON RESPONSIBLE
<p>A) ENCOURAGE THE CREATION OF A MULTI-DISCIPLINARY STUDENT HEALTH TEAM (POTENTIALLY MADE UP OF SOME OF THE FOLLOWING: COUNSELOR, PSYCHOLOGIST, HEALTH CARE PROVIDER, NURSE, STUDENT RESOURCE OFFICER, TEACHER, ADMINISTRATOR, AND YOUTH DYNAMICS) TO SERVE AS A LIASON BETWEEN SCHOOL AND HOME IN ADDRESSING HEALTH AND MENTAL HEALTH NEEDS</p>	<ul style="list-style-type: none"> ● 	<p>Erica Allen, Shelby Public Schools</p>

B) CREATE A MENTAL HEALTH RESOURCE LIST FOR THE SCHOOL	<ul style="list-style-type: none"> • Time • Computer • Lists that have already been created as a starting point 	Brenda Gilmore, Marias Medical Center
C) EDUCATE SCHOOL STAFF, HEALTHCARE PROVIDERS, AND OTHERS WHO WORK WITH YOUTH ABOUT MENTAL HEALTH SERVICES	<ul style="list-style-type: none"> • Speakers • Time with staff, healthcare providers and others • Locations • Funding 	Brenda Gilmore, Marias Medical Center Kristi Aklestad, Toole County Health Department
D) EDUCATE YOUTH REGARDING THE SIGNS OF SUICIDE AND MENTAL HEALTH SERVICES	<ul style="list-style-type: none"> • Speakers • Time with students • Relationships with schools • Location • Funding 	Deb Brandon, Toole County Commissioner

GOAL 2: DECREASE THE NUMBER OF STUDENTS WHO PARTICIPATE IN ADOLESCENT RISK BEHAVIOR.

Objective 1: DECREASE THE NUMBER OF STUDENTS WHO REPORT USING ALCOHOL AND OTHER SUBSTANCES FROM 38.4% (ALCOHOL) AND 16% (TOBACCO) TO 34% AND 14%. (YOUTH RISK BEHAVIOR SURVEY, 2013)

Outcome Indicators:

- The percent of students who report using alcohol
- The percent of students who report using other substances.

Strategies:

- Decrease availability and access to alcohol and other substances
- Increase participation in other activities
- Change the community norm

TACTIC	RESOURCES NEEDED	ORGANIZATION OR PERSON RESPONSIBLE
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<p>A) PARTICIPATE IN THE YOUTH RISK BEHAVIOR SURVEY AND THE PREVENTION NEEDS ASSESSMENT EVERY TWO YEARS TO ESTABLISH GOOD COUNTY DATA ON ADOLESCENT ALCOHOL AND SUBSTANCE USE</p>	<ul style="list-style-type: none"> • Relationship with schools 	<p>Rikki James, Toole County Health Department</p>
<p>B) CREATE A YOUTH LED COALITION TO INCREASE POSITIVE YOUTH LEADERSHIP</p>	<ul style="list-style-type: none"> • Relationship with schools • Location • Recruitment strategy • Funding 	<p>Jessica Brusven, Marias Medical Center Lydia Bessette, Gateway Prevention</p>
<p>C) EDUCATE PARENTS ON ADOLESCENT ALCOHOL AND SUBSTANCE USE</p>	<ul style="list-style-type: none"> • Educational program • Time • Space • Access to the parents 	<p>Lydia Bessette, Gateway Prevention</p>
<p>D) EDUCATE PARENTS ON LAWS REGARDING SOCIAL HOSTING</p>	<ul style="list-style-type: none"> • Educational program • Time • Space • Access to parents 	<p>Lydia Bessette Lorette Carter, City of Shelby</p>
<p>E) ADVERTISE AND ENCOURAGE YOUTH TO PARTICIPATE IN ACTIVITIES THAT ARE ALREADY OFFERED</p>	<ul style="list-style-type: none"> • Listing of activities • Access to youth • Time • Social media 	<p>Alice Burchak, MSU Extension</p>

F) SURVEY ADOLESCENTS ON ACTIVITIES THAT THEY WANT TO BE INVOLVED IN	<ul style="list-style-type: none"> • Access to adolescents • Survey questions • Time 	Jessica Brusven, Marias Medical Center Kristi Aklestad, Toole County Health Department Deb Brandon, Toole County Commissioner
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OBJECTIVE 2: DECREASE THE PERCENTAGE OF STUDENTS WHO REPORT SEXUAL RISK BEHAVIOR FROM 22.69% WHO REPORT NOT USING A CONDOM TO 19% AND 28% WHO REPORT NOT HAVING LEARNED ABOUT HIV AND OTHER STI TO 25%. (YOUTH RISK BEHAVIOR SURVEY)

Outcome Indicators:

- Percentage of students who report being sexually active
- Percentage of students who are sexually active who report using a condom.
- Percentage of students who report knowledge of HIV or sexually transmitted infections.

