



ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.
Improving lives, strengthening communities.



2018 Comprehensive Community Needs Assessment



CONTENTS

| | |
|---|----|
| EXECUTIVE SUMMARY | 1 |
| INTRODUCTION | 2 |
| SCOPE AND ASSESSMENT METHODOLOGY | 4 |
| MONTANA DEMOGRAPHICS | 5 |
| DEMOGRAPHICS BY COUNTY | |
| BROADWATER | 6 |
| JEFFERSON | 9 |
| LEWIS & CLARK | 12 |
| COMMUNITY NEEDS ASSESSMENT | |
| EDUCATION | 15 |
| EMPLOYMENT | 16 |
| HOUSING | 17 |
| NUTRITION | 19 |
| HEALTH - INCLUDING MENTAL HEALTH | 19 |
| TRANSPORTATION | 20 |
| ENERGY SERVICES | 21 |
| INFORMATION/ADVOCACY AND VOLUNTEER OPPORTUNITIES FOR SENIORS | 22 |
| CLIENT SATISFACTION SURVEY DATA | |
| OTHER ITEMS OF NOTE | 23 |
| CAUSES AND CONDITIONS OF POVERTY | 24 |
| WHAT IS BEING DONE IN OUR COMMUNITY TO ADDRESS POVERTY | 25 |
| KEY FINDINGS | |
| COMMITTEE AND ROCKY BOARD MEMBERS | 26 |
| ACKNOWLEDGMENTS | |
| REFERENCES AND SOURCES | 28 |
| | 30 |
| | 31 |
| | 32 |



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EXECUTIVE SUMMARY

ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC. conducted the Comprehensive Community Needs Assessment to provide the organization with information about the population it targets for service. The study was designed to compare its services to the needs of the community that were identified by surveys, community forums, key-informant interviews, and focus groups. Added to information from these groups was quantitative data from a number of local, statewide, and national resources (see appendices).

As is always the case with a large project like this, the information is dynamic and once the committee finished analyzing the data, some data changed and other important information surfaced. A draft of the Tri-County Housing Needs Assessment became available. It shows that Lewis & Clark County has experienced the fastest rate of growth since 2010. The population increased 4% from 2010-2016. Boulder and Whitehall in Jefferson County lost population, but the county seat of Broadwater County showed growth. The percentage of the workforce that resides outside of their county of residence is 42% in Broadwater, 60% in Jefferson, and only 4% in Helena.

The Annie E. Casey Foundation 2018 Kids Count Profile shows that Montana is doing worse in the category of young children (ages 3 and 4) not in school – from 56% in 2009-2011 to 57% in 2014-2016. Montana is also worse in eighth graders not proficient in math. Their percentage went from 56% in 2009 to 63% in 2017. And, children living in high-poverty areas has gone from 7% in 2008-2012 to 9% in 2012-2016.

Though the unemployment rate keeps dropping, there are still people who want jobs but cannot get jobs. Issues include transportation, education, and childcare needs. Employers point to a skills gap, lack of qualified applicants, and schools not training students for jobs. Employers are increasingly hiring part-time or contract work with limited, if any, benefits. Also, mental illness, addictions, disability, and discrimination based on gender, race, age, or sexual orientation can make jobs hard to acquire and retain.

The data suggests that transportation, affordable housing, and living wages are the top concerns in the Tri-County area that Rocky serves. Major worries of our communities are mental health services for suicide, attempted suicide, and addictions.

It is evident that the Tri-County needs and appreciates the services of Rocky Mountain Development Council, Inc. We look forward to conducting Strategic Planning to not only evaluate Rocky's programs, but also see what partnerships should be encouraged and enhanced.



INTRODUCTION

Rocky Mountain Development Council, Inc. (Rocky) is the community resource for vulnerable individuals and families. Rocky is committed to improving quality of life, especially for low-income citizens in Lewis & Clark, Broadwater, and Jefferson counties.

Rocky was established in 1965 upon the ratification of the Economic Opportunity Act of 1964, and has since been serving young children during their early educational years and seniors in their most challenging years. Rocky also ensures that families have safe and warm homes.

President Johnson proposed several pieces of legislation as part of the War on Poverty in response to a national poverty rate of around 19%. The legislation provided for the establishment of Community Action Agencies (CAAs). CAAs are local private and public nonprofit organizations that carry out the Community Action Program (CAP).

CAP agencies are unique in that they routinely have more than one program that addresses community needs. CAP agencies address multiple needs through a comprehensive approach. Descriptions of Rocky's programs follow.

AFFORDABLE HOUSING Rocky provides safe, affordable housing in the Tri-County communities. Rocky manages affordable rental properties in Lewis & Clark, Jefferson, and Broadwater counties. On a monthly basis, Rocky offers homebuyer education classes that are essential for anyone looking to purchase their first home or for those who simply want to understand the process. In addition, Rocky seeks to develop affordable housing for our communities.

OUR MISSION

Rocky Mountain Development Council, Inc. strives to improve quality of life and promote self-sufficiency for individuals and families.

AREA IV AGENCY ON AGING Rocky is a one-stop shop to find community resources that connect seniors and persons with disabilities to information and services. Programs include Information, Assistance and Referral, Medicare Information/Counseling, Long-Term Care Ombudsman Advocacy, Options Counseling, and Senior Medicare Patrol. The service area includes Broadwater, Gallatin, Jefferson, Lewis & Clark, Meagher, and Park counties.

ENERGY SERVICES Rocky administers three distinct programs that lessen the financial burden associated with home heating costs in qualified households. Low Income Energy Assistance Program (LIEAP) helps low-income households offset heating costs October 1 through April 30 each year and can provide assistance in no-heat emergencies. Weatherization Assistance Program (WAP) reduces home heating costs and improves indoor air quality using a building science-based approach. Energy Share Montana helps eligible households overcome one-time energy emergencies year round, emphasizing future self-reliance.



HEAD START The vision of Head Start is to be a leading child and family development center, working with Head Start families and community partners in Lewis & Clark, Broadwater, and Jefferson counties to promote healthy life choices and develop skills necessary for academic and social success. Head Start's mission is to be a supportive and safe learning environment for children and families by enhancing their sense of belonging and self-worth while encouraging them to reach their highest potential.

ROCKY MOUNTAIN PRESCHOOL CENTER

Rocky believes every child deserves the very best education and care, and the preschool program offers a variety of supports for children ages zero to six and all skill levels. Rocky is proud to say that when children leave the Rocky Mountain Preschool Center (RMPC), they have become more self-sufficient and independent human beings with bright futures ahead of them. RMPC also accepts Best Beginnings childcare scholarships, which are offered to qualified low-income families whose child receives care from a licensed childcare center.

Both Head Start and RMPC participate in the STARS to Quality Program, a continuous quality improvement program for every childhood education center in Montana.

SENIOR CORPS PROGRAM Rocky helps seniors maintain their independence in a number of ways. The Senior Companion Program brings together volunteers ages 55+ with adults in their community who have difficulty with the simple tasks of day-to-day living. The Retired Senior Volunteer Program (RSVP) matches preferences and talents with the right volunteer opportunities in the community. Volunteers in the Foster Grandparent Program work with children in a variety of settings in the community and can assist with academic skills, mentorship, and much more.

SENIOR NUTRITION & SENIOR CENTERS

Rocky serves nutritious meals at Senior Centers in Helena, East Helena, Augusta, Boulder, Lincoln, Townsend, Whitehall, and the Helena Indian Alliance. Homebound seniors in Lewis & Clark, Broadwater, and Jefferson counties receive lunches through the Meals on Wheels Program, an essential service to help them live independently. Rocky manages the Commodity Supplemental Food Program (CSFP) in Lewis & Clark, Broadwater, Jefferson, and parts of Powell and Meagher counties. Through CSFP, eligible seniors can receive regular allocations of free food to supplement their own food purchases. Rocky's Senior Center in Helena offers older adults the opportunity to participate and socialize in a friendly atmosphere. Transportation is available for seniors coming to the Neighborhood Center and traveling to worksites as Foster Grandparents and RSVP volunteers.

SPIRIT OF SERVICE In 2000, Anderson ZurMuehlen & Co., P.C. partnered with Rocky to create an annual day of helping Helena homeowners (seniors and people with disabilities) with yard clean up, small home repairs, and painting projects. They called the day Spirit of Service (SOS). The event now includes 30 business partners and over 500 volunteers who take a day off work in the spring to help 50-60 households.

As you can see, Rocky is committed to improving quality of life, especially for low-income members of our communities.





SCOPE AND ASSESSMENT METHODOLOGY

Rocky completes a Comprehensive Community Needs Assessment (CCNA) every three years to assess gaps in services and identify resources to address those needs, to determine the need of a particular program, to support organization strategic planning, to develop program priorities, to support the need for funding, and to assist with program evaluations. As stated in "A Community Action Guide to Comprehensive Community Needs Assessments" from the National Association for State Community Services Programs (NASCSP), the CCNA will allow Rocky to:

- **UNDERSTAND** the scope of both emerging and ongoing needs of economically insecure residents in the Tri-County area,
- **CHOOSE THE ROLE** that Rocky will play in meeting some of those needs,
- **IDENTIFY ECONOMIC RESOURCES, SOCIAL RESOURCES, AND PARTNERSHIP OPPORTUNITIES** in the area that can help meet the needs,
- **IDENTIFY SIGNIFICANT PUBLIC POLICY ISSUES**, educate community residents and leaders about the identified needs and provide input on policies and strategies, and
- **EXPLAIN TO THE COMMUNITY** the rationale behind decisions to prioritize needs and allocate resources.