Strategies:

- Assess current health curriculum in both school districts
- Assess opportunities for increased sexual health education.
- Assess external opportunities for increased sexual health education.
- Gap analysis for access to reproductive care for adolescents in Toole County.
- Improve access to reproductive healthcare.

TACTIC	RESOURCES NEEDED	ORGANIZATION OR PERSON RESPONSIBLE
A) PARTICIPATE IN THE YOUTH RISK BEHAVIOR SURVEY AND PREVENTION NEEDS ASSESSMENT EVERY TWO YEARS TO ESTABLISH GOOD COUNTY DATA ON ADOLESCENT REPRODUCTIVE HEALTH	<ul style="list-style-type: none"> • Relationship with schools 	Rikki James, Toole County Health Department

<p>B) ASSESS CURRENT HEALTH CURRICULUM IN SCHOOL DISTRICTS TO DETERMINE ADEQUACY AND FEASIBILITY OF IMPROVING</p>	<ul style="list-style-type: none"> • School curriculum • Time • Other school curriculums and references • Relationship with schools and school board 	<p>Tracy Richman, Marias Healthcare Kristi Aklestad, Toole County Health Department</p>
<p>C) ASSESS EXTERNAL OPPORTUNITIES FOR GROUP SEXUAL HEALTH EDUCATION.</p>	<ul style="list-style-type: none"> • Resources on availability of programs • Time 	<p>Tracy Richman, Marias Healthcare Kristi Aklestad, Toole County Health Department</p>
<p>D) PERFORM AN ANALYSIS OF REPRODUCTIVE SERVICES AVAILABLE TO ADOLESCENTS IN TOOLE COUNTY</p>	<ul style="list-style-type: none"> • Time 	<p>Tracy Richman, Marias Healthcare Kristi Aklestad, Toole County Health Department</p>
<p>E) DETERMINE FEASIBILITY OF IMPROVING REPRODUCTIVE SERVICES FOR ADOLESCENTS IN TOOLE COUNTY</p>	<ul style="list-style-type: none"> • Time 	<p>Tracy Richman, Marias Healthcare Kristi Aklestad, Toole County Health Department</p>

OBJECTIVE 3: DECREASE THE NUMBER OF STUDENTS WHO REPORT BEING BULLIED FROM 21% TO 19%.

Outcome Indicator:

- Percent of students who report being bullied on the Youth Risk Behavior Survey

Strategies:

- Implement programs with school and community support

TACTIC	RESOURCES NEEDED	ORGANIZATION OR PERSON RESPONSIBLE
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<p>A) PARTICIPATE IN THE YOUTH RISK BEHAVIOR SURVEY DISTRIBUTED BY OPI EVERY TWO YEARS TO ESTABLISH GOOD COUNTY DATA ON BULLYING</p>	<ul style="list-style-type: none"> • Relationship with the school districts 	<p>Rikki James, Toole County Health Department</p>
<p>B) IMPLEMENT THE DARE PROGRAM IN SCHOOL DISTRICT</p>	<ul style="list-style-type: none"> • Funding • Officer time • School participation 	<p>Robert Rivera, Toole County Sheriff's Department</p>
<p>C) IMPLEMENT THE MONTANA BEHAVIOR INITIATIVE IN SCHOOLS</p>	<ul style="list-style-type: none"> • Funding • Staff time • Volunteer time • School participation • OPI resources 	<p>Erica Allen, Shelby School District</p>
<p>D) IMPLEMENT ONE EDUCATIONAL DAY ONCE EVERY TWO YEARS THAT HAS A BULLYING COMPONENT (POWER OF CHOICE)</p>	<ul style="list-style-type: none"> • School support • Location • Funding • Time • Volunteers 	<p>Deb Brandon, Toole County Commissioner</p>
<p>E) RESEARCH AND EXPLORE THE FEASIBILITY OF IMPLEMENTING A COMMUNITY WIDE APPROACH TO BULLYING</p>	<ul style="list-style-type: none"> • Time • Funding 	<p>Brenda Gilmore, Marias Medical Center</p>

OBESITY PREVENTION

Obesity has strong implications on health throughout the lifetime; being obese or overweight increases the risk for many chronic diseases, including heart disease, type 2 Diabetes, some cancers, and stroke. While diet and exercise are key factors in obesity and overweight, community factors can influence

obesity as well. Factors such as access to healthy foods and safe places to participate in physical activity also play a role in preventing obesity at the community level.

Toole County desires a long term outcome of fewer people who are obese and overweight. In order to achieve this long term goal, Toole County will work for the next three years to increase access to physical activity and healthy foods for all of our residents, as well as educate both parents and school staff about physical health. In addition, Toole County will work to better define the issue within our community by measuring BMI and tracking aggregate data.

GOAL: DECREASE THE NUMBER OF PEOPLE WHO ARE OBESE OR OVERWEIGHT IN TOOLE COUNTY.

OBJECTIVE 1: DECREASE THE NUMBER OF CHILDREN 18 AND UNDER WHO HAVE A BMI CLASSIFIED AS OVERWEIGHT OR OBESE FROM 21% (FOR 10-17 YEAR OLDS) TO 18%. (NATIONAL BENCHMARK)

Outcome Indicator:

- The percent of children 18 and under with a BMI over 25

Strategies:

- Increase access to physical activity
- Increase access to healthy foods
- Educate parents about physical health
- Educate school staff about physical health

TACTIC	RESOURCES NEEDED	ORGANIZATION OR PERSON RESPONSIBLE
<p>A) PARTICIPATE IN THE YOUTH RISK BEHAVIOR SURVEY TO GET ACCURATE INFORMATION ON SELF-REPORTED ADOLESCENT FRUIT AND VEGETABLE INTAKE AND ACTIVITY</p>	<ul style="list-style-type: none"> • School support 	<p>Rikki James, Toole County Health Department</p>

<p>B) MEASURE BMI AT WELLNESS VISITS AND SPORTS PHYSICALS FOR CHILDREN AND ADOLESCENTS</p>	<ul style="list-style-type: none"> • Time • Staff support 	<p>Jamie Brownell, Marias Healthcare</p>
<p>C) MEASURE BMI OF THIRD GRADERS IN TOOLE COUNTY SCHOOL SYSTEMS AND MONITOR AGGREGATE DATA EVERY YEAR</p>	<ul style="list-style-type: none"> • School support • Time • 	<p>Kristi Aklestad, Toole County Health Department</p>
<p>D) WEEKEND MEAL SUPPLEMENT SCHOOL BACKPACK PROGRAM</p>	<ul style="list-style-type: none"> • Funding • School support 	<p>Alice Burchak, MSU Extension, Sagebrush Food Pantry Board</p>
<p>E) PROVIDE PHYSICAL ACTIVITY THROUGH AFTER SCHOOL PROGRAMMING</p>	<ul style="list-style-type: none"> • Relationship with after school program • Programming to utilize • Space 	<p>Erica Allen, Shelby School District Jodi Duncan, MSU Extension SNAP-ed Julie Olsen, RECCS Director</p>
<p>F) IMPROVE ACCESS TO NON-COMPETITIVE INDOOR PHYSICAL ACTIVITY IN COLD MONTHS</p>	<ul style="list-style-type: none"> • Space • Leaders for activities • Time • Advertising 	<p>Tracy Richman, Marias Healthcare</p>
<p>G) PLAY 60 CALENDAR FOR ACTIVITY</p>	<ul style="list-style-type: none"> • Time to create activity and advertise • Resources to create calendar • Advertising 	<p>Tracy Richman, Marias Healthcare Jessica Brusven, Marias Medical Center</p>

<p>H) STUDENT HEALTH AND WELLNESS FAIR DURING PARENT TEACHER CONFERENCES OR OPEN HOUSE TO EDUCATE PARENTS ON HEALTHY ACTIVITY, REDUCING SCREEN TIME AND SLEEP</p>	<ul style="list-style-type: none"> • Time • Space to hold the fair • Activities to engage youth and parents • People or organizations to host booths • Organizational skills • Advertising 	<p>Kristi Aklestad, Toole County Health Department</p>
<p>I) SNAP ED EDUCATION FOR THIRD GRADERS</p>	<ul style="list-style-type: none"> • School participation and buy in • Supplies • Funding • Space • Time 	<p>Jodi Duncan, MSU Extension SNAP-ed</p>
<p>J) EDUCATE SCHOOL STAFF ON ASPECTS OF PHYSICAL HEALTH AND HOW IT AFFECTS STUDENTS</p>	<ul style="list-style-type: none"> • Access to school staff • Time to create presentations • Evaluation method • Space to educate in 	<p>Kristi Aklestad, Toole County Health Department</p>
<p>K) SUPPORT THE CONTINUATION OF SHELBY SCHOOLS WALKING PROGRAM (LUNCH WALKING PROGRAM AND WALK AND WHEEL)</p>	<ul style="list-style-type: none"> • School staff time and buy in • Volunteers • Funding 	<p>Erica Allan, Shelby School District Lorette Carter, City of Shelby</p>