Rocky distributed a 19-question survey that included seven demographic questions. Using Survey Monkey, electronic versions of the survey were sent to donors with email addresses and all Rocky staff members. A slightly different survey was distributed to Rocky's critical partners in the area.

In addition, Rocky mailed over 1,400 surveys to current and former participants in the LIEAP and Weatherization programs. Surveys were circulated to participants at Hometown Helena, Helena Development

Roundtable, Helena Food Share (distributed to staff and clients), to Commodity program clients, Meals on Wheels clients, Helena Senior Center clients, and Rocky's outlying senior centers in Augusta, Boulder, East Helena, Helena Indian Alliance, Lincoln, Townsend, and Whitehall. The Rocky Mountain Preschool Center gave each parent a survey. In all, close to 2,600 surveys were distributed. Completed surveys totaled 651 giving a 25% response rate.

Rocky held focus groups at senior centers in Augusta, Boulder, Lincoln, Townsend, and Whitehall. Additionally, a Community Forum was held in Helena. Key informant interviews were conducted with county commissioners, a school superintendent, the city clerk of Helena, and community leaders.

The committee, made up of Rocky employees and two members from the Rocky Board of Directors, compiled qualitative data from the surveys, focus groups, community forums, and key informant surveys. The committee then analyzed quantitative data from Rocky's CSBG reporting, Community Commons, and other resources. Community Commons is an online site that provides public access to thousands of meaningful data layers that allow mapping and reporting capabilities so an organization can thoroughly explore community health. The committee used the data to rank community priorities.

The Community Action Partnership states "America was built on the promise that every family should have an opportunity for success. Yet, today's uneven economy has put a good quality of life out of reach for too many Americans." Rocky Mountain Development Council, Inc. believes in improving lives and strengthening communities. Using the research and data analysis completed through the Comprehensive Community Needs Assessment process, Rocky will conduct a strategic planning process to assure we are meeting the needs of the communities that we can, and make other organizations aware of the needs in our communities that they might address.



MONTANA DEMOGRAPHICS

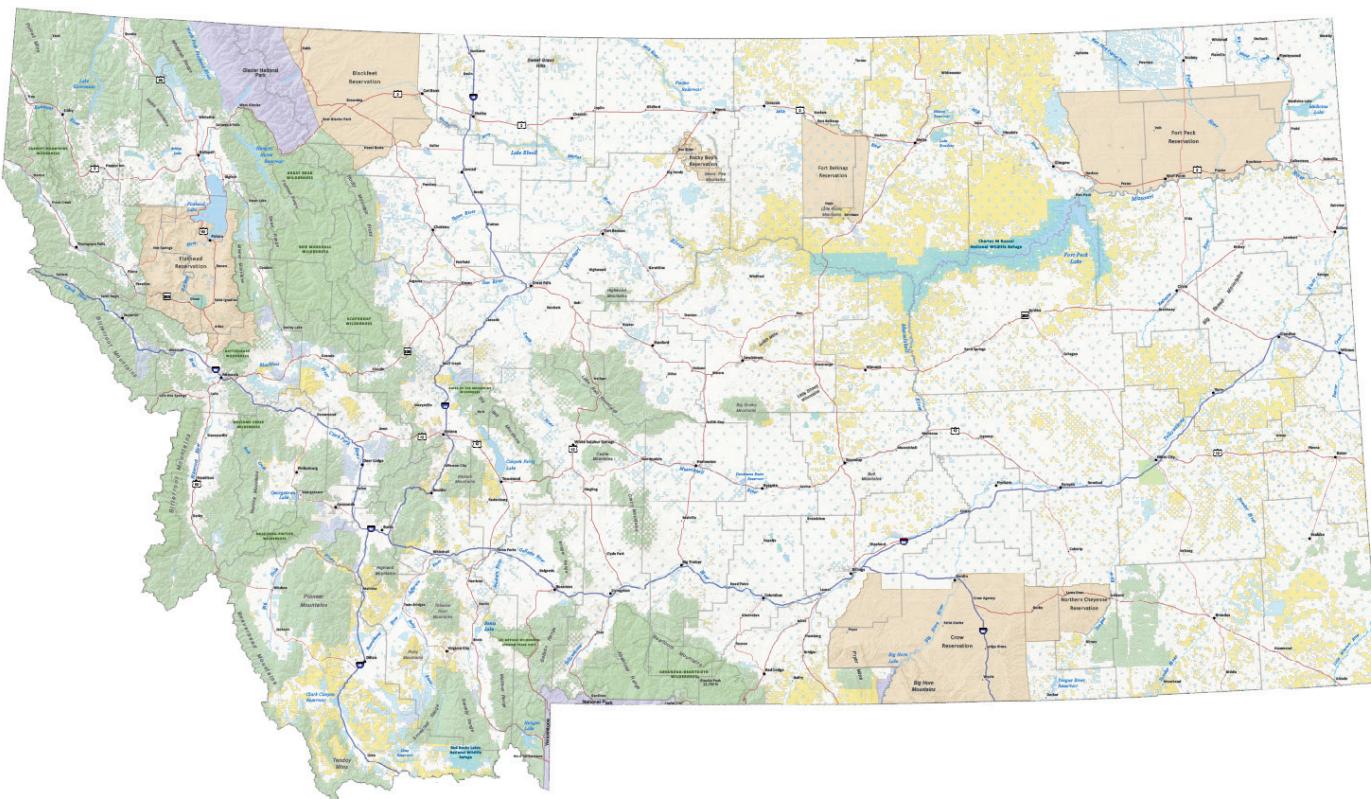
The most current statistics from 2014 show Montana's population as 1,023,579; children under five total 61,194 and there are 163,830 children ages 5-17. Children living with one parent make up 30%; children under age five in poverty are 21%; and single-parent families with children in poverty is 35%. Today in Montana, more than 7,400 grandparents are raising their grandchildren without parent involvement.

The percentage of youth who attempted suicide in 2015 is 8%; American Indian youth is 15%.

In program years 2014-2016, Head Start in Montana enrolled 5,228 children, including 657 with disabilities. Five hundred seventeen homeless families are enrolled in Head Start. Nearly 200 children were referred for mental health treatment, 4,797 were fully immunized for their ages, and 3,612 completed a professional dental examination.

*Percentages are rounded to the nearest whole number;
see Appendices for data sources.*

From the Bureau of Business and Economic Research's findings on Medicaid expansion in Montana, "Medicaid expansion insures over 90,000 Montanans and generates over \$500M per year in healthcare spending and it is associated with increased healthcare access among low-income Montanans. Medicaid expansion has a positive fiscal impact on the state budget. Medicaid expansion reduces state spending in some areas (e.g., traditional Medicaid). It also increases economic activity and, as such, increases state revenue. Combined, the savings and increased revenues are sufficient to more than cover Montana's share of Medicaid expansion costs (10% in 2020 and beyond)."



DEMOGRAPHICS BY COUNTY

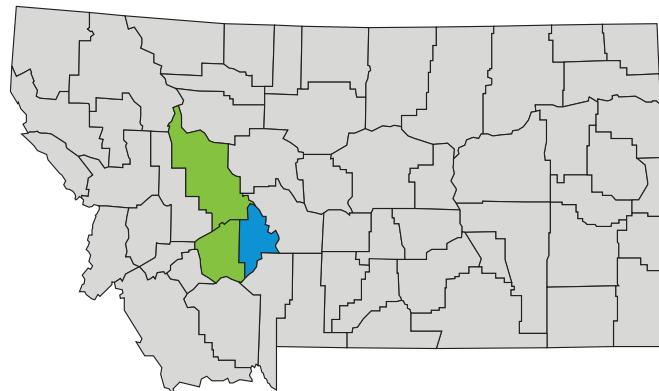
BROADWATER COUNTY

The Montana Legislature approved Broadwater County, named for Colonel Charles Broadwater, as an official county in 1897. Townsend is the county seat and the only incorporated city in the county. The county is approximately 1,192 square miles. As of 2016, the population is 5,692 with a 30% increase since the 2000 census. Twenty-one percent of the population is under the age of 18 and close to 20% of the population is over age 65. The number of children in the county increased 6% from 2010-2014. The median age is 47 years old.

People with a disability are 16% of the population.

Veterans total 663 or close to 15% of the total population.

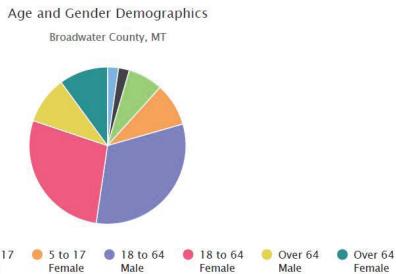
Females total 49% and males 51%



| Report Area | Total Population, 2016 ACS | Total Population, 2000 Census | Population Change from 2000-2016 Census/ACS | Percent Change from 2000-2016 Census/ACS |
|-----------------------|----------------------------|-------------------------------|---|--|
| Broadwater County, MT | 5,692 | 4,385 | 1,307 | 29.81% |
| Montana | 1,023,391 | 902,195 | 121,196 | 13.43% |
| United States | 318,558,162 | 281,421,906 | 37,136,256 | 13.2% |

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#). US Census Bureau, [Decennial Census](#). 2012-16. Source geography: County



The population by race and ethnicity is predominantly white at 94%. Other nationalities are about 6% of the total county population with .2% Black, 1% Asian, 2% Native American, and 2% other and multiple races. About 1% of the population is Hispanic or Latino.

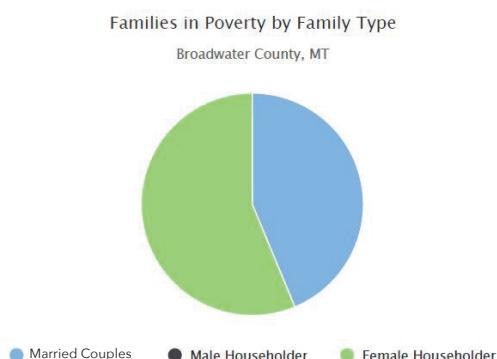
Violent crime, including homicide, rape, robbery, and aggravated assault is 346 per 100,000 residents; the State of Montana number is 298; the U.S. is 380 per 100,000

residents. Broadwater County has a higher violent crime rate than the state as a whole.

The high school four-year graduation rate of 75% is lower than that of Montana at 89% and the U.S. at 86%. About 6% of Broadwater residents have no high school diploma. About 33% of Broadwater residents have obtained an Associate's level degree or higher compared to all of Montana at 39%. The percentage of children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test is 56% compared to 46% of the U.S. The percent lacking literacy skills is 10% compared to the rest of Montana at 9% and the U.S. at 15%. Veterans with no high school diploma is at 8%, Montana at 6%, and the U.S. at 7%.



Nearly 36% of the population is at or below 200% of the Federal Poverty Level (FPL), the income level used to determine eligibility for federal subsidies like Supplemental Nutrition Assistance Program (SNAP) and other services. Sixteen percent of children (0-17) live in households in poverty. The percent of poverty for female-headed households is 56% compared to Montana at 47% and the U.S. at 53%.



The county unemployment rate is low at 2.9% (May 2018), and is lower than that of Montana at 3.0% and the U.S. at 3.6%. Unemployment between May 2017 and May 2018 grew by 1%. The median household income for Broadwater residents is \$50,946; all of Montana is at \$48,380 while the U.S. is at \$55,322. The living wage – an hourly rate that an individual must earn to support their family – is \$21.72/hour for two adults (one working) and one child or \$45,177 gross pretax annual income, assuming full-time employment. Minimum wage is \$8.30 or \$17,264 gross pretax annual income, assuming full-time employment.

The uninsured population in Broadwater County is 8%, the same as the rest of Montana and the U.S. Broadwater Health Center in Townsend, Montana, has been in existence for 100 years and is a nonprofit facility supported by the community. Access to other medical care is lacking in Broadwater County due to its rural nature.

Even with the Health Center, there are 35 primary care physicians per 100,000 people compared to all of

Montana at 82. Access to dentists is even more critical at 18 per 100,000 people compared to Montana at 68. There are 35 mental health providers per 100,000 in Broadwater County with 256 per 100,000 for Montana. About 57% of female county residents ages 67-69 have received mammograms in the past two years, compared to 62% for Montana. Colonoscopy screenings are lower, too, at 44% for Broadwater County and 54% for Montana. About 77% of county residents with diabetes receive an annual exam, while other Montanans with this disease are screened 81% of the time.

Incidence of colorectal cancer is about 55% in Broadwater County, much greater than the Montana rate of 39%. Mortality rates for Broadwater County:

- **CANCER** 168 per 100,000 compared to 102 per 100,000 for other Montanans.
- **CORONARY HEART DISEASE** 108 per 100,000 compared to 44 for other Montanans.
- **HEART DISEASE** 159 per 100,000 compared to 80 for other Montanans.
- **UNINTENTIONAL INJURY (ACCIDENT)** 90 per 100,000 compared to 54 for other Montanans.

Almost 8% of total births are low birth weight compared to 7% for the rest of Montana. The body-mass-index (BMI) of 30 or greater is 30% compared to other Montanans at 25%.

Health behaviors contribute to poor health status. In Broadwater County, 24% of the population self-reported having no leisure time physical activity, compared to Montana 20%. About 76% of the county population has inadequate fruit/vegetable consumption with the rest of Montana reporting 75%.

The rate of alcohol consumption in this county is 22% compared to Montana at 20% and the U.S. at 17%.

In Broadwater County, the percentage of weeks in drought is 57%, compared to 33% for the rest of Montana and 46% for the U.S.





Loan originations rate per 100,000 is 153 for Broadwater County compared to 212 for Montana and 191 for the U.S. About 2% of Broadwater County residents live in housing units without plumbing compared to under 1% for Montana and the U.S. Low Income Energy Assistance Program (LIEAP) caseloads increased in Broadwater County by over 47% from 2012 to 2015.

| Report Area | Occupied Housing Units 2000 | Housing Units without Plumbing 2000 | Percent without Plumbing 2000 | Occupied Housing Units 2016 | Housing Units without Plumbing 2016 | Percent without Plumbing 2016 |
|-----------------------|-----------------------------|-------------------------------------|-------------------------------|-----------------------------|-------------------------------------|-------------------------------|
| Broadwater County, MT | 1,752 | 10 | 0.5% | 2,417 | 37 | 1.53% |
| Montana | 358,667 | 2,776 | 0.67% | 412,653 | 1,936 | 0.47% |
| United States | 106,741,426 | 736,626 | 0.69% | 117,706,238 | 453,650 | 0.39% |

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#). US Census Bureau, [Decennial Census](#). 2011-15. Source geography: County

Grocery stores are limited in a community with one incorporated town. The percent population with low food access for Broadwater County is 26%, while Montana is 24% and the U.S. is 22%. The WIC-authorized food store rate is 17 per 100,000 population in Broadwater County compared to 20 per 100,000 in Montana.

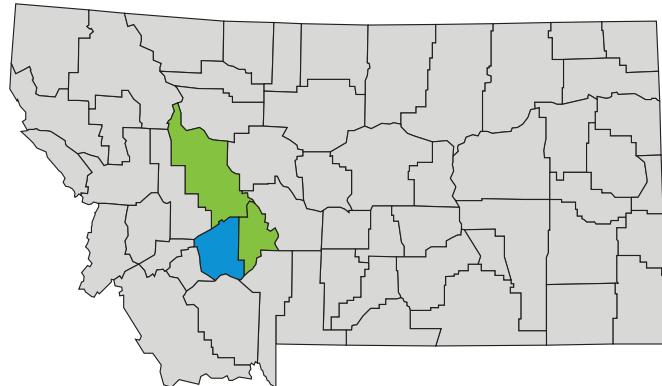


PICTURED ABOVE
Rocky's Head Start Receptionist with her two daughters who both attended Head Start.



JEFFERSON COUNTY

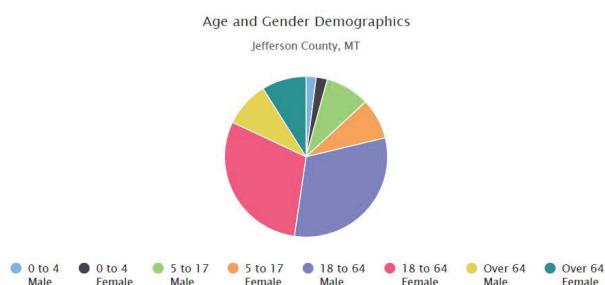
The Montana Legislature approved Jefferson County, named for Thomas Jefferson, as an official county in 1865. Boulder is the county seat. The county is approximately 1,657 square miles. As of 2016, the population is 11,601, increasing 15% since the 2000 census. A bit more than 21% of the population is under 18 years old and 18% of the population is over age 65. The change in child population (2010-2014) shows a **13% decrease**. The median age is over 48. People with a disability are 14% of the population. Veterans total 1,270 or close to 14% of the total population. Females total 49% and males 51%.



| Report Area | Total Population, 2016 ACS | Total Population, 2000 Census | Population Change from 2000-2016 Census/ACS | Percent Change from 2000-2016 Census/ACS |
|----------------------|----------------------------|-------------------------------|---|--|
| Jefferson County, MT | 11,601 | 10,049 | 1,552 | 15.44% |
| Montana | 1,023,391 | 902,195 | 121,196 | 13.43% |
| United States | 318,558,162 | 281,421,906 | 37,136,256 | 13.2% |

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#). US Census Bureau, [Decennial Census](#). 2012-16. Source geography: County



The population by race and ethnicity is predominantly white at 95%. Other nationalities are 5% with .06% Black, .3% Asian, 2% Native American, and 3% other and multiple races. About 2% of the population is Hispanic or Latino.

Violent crime, including homicide, rape, robbery, and aggravated assault is 191 per 100,000 residents; the State

of Montana number is 298. Jefferson County has a lower violent crime rate than the state as a whole.

The high school four-year graduation rate is 68%, much lower than the state average of 89%. About 5% of Jefferson residents have no high school diploma. About 42% of Jefferson residents have obtained an Associate's level degree or higher compared to all of Montana at 39%. The percentage of children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test is 44% compared to 46% of the U.S. The percent lacking literacy skills is 8%, compared to the rest of Montana at 9% and the U.S. at 15%. Veterans with no high school diploma is at 7%, Montana at 6%, and the U.S. at 7%.





Over 21% of the population is at or below 200% of the Federal Poverty Level (FPL) used to indicate eligibility for federal subsidies like Supplemental Nutrition Assistance Program (SNAP) and other services. Eleven percent of children (0-17) live in households in poverty. The rate of Head Start program facilities per 10,000 for children under age 5 is 35% compared to 8% for Montana and 7% for the U.S. The percent of poverty for female-headed households is 46% compared to Montana at 47% and the U.S. at 53%.