OBJECTIVE 2: DECREASE THE NUMBER OF ADULTS 19 AND OLDER WHO HAVE A BMI CLASSIFIED AS OVERWEIGHT OR OBESE FROM 63% TO 57%. (HEALTHY PEOPLE 2020 BENCHMARK, 10% DECREASE)

Outcome Indicator:

- Percent of adults 19 and older who have a BMI over 25

Strategies:

- Increase access to physical activity
- Increase access to healthy foods
- Educate adults on healthy activity and eating

TACTIC	RESOURCES NEEDED	ORGANIZATION OR PERSON RESPONSIBLE
<p>A) MEASURE BMI OF TOOLE COUNTY RESIDENTS AT HEALTHCARE VISITS AND MONITOR AGGREGATE DATA TWICE PER YEAR</p>	<ul style="list-style-type: none"> • Time • Staff support • Tracking system 	<p>Jamie Brownell, Marias Healthcare, Inc.</p>
<p>B) IMPLEMENT CHRONIC DISEASE SELF MANAGEMENT PROGRAM AT LEAST ONCE PER YEAR</p>	<ul style="list-style-type: none"> • Time • Trained staff to provide program • Funding • Space • Participants 	<p>Courtney Hovland, Toole County Health Department Angela Lamb, Toole County Health Department Alice Burchak, MSU Extension</p>
<p>C) INCREASE HEALTHY OPTIONS AND RECIPES AT FOOD BANKS</p>	<ul style="list-style-type: none"> • Funding through SNAP-ed • Time • Coordination with the Food Pantry 	<p>Jodi Duncan, MSU Extension SNAP-ed</p>
<p>D) PROVIDE SNAP-ED HEALTHY EATING EDUCATION TO ADULTS AT LEAST ONCE PER YEAR IN TOOLE COUNTY</p>	<ul style="list-style-type: none"> • Space • SNAP-ed funding • Referrals 	<p>Jodi Duncan, MSU Extension SNAP-ed</p>
<p>E) IMPLEMENT WORKSITE WELLNESS ACTIVITIES THROUGH AT LEAST THREE TOOLE COUNTY EMPLOYERS TO ENCOURAGE HEALTHY EATING</p>	<ul style="list-style-type: none"> • Time • Funding • Relationship with employers 	<p>Courtney Hovland, Toole County Health Department</p>

AND PHYSICAL ACTIVITY		
F) APPLY FOR A MONTANA HEALTHCARE FOUNDATION GRANT TO ADDRESS OBESITY PREVENTION IN TOOLE COUNTY BY 2018	<ul style="list-style-type: none"> • Time • Expertise in grant writing 	Kristi Aklestad, Toole County Health Department
G) DETERMINE THE FEASIBILITY OF A GROUP EDUCATION PROGRAM FOR OBESITY PREVENTION IN TOOLE COUNTY	<ul style="list-style-type: none"> • Time • Human resources 	Alice Burchak, MSU Extension

CONCLUSION

We believe we have created a Community Health Improvement Plan that can strategically and collaboratively address community health priorities to improve the health and well-being of our community. We invite stakeholders, health organizations, partners and community members to embrace improving not only the health of themselves and their families, but to also work together to create greater health in Toole County. This plan will not be achieved by any one organization, rather it can only be achieved by working together.

Pigeon Control ~ Shelby

USDA APHIS (Animal & Plant Health Inspection Service)

Montana Wildlife Services

Billings: (406) 657-6110

Kraig Glazier – Wildlife Services specialist

Phone: (406) 439-5943

Area Field Station: Mike Hogan – Conrad

Phone: (406) 278-7892

Wildlife Services has given 3 options for pigeon control:

1. Shooting ~ dependent on city ordinances
2. Trapping ~ labor intensive
3. Poisoning ~ find their nesting/feeding areas; not harmful to other animal species

Kraig asked for approximate number of pigeons; nesting area locations; food sources; and community restrictions in determining a cost to assist Shelby in addressing the pigeon problem. He noted Wildlife Services has an agreement with BNSF for some of their properties in other Montana communities.

Waiting on a return phone call at this time.

Commercially, Eco Lab (800) 325-1671 has conducted pest elimination projects of this nature.