In Jefferson County, there are 87 primary care physicians per 100,000 people compared to all of Montana at 82. Access to dentists is critical at 52 per 100,000 people compared to all of Montana at 68. There are 69 mental health providers per 100,000 in Jefferson County with 256 per 100,000 for Montana. About 59% of females ages 67-69 have received mammograms in the past two years, compared to 62% for Montana. Colonoscopy screenings are lower, too, at 52% for Jefferson County and 54% for Montana. About 77% of county residents with diabetes

| Report Area | Poverty Rate All Types | Percent of Poverty Married Couples | Percent of Poverty Male Householder | Percent of Poverty Female Householder |
|----------------------|---------------------------|---------------------------------------|--|--|
| Jefferson County, MT | 6.1% | 46.5% | 8.1% | 45.5% |
| Montana | 9.6% | 41.3% | 12.2% | 46.5% |
| United States | 11% | 36.3% | 10.7% | 53% |

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

While the unemployment rate is low at 3.1% (May 2018), it is higher than that of Montana at 3.0% and lower than the U.S. at 3.6%. Unemployment between May 2015 and May 2018 grew by .76%. The median household income for Jefferson residents is \$62,939; all of Montana is at \$48,380 while the U.S. is at \$55,322. The living wage – an hourly rate that an individual must earn to support their family – is \$22.33/hour for two adults (one working) and one child. Minimum wage is \$8.30.

have an annual exam, while other Montanans are screened 81% of the time.

| Report Area | Unemployment May 2015 | Unemployment May 2016 | Unemployment Rate May 2017 | Unemployment Rate May 2018 | Rate Change |
|----------------------|--------------------------|--------------------------|-------------------------------|-------------------------------|----------------|
| Jefferson County, MT | 169 | 218 | 3.09% | 3.85% | 0.76% |
| Montana | 15,486 | 18,368 | 2.97% | 3.49% | 0.52% |
| United States | 5,857,285 | 6,695,958 | 3.6% | 4.15% | 0.55% |

Note: This indicator is compared to the state average.

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - May. Source geography: County

The uninsured population in Jefferson County is 7%, compared to Montana and the U.S. at 8%. Access to medical care is lacking in Jefferson County due to the rural nature of part of the county. There are no federally qualified health centers in the county, but northern county residents have access to Helena health centers. In



Incidence of colorectal cancer has a rate of 40% in Jefferson County, slightly higher than the Montana rate of 39%. The Medicare population has a heart disease rate of 17% compared to Montana at 19%. Mortality rates for Jefferson County:

- **CANCER** 165 per 100,000 compared to 102 per 100,000 for other Montanans.
- **CORONARY HEART DISEASE** 96 per 100,000 compared to 44 for other Montanans.
- **HEART DISEASE** 171 per 100,000 compared to 80 for other Montanans.
- **LUNG DISEASE** 50 per 100,000 compared to 41 for the U.S.
- **STROKE** 38 per 100,000 compared to 35 for other Montanans.
- **UNINTENTIONAL INJURY (ACCIDENT)**
67 per 100,000 compared to 54 for other Montanans.

The percent of total births that are low weight is almost even at 7.2% for Jefferson County compared to 7.3% for the rest of Montana. The body-mass-index (BMI) 30 or greater is 26%, close to that of other Montanans. Over 100 residents per 100,000 have HIV/AIDS, compared to 46 per 100,000 for other Montanans.

Health behaviors contribute to poor health status. In Jefferson County, 18% of the population self-reported having no leisure time physical activity, compared to Montana at 20%. The 75% of the county residents who have inadequate fruit/vegetable consumption compares the same with the rest of Montana.

Alcohol consumption is lower in this county at 17% of the population compared to Montana at 20% and the U.S. at 17%.

In Jefferson County, the percentage of weeks in drought is 55% compared to 33% for the rest of Montana and 46% for the U.S.

Loan originations rate per 100,000 is 195 for Jefferson County compared to 212 for Montana and 191 for the U.S. Low Income Energy Assistance Program (LIEAP) caseloads in Jefferson County increased by over 67% from 2012 to 2015.

There are fewer grocery stores in rural communities. The percent of the population with low food access for Jefferson County is 12%, Montana is 24% and the U.S. is 22%. The WIC-authorized food store rate is 18 per 100,000 population in Broadwater County compared to 20 per 100,000 in Montana.

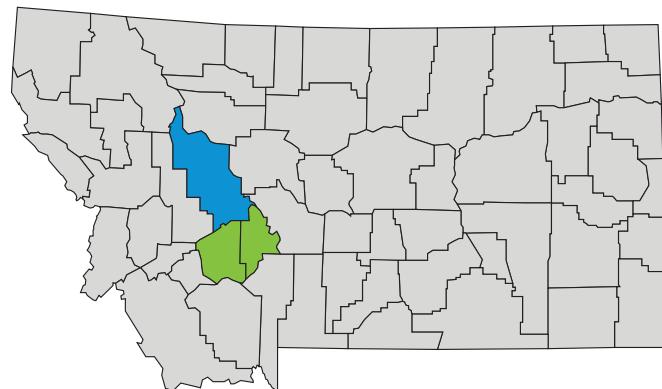


PICTURED ABOVE
Rocky Mountain Preschool Center's annual Easter egg hunt.

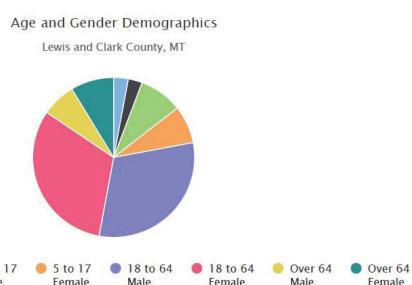
DEMOGRAPHICS BY COUNTY

LEWIS & CLARK COUNTY

The Montana Legislature established Lewis & Clark County in 1865 as Edgerton County. It was renamed for Captain Meriwether Lewis and Second Lieutenant William Clark two years later. Helena is the county seat and the state capital. The county is approximately 3,458 square miles. As of 2016, the population is 65,989 with an 18% increase since the 2000 census. Twenty-two percent of the population is under 18 years old and 15% of the population is over age 65. The median age is about 41. People with a disability are nearly 14% of the population. Veterans total 6,034 or close to 12% of the total population. The percent female to male is even at 50%.



| Report Area | Total Population, 2016 ACS | Total Population, 2000 Census | Population Change from 2000-2016 Census/ACS | Percent Change from 2000-2016 Census/ACS |
|----------------------------|----------------------------|-------------------------------|---|--|
| Lewis and Clark County, MT | 65,989 | 55,716 | 10,273 | 18.44% |
| Montana | 1,023,391 | 902,195 | 121,196 | 13.43% |
| United States | 318,558,162 | 281,421,906 | 37,136,256 | 13.2% |



The population by race and ethnicity is predominantly white at 94%. Other nationalities total a bit more than 6% with .4% Black, .7% Asian, 3% Native American, and 2% other and multiple races. About 3% of the population is Hispanic or Latino.

Violent crime, including homicide, rape, robbery, and

aggravated assault is 321 per 100,000 residents; the State of Montana number is 298. Lewis & Clark County has more violent crime than the state as a whole.

The high school four-year graduation rate is 78%, lower than the state average of 89%. About 5% of Lewis & Clark residents do not have a high school diploma. About 46% of Lewis & Clark residents have obtained an Associate's level degree or higher compared to all of Montana at 39%. The percentage of children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test is 56% compared to 46% of the U.S. The percent lacking literacy skills is 7% compared to the rest of Montana at 9% and the U.S. at 15%. Veterans with no high school diploma are 4% of the county population, Montana at 6%, and the U.S. at 7%.



Close to 27% of the population is at or below 200% of the Federal Poverty Level (FPL) used to indicate eligibility for federal subsidies like Supplemental Nutrition Assistance Program (SNAP) and other services. Twelve percent of children in households live in poverty. The percent of poverty for female-headed households is 53% compared to Montana at 47% and the U.S. at 53%.

County, compared to 69% for other Montanans. About 84% of county residents with diabetes have an annual exam, while other Montanans are screened 81% of the time.

Incidence of colorectal cancer has a rate of 40% in Lewis & Clark County, higher than the Montana rate of 39%.

| Report Area | Poverty Rate All Types | Percent of Poverty Married Couples | Percent of Poverty Male Householder | Percent of Poverty Female Householder |
|----------------------------|---------------------------|---------------------------------------|--|--|
| Lewis and Clark County, MT | 8.1% | 34.1% | 12.9% | 53% |
| Montana | 9.6% | 41.3% | 12.2% | 46.5% |
| United States | 11% | 36.3% | 10.7% | 53% |

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#). 2012-16. Source geography: County

The unemployment rate is low at 2.6%, and is lower than that of Montana at 3.0% and the U.S. at 3.6%. However, the unemployment rate between May 2017 and 2018 grew by .21%. The median household income for Lewis & Clark residents is \$59,170; all of Montana is at \$48,380 while the U.S. is at \$55,322. The living wage – an hourly rate that an individual must earn to support their family – is \$21.81/hour for two adults (one working) and one child. Minimum wage is \$8.30.

The uninsured population of Lewis & Clark County is 6% compared to Montana and the U.S. at 8%. There are 88 primary care physicians per 100,000 people, compared to all of Montana at 82. Access to dentists is good at 81 per 100,000 people compared to Montana at 68. There are 413 mental health providers per 100,000 people in Lewis & Clark County, with 256 per 100,000 for Montana.

Sixty-seven percent of females ages 67-69 have received mammograms in the past two years compared to 62% for Montana. About 57% of Lewis & Clark County residents over the age of 50 have received a colonoscopy screening compared to 54% for Montana. The percent of adults never screened for HIV/AIDS is 70% for Lewis & Clark

The lung cancer incidence is higher at 58% compared to 57% for all of Montana. Depression is higher at 17% compared to 16% for Montana. The Medicare population has a heart disease rate of 18% compared to Montana at 19%.



PICTURED ABOVE

A Spirit of Service (SOS) volunteer from the Montana VA visiting with a homeowner.





Mortality rates for Lewis & Clark County:

- **CANCER** 149 per 100,000 compared to 102 per 100,000 for other Montanans.
- **CORONARY HEART DISEASE** 58 per 100,000 compared to 44 for other Montanans.
- **HEART DISEASE** 132 per 100,000 compared to 80 for other Montanans.
- **LUNG DISEASE** 54 per 100,000 compared to 41 for the U.S.
- **SUICIDE** 21 per 100,000 compared to 19 for other Montanans and 13 for the U.S.

the rest of Montana compared to 44% for the U.S.

In Lewis & Clark County, the percentage of weeks in drought is 39% compared to 33% for the rest of Montana and 46% for the U.S.

Loan originations were 222 per 100,000 for Lewis & Clark County compared to 212 for Montana and 191 for the U.S. HUD assisted housing units per 10,000 housing units are 469 in Lewis & Clark County compared to 283 in Montana and 375 for the U.S. Low Income Energy Assistance Program (LIEAP) caseloads in Lewis & Clark County increased by over 63% from 2012 to 2015.

| Report Area | Total Population | Average Annual Deaths, 2010-2014 | Crude Death Rate (Per 100,000 Pop.) | Age-Adjusted Death Rate (Per 100,000 Pop.) |
|----------------------------|------------------|----------------------------------|-------------------------------------|--|
| Lewis and Clark County, MT | 65,954 | 15 | 22.1 | 20.6 |
| Montana | 35,129 | 6 | 17.65 | 18.68 |
| United States | 318,689,254 | 42,747 | 13.4 | 13 |

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2012-16. Source geography: County

Almost 8% of total births are low weight for Lewis & Clark County compared to 7% for the rest of Montana. The body-mass-index (BMI) of 30 or greater is 24% compared to other Montanans at 25%.

Health behaviors contribute to poor health status. In Lewis & Clark County, 17% of the population self-reported having no leisure time physical activity, compared to Montana at 20%. About 76% of the county population has inadequate fruit/vegetable consumption with the rest of Montana reporting 75%. The rate of alcohol consumption is lower in this county at 19% compared to Montana at 20% and the U.S. at 17%. The number of beer, wine, and liquor stores per 100,000 population is nine for Lewis & Clark County compared to eight for the rest of Montana and 11 for the U.S. Tobacco use (former or current smokers) is at 48% like

The percent of the population with low food access for Lewis & Clark County is 19% per 100,000 population, Montana is 25% and the U.S. is 22%. The WIC-authorized food store rate is 14 per 100,000 population in Lewis & Clark County, compared to 20 per 100,000 in Montana.



COMMUNITY NEEDS ASSESSMENT

EDUCATION

Rocky's survey contained this question regarding education:

DO EITHER YOU OR YOUR CHILD(REN) HAVE ANY OF THESE SCHOOL/EDUCATION-RELATED NEEDS?

The greatest majority of respondents (58%) said they had no education-related needs. Of those who expressed needs, 21% said money for tuition, 10% each responded clothing and school supplies. Twenty-two responded to other and some items specified include:

- “Many children in Townsend need one-on-one educational help and emotional support.”
- “Special education for disabled kids.”
- “Workforce training for better jobs.”
- “Public four-year degree program.”
- “Senior citizen computer help.”
- “Speech services.”
- “Adult assistance due to cognitive issues because of medical/health.”
- “We’re poor, but we try to educate our kids – want them to go to college.”
- “Our children are grown, but we are very concerned about our youth in the community.”

In the survey of Rocky's partners, 64% responded that the most critical educational need was adult education. Fifty-five percent each responded that adult basic education and Hi-SET (exam for college and career readiness) were critical needs. A strength of the Helena community is Career Training Institute (CTI). CTI is a private nonprofit organization for adults, youth, and business enterprises with a skilled staff able to deliver quality, customer-focused employment, training, and business resource services.

Rocky's Head Start Program just completed a Tri-County community assessment. The over-arching recommendations included two addressing education:

1. Rocky's Head Start will continue to advocate for access to high-quality childcare through participating in STARS to Quality and being a part of the Early Childhood Project. Head Start also connects families to the Best Beginnings Child Care Scholarship Program so they can access affordable childcare. Another way to ensure more families have the opportunity to provide their children with preschool is to coordinate enrollment with local school districts that offer a preschool program.
2. Communities need interventions designed to protect children from Adverse Childhood Experiences (ACEs) and strengthen families to help mitigate the effects of toxic stress and early childhood trauma. Rocky's Head Start is a part of the Early Childhood Coalition and Elevate Montana; both work on educating the community on the prevention of exposure to ACEs and treating trauma. Head Start will continue to work with the Home Visiting Task Force and Maternal Mental Health to support home visiting programs for families, and continue to embed trauma-informed care into the culture of Head Start.

The community forums exposed a definite lack of childcare in almost every area. That, coupled with the cost of childcare, is a concern for those trying to find employment or education. Another childcare issue expressed was that childcare is not available to parents who work other than 8:00 to 5:00, Monday through Friday. Question two of Rocky's survey asked participants to choose five items that they feel are the most important to the community. Twenty-three percent indicated childcare and 17% indicated early childhood services. Comments from this question included:



- “Financial assistance for housing and childcare.”
- “Things for teens to do – that is why suicides and drugs are so prominent in our communities. We do not need more banks, casinos, or coffee shops.”
- “Younger parents in Montana need more help on how to raise their kids in these dysfunctional times and culture.”
- “Family services for people to learn how to be married and parents.”
- “Childcare is needed – especially for shift workers who are employed on weekends and evenings.”
- “Families need to communicate verbally, not with machinery.”

Others noted the lack of on-the-job training or other training opportunities for students graduating from high school. There is only one four-year school in the Tri-County area, it is a private Catholic College, and four-year degrees through Helena College-University of Montana are limited.

During the Helena community forum, participants noted education in our area as a strength – from preschool age through the Helena College-University of Montana and Carroll College.

According to the Montana Department of Labor and Industry, most job openings in the next 10 years are expected at lower education levels because a significant portion of the workforce is currently employed in one of these occupations. These jobs usually pay lower wages and therefore have higher turnover as workers seek better employment.

EMPLOYMENT

Rocky's survey asked:

WHETHER YOU ARE FULLY EMPLOYED, UNEMPLOYED, OR UNDER-EMPLOYED, PLEASE CHOOSE EMPLOYMENT SUPPORT NEEDS IN YOUR COMMUNITY.

Forty-one percent of respondents said higher wages and benefits, 35% said job-hunting help (i.e., career information/assessment, job search/interview, resume writing, clothing, dentures, glasses), and over 15% said before and after school childcare. Partner responses included 75% job hunting help, 50% higher wages and benefits, and 67% before and after school childcare. In what is most needed in our community, 15% indicated employment services as a serious need for our community, 15% indicated unemployment as a serious concern, and 32% answered adequate paying jobs. In the partner responses, 33% reported employment services are most needed and 36% said lack of adequate paying jobs was the most serious to our community. The Head Start survey showed that 23% of respondents indicated that employment was a stressor and 50% were stressed because of financial worries.

The Community Forum in Augusta provided feedback that there is a need for employment training for students. The most serious concerns noted were lack of jobs and low wages. Boulder, Lincoln, Whitehall, and Helena feedback mirrored Augusta – lack of jobs, limited on-the-job or trade and apprenticeship training, and lack of jobs that pay a living wage. In the Helena Community Forum, the recent state budget cuts and subsequent loss of jobs and businesses was highlighted as a major weakness and threat for the community.

From the Montana Budget and Policy Center:

“Since January 2018, these state [spending] cuts have resulted in hundreds of healthcare workers laid off or their hours reduced and entire organizations have had to close their doors, such as Sinopah House in Kalispell, Great Falls Youth Transition Center, Helena Industries,



and seven case management offices of Opportunity Resources headquartered in Missoula. Thousands of Montanans with developmental and physical disabilities, mental health needs, and substance use disorders have had their support and services reduced or eliminated altogether.” (As of the writing of this document, the State of Montana is planning to reverse up to \$45 million in budget cuts for fiscal year 2019.)

According to the Montana Department of Labor and Industry, the southwest region of Montana (which includes the Tri-County area served by Rocky) is expecting a 1.2% employment growth from 2016-2026. By occupation, the growth is expected in food preparation and serving, sales, office and administrative support, construction and extraction, and healthcare practitioners and technical. For these occupations, the annual average wage runs from \$22,420 to \$74,680.

According to Diane Yentel, President and CEO of the National Low-Income Housing Coalition:

“The vast majority of households receiving housing benefits are elderly, disabled, providing full-time care for another family member, or are working for low wages that are insufficient to cover their housing costs. The problem is not that low-income people aren’t working hard enough – the problem is that many jobs do not pay enough for low-income people to afford the rent.”

HOUSING

In Rocky’s survey, close to 46% of respondents reported that housing is the most needed service in our communities. Forty-six percent of survey participants listed lack of affordable housing and 34% indicated homelessness as serious concerns. In contrast, 92% of the partners listed affordable housing as a need in our community and 55% indicated homelessness as a serious concern.

Participants at the community forums in Augusta and Boulder indicated that rent is expensive and it is difficult to find places to rent. Townsend, Whitehall, and Lincoln forum participants also indicated a lack of affordable housing as an issue. In Helena, not only was lack of affordable housing a concern, but also homelessness and the lack of transitional housing and shelters. Helena forum participants noted that housing concerns include a lack of affordable housing for the very low-income folks, and those in the workforce but at minimum wage jobs, home ownership, services to support home ownership, and help for seniors who want to age in place.

At the same time that the CCNA survey was being distributed, Rocky initiated a Tri-County Housing Needs Assessment Survey. The survey indicated quite high home ownership in the three counties: 82% Broadwater County, 85% Jefferson County, and 59% in Lewis & Clark County with 49% in the Helena zip code of 59601. Most respondents were two-income families living in single-family homes. Common repairs needed in homes or rentals included flooring or carpeting replacement, weatherization/insulation, walls or ceilings with holes, falling plaster, peeling paint, stains, or cracks. The most common rental issues in the survey were reported as rent too high, too few places to choose from, difficulty in finding a place that allows pets. With potential homeowners, the issues are that they cannot find a house in their price range, lack of required down payment, and homes in their price range require expensive repairs.





Eleven percent of respondents indicated that financial management training is a need in our community. When asked to rank first-time homebuyer education classes, financial management classes, retirement/estate planning classes, or personal savings classes, the rankings indicated that financial management was most needed followed by personal savings, retirement/estate planning, and then first-time homebuyer education. These numbers are skewed by the fact that the majority of respondents were 65 to 74 years old. Close to 400 people attended Rocky's First-time Homebuyer Education classes in 2017. CSBG awarded Rocky a small grant to conduct four financial literacy classes. Rocky collaborated with Helena Habitat for Humanity for the first two and will hold two more before the end of September.

Comments from the survey:

- “Townsend is in need of affordable housing for all age groups.”
- “Townsend needs to be able to have places where you can put in new singlewide trailers. Have you seen the mobile parks in our area? They are terrible and extremely expensive.”
- “Boulder desperately needs housing available for rent and suitable housing for low-income purchase.”
- “We are a long way from HRDC services and they never seem to reach our community. We need communication about available services.”
- “The lack of affordable housing suitable for first-time homebuyers is causing the market to inflate more rapidly than is realistic or sustainable. The issue will cause a housing bubble that will eventually burst leaving homeowners with mortgages higher than home values. It is a cyclical event and Helena is right in it. It is also driving up rents for single-family residences. The lack of affordable housing in town is a huge factor holding back Helena from economic growth.”

■ “There is not enough affordable housing available – either to rent or to buy. We need more low-income housing units, and more property owners who will accept Section 8 vouchers. We need more one-level units that are wheelchair accessible. Many property owners are not good about keeping up with maintenance and repairs – we need some kind of enforcement mechanism, so that the tenants who are paying the high rents in this area are getting a decent, safe place to live for the money.”

In a report from the Montana Housing Coalition, since 2006, the homeownership rate in Montana has dropped from 70% to 66%, and between 2011 and 2014, rents grew 5.3% per year. The report also noted that nearly 30,000 Montana homes are in poor or very poor condition, housing is one of the biggest obstacles for those being released from prison in terms of their success in making the transition, and businesses seeking to relocate in Montana cite a lack of housing as an impediment, impacting future economic growth. This report goes on to state that home ownership or living in safe rentals lowers teenage delinquencies and teen pregnancies, provides for a higher rate of high school graduation, helps with better health outcomes, and fosters greater involvement in the community and volunteer work.

The White Paper released by the Montana Department of Commerce Housing Coordinating Team revealed some interesting statistics in June of 2012. In all three counties, affordable rent in 2010 was \$500. Disabled workers and seniors on fixed income would be unable to pay the rent. Someone in retail sales would barely be able to afford the rent. More concerning is the fact that rent from the Helena Area Chamber of Commerce Trends Report from 2018 shows that rent for a one-bedroom apartment averages \$664 in Helena.

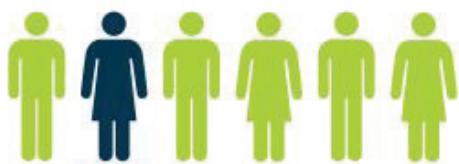


NUTRITION

The Montana Food Bank Network reports that one in seven Montanans live in households that struggle with hunger. One in five are children who are living in households that struggle with hunger.

According to the Montana Department of Public Health and Human Services Aging Horizons, "Hunger is an unrecognized and growing problem for many seniors in Montana. Seniors experiencing hunger often fall under the radar and rarely speak out about their situations. Nine percent face the threat of food insecurity."

Meals on Wheels America states: "67,817 Montana seniors are isolated and living alone, 21,935 are threatened by hunger, and 68,374 are living in or near poverty. Meals on Wheels delivers the support that keeps seniors in their own homes – where they want to be. Eighty-one percent of seniors say Meals on Wheels improves their health, 92% say it enables them to remain living at home, and 90% say it makes them feel more safe and secure."



Nationally, 1 IN 6 seniors struggles with hunger

Statistics and graphic from the Meals on Wheels America website

According to data from the Montana Department of Public Health & Human Services Senior and Long-term Care Division, 123 individuals in Broadwater County are receiving services from Rocky, 201 in Jefferson County, and 1,395 in Lewis & Clark County. Using the same database, six people are blind, 808 are disabled, and 650 are veterans.

In Rocky's survey, 30% listed nutrition as a need in the

Tri-County area and hunger was shown by 36% as a serious concern. A respondent said that the cost of living in Helena – especially groceries – was very expensive compared to wages. Nearly 46% of participants said they would go to a local food bank for food, 20% would participate in Rocky's commodities program and 17% would receive Meals on Wheels, and 22% would go to the Office of Public Assistance. Participants would use SNAP and WIC also.

Rocky's senior center lunches and Meals on Wheels as well as the Summer Food Program were mentioned as a strength. Many participants said that Helena Food Share was critical to them. In 2017, the Helena Food Share pantry shared 1,670,126 pounds of food and served 8,455 individuals in 3,884 different households.

HEALTH – INCLUDING MENTAL HEALTH

Fifty-two percent of Rocky's survey respondents showed the need for more healthcare and 42% indicated the need for more help for mental health care. Partner statistics showed that 83% of respondents believe more mental health services are needed and 33% indicated more health services in general were needed. Sixty-four percent responded that mental health is one of the most serious concerns for the Tri-County communities.

One question on the survey asked about barriers to good health. Just over 31% said they have no barriers to health, with 19% indicating their disability as a barrier. Eleven percent indicated dental issues, and 12% have high deductible health insurance. Comments included the high cost of healthcare and one person indicated that their health problems have led to depression. Sixty-seven percent of our partners indicated the following health-related barriers that they see in the communities:

- High deductible health insurance,
- Disability,
- Chronic illness, and
- Dental issues.





An interesting dilemma indicated by a number of our clients illustrates how transportation affects health. If a person does not have a friend or family member to give them a ride home from some hospital or doctor office procedures, the person does not have the procedure done. For some procedures, a patient cannot drive and needs a driver to sign the patient in and out for the procedure.

Comments on mental health included the need for more services for youth and more residential and in-patient care. One of the most serious concerns is that children with symptoms of depression or other mental health issues have limited options for treatment.

Every rural site except Townsend, where a medical center exists, indicated how difficult it is to get medical procedures done and how hard it is to get prescriptions filled. Boulder does not have a full-time doctor and no emergency services. In Lincoln, medical services are available only on weekdays from 8:00 a.m. to 5:00 p.m. Boulder is creating extra supports for mental health in the schools.

In Helena, PureView and St. Peter's Health were claimed as strengths. In-home support for seniors and people with disabilities is a weakness.

A serious concern expressed for the Helena community is suicide – youth, middle-aged men, veterans, and the elderly – and the stigma around mental health. From Elevate Montana, “Did you know... The prior three years to 2015, Montana ranked DEAD LAST in the nation for child health. For this year of 2016, we’re 47th. Montana is well under the national average for overall child well-being, too. We also have one of the highest rates for teen suicide, and over 20% of our children are below the poverty level. While many of us are lucky to call Montana home, these statistics are simply unacceptable.”

TRANSPORTATION

According to Rex Nutting of MarketWatch in his article entitled, There are millions of Americans like that guy who walked 20 miles to work, “Lack of transportation can trap low-income Americans into a cycle of poverty. Their employment opportunities and wages are limited by geography. That’s why a lot of work is being done at the regional and local levels to mitigate this handicap by thinking about housing, transportation, and economic development policies together.” He goes on to say, “Most people who don’t have a car simply cannot afford the upkeep, gasoline, insurance, registration, and all but inevitable tickets that car ownership brings. For the poorest 20% of Americans by income, the average spending on housing, utility bills, and transportation actually exceeds income.”

In Rocky’s survey, respondents indicated these transportation barriers:

- 23% that there is no or limited bus service,
- 22% that their vehicle is in need of repairs,
- 17% that the cost of fuel is too expensive, and
- 12% have no vehicle.

Partner surveys indicated that the barriers the community faces include no bus service (92%), no insurance (67%), and vehicle in need of repairs (58%). Those surveyed and those who came to community forums indicated that public transportation in the Tri-County area is a concern.



Rocky provides free transportation for Helena area seniors within the Helena city limits participating in Rocky programs. Helena's Capital Transit has two fixed routes that travel to key areas in Helena. Montana Independent Living Project (MILP) collaborated with Capitol Taxi and launched the Helena Area Evening & Weekend Accessible, Affordable, and Integrated Taxi Voucher Program. They provide 300 rides per month. Whitehall Public Transportation's primary focus is to provide transportation services to those with disabilities and the elderly, and then the public. Another transportation opportunity is involvement with the Senior Companion Program. Senior Companions serve one-on-one with frail older adults, adults with disabilities, those with terminal illness, and offer respite for caregivers. Companions take their clients to doctor appointments, to the grocery store, and help with other errands. They also provide friendship to isolated and frail adults. The Companions receive a small stipend and mileage reimbursement. Rocky's Senior Companions are in the Tri-County area as well as Beaverhead, Cascade, Deer Lodge, Gallatin, Madison, Park, Powell, and Silverbow counties.

The lack of transportation is an issue not only in Helena, but in the rural sites as well. People without transportation live in isolation and become invisible to their communities.

There is no regular bus service between the towns in the Rocky service area. Participants in every rural site mentioned transportation as a weakness, concern, and critical need. Some comments include:

- “If you can't drive, you can't go.”
- “There is a lack of access to medical and dental care without your own vehicle or a friend to help.”
- “There is a lack of vehicle repair shops.”
- “The public transportation that we do have is on

banker hours. We need service for evenings and weekends.”

- “It is difficult to get to services in larger towns.”
- “You have to have someone pick you up to get to town for medical appointments.”
- “If you do not have a vehicle, it is hard to get a job; there is no bus service to help, especially when the job is not between 8:00 AM and 5:00 PM.”

ENERGY SERVICES

As indicated in the demographic data at the start of this document, LIEAP caseloads increased dramatically in the Tri-County area. Participants in the survey and forums indicated the need for additional energy and weatherization services. It may be that the survey was originally distributed in February 2018 during a very cold and snowy winter, but 57% of the respondents indicated that energy services were needed in our communities. Participants wanted better and quicker snow removal from streets and sidewalks. Augusta participants told stories of stranded neighbors during the winter.



PICTURED ABOVE

A “Welcome to Medicare” class underway at the Lewis & Clark Library offered by Rocky's Area IV Agency on Aging SHIP Counselors.

INFORMATION/ADVOCACY AND VOLUNTEER OPPORTUNITIES FOR SENIORS

Over 24% of respondents indicated the need for senior information and referral services. Comments included the need for advocates, consolidation of services, referrals and services. Residents in Boulder indicated the Senior Companion Program was a need. The attendees discussed in-home support for seniors, educating seniors about services and resources, and interventions or help with activities of daily living.

A weakness discussed at the Helena Community Forum was that Helena's volunteers are aging and there are no young people willing to take over. Rocky administers the Senior Corps program that includes three volunteer opportunities for seniors. Foster Grandparents (FGP) are role models, mentors, and friends to children; RSVP is one of the largest volunteer networks in the nation for people 55 and older, and Senior Companions (SCP) provide assistance and friendship to older adults who have difficulty with daily living tasks. All three programs keep the senior volunteers active and involved in their communities. However, recruitment is a constant struggle, especially for FGP and SCP programs.



PICTURED ABOVE
Kitchen staff prep meals for Meals on Wheels, the Helena Senior Center, and the Head Start Program.



CLIENT SATISFACTION SURVEY DATA

A number of customer-satisfaction surveys are distributed each year from various programs. In the Senior Programs survey, we asked what programs the seniors would like. Answers were education-based programs (56%), exercise-related programs (52%), and health and recreation-related programs (40% each).

Comments for this question included leisure programs, day trips, out-of-town travel, foreign language classes, yoga, spiritual redemption and bible study classes.

Another question was about food-related health requirements. Salt-reduced meals was number one with diabetic and gluten free close runners up. When asked about Rocky's staff, almost every comment was positive: great, awesome, happy-go-lucky, friendly, knowledgeable, competent, fabulous, accommodating, and pleasant.

Rocky Mountain Preschool Center parents were surveyed and all but one survey contained great marks and feedback. On the one survey, a respondent marked four for every question (disagree). There were no comments, so it is difficult to know what the issues might be. Additional comments include:

- “We love all teachers here! You do a great job putting together an amazing staff of caring people who truly love what they do.”
- “We love Rocky!”
- “We love the personal attention and care our son gets. We like the relationship he has with his teachers and how we are informed.”
 - “My only concern relates to security of building and concerns about some rough-housing (mine is an instigator). Want to be consistent with lessons at school and home regarding this issue.” (Since this comment, Rocky installed a security door with a doorbell to the preschool entrance as well as window coverings so that staff can see out, but others cannot see in.)

Homebuyer Education class participants were surveyed also. Respondents marked every item strongly agree or agree – better understanding of the loan process, realtor responsibilities, and homeowners insurance. Comments included:

- “This class will make the whole process less stressful. The class is very long, but well worth it.”
- “What a great program. I learned a lot. There is a lot of stuff that goes into buying a home that you just do not know about or think of when you go to buy a home. Thank you so much – well worth the time and cost of the class.”

Head Start parents indicated by 94% that they are satisfied with the overall Head Start Program. Almost 100% said they are satisfied with the classroom staff, 92% are satisfied with family advocates, and 76% are satisfied with the main office staff. Most feel respected and welcomed within the Head Start Program.



PICTURED ABOVE

A bi-monthly allocation of non-perishable food items being distributed by Rocky staff members to seniors in Augusta, Montana.

OTHER ITEMS OF NOTE

Strengths and weaknesses noted in discussions with clients and the public that did not necessarily fall into the prior categories include:

- Whitehall has a community store that accepts donations and supplies clothing and other items to families at little or no cost – by the community, for the community. Proceeds support scholarships and funds for the ambulance and senior center.
- There is an increasing amount of community collaboration in Helena.
- We need help with personal care of my mother.
- Need help taking care of shopping, cleaning, personal assistance.
- Want assistance for adults with mental/cognitive issues.
- The fear of decreases in federal and state funding provides opportunities to collaborate and seek alternative funding.
- There is very poor infrastructure for pedestrians in most communities represented by Rocky. Many neighborhoods have no sidewalks, inaccessible routes of travel due to no curb cuts and broken sidewalks, and a lack of property owner responsibility to clear sidewalks and walking paths of trees, bushes, and weeds. During the winter months, snow removal is a huge problem as well.
- I would like to know how to volunteer.
- Shopping is very limited in our communities. This indicates that it is difficult for small businesses to thrive. “It is easier to purchase a firearm than it is to buy clothing that fits me.”
- Create a way for folks to learn about multiple services at one place.

- Strengths in the rural communities include camaraderie, baseball, friends, neighbors who help.
- Many want to expand services for seniors – such as exercise and wellness programs, crafts and other activities.
- Boulder has no police force.
- Need help with home repairs and snow removal.



PICTURED ABOVE

Big Boulder Residences, an affordable housing complex managed by Rocky in Boulder, Montana.



CAUSES AND CONDITIONS OF POVERTY

The Institute for Research on Poverty lists the following as causes of poverty – labor market issues (availability of jobs and wages paid at those jobs), education, and demographic characteristics such as age and family structure, race, poverty-related policies, and cultural factors.

Families in poverty tend to have less education, more health problems, and less access to nutritionally adequate food. They are also more likely to live in areas with crime.

The monthly average number of individuals receiving Temporary Assistance for Needy Families (TANF) in Montana increased from 7,113 in 2015 to 7,653 in 2016, a 7% change. WIC (the Special Supplement Nutrition Program for Women, Infants, and Children) spent \$9,177,792 in 2015. Close to 95,000 children in Montana were enrolled in Medicaid in 2015, an increase of almost 5% from 2014. In 2015, 3,000 teens ages 16 to 19 in Montana were not enrolled in school and not working. In 2015, Montana had 16,511 total referrals for child abuse and neglect. Of those, 8,695 reports were referred for investigation. The number of child victims has increased 75% in comparison to the number of victims in 2011. In 2015, an estimated 1,000 children ages 12 to 17 were alcohol dependent in the past year and 29,000 adults ages 18 and older were dependent on alcohol or used heroin the past year in Montana. In 2015, health care costs related to opioid abuse in Montana reached \$49,737,028. Twenty-two children under age 19 were killed by a firearm in Montana in 2015, compared to 12 in 2014. Close to 3,700 children younger than 18 were arrested in Montana in 2015. Violent crimes were the reason for 75 of the arrests in 2015.

In 2014, Montana spent \$69,952,240 for child welfare services. The federal Child and Family Service reviews have clearly demonstrated that the more time a caseworker spends with a child and family, the better the outcomes for those children and families. High caseloads, however, contribute to high worker turnover

and insufficient services being provided to children and families.

The Community Forums provided a number of thoughts as to why there is poverty in Montana. Comments included low wages, few jobs, too easy to get welfare, childcare costs, lack of affordable housing, lack of training and education, single parent families, alcohol/drug abuse, laziness, breakdown of the family, families are in generational poverty, being stuck in what you know, stereotyping, mental health issues, no value-added skills training for individuals with disabilities, and lack of compassion from the general public.



PICTURED ABOVE
Rocky employees accepting a check granted by Helena Area Community Foundation (HACF) to go towards purchasing a new Meals on Wheels truck.



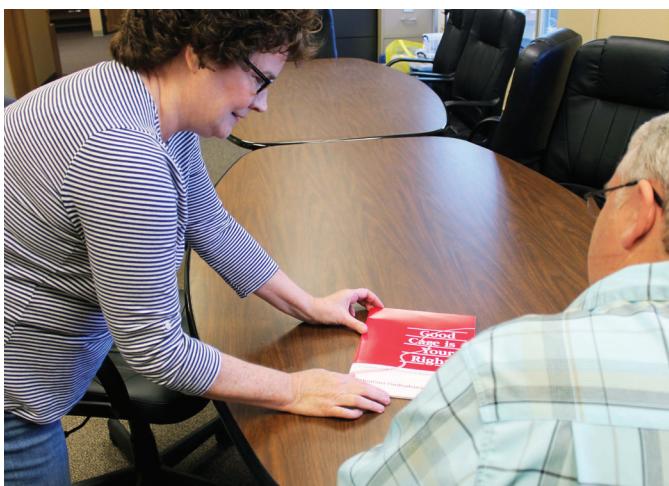
WHAT IS BEING DONE IN OUR COMMUNITIES TO ADDRESS POVERTY?

- United Way of the Lewis & Clark Area (UWLCA) – in 2017, UWLCA led a community visioning process that resulted in four priority areas for collective impact. They are Basic Needs, Education, Prosperity, and Health. Through this process, they narrowed the nonprofits they had been providing support for and limited to those providing support in the priority areas. The next step is for collaborative projects between Lewis & Clark area nonprofits.
- Helena Food Share – on average, 1,590 families receive food from Helena Food Share each month. Sixty-four percent of customers visit the pantry only once per year. Nearly 50 families get food from the East Helena Pantry each month. Over 70% of customers report receiving income, but still 90% live at or near the poverty level.
- Good Samaritan Ministries, motivated by Catholic social teaching, provides resources to Helena community members of all faiths, especially those most in need. Families and individuals receive financial help with bills, and help with material goods such as clothing and furniture. They also have a small amount of money to help with renter deposits and to prevent homelessness.
- The Early Childhood Coalition is invested in assuring that our youngest community members have access to quality and affordable early care and early learning opportunities. They provide resources and tools to families and teachers.
- The Salvation Army in Helena provides disaster services, seasonal assistance (Holiday Season), meals to those in need, after-school programs in low and moderate-income neighborhoods, shelter, and life skills coaching to those in need.
- Helena Indian Alliance exists to advocate for and to responsibly serve the mental, physical, spiritual, and social welfare of the Native American population in the Helena community.
- Career Training Institute is a full-time employment and training service with skilled staff able to deliver quality, customer-focused employment, training, and business resource services.
- Montana Legal Services is a law firm that empowers low-income people by providing legal information, advice, and other services free of charge.
- The Friendship Center is a shelter for victims of domestic and sexual violence in Lewis & Clark, Broadwater, and Jefferson counties.
- Family Promise of Helena helps children and their families overcome homelessness.
- Planned Parenthood, PureView Health Center, Leo Pocha Clinic, St. Peter's Health, and the VA Medical Center at Fort Harrison provide wonderful medical services for appropriate patients.
- Helena Housing Authority (HHA) is Helena's largest landlord with 366 managed units. HHA offers several tenant-based voucher programs, and has a state-of-the-art energy efficient community center designed to help public housing residents achieve economic self-sufficiency.
- AWARE, Inc. offers early childhood services to families and prenatal children through age five, offers jobs for people with disabilities through its employment network, offers residential services for adults and youth, and is a leader in community care and treatment of adults and children.
- Center for Mental Health partners with people and communities to produce exceptional, integrated mental health and substance abuse services. Locations include the Drop-In Center.



- Journey Home inpatient mental health center is an eight-bed mental health crisis stabilization facility.
- Florence Crittenton, through a continuum of services, offers an array of support and services to help families thrive. Services include mental health services, substance use recovery, parenting education, childcare and preschool, and access to community supports.
- NAMI Montana is the state chapter of the National Alliance on Mental Illness, the nation's largest grassroots organization for people with mental illnesses and their families.
- Capital Transit Advisory Committee (CTAC) is a group with diverse local and intergovernmental representation that cooperatively participates and assists the local transit agency in planning, assessing, prioritizing, funding, and coordinating transit services.

There are also many other organizations in our area that provide services to the most vulnerable in our communities.



PICTURED ABOVE
An Ombudsman from Rocky's Area IV Agency on Aging program conversing with a client about senior advocacy in nursing and assisted living homes.



KEY FINDINGS

Rocky Mountain Development Council, Inc. is dedicated to complete a Comprehensive Community Needs Assessment every three years and values being able to do the assessment in order to gauge the communities' needs. The assessment confirms that Rocky's programs and services are needed in the Tri-County area and will even increase in the future.

The process conducted this year shows that transportation is one of the key family needs in our Tri-County area. Lack of transportation can trap people into poverty – people have no means to get to a job without reliable transportation, cannot get their children to childcare or a Head Start program, and often cannot get to medical care. Montana in general is lacking in public transportation between towns. The rural sites have little to no bus service in order to get to Helena, Bozeman, or Butte for medical treatment and/or to pick up prescriptions. People rely on family, friends, and neighbors. The lack of transportation, not only within communities, but also between communities, affects nearly every area covered by this assessment. The lack of transportation leads to isolation; people struggle to get out with friends and family.

The next most critical needs expressed by our communities are lack of affordable housing and homelessness. Helena has an active Continuum of Care Program through the Helena Resource Advocates with the goal of ending homelessness. Rocky receives an Emergency Solutions Grant administered by Good Samaritan Ministries in Helena. In 2017, 35 individuals received support through this grant.

Rocky, in partnership with GL Development, was invited to move forward in applying for tax credits to build a new affordable housing complex in Helena. Red Alder Residences would provide 85 units of workforce and low-income affordable housing. Unfortunately, this will not meet the whole need of our community.

Even with low unemployment numbers, employment stays at the top of the needs in our communities. The

survey and forums tells us there is lack of jobs in our area as well as livable wages. The qualitative data tells us that lack of childcare and transportation affect a person being able to hold a job. In a *Time* magazine online article from 2017, long-term unemployment (out of work for six months or longer) and age both create hiring discrimination from employers.

Healthcare and mental healthcare continue to rise to the top of the needs list of our communities. A June 2018 report in the Great Falls Tribune notes that Montana's suicide rate is nearly double the national rate. The rate rose to 15.4 per 100,000 in 2014-2016 from 12.3 per 100,000 in 1999-2001. In April of 2017, Montana's Governor Bullock signed a bill allocating \$1,000,000 for suicide prevention over the next two years.

Quality of health and health-related services is a huge concern in the community. Lack of grocery stores and low food access in rural communities, along with inadequate access to fruits and vegetables, contributes to poor diets/health for community residents. As noted, hunger is often unrecognized, especially in senior populations. Added to poor diet is limited physical activity, which is lower in the Tri-County area than the state average. Without a solid health foundation, the limited number of health-care providers and poor transportation to get to and from appointments snowballs into an even greater issue. The lack of medical care in rural communities is troubling.

As of the writing of this document, St. Peter's Health is completing the 2018 Community Health Needs Assessment Report. The project goal is to improve residents' health status, increase their life spans, and elevate their overall quality of life.

The four-year graduation rate is lower than the state average in all three counties examined. A primary concern regarding education is the cost, including not only tuition but also clothes, school supplies, etc. This also ties into the issue of so many jobs not paying a living



wage, which makes it difficult for parents to pay for school costs in addition to rent/mortgage, food, medical needs, etc. Poor wages and lack of education were noted as causes of poverty, and these can cycle from one generation to the next.

In the customer satisfaction survey, 42% said they had received and value Area IV services.

Area IV Agency on Aging helps seniors and people with disabilities with information and resources so that they can live with dignity and stay in their homes and communities as long as possible. Area IV Agency on Aging also provides the funding from the Older Americans Act to fund many senior programs in Broadwater, Jefferson, Lewis & Clark, and in Meagher, Gallatin and Park counties.

Twenty-nine percent of the seniors who participated in the customer satisfaction survey said they have received services from the Senior Companion Program. Senior Companions are volunteers 55 and over who provide assistance and friendship to seniors who have difficulty with daily living tasks, such as shopping or paying bills. The program aims to keep seniors independent longer, and assist family caregivers. A number of those who attended forums mentioned the need to be involved; the Senior Companion Program is a great way to keep agile seniors involved in the community.

When asked about which Rocky programs have been the most beneficial, a number reported senior companions, having someone to talk to, Area IV, and the Stepping On class (offered by Area IV).



PICTURED ABOVE
Rocky celebrates the grand opening of our new Head Start Valley Center through a ribbon cutting ceremony put on by the Helena Area Chamber of Commerce.



KEY COMMITTEE AND BOARD MEMBERS

COMMITTEE MEMBERS

DANIEL POCHA, Rocky Board Chair

LOIS STEINBECK, Rocky Board Treasurer

ROCKY STAFF MEMBERS:

LORI LADAS, Executive Director

KATHY MARKS, Operations Director

RODNEY APPLEGATE, Senior Services Program

Director

DIANE EDGAR, Administrative Assistant III

JAYMIE SHELDahl, Head Start Family & Community
Partnerships Manager

SAM HALL, Energy Services Director (previous)

ROCKY BOARD MEMBERS

PUBLIC SECTOR REPRESENTATIVES

BOB MULLEN Jefferson County Commission

MARIA PACE Boulder Elementary School

MIKE DELGER Jefferson County Commission

DEBBIE HAVENS City of Helena

SUSAN GEISE Lewis & Clark County Commission

LOW-INCOME SECTOR REPRESENTATIVES

MARK YOUNG Head Start Policy Council

BRUCE DAY Helena Food Share

CORBIN BRUURSEMA Good Samaritan Ministries

PRIVATE SECTOR REPRESENTATIVES

TREVER KIRKLAND First Interstate Bank

JEROME LOENDORF State Bar of Montana

LOIS STEINBECK Retired

DANIEL POCHA Pocha Bros., Upholstery



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Rocky would also like to thank all those individuals who completed both the Needs Analysis Survey and the Customer Satisfaction Survey, and who attended the various forums or participated in interviews. By participating, you helped Rocky understand the emerging and ongoing needs within our communities. The responses gathered provided Rocky with information about which partners/organizations are working on issues and where gaps in community services lie.

And, to the one gentleman who drew cartoons and made many funny comments in his survey, thank you! You made the day of many of us here at Rocky.



PICTURED ABOVE
Children attending our Head Start program playing outside on the playground.



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